

2015

# Faculty Perspectives on Factors Impacting Work as Nurse Educators

Sharon Shockness  
*Walden University*

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# Walden University

COLLEGE OF EDUCATION

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Sharon Shockness

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Walden University  
2015

Abstract

Faculty Perspectives on Factors Impacting Work as Nurse Educators

by

Sharon Shockness

MS, Mercy College, 2007

BSN, Mercy College, 2005

AAS, Helene Fuld College of Nursing, 1996

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

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## Abstract

Job dissatisfaction among nursing faculty could have a significant impact on nursing faculty retention and student enrollment in nursing programs. The purpose of this qualitative instrumental case study was to gain insight into the perspectives of faculty members who teach nursing education in a university program. This study used Herzberg, Mausner, and Snyderman's motivation-hygiene theory to explore employee satisfaction and dissatisfaction in the workplace. The research question focused on the perspectives of nursing educators and challenges they face. Data were collected through individualized interviews with 15 nurse educators, using open-ended questions and reviewing relevant documents. The data were analyzed by sorting and highlighting the participants' responses and using codes to categorize and develop themes. Six overarching themes (expectations, motivations, benefits, job fulfillment, challenges, and job dissatisfaction) and 3 subthemes (remuneration, excessive workload, and funding for advancing education, recruitment, and mentoring) emerged. These themes and subthemes identified critical aspects of job satisfaction that may help nursing faculty and nursing administrators strengthen the positive and diminish the negative aspects of the job for greater faculty satisfaction. Nursing leaders and health care administrators can use these findings to bring awareness to the nursing education community by creating realistic goals that address job satisfaction, retention, and recruitment of nursing faculty. These changes will improve student enrollment and increase the number of nurses available to provide quality care throughout the nurses' respective communities.

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## Section 1: Introduction to the Study

### **Introduction**

The nursing profession depends on qualified nurse educators to provide quality education to future nurses. Faculty shortages in nursing programs throughout the United States are jeopardizing the health profession's educational foundation (American Association of Colleges of Nursing, 2012). A shrinking pool of nursing faculty reduces the opportunity to increase student enrollment in nursing programs, which continues to have a profound effect on the nursing profession and health care in general as the need for qualified nurses increases. In the United States, approximately 41,605 to 48,666 nurses are working as educators (Siela, Twibell, & Keller, 2009). Yet, nursing programs have a faculty shortage. In 2011, the American Association of Colleges of Nursing (AACN) conducted a survey among 603 nursing programs nationwide. The results indicated that 14,166 full-time budgeted positions existed, with 1,088 faculty vacancies (7.7% of the total full-time budgeted positions) throughout the nation, demonstrating a need to develop additional faculty members positions to accommodate the increasing demand of students. Addressing the nurse faculty shortage is crucial if the growing national shortage of nurses is to be resolved. If the shortage of nursing educators continues, it may have an impact on the ability to train additional nurses (Nardi & Gyurko, 2013). Other contributing factors to the faculty shortage include an aging workforce, inadequate funding of nursing programs, a lack of qualified teacher candidates, job dissatisfaction among nurse educators, burn out, and subpar compensation.

In Section 1, I will discuss an overview of the nurse faculty shortage at the local level. I will provide an explanation of the problem, problem at the local level, rationale, purpose of the study, nature of the study, conceptual framework, definition of terms, assumptions, limitations, scope and delimitations, and significance.

### **Problem Statement**

In nursing schools and colleges in a mid-Atlantic state, the pool of nursing faculty is insufficient, which leads to a decrease in the number of nurses who are graduating. These factors limit nursing student enrollment in colleges and universities, thus straining nursing programs and nursing faculty (Aikens, Cheung, & Olds, 2009). In 2011, 75,587 qualified applicants who applied for entrance to baccalaureate and graduate nursing programs in the United States were denied enrollment due to inadequate nursing faculty, clinical sites, classroom space, clinical preceptors, and budget constraints (AACN, 2012). According to the National League of Nursing (NLN; 2010), 23.4% of all nursing programs in the United States were unable to accept applications, resulting in more than 119,000 (39%) qualified applicants being denied enrollment, and 35% more candidates applied for entrance into prelicensure programs than available openings.

Nursing educators help contribute to the success of future nurses and the nursing profession (Reinhard & Hassmiller, 2009). However, interest in a career in nursing education is lacking, which is evident by the nurse faculty shortage (Cook, Williamson, Salmeron, Burton, & Goad, 2011). Although advanced nursing degree programs in nursing specialties, such as clinical nurse specialist and nurse practitioners, are increasing, insufficient nurse faculty programs are available to registered nurses (Clark & Allison-Jones, 2011). Nursing programs in colleges, universities, and nursing schools are

responsible for preparing student nurses with a curriculum of nursing theory, clinical exposure, and practice. Without adequate nursing faculty available to teach in nursing programs, the shortage of nurses may escalate further (Cleary et al., 2010).

With growing concerns of insufficient nursing faculty, the challenge of recruiting nursing faculty persists due to factors such as retirement and a decreased interest in the role of nursing education. Nursing educators are inundated with challenges and burdens of increased workloads and expectations within the workplace (Bittner & O'Connor, 2012). Apart from maintaining professional growth and working toward becoming tenured, nursing faculty are expected to fill a broad range of teaching assignments. These may consist of—but are not limited to—lecturing, clinical assignments, advisement hours, and committee membership in the college/university setting and within the nursing department. In view of the existing faculty shortage, the issue of workload influences on job satisfaction and retention is highly significant (NLN, 2010). Targeting and identifying the expectations and challenges of nursing faculty may influence the development of key elements that address job dissatisfaction and improve nurse faculty recruitment, retention, and job satisfaction.

### **Problem at the Local Level**

According to a 2010–2011 report on nursing schools and faculty conducted by Brewer, Wolff, and Welch (2012), no researchers have evaluated the characteristics of the nursing faculty workforce in New York State. Therefore, a survey was conducted by the Institute for Nursing, New York State Nursing Workforce Center (<http://www.nursingworkforcecenters.org/>) to present specific aggregate baseline data of New York State nursing programs. Approximately 231 programs are in New York State, of

which 64 (61.0%) participated in the survey. Participating programs included one half of nursing programs that are governed by the City University of New York (CUNY), and 62.0% of nursing programs governed by the State University of New York (SUNY) and private universities. The results of the study reported enrollment of 13,075 full-time students and 10,188 part-time students for the 2010-2011 school year. There were 998 full-time faculty and 1,076 part-time faculty. CUNY reported 68.4% full-time faculty, whereas SUNY combined with the private programs reported 48%. Fifty-eight (27.4%) of the 64 schools reported vacant full-time positions, which results in using part-time or adjunct faculty to fill the gap. This study provided information vital in focusing on education, employment policies, and recruitment. However, an overall gap persists in the information needed to address the nursing educational system. Further studies were recommended to improve the accuracy of data (Brewer, Wolff, & Welch, 2012).

In this study, I addressed the perspectives of nursing faculty currently working in a local nursing program located in the New York City metropolitan area. The following information was obtained in a previous workshop with faculty who currently teach at the local nursing program, and it is not documented in the literature review. This program was chosen for this case study because of the shared concerns mentioned by the nursing faculty as they pertained to job satisfaction, recruitment and retention of faculty, and work overload (J. Alexander, personal communication, October 22, 2012). The nursing program was also selected because of the large student enrollment and the current number of nursing faculty. In Fall 2011, approximately 28 full-time faculty and approximately 30 adjunct faculty worked in the nursing program. At the end of the Spring 2013 semester, approximately 18 full-time faculty and approximately 26 adjunct

faculty remained. The reasons for the decrease in faculty may vary, including retirement, change in the profession, or personal reasons. Although the nursing program continues to enroll students, it is essential for the program to have adequate nursing faculty to produce qualified professional nurses. Identifying and addressing the perspectives of nursing faculty working in nursing education is crucial because their views may help address recruitment and retention, advancement in education, mentoring, and employment issues within the nursing program. Also, addressing the views of nursing faculty may help leaders and administrators recognize whether the local concern of faculty employment and retention reflects nationwide trends.

### **Rationale**

Exploring factors from the perspective of current nursing faculty helped identify the challenges and burdens placed on nursing faculty. To narrow the focus of the study, and to gain insight from the perspectives of nursing faculty working locally in the New York City metropolitan area, a single nursing program was used. Acknowledging and addressing important factors that affect nurse faculty recruitment and retention may lead nursing faculty and administrators in the direction of mitigating the negative and strengthening the positive aspects of faculty satisfaction. Addressing these factors may provide useful strategies that help maintain the sufficient numbers of qualified nursing faculty members needed to educate the next generation of nurses. Nursing education administrators, nursing faculty, and the health care community working together to increase awareness could prove to be beneficial in working toward improving the current status of nursing education and the nursing profession.



### **Purpose of the Study**

The purpose of this qualitative case study was to gain insight into the different perspectives on the expectations, challenges, and benefits of nursing faculty employed in a local nursing program located in the New York City metropolitan area. This research is important because reversing the growing nurse faculty shortage is necessary if an associated shortage of nurses is to be addressed if the number of nursing educators is inadequate, nurses cannot be trained (Rich & Nugent, 2009). In particular, the authors acknowledged, explored, and gained a better understanding of the experience and coping strategies of nursing faculty who teach in a local nursing program.

### **Nature of the Study**

I used a qualitative instrumental case study approach to address the research question. This case study design helped clarify the phenomenon, identify different perspectives, and gain insight to the challenges and motivators faced by 15 participating nurse faculty members who currently teach in a local nursing program located in the New York City metropolitan area. To identify the perception of individual participants and their unique experiences and thus provide valuable data, I used face-to-face interviews using a quality digital recorder, took field notes, and reviewed college documents.

### **Research Question**

I explored the following research question in this study: What are the perspectives of nursing faculty with regard to working in nursing education?

### **Conceptual Framework**

The conceptual framework for this qualitative study was based on the motivation-hygiene theory (Herzberg, Mausner, & Snyderman, 1993). Herzberg (1966) conducted

morale surveys that focused on workers' sentiments and concerns. These surveys led to further interest and the pursuit of research studies involving job attitudes among workers. Herzberg used the motivation-hygiene theory to identify the relationship between job satisfaction and job enhancement (Herzberg et al., 1993). The ability to identify what motivates employees' stems from understanding the nature of motivational subsystems (Hansen, Smith, & Hansen, 2002). Motivation factors (satisfiers) such as achievement, recognition, work itself, responsibility, promotion, and growth are significant in the retention process (Herzberg, 1966). In the theory, Herzberg also addressed the hygiene factors (dissatisfaction), which include salary and benefits, company policy and administrative practices, interpersonal relationships, job security, and work conditions related to job satisfaction (Herzberg et al., 1993). According to Michaelson (2005), "the ethics of work motivation theory are important because motivational efforts can exert control over individual moral autonomy ... that motivates individuals to work for organizational ends" (p. 235). The motivation-hygiene theory can be used to target and further assist in comprehending obstacles and other factors that may relate to the constant decline in nursing faculty.

The motivation-hygiene theory was a tool used by the researcher to help understand the connection between the shortage of nurse faculty and the current strategies applied to nurse faculty recruitment and retention. The motivation-hygiene theory was appropriate for this qualitative study because it focuses on the importance of addressing challenges (hygiene-dissatisfaction) and motivating factors (satisfiers) that contribute to the current nursing faculty shortage. Organizational leaders who recognize and support structures that motivate and create a balanced work environment for nursing faculty may

help increase job satisfaction. Strategies such as addressing adequate salaries, administration support for educational needs, mentoring, and adequate staffing may not only encourage work performance and productivity but attract future nurse educators, and these strategies may enhance and maintain a strong and successful nursing program. Integrity and fairness are important factors involved in motivation because these factors contribute to a functional work environment, satisfaction, and faculty retention (Gutierrez, Candela, & Carver, 2012).

### **Definitions of Terms**

*Adjunct faculty:* Faculty who are hired on a part-time, contractual basis based on the need of the college or university (New York State Education Department, n.d.).

*Clinical nurse instructor:* Faculty who provide clinical training to nursing students at clinical sites (Legislative Council Office, 2006).

*Motivation:* The act or process of motivating and the condition of being motivated. Motivation is also expressed as an incentive, drive, stimulus, or drive (Merriam-Webster, 2008).

*Novice nurse:* A beginner in the field of the nursing profession (Benner, 1984).

*Nursing practice:* An applied discipline developed and governed by the board of nursing in a given state. Nursing practice consists of the actions and procedures conducted by a licensed professional based on the educational background or specialty (Benner, 1984).

*Retention:* The process of holding on, or to retain (Cash, Doyle, Tettenborn, Daines, & Faria, 2011).

*Role strain:* The process by which an individual begins to experience stress due to the inability to comply with required role expectations (Cranford, 2012).

*Tenure:* A permanent job contract for college or university professors (New York State Education Department, n.d.).

### **Assumptions**

My research assumed that a study that addresses the motivators, concerns, and challenges faced by nursing faculty may help define issues regarding stability within nursing education. I also assumed that participants would candidly share their insight and experience of working in nursing education and share issues of their current work position. Finally, I assumed that the participants were experienced and qualified in the field of nursing education and were representatives of the population for this study.

### **Limitations**

Limitations were acknowledged to provide the reader with possible weaknesses associated with the study. The small sample size limited to only 15 nursing faculty meant that the study would not be generalized to all nursing programs and the study would examine only a single case. Face-to-face interviews using a quality digital recorder, documentation, and field notes were the only source of data collection, and because I am a fellow nurse educator, I have personal interests and biases.

### **Scope and Delimitations**

The scope included participants who currently work as nursing faculty in a local nursing program located in the New York City metropolitan area, and only perspectives of faculty were examined. The delimitations were that the analysis of the results revealed only the responses from the nursing faculty. The perspectives of students and

administration were outside the bounds of this case study. Therefore, nursing students, retired faculty, and nursing administration were not interviewed. The results do not represent the nursing faculty population as a whole.

### **Significance of the Study**

A study of the nurse faculty shortage and the perspective of nursing faculty may help address the problem for several reasons. This study is needed to raise awareness of the shortage of nursing faculty, its impact on the nursing workforce, and the factors that contribute to the shortage. Identifying the perspective of nursing faculty on the local level may be used to develop and implement strategies that address faculty concerns and will improve the nursing program in this specific institution and may improve nursing programs throughout the metropolitan area and nationwide. I determined that the study would be worthwhile if the outcome of this study provided insight into the different perspectives of nursing faculty, promoted the importance of nurse educators, and identified why nursing faculty candidates continue to decline. Understanding the faculty shortage and nurse faculty perspectives may be essential for improving the stability of nursing faculty and nursing education on a local level.

Maintaining adequate numbers of nursing educators and addressing contributing factors to the nurse faculty shortage may lead to a higher number of nursing students who will graduate and become licensed professional nurses. These nurses will meet the needs of the patient in the health care settings and would also be able to work with community-based health care organizations that work toward promoting a healthier society by providing care within the culturally diverse communities. Research efforts may give some ideas about how to enhance the work environment with the intent of increasing job

satisfaction and positive work ethics, as well as maintaining unity within the learning institution.

### **Summary**

In Section 1, I introduced a qualitative case study designed to examine factors contributing to the shortage of nurse faculty and factors associated with it. Section 1 also included the statement of the problem, rationale, qualitative method, significance of the study, research question used to guide the study, limitations, delimitations, and assumptions. Section 2 includes the literature review, which consists of contributing factors related to the nurse faculty shortage and information about the research methodology. Section 3 includes the transition into the research methodology, and it includes subsections on rationale, participants, sample, strategy and procedure, informed consent, data collection, instrumentation and material, and data analysis. Section 4 will provide the data analysis of this qualitative case study. In Section 5, I discuss the interpretation of the results and recommendations from that analysis.

## Section 2: Literature Review

### **Introduction**

Given the complexity of the issue, it is impossible to identify only one reason for the nursing faculty shortage. Factors such as recruitment and retention, retiring nursing faculty, funding, job satisfaction, expectations, compensation, experiences, educational advancement, nursing shortage, mentorship, and the historical nurse faculty shortage may contribute to the current nursing faculty shortage, and these factors will be examined in the literature review. Studies on contributing factors have been limited. I conducted the literature review search using full-text databases including Medline, Elton B. Stephens Company (EBSCO), the Cumulative Index to Nursing and Allied Health Literature (CINAHL), educational websites, and Google Scholar. These databases allowed access to peer-reviewed journals, books, and scholarly articles. The keywords used to access the information were *nurse faculty*, *job satisfaction*, *nurse faculty shortage*, *nursing shortage*, *faculty mentorship*, *nurse faculty salary*, *retention and recruitment*, *nursing education*, *motivation and nursing practice*. Sixty-nine articles in peer reviewed journals, 18 books, two dissertations, and 10 other resources published between the years of 2008 and 2014 were reviewed.

### **Faculty Job Satisfaction**

It is essential to gain insight into the perspectives of nursing faculty to examine and address concerns and challenges in the workplace that contribute largely to job satisfaction and job dissatisfaction. Job satisfaction may improve if administrators develop a plan and implement basic strategies that address factors contributing to job dissatisfaction (Herzberg, 1966).

The responsibilities and expectations of nurse educators are enormous and impact their abilities to be committed to their work and productive in the work environment (Baker, Fitzpatrick, & Griffin, 2011). Puri, Graves, Lowenstein, and Hsu (2012) explored the bearing of challenges, barriers, and facilitators on faculty satisfaction among new faculty in higher education. The researchers used job satisfaction and dissatisfaction factors from the motivation-hygiene theory by Herzberg et al. (1993) to recognize the impact of the contributing factors on the faculty members. The findings indicated that support for promotion, tenure, teaching, and scholarship was limited, and the orientation process was limited to pertinent information about yearly evaluation and promotion. The lack of a formal mentorship program was a concern among the participants. The participants explained that having a formal mentor would provide a better understanding of the program, such as time commitment required, expected teaching load, and curriculum sequence. The findings indicate the need to incorporate faculty development by creating new faculty orientation, preparing new faculty for challenges in education, implementing mentoring programs, and developing ways for faculty to make the transition into academia.

A qualitative descriptive study identifying barriers to nurse faculty satisfaction was conducted by Bittner and O'Connor (2009). A 32-item survey focused on demographics, satisfaction, intent to leave, and barriers to satisfaction. Nurse faculty salary was among the questions with regard to satisfaction and intent to leave. Workload was identified as a contributing factor to job dissatisfaction. Participants reported having one to four course overloads, meaning more than the standard workload for each semester and 71% of the participants reported a higher workload compared with non-nurse faculty



working in the same organization. Forty percent of the participants identified work environment as one of the barriers that impacted job satisfaction. As a result, 64% of participants expressed dissatisfaction or were very dissatisfied with the nurse faculty salary. Included in the results, 19% of participants stated they would leave academia in 1 year, and 52% of the participants indicated that they would leave in 5 years. As a result, the researchers indicate a need to call attention to the importance of addressing the obstacles affecting nurse faculty satisfaction and retention (Bittner & O'Connor, 2009).

Cranford (2012) investigated role strain among nursing faculty to determine whether self-assessed competency and doubt contribute to role strain, which is a predictor of satisfaction and intent to stay in academia. A multifaceted researcher-designed instrument was used to measure role strain and determinants of role strain. A 4-point Likert-style scale was used to measure 16 role strain items. The participants expressed concerns of exhaustion, inability to complete their work, assignments to functions that were not job related, and being unaware of multiple role responsibilities. Role strain was undoubtedly one of the key factors identified as nurses transitioned into academia. Role strain pertains to stressors associated with working in nursing education. As a result, role ambiguity was identified as a contributing factor to enhancing role strain. Implication of practice indicates the need for administrator, deans, and directors to incorporate comprehensible guidelines and expectations to which faculty associates will hold. Faculty will begin to feel incompetent and will be unable to perform job responsibilities. Reports indicate those nursing faculties leave academia after 5 years due to lack of preparedness, dissatisfaction with work, ambiguity concerning responsibilities, and work load. To

reduce role strain, its stress levels must be addressed to retain and create a constructive work environment.

Gutierrez et al. (2012) explored the correlation between organizational commitment and other factors that impact nursing faculty. The study was conducted using a cross-sectional correlation design with structural equation modeling. The sample population used for this study was nursing faculty who taught in nursing programs located in the United States. A stratified random sample of 4,886 potential participants were invited to participate in the study. A total of 1,453 participated in the survey. Descriptive statistics and zero-order correlation were used for all measures, and a structural equation model (SEM) was used to explore the hypothesis used in the study. The results of the SEM endorsed most of the factors related to nursing faculty's organizational commitment. One of the contributing factors to the faculty shortage is job dissatisfaction, which leads to a limited pool of nursing faculty. Organizational support involves clear communication that recognizes the importance of acknowledgment, consistency, fairness, and professional growth. Effort made to improve job satisfaction among nursing faculty is needed to maintain dynamic work relationships and organizational commitment.

Berent and Anderko (2011) used Herzberg et al. (1993) motivation-hygiene theory to explore tenured nurse faculty decisions to remain in academia. A descriptive exploratory design using a cross-sectional survey was used as well as factor analysis to determine the significant dynamics. A total of 33 factors that represented 100% of the total variance were identified. Ten top factors were identified using Eigenvalues. Of the 10 factors, three factors made up one third (35.4%) of the total variance, which

represented the greatest percentage of the variance. The first factor was professional satisfaction with faculty identity (21.9% of the variance), which examined the foremost reason for remaining in education with three key reasons consisting of mentoring of others, value or respect given to faculty members, and ability to shape future nursing practice. The second factor consisted of resource management skills (7.1% of the variance), which surveyed adaptive characteristics or traits that involved setting realistic goals, prioritization, and time management, and setting limits. The third factor was research satisfaction (6.4% of the variance), which focused on faculty achievement and the work itself. Factor three identified nursing faculty who entered and would continue to work in higher education due to their interest in research-related activities. Findings from the study indicate beneficial perspectives from the participating faculty members that may aid in helping educational institutions create and implement methods that improve the work environment and retention of faculty (Berent & Anderko, 2011).

Nursing faculty are more likely to remain in nursing education when they are working in a shared governance that exemplifies commitment to the employee and is conducive, positive, and productive (Cash et al., 2011; Kuehn, 2010). Lane, Esser, Holte, and McCuster (2010) examined job satisfaction among nursing faculty who are employed in local community colleges, associate-degree nursing programs located in Florida. Salary and work itself were identified as faculty main concerns. Most of the faculty expressed dissatisfaction with what they were paid compared to the number of hours they worked. Faculty expressed concerns that their students made more money and that their salary was lower than other professions with the same degree. Faculty expressed concerns about inconsistency with supervisors support from administrators, and restricted

autonomy. Job satisfaction was identified as one of the factors that supported the need for achieving stability, positive work environment, and retention of nursing faculty.

The need to develop a strong nursing education workforce remains essential. The issue of job satisfaction highlights a priority in examining the perspectives of nursing faculty. Identifying the critical aspects of job satisfaction such as mentoring of new and experienced faculty, the transition in academia, job empowerment, professional growth and promotion, compensation, and positive work environment could prove to be beneficial in recreating a favorable work environment.

### **Nurse Faculty Shortage**

During this era of vast health care needs and health reform, addressing the need for frontline health professionals is significant. The current shortage of faculty is proving to be a growing problem in nursing programs throughout the United States and is expected to exacerbate considerably in the next few years (Health Resources and Services Administration, 2010). Therefore, it is important to recruit and retain nursing faculty candidates and thus increase organizational commitment, stability among faculty, and student enrollment in the undergraduate and graduate nursing programs. Due to the shortage of nurse educators, it is becoming increasingly difficult for nursing programs to follow the required faculty-to-student ratios, which ranges from 1:10 to 1:12 (Barlag, 2008). Compared with nonacademic positions, fewer individuals are choosing a career in nursing education this, could become a problem as increasing numbers of aging nurse faculty are retiring (Nally, 2008). The inadequate number of replacement faculty remains a concern (Walrath & Belcher, 2008).

The ability to employ qualified nursing faculty continues to have an impact on nursing education and is likely to continue as nursing educators are nearing retirement age (Nally, 2008). According to the NLN (2010), “The percentage of faculty ages 30 to 45 and ages 46 to 60 dropped by 3 percent between 2006 and 2009...[and] full-time educators over age 60 grew dramatically from only 9 percent in 2006 nearly 16 percent in 2009” (para. 1). The average age of nursing faculty with a doctoral degree and working as professor, associate professor, or assistant professor was 59.1, 56.1 and 51.7 years. The ages of the nursing faculty who have earned a master’s degree and work as professors, associate professors, and assistant professors are 58.9, 55.2 and 50.1 years (AACN, 2010).

Decreasing numbers of nursing educators teaching in the nursing programs will result in a decreased number of nurses in the workforce (Berent & Anderko, 2011). Federal organizations such as the Department of Defense, United States Department of Health and Human Services, and Veterans Affairs employ the greatest amount of nurses. In spite of having a pool of more than 82,500 nurses, the federal government anticipates a critical shortage of nurses in the future. The increasing nurse shortage is predominantly related to nurse faculty vacancies (United States Office of Personnel Management, 2010). As of 2008 there were 3.1 million licensed registered nurses, and 63.2% of those nurses were employed, 21.5% of those nurses were employed part time, and 15.25% were unemployed. It is estimated that by 2025, a projected 260,000 additional nurses will be needed to meet the health care demand (American Nurses Association, 2011).

As of July 2010, 880 faculty positions available in 303 nursing programs throughout the country. This is an increase from 2008 in which 803 vacant faculty

positions were vacant. Of these vacant positions, 55.5% required or 37.1% prefer doctoral degree candidates (AACN, 2010). As of October 2012, the numbers of faculty vacancies continue to rise from 880 in 2010 to 1,181 in 2012. A majority of the 88.3% faculty vacancies were allocated for doctoral degree prepared faculty (AACN, 2012). Individuals who are interested in changing their profession continue to pursue a career in nursing. However, due to the nurse faculty shortage, the ability to accommodate potential qualified nursing candidates is limited. Both factors not only affect one another, but have an impact on quality care for patients (Fox & Abrahamson, 2009). In an attempt to improve the supply of faculty, development of a program based on incorporating supplemental faculty using managerial staff and advanced degrees, clinical staff may not only assist in the educational needs of the nursing students but may create potential for transition into a full time nurse faculty role (Gazza & Shellenbarger, 2010).

### **Faculty Retention and Recruitment**

The nursing faculty shortage continues to grow as retention of faculty and recruitment of qualified nursing faculty candidates becomes more of a challenge (Nardi & Gyurko, 2013). The retention of nursing faculty is affected by factors that impact the decision to remain nursing educators (Bittner & O'Connor, 2012; McDermid, Peters, Jackson, & Daly, 2012).). As a result of contributing factors impacting retention of nursing faculty such as job dissatisfaction, the number of qualified nursing educators may continue to rise (Ma, Yang, Lee & Chang, 2009). In 2011, baccalaureate and graduate nursing programs were forced to turn away 67,563 qualified applicants due to several issues including inadequate amount of faculty, clinical space, classroom space, clinical instructors, and budget constrictions (AACN, 2011). In a study conducted by Gormley

and Kennerly (2011), the focus was on retaining and recruitment of nursing faculty. The purpose of the study was to identify predictors of turnover in nursing education. A non-experimental descriptive study was conducted. The participants consisted of 300 full time tenure-track doctoral prepared faculty employed in doctoral/research universities. The study targeted key elements affecting faculty turnover; these elements included work relations between academic heads and faculty members, clarity of work responsibility, and work expectation. The authors revealed that if the current working conditions are not addressed retention of faculty will continue to decline (Gormley & Kennerly, 2011).

Leaders of various nursing programs are faced with establishing new strategies and shared decision making to motivate their senior educators and develop ways to recruit and retain novice educators (Baker, 2010; Cowden, Cummings, & Profetto-McGrath, 2011). There is a wealth of knowledge among seasoned nurse educators who have and continue to provide education to professional nursing students (Williamson, Cook, Salmeron, & Burton, 2010). Retention and recruitment are important elements in the success of the school's program; however continued support by the collaboration of the administrator and faculty members is needed (Cowden et al., 2011). The responsibility of the nursing faculty is to provide education to future nurses. Therefore, the need to direct focus on retention and recruitment of nursing faculty is essential and may perhaps increase the supply and demand of nurses (Allen, 2008; Kowalski & Kelley, 2013).

### **Education and Advancement**

As nurses continue to pursue advanced degrees, many qualified applicants are turned away from nursing programs. The AACN 2009-2010 report indicated that a total

of 54,991 potential qualified candidates were turned away from baccalaureate and graduate programs in nursing (AACN, 2010). As the number of retiring nursing educators continues to rise, the number of qualified faculty candidates continues to decrease. The lack of prepared professional nurses could have an impact on health care nationwide (Rich & Nugent, 2010).

In comparison to 2010 enrollment, 75,585 qualified applicants were denied entrance into baccalaureate and or graduate nursing programs in 2011 (AACN, 2012). In a 2011 report from the AACN, 13,198 qualified applicants applying for entry to masters programs were denied entrance into advance nursing programs and 1,156 doctoral applicants were denied entrance into specialty programs.

Pursuing a career in academia is challenging for many nurses due to education costs, employment, time, family, and noncompetitive salary offered to nurse educators (Siela et al., 2009). As a result, doctoral and masters programs are not attracting potential candidates for advanced degrees in teaching. Due to the overwhelming demands of many doctoral programs, student attrition rates are also high (Munro, 2011). Many doctoral nursing students experience difficulty in the transitional period, which involves balance between personal life, faculty and student relationships, employment, and finances. These issues have a significant impact on positive aspects of learning and persistence. According to Cohen (2011) attrition rates in nursing doctoral programs are high and will continue without an intervention in place.

Advanced nursing education is recognized as a crucial element of nursing practice and the profession of nursing. Nursing educators with advanced academic credentials are needed to prepare nurses to work in today's health care system. Nurses are encouraged to



achieve academic progression in order to provide high-quality care (NLN, 2010).

Presently PhD and DNP programs are available to nurses for advancement in clinical practice. Nevertheless, these degrees do not prepare them for careers in education.

Unfortunately, the evolution of an academic program is inhibited by the specifics that involve resources, support from administration, campus and state politics. The University of Alabama was able to develop a residency proposal that included online, blended, and weekend college classes. The distance learning program allows students the opportunity to pursue a doctoral degree in instructional leadership for nursing educators. The development and implementation of the University of Alabama will aid in addressing the nurse faculty shortage and improve the quality of nursing education (Graves et al., 2012)

### **Financial Assistance**

Rich and Nugent (2010) stated, there is a need to develop programs to support funding the advancement of professional nurses who are pursuing a career in nursing education. According to Trossman (2009), the added cost of an advanced degree in nursing education is not an option, due to other personal responsibilities and obligations. In order to attract and motivate new candidates in the field of nursing education, there should be some form of tuition funding available (Allen, 2008). As a result, the funding would be an incentive and may lessen the burden of retaining and recruiting potential nursing faculty based on the availability of guaranteed funds (Siela et al., 2009). Rother and Mourey (2009), stated that aid from federal programs to assist in increasing nursing faculty and student enrollment has been in place; however, due to the economy, funding is inconsistent and insufficient.

Funding programs from government agencies include stipends, loan repayment programs, scholarship funding for nursing faculty and nursing students, tuition reimbursement, and salary stipend for nursing faculty. President Barack Obama signed a law which entailed the omnibus spending measure for the 2012 fiscal year. The bill was passed on December 17, 2011. This law provided funding which included \$479,187 million towards the Health Professions Programs under Title VII of the Public Health Service Act (PHSA) and the Nursing Workforce Development Programs under Title VIII of the PHSA. President Obama also proposed a total of \$251,099 million for the 2013 fiscal year, which would be an 8.3% increase from 2012 fiscal year (American Nurses Association, 2012). Support from private agencies such as The Johnson and Johnson Campaign for Nursing's Future, The American Nurses Association, and The American Academy of Nursing have contributed to the funding programs and progress of increasing the nursing workforce (AACN, 2010).

Increasing the amount of funding available for nurses who are qualified to enter advanced degree programs may be a positive step towards an improved educated workforce (Rother & Mourey, 2009). Nursing has received continued support from various government and private agencies including The Reyes-Akinbileje and Coleman Fund, established in 2005, which falls under the Title VII of the PHSA. Recruitment and retention in the nursing programs are linked to the accessibility of government funding. Therefore, government funding allocated to support nursing education contributes significantly to the success of nursing programs (Nardi & Gyurko, 2013).

## Compensation

Many nursing educators are being lured into working in higher paying jobs in the clinical and private sectors and advanced nursing degree programs are finding it difficult to attract potential educators needed to meet the increasing demand of nursing students (Siela et al., 2009). According to The NLN (2010), it is evident that the nurse faculty shortage will continue to rise in the future. This is not only attributed to the aging faculty population but to the fact that the salary of professors rank at an average of 45% lower than similarly ranked non nursing faculty in the university setting. Meanwhile, those who are on the associate and assistant level earn 15% to 19% less than non-nursing faculty.

Besides the accomplishment of achieving an advanced degree in education, a factor that will determine whether or not a faculty prepared candidate will consider taking a teaching position is salary (Nally, 2008). In 2009, the median salary for a doctoral-prepared associate professor was \$90,240, \$80,667 for a doctoral-prepared assistant professor, Master's-prepared associate professors earned \$73,486, and master's-prepared assistant professors earned \$67,282 (Bednash & Fang, 2009). The mean annual wage in 2012 for nursing instructors who lectured and provided clinical instructions was \$67,810. The estimate wage percentile for nursing instructors is \$39,580 at 10%, \$50,790 at 25%, \$63,900 at 50%, \$81,210 (median) at 75%, and \$103,380 at 90% (Bureau of Labor Statistics, 2012). Addressing compensation is imperative in order to recruit and retain qualified nursing faculty. "The NLN/Carnegie study found that nurse faculty earn only 76 percent of the salary that faculty in other academic disciplines earn" (NLN, 2010, p. 2). Compared to clinical practice, advanced nursing practice, and administrative positions in

nursing, academic salaries are lower and impact the decision to consider an advanced academic degree (Allen, 2008).

The annual average salary earned by nursing faculty with a master's degree is \$72,028 compared to nurse practitioners in the clinical setting who earn \$91,310 (AACN, 2011). Due to the inadequate faculty pay scale, and in addition to the responsibilities of full time teaching, educators often choose to supplement their pay by teaching as adjunct faculty (Nettleton, Peters, & Conrad, 2008). The disparities in compensation are an important factor in the retention and recruitment of nursing faculty. Hence, addressing the issues of salary may begin to change the outlook on increasing nursing faculty (Cook et al., 2011).

Bittner and O'Conner (2009) indicated that the focus of addressing faculty compensation is important and should be geared towards the factors that affect the success of nursing academic programs. Strategically, they support the development of an innovative plan in order to address the common issues affecting the faculty shortage. These strategic plans may lead towards balance and promote growth within the nurse faculty community. "Salary and workload are two separate issues; however, without fair compensation, it is difficult to continue to be motivated with the amount of work necessary to be successful in the role" (McDonald, 2009, p. 130). As a long term goal, nursing faculty, union representatives, and nursing program administration can work as collaborating forces. Working towards developing salaries that include reasonable benefits and faculty pay scale for entry level novice faculty as well as experienced faculty can be beneficial. An academic career in nursing education is demanding, challenging, as

well as rewarding. However, fair compensation may improve and positively influence the recruitment and retention of current and potential nursing faculty (McDonald, 2009).

### **The Nursing Shortage**

If the current faculty shortage continues and nursing programs continue to experience the loss of qualified nursing educators, this predicament could escalate to a reduction of qualified nurses employed to work in the health care settings. It is imperative to focus on the shortage of nurses by implementing strategies that could facilitate in the improvement of the current circumstances; however, addressing the nursing shortage is currently a remarkable challenge (Lane et al., 2010).

Studies have indicated a connection linking patient mortality and outcomes to decreased availability of hospital staff nurses (Needleman et al., 2013). The shortage of nurses is expected to be nationwide by 2020. It is estimated that the need for nurses will escalate 29% to 36% as the population expand and the age of the population rises (Zinn, Guglielmi, Davis, & Moses, 2012). It is predicted that 58% of registered nursing personnel will work in long-term and home health care, which is a rise from the existing rate of 12.7% (Dolan, 2011). In 2012, 49,000 jobs were added to ambulatory care, long-term care, and hospital setting. By 2020, it is projected that 495,500 more jobs will be needed due to replacement and growth of the health care industry (Bureau of Labor Statistics, 2012).

Inadequate amount of nurses will affect nurses perspective on the quality of care needed to provide to patients and the patients overall outcome (Zinn et al., 2012). Unfortunately, job dissatisfaction stemming from poor staffing and work overload has resulted in a decrease in the nursing workforce (Morgan & Lynn, 2009). In the years

2007 and 2008 applications for nursing programs did not increase, placing a strain on the demand for nurses in the workforce (Siela et al., 2009). The nursing shortage is being traced back to the educational system, which equates to the responsibility of finding a solution among the leaders of colleges and universities (Barlag, 2008). Reinhard and Hassmiller (2009) explained,

The current and looming shortage of nurses threatens the stability of, and access to, quality health care for patients across all settings...As our population ages, the need for nurses with skills appropriate for a range of care settings will only grow. We will need more nurses able to provide primary and chronic health care, as well as acute care, long-term care, community-based care, and public health services. (p. 335)

Newly licensed registered nurses who graduate from associate degree programs are facing obstacles in finding jobs due to their “lower” degree status. Health care facilities have incorporated the use of the magnet status program. The Magnet Status Recognition Program, created by American Nurses Credentialing Center (ANCC), was developed to recognize quality care of patients provided by qualified innovative professional nurses working in health care institutions (ANCC, 2011). One of the requirements for retaining magnet status in participating health care institutions is to have Baccalaureate prepared nurses, which limits the hiring quota and prevents associated degree graduate nurses from being able to acquire jobs. Nurses employed in facilities that are working towards magnet status are forced to return to school resulting in an increase in enrollment but insufficient faculties to accommodate the new influx of BSN candidates.

Although the shortage of nurses has grown in recent years, the decline of available qualified nurses in the next 10 years promises to be intense (Reinhard & Hassmiller, 2009). There will be a greater need for nurses providing care throughout the various specialty areas in health care, which may involve both hospital settings and community based nursing (Reinhard & Hassmiller, 2009). The population in the United States continues to grow and people are living longer; however if the shortage continues, there may not be an adequate amount of nurses available to provide substantial care to the population (Zinn et al., 2012). Without reorganization of the delivery of care within the health care settings, the need for nurses will continue to rise (Clark & Jones, 2011).

### **Mentoring of Faculty**

Mentoring represents an important element in teaching, recruitment, retention, professional development and personal growth (Suplee & Gardner, 2009). As the educator transitions into their role, the responsibility of the leaders and administration is to aid in the transformation by providing support, assessing the needs of the educator, and identifying the various tools needed to assist in the efforts to retain faculty (Wilson, Brannan, & White, 2010). The support and guidance through mentoring as individuals transition from novice to expert is essential and can be applied to any profession (Benner, 1984).

In a phenomenological study, Anderson (2009) interviewed 18 nurse practitioners who shared their lived experiences as they transitioned from clinician to novice academic educators. Novice educators call this process “swimming in a sea of academia,” a way of ascribing their adaptation to academia and learning new responsibilities as novice faculty. The author concluded that customizing the needs of the novice educator is important, and

possession of specialized clinical experience is not enough. Therefore, there is a need to create a system that provides a supportive program that includes mentorship of novice faculty that incorporates a balance between knowledge, skills, responsibilities and professional growth for all faculty members (Anderson, 2009; Heinrich & Oberleitner, 2012). Knowing the expectations will assist in the transitional process (Welk & Thomas, 2009). In order to create a balance and gain insight in the learning environment, collaboration and guidance is important in order to develop a sense of professional development and viability within the workplace, unity, job satisfaction, respect, and productivity (Findley, 2011; Rappaport, 1958).

Martin and Hodge (2008) conducted a faculty-mentor study to provide support for senior and novice faculty working in a baccalaureate nursing program. The cross-sectional, descriptive pilot consisted of five faculty members. The project model was based on four components: the department of nursing, interaction among faculty, mentoring, and additional resources. The evaluation was based on various dimensions of wellness. As a result of the study, the authors recognized the importance of the four components as being the key factors in the success of mentorship and professional growth (Martin & Hodge, 2011).

In a phenomenological study using focus groups, White, Brannan, and Wilson (2010) provided insight on mentoring for novice nurse educators with the intent to identify the importance of mentoring in order to retain nursing faculty. The study consisted of 23 novice nurse faculty. As a result of the study, obstacles that warrant the need to incorporate ongoing support and guidance were identified. These obstacles consisted of challenges of being a novice educator and the importance of a mentoring



program that entailed strategies and organized planning and would enhance the transition into teaching and continued development of the novice nurse educator. In conclusion, White et al. identified evidence-based strategies supporting the need for mentoring programs that encourage supportive relationships for novice faculty and constructive approaches to facilitate the retention of nurse educators. Maintaining a learning environment with qualified teachers is the responsibility of the administrative leaders.

Birx, Lasala, and Wagstaff (2011) studied the use of team building that entailed challenge course activities. The purpose of the study was to identify the effects of team building on cohesion and job satisfaction among nursing faculty attending a day-long retreat. Quantitative and qualitative research methods were used. The participants consisted of 29 faculty members. The researchers found that the course activities had a positive impact on cohesion among faculty members, however follow up activities were recommended in order to sustain the team building benefits over time (Birx et al., 2011). Providing educators with guidance, respect, and autonomy will support and contribute to their success in their work settings (Suplee & Gardner, 2009).

### **Summary**

Section 2 focused on the literature related to the various factors that contribute to the shortage of nursing faculty. As the literature shows, there are numerous possible causes for the decline in nurse faculty including recruitment and retention, an inadequacy of competent nurse educators, and compensation. Strategies that may mitigate against these factors include: better compensation, development of mentoring programs, and increased government funding to support nursing faculty education. The development of nurse faculty education program and improvement of recruitment and retention strategies

may attract and maintain nursing faculty. The motivation-hygiene theory (Herzberg et al., 1993) was chosen as the framework to highlight the importance of structure, job satisfaction, achievement and acknowledgement among nursing educators and nursing education as a whole. The motivation-hygiene theory is relevant to this qualitative study because it includes factors that relate to the nurse faculty shortage and focuses on the significance of identifying and addressing obstacles that contribute to the current problem. In Section 3, I will discuss the qualitative research design used for this study, rationale for the study, ethical protection of participants, role of the researcher including, questions that will be asked by the researcher, data collection, data analysis, and validity.

### Section 3: Research Method

#### **Introduction**

The purpose of this qualitative case study was to identify and explore the various perspectives of nurse faculty members such as full-time faculty, adjunct faculty, tenured faculty, nontenured faculty, experienced faculty, novice faculty, and specialist/generalist in the field of nursing practice. This section describes the research method, rationale, participants, sample strategy and procedure, role of the researcher, data collection, data analysis, and validity.

#### **Research Design**

The experiences of nurses working in nursing education are diverse. Using a qualitative case study approach allowed me to achieve an effective and accurate review, on a local level, of nursing faculty who work in the field of nursing education. Identifying the perception of individual participants and their unique experiences and, thus, providing data are valuable. Addressing the expanding nurse faculty shortage is needed if an associated shortage of nurses is to be tackled. This study allowed the participants to share their views on the positive aspects, challenges, and concerns of working as nursing educators.

A quantitative approach was not used in this study because it would not illustrate the real-life context of the phenomenon of interest. Creswell (2003) explained that quantitative study approaches are used to test or verify a theory through the use of hypotheses or research question that contain variables, and an instrument is used to measure the methods or conduct of the participants involved in the study. I considered a phenomenological approach, but it did not fit the criteria. Researchers who conduct

phenomenological studies identify the fundamental nature of human encounters by investigating lived experiences, which derive from a particular phenomenon (Hatch, 2002). Case studies focus on examining complicated issues related to a specific case (Creswell, 2003).

I chose the qualitative approach to focus on and address specific questions related to nurse faculty shortage and the perspectives of nursing faculty. I decided to use a case study approach using private and confidential one-on-one interviews with hope that the respondents would be more frank and open. The study would provide insight into the perceptions of individual participants, allow the opportunity to explore and validate the personal concerns of nursing faculty, and produce valuable and worthy feedback. A case study is a qualitative approach that entails a specific issue that is investigated by using various methods of inquiry including interviews, audiovisual components, observation, documents, and reports (Creswell, 2007). The approach focused on the implication and understanding of an issue beginning with identifying a case that is in need of questioning (Merriam, 2002). Overall, case studies are the chosen strategy when the researcher is interested in how or why an issue is occurring, and the focal point is on a phenomenon contained by a real-life perspective (Yin, 2008).

### **Research Question**

I used the following research question to guide this study and gain insight: What are the perspectives of nursing faculty with regard to working in nursing education? This is an open-ended question, and it led to follow-up questions with the interviewees, thereby providing rich detail.

### **Rationale**

In this qualitative case study approach, I anticipated rich description and detail, allowing deep insight into the nurse faculty work in a nursing program located in the New York City metropolitan area. Study participants had diverse levels of teaching experiences within the nursing program, and provided an opportunity to explore the motivators, concerns, challenges, and professional viewpoints about the future of nursing education and nursing as a profession from a range of perspectives.

### **Participants**

The participants of this study were 15 faculty members from a nursing program located in the New York City Metropolitan area. The rationale for choosing 15 participants was based on not only the number of full-time or adjunct faculty but to have a sufficient pool of participants with various teaching backgrounds such as tenure track, nontenure track, novice, and teaching in specialty areas of nursing practice. The rationale for choosing the participants was not to obtain a sample representative of nursing faculty in general but to gather sufficient data identifying commonalities, differences, personal meaning, and experiences of nurse faculty members. The requirement for participation in the study was a willingness to participate and a minimum of 6 months of experience teaching in an associate and/or baccalaureate nursing program with credentials ranging from MS, EdD, DNP, and PhD degrees. The faculty positions included tenure track, nontenure track, associate professor, assistant professor, and adjunct faculty members.

### **Participant Profiles**

The 15 participants in this study had various degrees and backgrounds and were nursing faculty working in a nursing program located in the New York City metropolitan

area. Among the participants, two were associate professors with master's degrees in nursing education who had taught in the nursing program for more than 27 years. Three participants were assistant professors with doctor of nursing practice degrees who had worked 6 years in the nursing program. There were two participants who were assistant professors with master's degrees in nursing education who had worked 6 years in the nursing program. There were four adjunct faculty participants with master's degrees in nursing education who had worked with the program for 2 years. One participant was a lecturer with a degree in nursing education who had worked for 9 years with the nursing program. Two participants were assistant professors, held master's degrees in nursing education, and had worked for 1.5 years in the nursing program. One participant was an assistant professor with a master's degree in nursing education and had taught in the program for 3 years.

### **Sampling Strategy and Procedure**

The nurse faculty members were selected through a purposive voluntary sampling procedure. Purposive sampling uses participants who are capable of explaining the phenomenon and are chosen by the researcher (Norwood, 2000). The purposive strategy used for this study was maximum variation. As a qualitative tool, maximum variation allows the researcher to identify and obtain diverse perspectives, insight, and concerns, of each potential nursing faculty participant with various teaching backgrounds. In order to satisfy the goal of maximum variation, participants were made aware of the need to include faculty with various backgrounds.

### **Informed Consent**

After receiving approval from the nursing program Institutional Review Board and the Walden Institutional Review Board (IRB; approval # 02-12-14-0073188), an e-mail was sent to the Nursing Director of the selected nursing program requesting permission to conduct a formal introduction of the study, recruit potential faculty participation, and to set up individualized contact with each potential participant by way of e-mail or telephone contact. The internet was used to locate the college website in order to access the e-mail address of the nursing director. Once permission was granted, an e-mail was sent to the Nursing Director to schedule a date and time for a formal introduction of the study. The introduction consisted of a clear explanation of the nature and purpose of the study. I informed the prospective participants that there would be no compensation for the study; however, their contributions to the study would provide insight on the personal concerns and experiences of nursing faculty. In order to accommodate the participants, I offered the option to participate off campus if time was an issue. I notified potential participants by phone or e-mail and I established a convenient time and location to meet with the participants.

Once I completed the recruitment process, and the participants consented, I informed each participant through written and verbal communication of their protection of rights, privacy, voluntary participation, and the development of specific coding, to safeguard anonymous identity and confidentiality. I reminded the participants that they had the right to remove themselves from the study at any time and informed them that all materials used and information gathered would be kept locked and secured in a cabinet located in my home. I am the only person with access to the data. I gave the participants

the opportunity to read and ask questions about the study and addressed any concerns about their participation. I personally delivered and collected the signed and dated consents from the participants. The participant was given a copy of the signed consent for their records (see Appendix A). Personal identifiers of the participants were not included in the data. I will store the data for a minimum of 5 years. As long as the data exists it will be kept in my home in a secured locked cabinet. After that time, I will destroy all materials.

### **Role of the Researcher**

As a doctoral candidate at Walden University and a full-time faculty member in an Associate Degree nursing program, I had concerns about the current nurse faculty shortage and have witnessed the overwhelming responsibility of providing adequate clinical exposure to the nursing students. It is difficult to ignore one's own bias. However, in order to maintain freedom of bias or limitation of bias, I identified and examined my personal biases as to the nurse faculty shortage. I approached the study from the participant point of view and shared experiences to the phenomenon. The personal bias is best expressed initially in order to establish an understanding the personal outlook (Creswell, 2003).

I played a significant role in the study by conducting the one-on-one interviews, collecting, and analyzing the data. Because of a shared professional background between myself and the participants, I recognize the importance of trust, building a rapport, and maintained an open mind in order to establish a researcher-participant working relationship. The development of a researcher-participant relationship allowed me the opportunity to gain insight of the experiences from the participants' perspectives. I



mitigated possible influences of my biases, preconceptions and remained nonjudgmental towards the research topic; and focused on the participants' points of view. The guided interview questions were directed to the participants.

### **Data Collection**

For this qualitative study, I chose the option of using open-ended interviews and review of documents in order to identify and understand the perspective of the participants. Prior to the interview, I collected three relevant documents provided by the administrator of the department. The documents consisted of syllabi, which identified the objectives, expectations of students, and requirements of the course. The faculty handbook identified the policies, responsibilities, expectations and practices within the department of nursing. The individual assigned workload was identified during the one-on-one interview. The researcher can use documents to gain insights into the activities of the institution (Mertens, 2005). I arranged a date and time to meet at the convenience of the administrator who agreed to provide me with the requested documents. I collected the printout copy of the documents. Review of the documents helped shed light on understanding the outline of the nursing program, faculty responsibilities, policies that are in place for supporting and mentoring nursing faculty, retention and recruitment as it relates to the decision to leave or remain in nursing education, faculty-student ratio and how it impacts their ability to teach. I reminded the participants that I would maintain confidentiality of all collected information.

I used a set of open-ended questions specifically as a guide for this study in order to explore the perspectives of nursing faculty (see Appendix B). After each interview, I reviewed the content of the interview and transcribed the taped conversation into written

form. I audio recorded the interviews and took handwritten notes to ensure optimum gathering of information provided by each participant. The participant determined data collection time, date, and location (see Appendix C). Each individual interview lasted approximately 60 minutes in order to ensure adequate time and to eliminate any discrepancies within the collection of data. After the interview, I transcribed the taped conversation, reviewed the content of the individualized interview, and I conducted a follow-up telephone interview if needed in order to clarify issues. I notified the participants by phone or e-mail in order to schedule a follow-up date to review the collected data and make certain I transcribed their words and meaning accurately. I conducted the data analysis and scheduled arrangements for follow-up dates with participants (see Appendix D).

### **Data Analysis**

The data analysis entailed processing the data collected from documents, one-on-one interviews and field notes. I created a data collection form to summarize reviewed documents. I reviewed the documents (e.g., curriculum, syllabi, and faculty handbooks) that were collected and analyzed them in order to insure that the documents coincided with the interview questions, to understand and gain insight into the phenomenon, perspectives of the participants, program operation, trends within the nursing program, and literature review. Data analysis entails representing and understanding the content, interpreting the data, and preparing the data for analysis (Creswell, 2003).

I transcribed the collected data in order to obtain a general understanding of the information provided. I constructed a coding system using content analysis in order to categorize the meaning of the participants' responses. I used Stake's (1995) method of

analysis to identify and organize common themes developed from data collected. I began analyzing the data by sorting and highlighting the participants' responses, and I developed codes in order to categorize the meaning of each theme. Coding involves organizing statements using specific events, ideas, or evolving themes (Rubin & Rubin, 2005).

I compared the collected data for consistency and validity by identifying variations that emerged. Variations consist of identifying commonalities, differences, personal meaning and experiences of the participants, and in the literature. Due to maximum variations, discrepancies are inevitable; therefore in order to maintain credibility and present the actual situation, I identified the discrepant data and provided a detailed explanation. Discrepant results can bring about other credible conclusions of the case study report (Patton, 1990). Reporting discrepant results enhances the credibility of the account (Creswell, 2007). I carefully recorded the interviews through handwritten notes and accurate recorded transcripts. I utilized Nvivo 10 software, software that is used in qualitative and mixed method research and has the capability to collect, transform, and organize the data collected in a systematic way for reporting.

### **Validity**

I established validity by identifying general consistency within the responses from the participants using triangulation and member-checking. In order to ascertain validity, data triangulation may be used in a study (Briggs & Coleman, 2007). Triangulation involves comparing sources of evidence in order to determine the accuracy of information. For this qualitative study, sources included a review of relevant documents and responses from nursing faculty with a variety of educational backgrounds teaching at

different levels in nursing education. Data triangulation entailed gathering data from multiple sources involved in the same study; I had the opportunity to retrieve an array of perspectives related to the research study (Norwood, 2000). I used member-checking prior to completing the final draft, which involves reviewing the preliminary report with the participants to ensure the information gathered is correct, precise and valid as it pertains to summarizing the interpretation of the data collected (Creswell, 2003). Each participant reviewed the content and findings of the documentation. As a result of member-checking, the participants agreed that the summaries reflected their perspectives accurately. Therefore, no changes or alterations were needed in the final draft. I contacted the participants in order to share the final results of the study. To ensure validity and confirmation, I reviewed all of the data provided by the participants and I used triangulation during the study.

### **Summary**

In this section, I focused on the research study design, which consisted of a qualitative case study and the rationale for the study. I chose the study design in order to explore, identify and gain insight on the concerns and strategies used by nursing faculty as they share their perceptions and experiences with the current nurse faculty shortage. In this section, I identified the format that was used including the participants of interest, sample procedure, data collection tool using one-on-one interviews and if a follow-up needed telephone interview. I also described in this section the instrument/material used to guide the study, which consisted of six open-ended questions, data analysis, and method to address validity.

## Section 4: Results

### **Introduction**

In this qualitative case study, I sought to explore the perspectives among nursing faculty with regard to their experiences working in nursing education. I thematically analyzed data from field notes, documents (e.g., program curriculum, syllabi, and faculty handbooks), and the 15 interviews. The data were analyzed to uncover the expectations, motivations, challenges and benefits experienced by nursing faculty employed in a local nursing program in the New York City metropolitan area. For a sample transcript of an interview, see Appendix E. In turn, the data collected related to notions of job satisfaction and dissatisfaction, in line with Herzberg's motivation-hygiene theory (Herzberg et al., 1993).

In analysis the data, I identified six overarching themes: (a) expectations, (b) motivations, (c) benefits, (d) job fulfillment, (e) challenges, and (f) job dissatisfaction. I identified three subthemes, specifically under challenges and job dissatisfaction: (a) remuneration, (b) excessive workload, and (c) funding for the advancement of education, and recruitment, and mentoring. The purpose of discussing the specific themes under the same heading was to highlight the factors that relate to those themes. I will follow this analysis with recommendations for best practice based on these data, and these recommendations are also supported by previous research. Individual faculty interviews, when cited, are distinguished by the letter "P" for "participant" followed by a number unique to each participant.

### **Expectations and Motivations**

Eight of the 15 participants (P1, P2, P6 P7, P9, P11, P13, and P14) indicated that the important motivators for choosing a career as a nurse educator were their dedication and passion for teaching. Many expressed their “enjoyment” of teaching (P3, P4, P6, P8, P9, P11, P12, P14, and P15), “passion” for teaching (P9 and P14), “love” for teaching (P4, P7, P9, P11, P13, P14, and P15) and even “devotion” to teaching (P1). The strong sense that teaching is a vocation is illustrated in the following quotes taken verbatim from two interviews:

I guess the biggest factor would be that I love teaching. I like people, and I like working with young people. I like working with all people: young, old and everybody in between. I just always naturally found myself leaning towards the educator role, even in the clinical setting I was always teaching the patients. So, when the opportunity arose to consider becoming an educator I thought; oh I would like that. (P11)

I feel it is an innate passion that I have, and I like to share my knowledge with others and I think that is one of the factors that I have. I like to plan and implement and share, I like to go to conferences and share the knowledge. I think those are some of the factors that help me to make the decision to teach. (P9)

The sense that teaching was a calling like "Florence Nightingale had a calling" (P13) was often accompanied by earlier teaching experiences (P1, P2, P3, P7, P10, and P14). These experiences, although not necessarily formal or professional, gave

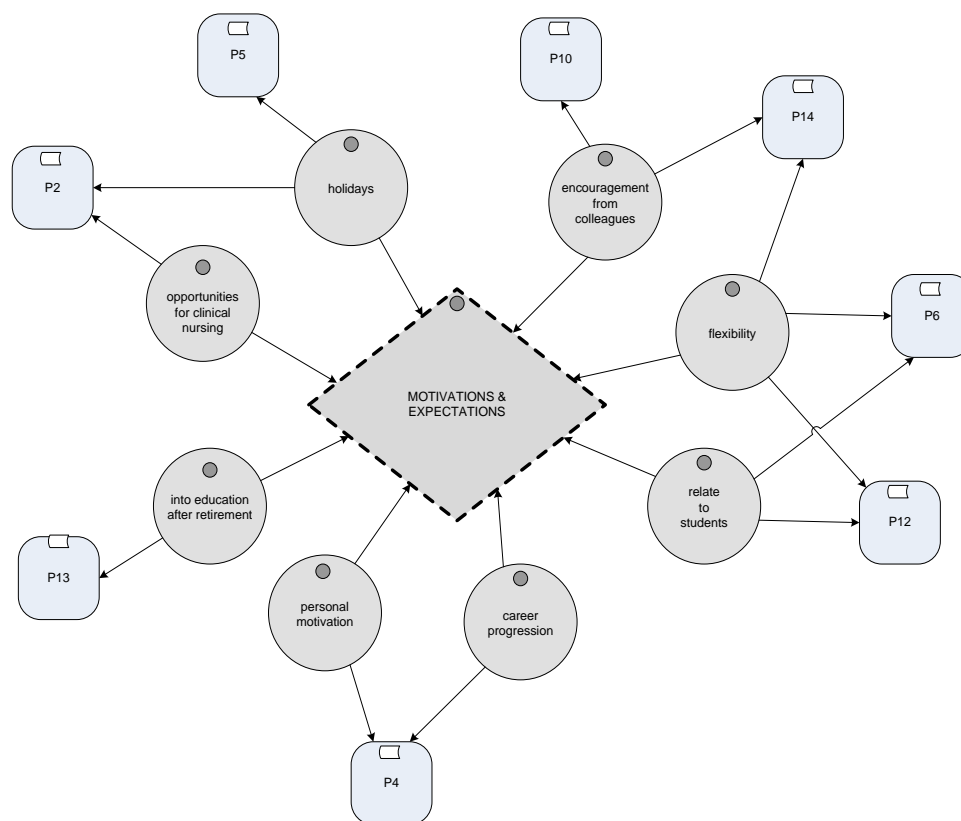
participants an insight into their enjoyment and ability as educators. For example, one participant said "I always thought I had the ability to teach because I did a lot of community service where I am educating and doing blood pressures and other activities" (P1).

The discovery of having an interest in teaching and pursuing a career in nursing education is expressed in the following quote:

Well, one factor is that I enjoy teaching; this discovery took place during the time I was a staff nurse working on a surgical unit and was assigned to precept a newly hired graduate nurse on the unit. As I began to provide guidance and support to my new colleague, I realized that I started to feel as though I was making a difference and I was contributing to someone else's abilities to perform as a professional nurse. (P14)

The above quote indicates that nurse educators have a sense of pride in being able and responsible for safeguarding the future of the nursing profession by promoting and instilling professional nursing standards in the practice of the new professionals. For this reason, being able to teach new teaching professionals was, in itself, a motivating factor for some participants (P1, P9, and P15).

Participants mentioned a number of other expectations and motivations. These other expectations and motivations are shown in Figure 1 below.



*Figure 1.* Expectations and motivation identified by participants. “P” followed by a number represents the faculty interviewee who mentioned that particular expectation and motivation.

As Figure 1 indicates, above and beyond the participants’ commitment toward teaching, there were other expectations and motivators associated with being a nursing educator. These included being able to take time off during the summers (P2 and P5); having been encouraged by colleagues who recognized their ability as educators (P10 and P14); the flexibility that a nursing educator career offers vis-à-vis a clinical career as a nurse, especially for those who have demanding family commitments that are not compatible with long hours working in hospitals (P6, P12, and P14); being able to relate



to students (P6 and P12); personal motivations such as having had caring responsibilities within the family (P4); the expectation of career progression within the teaching role (P4); having entered teaching after retirement from clinical nursing (P13); and continuing to have the opportunity to practice clinical nursing (P2).

### **Benefits and Job Fulfillment**

Participants positively identified a number of benefits associated with being a nurse educator (P3, P6, P8, P10, P11, P13, P14, and P15). These views are illustrated in the interview quote below:

I think benefits compare, at least for me. I don't know if it does for every facility. I feel that the benefits compare to the acute care setting mostly. Health care and other benefits like re-imburement for going to school; I think that's fair. (P11)

As mentioned above, participants often identified benefits such as health care insurance coverage as an important benefit of working as a nursing educator. This coverage was said to be full coverage (P15), with a possibility to include family members (P2), often including eye (P13) and dental health plans (P13), although the latter could be improved (P 2 and P14).

Alongside health insurance coverage benefits, participants identified other benefits such as retirement plans (P 6), some of which include health insurance (P15); benefits associated with having children (P6) and the availability of funding for further research (P11). Nonetheless, the benefits that nursing educators enjoy are dependent on their employment status within the organization as illustrated in the following quote:

Well the benefits like most places after 3 months, after 6 months you begin to see that you can have certain benefits. I think it is the basic across the field. Dental is

important, glasses is important, and sometimes you may not have that as an adjunct or if you are full time , it depends on which tier you join in regards to insurance.

(P13)

Lack of knowledge and information regarding availability of benefits is likely to be the reason why one of the participants, a part time adjunct member of staff, indicated that they had no access to any benefits (P4). In addition, there may be some differences in the benefits available to nursing educators working in public sector educational providers versus the private sector educational providers (P15). Alongside this, a number of participants pointed out that some other educational institutions offered free tuition to the children of their staff members (P8, P9, P10, and P12). Furthermore, as I further explore below, the data indicate that the funding available for the educational development of the staff is limited and inadequate (P9).

The data indicate that although the benefits mentioned above were important for participants, they did not appear to be the predominant factors leading to job satisfaction. In line with Herzberg's motivation-hygiene theory (Herzberg et al., 1993), the data indicate that job satisfaction was derived from distinct factors, more closely associated with the participant's motivations to teach, namely the vocational aspect, their love for teaching in and for itself, as well as their commitment to the future of the nursing profession.

A theme that featured heavily throughout this data was the idea that nursing educators derive job fulfillment from seeing and helping students succeed in becoming

nursing professionals (P2, P3, P4, P5, P6, P7, P8, P9, P11, P13, and P14). The following four quotes provide an illustration of this theme:

I think probably the biggest benefit is, because I have two faculty members that were former students of mine. So, I think really the biggest benefit is that you see that the students that you taught are doing even more than you've done with your career. Because, one has her doctorate and one is getting her doctorate. (P2)

The motivators are the students. I go back to the students. Getting the satisfaction of knowing that they feel as though they have achieved something and you can see the look of appreciation and gratefulness on their part is actually what motivates me to stay. (P3)

Well, I don't know if you can hear it in my voice, but you really put out the end product everything that you've worked hard for and try to instill, you actually see them blossoming and you actually feel like, maybe they don't get it one hundred percent but that somewhere along the line that they have grasp something. they probably have it 25%, some 50% because some are a little faster learner than others but to see the end result and to see how they are excited and how they are so happy when they feel like they have accomplished a task and when they get a pat on the back, they really feel as though they have done something positive in the life of a patient. (P4)

Really, the benefits are to see your students, how they grow and you are so happy to see how they are successful into the field of nursing. (P8)

Very closely linked with the fulfillment of seeing and helping students succeed in their future careers, was the satisfaction derived from receiving positive feedback from students, which was also mentioned by a number of participants (P2, P3, P4, P6, P9, and 13). This theme is shown in the following quotes:

I know that once we meet the criterion and we meet the goal of what I am trying to accomplish; the students are saying thank you professor we did this, I feel so good, I feel as though I did something, I learned something, it's the first time that I gave a subcutaneous injection. That is job satisfaction. When you think about the basics like universal precautions and the different things that they need to build on, then you feel like your job is done. I think for the most part the feedback has been positive. That's my job satisfaction because that's going to keep me going that's what keeps me saying yes I will teach next semester, I'll teach, I am available. (P4)

I have a passion for it I am a motivator and I love being a role model. You have to believe in what you teach. I believe in that and my students can attest to that because of the reflections I have received from them and evaluations from course. (P9)

The data indicate that the participants derived job fulfillment from positive student feedback, obtained through both formal and informal evaluations of their performance. They felt their commitment to teaching was rewarded by the students' appreciation of their work and this motivated them to carry on teaching.

In addition, participants also derived job fulfillment from acknowledgement that, as educators, they played a pivotal role in safeguarding the future of the profession (P4, P6, P8, P9, P12, P14, and P15). These interview participants understood the impact of their work as going beyond teaching a specific class, given that instilling best practice in the new students led to the dissemination of professional standards and best practice, which the students would use on entering the professional world and thereafter share with others. This was not just a matter of teaching faculty professional pride, but a matter of the common good of their own communities. This theme is revealed in the following quotes:

The benefit is providing for that next generation. At this point I am teaching my replacements as far as I can see. I have lived in Brooklyn practically all my life apart from my stance in Africa and when I become ill, I go to Brooklyn hospitals. When my family becomes ill they go to the Brooklyn hospitals. When you go there and you see those students you taught and now seasoned nurses, running the units or whatever, that basically is what I look at as this is my role. Right now I am preparing the people who are going to take those places where I used to work in. (P12)

Trying to ensure that the next generations of nursing professionals are well educated and uphold the values and standards that were instilled in me, to ensure safe patient outcome, and good quality care for the future. (P15)

Other than the few drawbacks the motivation to keep going is so that we have very competent, confident professionals coming up so that as we pass the torch

these people would be capable of taking care of us and keep up the standard of the profession. (P4)

Having had inspirational teachers in their time, a number of participants believed that the work they were doing had a positive impact, not only on the students themselves to whom teachers may be inspirational role models (P2, P9, and P12), but on the nursing profession and their local communities. As such, teaching was a way to "give back" to the nursing community itself (P5 and P8) as well as to the local community (P10). In this context, it is not surprising that participants often expressed they derived job satisfaction specifically from teaching responsibilities (P6, P7, P11, and P14). However, the responsibilities of those interviewed are not limited to teaching and therefore the workload can be a challenge.

Participants also indicated that their job fulfillment was positively influenced by a supportive working environment where the staff feels valued by students, administrators and peers (P5, P9, P10, P11, and P14). Finally, this data also indicates that the nursing educators interviewed appreciated the opportunity for continuous personal development as they may learn from the students themselves (P13), as well as keeping up with current developments in medical care (P1, P8, and P10). Nonetheless, as I further explore elsewhere, the opportunities for further training and research are limited by time and resources.

### **Challenges and Job Dissatisfaction**

As I mentioned, many participants expressed their passion for teaching. However, it also became apparent that many believed that falling short of being passionate for teaching in this area, the extent of the challenges faced by nursing educators will dissuade

others from entering the profession. One participant said, "If I wasn't committed to doing this, I would be selling real estate by now" (P12), while another participant stated:

That's the way I do things. I really have to enjoy it in order to fulfill any type of position. At that point, job satisfaction for me is very important. At that point, I can say average. (...) I think, if you are not motivated, if you really don't love what you are doing, that alone can take you away from nursing. No wonder, we still have that shortage of nurse. It still exists (P8).

In fact, the feedback from the participants points towards a number of challenges and barriers which are likely to deter others from pursuing a career as a nurse educator.

### **Remuneration**

With respect to remuneration, the data show that all the participants interviewed were of the opinion that the salary level for nursing educators is far below what it should be. Two participants mentioned that having moved from other industries or functions into nursing education, they had to take considerably pay cuts (P1 and P10). Another comparison often made was between nurse educators and clinical nursing staff. Here, participants did not think it was fair that a newly qualified nurse may be earning a higher salary than an experienced nursing educator (P2, P3, P5, P8, P9, P10, P11, P14, and 15).

This theme is shown in the following quotes:

Oh my, I didn't want to elaborate too much on faculty salary because I love my job so much. However, since you asked, the salary is not up to standard as far as I am concerned. I have met many nurse faculty and when the subject of salary comes up, it seems to dampen the mood. Now this happens because my colleagues and I will mention our students who

have graduated and then the topic of salary comes up. We'll say (wow) they just graduated and look at the type of salary they are receiving. I really believe that the salary of nursing educators' needs to be addressed.

(P14)

Faculty with sometimes with 10, 20, 30 years of experience making what a new graduate makes. A lot of times that is disheartening to get people to leave the hospital setting. You have some nurses that are making \$120,000-\$140,000. To take half of pay is very scary. I have a friend who has a good job probably making 150,000 in the hospital setting and she really wants to teach but her husband passed away and there's only salary now. She's been offered jobs and she keeps calling me asking what I should do. I say to her try living off of one half of your salary and see if you can make it. She really wants to leave but she is afraid. I think that for a lot of people. If you are the primary bread winner or even if you are not the primary bread winner, to lose half of your salary is a huge hit for most people. They can't afford to do that. (P15)

Two participants also noted that low remuneration reinforces a feeling that nurses and nursing educators are not always given the recognition that they deserve (P10), especially when compared with other professions such as fireman (P1). In addition, one participant noted that a nurse educator might not receive a higher salary if he or she is more qualified, such as having a Master's in Education (P12). A participant who was a part time adjunct member of staff appeared more satisfied than the majority with his/her salary level and stated:



Well, as an adjunct, we get paid a certain amount I am not going to sit here and say that we can't make more money. We can always make more money. I am telling you as much as I do, for the students, which I love because it comes from my heart, I don't know how competitive the salary is with other places. But I have colleagues teaching in other institutions and I know cash and finance is always an issue for everyone. It is okay what we get paid here as an adjunct. I am not sure even what other people get. I know what I get and I know when I speak to others who perform a similar role at other places, some make a little more, some make a little less. I think it depends on where they are. It is okay but I guess it could always improve. (P4)

Given what was said in regards to experienced faculty earning the same as novice nurses, as well as the sense that higher qualification or longer tenure does not significantly impact on salary levels, it appears that those nurse educators' remuneration plateaus early in their careers. Despite recognizing that the low remuneration was an issue, many participants noted that the nursing educators that remain have a strong passion for teaching (P4 and P13). However, some participants also noted that low remuneration excludes people from the profession, especially those who are the main income earners in the household or are trying to raise a family (P1, P2, P3, and P15). This is illustrated in the quote below:

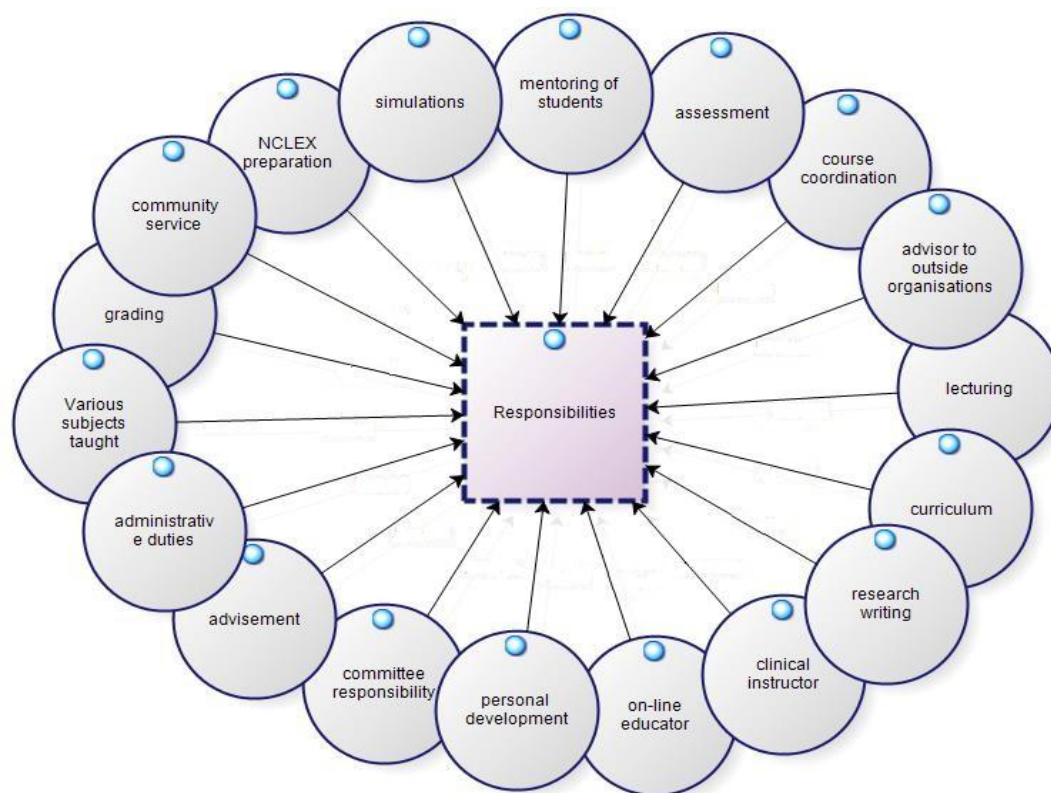
I think about 3 years ago where a new graduate of nursing was making as much as an MBA graduate from NYU. Nursing faculty still isn't there. That alone, if you are going to take a 20, 30, or 40 thousand dollar pay cut what would be the incentive? Unless you had small children or flexibility of the schedule or a partner who could help you financially to somewhat go into education. And, given we need younger

educators; we have to do something about this. You can talk about tangible benefits, retirement, health coverage, people are there and everywhere now so I think the salary definitely needs to improve given the responsibility we have. (P6)

In addition, one of the participants mentioned having to work other jobs alongside the teaching role because the teaching salary “is not sufficient to support my family” (P3). As it will be seen below, having parallel jobs is very challenging given the large workload of nursing educators. As such, a number of participants were of the opinion that increasing the salary levels of nursing educators would draw more new faculty into the schools and help retain them (P3, P6, P7, P10, P14, and P15).

### **Excessive Workload**

The data point toward another major challenge faced by nurse educators, their workload. In the word cloud presented at the outset of Section 4, the word “time” clearly stands out. Its context, it should be added, was a generalized feeling of lack of time to complete all the tasks and perform all that is expected of nursing educators. Indeed, when asked to describe their responsibilities, the participants responded with more than 40 discrete tasks or functions. The faculty handbook, which stipulates in detail faculty job description, responsibilities, and expectations of all nurse faculty members, clearly supports the tasks/functions identified by the participants. All of those tasks/functions mentioned by two or more participants are illustrated in Figure 2.



*Figure 2.* Tasks and organizational functions mentioned by participants.

Given the wide range of responsibilities which nursing educators have, it is not at all surprising that managing time and workload is a challenge. The quote below illustrates responsibilities related to this theme:

To be honest, I really enjoy teaching but there just isn't enough time to do all of the responsibilities required. I am surprised at myself because I get the task done but at times, it can be overwhelming for example: as far as lecturing, I also have the responsibility of developing exams which consist of three unit exams and a final and let me just say that developing test questions is not easy because it can be time consuming. Once those test questions are developed, they must be reviewed by the test committee. This is not to say that the questions will not be accepted but again, it

is time consuming because we have to come in early as a group and review the questions. On the other hand, lecturing is wonderful because I am able to identify with the students and work with them on gaining the knowledge needed to succeed in class. I love advising because it gives me the opportunity to meet potential students. Advising current students is important to me because I am able to have one-on-one time with them and identify and maybe work on any concerns as it pertains to their learning. My other responsibilities such as professional growth and research are another challenge. When I say challenge, I am again referring to time. (P14)

A number of participants noted that the perception that teachers have it easy because they don't have to work in the summer is erroneous (P11 and P15) and that often they end up taking work home that could not be finished within normal working hours (P6, P10, P12, P14, and P15). The following quote illustrates the shared experience which relates to this theme:

The challenges are that this job is very time consuming and not only when you are here at work but the work begins when you go home. It is a tremendous amount of work that is done at home in the evening. It is all consuming and if it wasn't for any type of limited social life that I have to walk away from, it's just too much work involved with it. (P10)

In addition to tasks and functions identified and supported in the faculty handbook, the syllabi support the participants' response to time management. The syllabi entailed a vast amount of course content that must be covered in a 16 week period. The course content included three unit exams and a final, introduction and implementation of

simulation activities, review and evaluation of student remedial assignments. While reviewing the handbook, I learned that faculty members are required to conduct tutorials prior to scheduled exams, develop and review test questions before and after exams with test committee members. The data collected also indicate that the participants feel at times overwhelmed by the amount of workload they have to complete. The participants preferred teaching and advisement over committee/administrative work and found it challenging to find the time to work on their (required) personal development (P3, P5, P6, P7, P8, and P13). The faculty handbook stipulates that faculty members are responsible for continuing their professional development through continued education, research, and publications in order to become tenured.

#### **Lack of Funding for Further Advancement of Education**

The section above touched on the requirement for teaching staff to carry out personal development. This data indicate that this is done through research, publications and further study. A few participants indicated that they were aware of reimbursements of the tuition costs of attending courses at the university itself (P3, P7, P8, P10, and P11). Some participants were aware of the availability of external funding from both government and private sources (P10 and P11). However, a number of participants indicated that, in their opinion, there was little funding available to achieve further qualifications (P6, P7, P8, P12, P13, and P14).

The quotes from P7 and P9 illustrate the financial challenges faced by nursing educators who attempt to pursue further study.

I don't think that there are enough resources for faculty to continue their education and be reimbursed. We are expected to go to seminars and all these for

professional development things but yet we are not compensated or if we are compensated for it you really do not see the full 100% compensation and these seminars are expensive. They are out of state and you are talking airfare, hotel, feeding yourself, and none of that is included in the compensation so it can be very costly. (P7)

For example, if one is teaching in a college or university, you are expected to have a doctoral degree. Not many nurses are able to work and achieve that financially. Therefore, if they are committed to that institutions and the advancement of that institutions and to maintain that high standard, if the funding is given whether by grant private entrepreneurs, whatever means or even the school itself. The outcome would be better. I agree in advancement. Students want to move ahead, faculty want to move ahead and if they are motivated, if they are encouraged by financial means, of course like the other support is there but if they are encouraged financially they would move much faster. (P9)

They want you to advance your education, but it's like here is the carrot but you can't reach it. Because of the fact that the funding is not there, a lot of the funding that they have is incentives for people who are in the service are who want to become teachers. They will fund your education so that when you finish you will then now work as an educator. But, if you are already an educator, that funding is not available for you because you are already teaching in that area and there really is very little money that you can gain as far as doing this. (...)We need more government funding other than just pre-K, at this level also if you want people to excel in that area. (P12)

I think they have some responsibility to their employees. It's just like the hospitals, if you work and go to school, follow up (the hospital) will pay part of it and so long as you keep up a certain grade. I think that a college or university, whether it's a city, or private I think they should give funds for education. (P13)

In a view echoed by others, Participants 6 and 9 emphasize the responsibility of the educational institution to incentivize and support the personal development of staff, in its capacity as an employer. At the same time, although some participants admitted that the funding for further study was available, often nursing teachers were unaware of its existence and how to access it (P10, P13, and P15). The following quotes illustrate the shared experience, which relates to funding for advancement of education:

I think that it has been a decent show of funding, however young faculty have to know how to use the system and get it and also be able to know what Human Resources' and Services Administration (HRSA) grants are out there for them and what higher education opportunities there are for funding. I myself never paid for school and I received a doctorate out of it. I paid for some of my tuition at Case Western, but I received a family nurse practitioner degree for free, my masters from hunter Bellevue was free, my baccalaureate education was free and my doctorate was half paid for through scholarships. So, there is money out there. There is lots of money out there even in our leanest times you just have to know where to look and you have to have good people to run to that are knowledgeable as well and can direct you. We should be doing that for younger faculty members as well. (P10)

I don't think it's advertised. People don't know what's available to them. So unless you really Follow up (know what's available), word of mouth or really good at navigating the internet to try to find out what's available or your school you are attending is really great at letting their students know what's out there for them as far as scholarship money or funding, I think you are pretty much on your own. (P15)

It follows from the data that increasing the avenues of funding would be important. Nonetheless, just as important would be to raise awareness of funding opportunities among the teaching faculty and supporting them to access them. Both of these steps would contribute towards the satisfaction and the personal development of nursing educators.

### **Other Challenges**

In addition to the challenges mentioned above, these are additional challenges faced by nursing educators which contribute towards job dissatisfaction. These include: having limited time for teaching (P2, P11, P12, P13, and P14); the challenges presented by teaching in itself (P4, P9, P12, and P13); the difficulties of “becoming tenured” (P6 and 14), such as obtaining a permanent position within the educational institution; the limitations in terms of learning resources (P1 and P7), learning technology (P6 and P13) and classroom space (P7); the limited support available for teaching staff (P3 and P6), especially new teachers (P11 and P15); the challenges presented by administration within the educational institution (P5 and P6); and finally the challenges presented by undertaking a stressful job (P1 and P5). In light of all challenges, participants indicated areas for improvement.



Considering the contributions of all the interviewees, it is possible to build consensus around improvements in two distinct areas: the mentoring of teaching staff and development of a clear staff recruitment strategy. The faculty handbook indicated nursing faculty members are assigned to new faculty to introduce them to the teaching role and responsibilities. However, improvements in mentoring of faculty should make a career in nursing education more appealing to new nursing educator, as well as improve staff retention. The process of recruitment was often referred to as a somewhat closed one, like “an old boy network” (P10) or “the old girls club” (P11), operating in a “small world” (P15) where word about a job vacancy spreads mostly through “word of mouth” (P5 and P14.). However, some also experienced the recruitment process as complete outsiders (P11 and P12). Nonetheless, a more open recruitment process was seen as more conducive to job satisfaction, in so far as people would be more confident that their ability will be recognized and valued. In addition, the data point toward overly bureaucratic recruitment processes. The following quotes illustrate this theme:

The recruitment now is a little different because they go through XXX and somewhere along the line it gets to us. The thing that I don't like about the recruitment is that when after we've seen a person. They have been waiting maybe a month or more to get an interview with us. It take some times, a long time for them to get the interviews with the administrators and then to get hired. That could be sped up a little bit. I don't think that the XXX system is the greatest because it's not like they are coming directly to us. They have to go on line and apply and everything and we really don't have that many positions available. (P2)

As is indicated in the excerpt above, the recruitment process can take a long time. In addition, some positions require candidates to have attained a Ph.D. (P15). As both time and educational requirements may be a barrier for potential applicants, it is important that recruitment processes are optimized. As previously mentioned, it is crucial to enable nurses and educators to attain higher qualifications through funding and support provision. Another element of support that emerged from this data very strongly was the need to improve the mentoring of new teaching staff (mentioned by all interviewees). The following quote below illustrates a response that relates to this theme:

I think our department is pretty good with mentoring. I think C.R did a nice job and I know we had the short interim there and now we have Dr. R. I think she is very concerned about mentoring and I try to let everybody know that if there is a question that they want help with or whatever that if I am there, come in and ask me I think in general people are pretty positive about helping each other. (P2)

I feel that mentoring is largely absent in a lot nursing programs by both nursing educators themselves engendering it with the students, having senior nursing students mentor junior nursing students. It would be really be more helpful if there was mentoring available. I think that the limitations are largely due to probably financial and time. (P11)

Mentoring is something that is really necessary if you want your faculty to stay and be comfortable. It is a different role; a lot of people come from service, they may be nurse practitioners so they have the masters that's required but teaching is

a totally different animal. Unless you have somebody there to sort of guide you and show you what realities of teaching are, people think that teaching is easy.

(P12)

The above data indicate that although some may have had good experiences being mentored or as mentors, there is room for improvement. It is also clear that mentoring of new staff is viewed by all as essential support if the new teachers are going to succeed.

According to one participant,

We don't have a system in place to mentor, and attract or retain adjunct faculty.

So, the stress on full time faculty is even greater. (...) I think it is critical that every department have a mentoring committee, have a mentoring team with outcomes, deliverables and regular meetings and encouragement. In addition, this would also contribute towards maintaining the standards of education at the institution. (P9)

Another participant stated,

That's really one of my passions. I really want to get that going here. If you don't have that, I don't understand how people can succeed. You are just lost in the politics and it's not fair. How are we supposed to mentor students and we don't receive mentorship ourselves? (P6)

Similarly to what was suggested with regards to the recruitment process, systematic and robust mentoring schemes will insure that new teaching staff are supported in the transition into their new roles and retain them.

## **Conclusion**

The purpose of this qualitative case study was to gain insight into the different perspectives on the expectations, challenges and benefits enjoyed by nursing faculty employed in a local nursing program located in the New York City metropolitan area. As such, in this case study I set to address the following question: What are the perspectives of nursing faculty with regard to working in nursing education?

According to this study, there are a number of factors which contribute towards job satisfaction, as well as factors which create dissatisfaction among nursing educators. In this section, I discussed factors that participants identified that cause job dissatisfaction among nursing educators, namely low salaries, unmanageable workloads and lack of funding for further education. In order to identify these factors, field notes, one-on-one recorded interviews, and documents were used. At the same time, it is equally important to enhance those aspects of being a nursing educator that lead to job satisfaction, such as being able to focus on teaching and progressing along the educational career. Addressing these concerns is important because reversing the nurse faculty shortage is necessary if the growing shortage of nurses is to be tackled (Rich & Nugent, 2009).

Strategies such as addressing adequate salaries, administration support for educational needs, mentoring, and adequate staffing may not only encourage work performance and productivity but attract future nurse educators, enhance and maintain a strong and successful nursing program. The results of the study strongly support this statement with all participants overwhelmingly in favor of the development of a teaching staff mentoring program. In addition, the results point toward the need to establish a transparent staff recruitment policy. Good principles, unity, and integrity are factors that

contribute to increased job satisfaction and retention within the workplace (Gutierrez et al., 2012).

## Section 5: Discussion, Interpretation, Recommendation

### **Introduction**

In Section 4, I provided the data analysis of this qualitative case study to explore the perspectives of nursing faculty with regard to their experience of working in nursing education. In this section, I discuss the interpretation of the results and recommendations from the analysis.

### **Summary of the Findings**

The purpose of this case study was to investigate and identify the personal perspectives on the expectations, challenges, and benefits among nursing faculty employed in a local nursing program. I used a qualitative case study approach to address specific questions that related to the topic of the nurse faculty shortage and the perspectives of nursing faculty in a local nursing program. I collected the data through review of college documents, face-to-face interviews using a quality digital recorder, and field notes.

The findings were based on documents obtained and the analysis of data collected from research interviews from the participants. During the analysis, I identified themes consisting of expectations, motivation, benefits, job fulfillment, challenges, and job dissatisfaction. Subthemes identified included remuneration, excessive workload, and funding for the advancement of education. The findings indicate evidence of cohesiveness among the participants. The nursing faculty expressed the need to identify and address factors that impact job satisfaction, such as salary, faculty mentoring, educational funding, and workload. The challenges, personal experiences, burdens, and

motivators of working in nursing education shared by the nursing faculty help bring awareness to the importance of job satisfaction and dissatisfaction.

I drew the following conclusions to answer the research question: What are the perspectives of nursing faculty with regard to working in nursing education?

### **Interpretation of the Findings**

The conceptual framework for this qualitative study is the motivation-hygiene theory by Herzberg et al. (1993) based on the motivation factors consisting of job satisfaction and the hygiene factors representing job dissatisfaction. Motivation factors (satisfiers) such as achievement, recognition, the work itself, responsibility, promotion, and growth are significant in the retention process. The hygiene factors (dissatisfaction) include salary and benefits, company policy and administrative practices, interpersonal relationships, job security, and work conditions related to job satisfaction (Herzberg et al., 1993). A number of participants referred to the shortage of trained nursing educators and the consequent inability of nursing programs to respond to the demand. It is important to address the source of dissatisfaction but also to enhance the elements of job satisfaction to recruit and retain more nurse faculty.

The themes of expectation and motivation connect to professional satisfaction with faculty identity discussed by Berent and Anderko (2011). Many of the participants remain in education for three key reasons: mentoring others, the value or respect given to faculty members, and ability to shape future nursing practice. Berent and Anderko (2011) identified resource management skills of adaptive characteristics or traits including setting realistic goals, prioritization, time management, and setting limits. Identifying and understanding the characteristics and the significance of job expectations as it pertains to

job responsibilities coincide with job transition, job stability, and job satisfaction (Kowalski & Kelley, 2013). Another factor was mentoring (Berent & Anderko, 2011), which focused on faculty achievement and the work itself. This factor can be attributed to nursing faculty who entered and would continue to work in higher education due to their responsibility and enjoyment of mentoring colleagues as they transition into the role of nursing educators. Faculty-to-faculty mentoring may be considered as a professional development achievement choice for faculty educators to introduce and teach learning concepts to provide better outcomes for new teaching staff based on their experiences (Findley, 2011).

All interviewees described the need to mentor new teaching staff continuously, which was addressed under the subtheme of recruitment and mentoring. The data indicate that although some may have had good experiences being mentored or as mentors, there is room for improvement. All participants were clear that mentoring new staff is an essential support if new teachers are going to succeed. The participants explained that having a formal mentor would provide an understanding of the intricacy of the institution such as time, teaching and curriculum sequence. Puri et al. (2012) supported the need to incorporate faculty development. Creating new faculty orientation would include, preparing new faculty for challenges in education, implementing mentoring programs, and developing ways in which faculty can make the transition to their professional satisfaction into academia. Professional satisfaction and personal development may also result through faculty self-identity in shaping nursing practice.

A theme that featured heavily throughout the collected data was the idea that nursing educators experienced job fulfillment from seeing and helping students succeed



in becoming nursing professionals. Professional satisfaction with faculty self-identity and the decision to remain in nursing academia (Berent & Anderko, 2011) for many of the participants included their ability to shape future nursing practice. Individuals have the capacity to develop self-identity and remain productive within the work environment through professional development and support from leaders and administrators (Rapaport, 1958). The participants derived job satisfaction from the knowledge that, as educators, they played a pivotal role in safeguarding the future of the profession. For this reason, being able to teach new teaching professionals was, in itself, a positive, motivating factor for some participants.

In reference to the theme of job fulfillment, a number of participants believed the work they were doing had a positive impact. The positive impact was not only on the students themselves to whom teachers may be inspirational role models, but in the nursing profession and their local communities. These data indicated that participants derived job satisfaction with personal self and social identities from positive student feedback. The feedback was obtained through both formal and informal evaluations of their performance, which is an important element that identifies with the theme of mentoring. This aligns with Tajfel and Turner (1986), who found that individuals coming together to collaborate is a fundamental element of social identity. Participants in Tajfel and Turner's study also indicated that a supportive working group environment positively influenced their job satisfaction where the staff felt valued by students, administrators and peers.

Under the subtheme of work overload, resource management skills that affected job satisfaction were reflected in the data collected concerning the participants'

perspectives on working in the nursing field. These include: having limited time for teaching, which was identified earlier as the most enjoyable aspect of their role. A number of participants noted the perception that teachers have it easy because they do not have to work in the summer. The assumption about the workload is erroneous as teachers often take their work home that could not be completed during regular working hours. These may be contributing factors to role strain, which was discussed by Cranford (2012). Factors related to role strain indicate the need to investigate ways in which leaders and administration can identify and address contributing factors that impact role responsibility. Role strain may lead to burnout and impact faculty retention (Cranford, 2012)

Although the participants expressed their passion for teaching under the theme of challenges, the findings indicate that the participants felt at times overwhelmed by the amount of workload they have to complete. The participants preferred teaching and advisement over the roles in committee/administrative work. It was challenging to find the time to work on their (required) personal development. Under the theme of funding for further study, which focused on educational advancement, the subthemes indicate the need to provide funding for professional growth. Funding would be considered an incentive towards recruit and retention of nursing faculty. A number of participants indicated that, in their opinion, there was little funding available to achieve further qualifications for their (required) personal development.

Under the subtheme of remuneration, which focused on fair and adequate compensation, a comparison often made was the salary levels among nurse educators and clinical nursing staff. Here, participants did not think it was fair that a newly qualified

nurse may be earning a higher salary than an experienced nursing educator. The results show that all the participants interviewed were of the opinion that the salary level for nursing educators is far below what it should be. It was also noted that low remuneration excludes people from the profession, especially those who are the main income earners in the household or are trying to raise a family. A number of participants were of the opinion that increasing the salary levels of nursing educators would draw more new faculty into the schools and help retain them. Identifying barriers that impact job satisfaction within nursing education such as support of faculty, salary, mentoring of faculty and workload may be challenging. However, addressing these barriers may increase the retention rate within the work environment (Bittner & O'Connor, 2009).

Improvement of support and professional development of nursing faculty was described under the theme of job dissatisfaction. One element of support that emerged from this study very strongly was the need to continuously improve the mentoring of new teaching staff. Mentoring relationships are recognized in the literature as a way to attract, assimilate, and retain nursing educators (Baker, 2010). Mentoring may be a way to provide job satisfaction within the work culture. Mentors and mentees could collaborate to create a culture of excellence and collaboration. Schools of nursing need to improve retention and recruitment strategies, by providing opportunities for mentoring new and seasoned faculty, professional development, and institutional encouragement (Findley, 2011). Development of new strategies that focus on the improvement of retention and recruitment could be a solution that provides job satisfaction and camaraderie among faculty (Anderson, 2009). Group cohesion through team building may be a way to improve nurse job satisfaction (White et al., 2010).

Effective mentoring promotes team building and allows the mentor and mentees the opportunities for professional growth and improved job satisfaction (Suplee & Gardner, 2009). Findley (2011) stated that a mentor should be chosen according to longevity within the institution and should be someone who possesses a passion and collaborative nature. Mentors who are committed may be the driving force behind continuous improvement and the maintenance of positive departmental culture (Findley, 2011). Teaching and learning begin with the relationship between a mentor and the individual, where the individual focuses on professional and scholarly development. As a result, new faculty may acquire the needed skills and internalize them by interacting with their mentors, through dialogue within the work environment (Heinrich & Oberleitner, 2012).

The interactions between mentor and mentees are geared towards establishing relationships that will contribute to innovation, continuity, professional and personal growth (Sawatzky & Enns, 2009). This new knowledge would be the interacting of people together with the nursing work environment around them. Vygotsky (1978, 1983) believed that dialogue and internalization were important psychological components of learning.

As mentioned under the themes of challenges and job dissatisfaction, the issues of pay and benefits were factors that affected job satisfaction for the nurses. A comparison often made was between nurse educators and clinical nursing staff. Here, participants did not think it was fair that a newly qualified nurse may be earning a higher salary than an experienced nursing educator. It was also noted that low remuneration excludes people from the profession, especially those who are the main income earners in the household

or are trying to raise a family. A number of participants were of the opinion that increasing the salary levels of nursing educators would draw more new faculty into the schools and help retain them. Compensation and benefits can be seen as conventional components. However, the overall solution to nursing faculty retention is job satisfaction (Nardi & Gyurko, 2013).

### **Implications for Social Change and Recommendations for Action**

The findings from this study help to identify critical aspects of job satisfaction that may lead nursing faculty and administrators to mitigate the negative successfully and strengthening the positive aspect of faculty satisfaction. According to Herzberg (1966), there are intrinsic sources of job satisfaction. These sources would provide the opportunity to achieve or perform work as interesting and challenging, to do meaningful work, and to assume responsibility. Having the autonomy will encourage involvement in determining how the work is done. The participants expressed having limited time for teaching, which was identified earlier as the most enjoyable aspect of their role; the challenges presented by teaching in itself the difficulties of “becoming tenured”, such as obtaining a permanent position within the educational institution; the limitations in terms of learning resources, learning technology and classroom space; the limited support available for teaching staff, especially new teachers; the challenges presented by inside politics within the educational institution; and finally the challenges presented by undertaking a stressful job.

The results of this study indicate support for Herzberg’s (1966) theory. There is a need for health care educational institution providers to redesign organizational structure to encompass an autonomous system that rewards, supports and values one’s efforts. It is

important for administrators and nursing leaders to evaluate the faculty nurse job description and expectations. It is important to provide job satisfaction through achievement, authority, autonomy, recognition, responsibility, and working conditions within the nurse faculty working environment (Baker et al., 2011). Autonomy within the system may provide faculty nurses the ability to be involved in the decision-making process that determines how the work is done. The decision making process would determine how to provide more time for teaching, classroom space, providing support and recognition for the teaching staff, especially for new teachers. There is a need for models that allow nurses to be actively involved in changes in the work environment through decision making and the implementation of company policies within their departments. Faculty involvement could result in shared governance and decreased job dissatisfaction (Kuehn, 2010).

When institutions make progress in eliminating factors that contribute to job dissatisfaction, it may lead to satisfaction through basic changes in the work environment (Herzberg, 1966). A redesign of the nursing job utilizing Herzberg's (1966) theory could allow for opportunities for increased pay compensation, application of equitable company policies, through increased variety, and changing social status (Berent & Anderko, 2011)). The data indicate that all the participants interviewed were of the opinion that the salary level for nursing educators is far below what it should be. A number of participants mentioned that having moved from other industries or functions into nursing education, they had to take considerable pay cuts. Incentives for job satisfaction may include financial reward systems to attract and improve staff retention. Health care educational institutions could offer creative methods, which include pay compensations such as

bonuses and compensation packages for excellence in teaching. Nominal financial packages and changes in benefits are some incentives, but these may not be enough in addressing retention and job satisfaction among nurses.

Recruitment and retention of qualified nurses depend on the proactive strategies and interventions developed by managers and administrators. Pay and benefits are important aspects of job satisfaction, however improving safe quality patient-centered care, increasing administrative support, and promoting professional growth in a positive work environment is imperative (Morgan & Lynn, 2009).

Furthermore, the excerpts from the interviews raise a question about whose responsibility it is to fund further education; whether it is the responsibility of the individual, the institution or the state. In a view echoed by others, these participants emphasized the responsibility of the educational institution to encourage and support the personal development of staff, in its capacity as an employer. At the same time, although some participants admitted that funding for further study was available, nursing teachers were often unaware of its existence and how to access it. There is a need for organizations to design retention strategies that support nursing faculty at different phases of professional development that will lead to activating organizational goals and vision (Heinrich & Oberleitner, 2012). Development of retention strategies may result in an increase of personal value and support within the nursing work environment.

The findings indicate there is limited support available for teaching staff, especially new teachers; the challenges presented by inside politics within the educational institution; and finally the challenges presented by undertaking a stressful job. There is a need to recognize teachers when they have done a good job and provide career

advancement opportunities for them within the work organizational structure. A career ladder design may support advancement and promote organization, education, and improvement of working conditions within the work environment. Furthermore, the design may result in job satisfaction that would serve as a means for the recruitment, promotion, and retention of professional nurses within the field of nursing education (Kowalski & Kelley, 2013).

Organizational commitment could be crucial in the nursing faculty work environment. It denotes the connection of one's individual commitment and dedication to the employer in which support, communication, values, and goals are part of stability within the organization (Cash et al., 2011). Organizations that have a high commitment from employees could benefit by identifying perception of job satisfaction and empowerment, which may contribute to increased productivity (Cash et al., 2011). Organizational commitment and job satisfaction in the nursing workforce could involve diverse issues of values among different ages of nurses in the workforce and having the ability to relate to students. The participants expressed the need for flexibility so that a nursing educator career could have opportunities similar to a clinical career nurse. Flexibility is especially important for those who have demanding family commitments, which are not compatible with long hours working in hospitals; personal motivations such having had caring responsibilities within the family. While other participants entered teaching after retirement from clinical nursing; and continuing to have the opportunity to practice clinical nursing.

Creative strategies are needed to understand the different perspectives of organizational commitment among nurses. The nurse leader may not understand the value



system of all faculty members, but one would be wise to try to lessen the gap that embraces diversity that could result in a more cohesive workforce (Williamson et al., 2010).

Taking notice of the concerns of nursing educators is the foundation for rebuilding a well-organized environment and removing the barriers that adversely impact the workplace. Administrators and nursing leaders need to secure recruitment and retention through organizational commitment by developing realistic goals and utilizing strategies that will address the concerns of the nursing faculty.

### **Recommendations for Further Studies**

As a result of the limitations related to this case study, the findings from the research on the perspective of nursing faculty support the need for further research. The case study was comprised of nursing faculty employed in a local nursing program located in the New York metropolitan area. Advanced research is needed to accumulate data from the perspective of nursing faculty on working in nursing education on a national scale.

### **Educational Development**

The data from the study indicate that the nursing educators interviewed appreciated the opportunity for continuous personal, educational development as they may learn from the students themselves, as well as having to keep on top of developments in medical care. Further studies regarding how increased continuous personal educational development for nurses may promote job satisfaction could be beneficial for recruiting and retaining nurses in the profession. The research supports continuing education programs that focus on professional development.

### **Mentoring and Recognition**

Further research pertaining to mentoring and recognition of nursing faculty would be beneficial in the process of transitioning into nursing academia and receiving guidance and support. Additional studies that examine support and recognition are needed and may be beneficial in identifying strategies used to acknowledge efforts and achievements, thus improving organizational commitment and job satisfaction. Considering the contributions of all the interviewees, it is possible to build consensus around improvements in two distinct areas: the mentoring of teaching staff and development of a clear staff recruitment strategy. Improvements in these areas should make a career in nursing education more appealing to new nursing educators, as well as improve staff retention. Developing and evaluating strategies that promote recruitment and retention increases faculty cohesion and job satisfaction (Anderson, 2009; Birx et al., 2011; Findley, 2011; Martin & Hodge, 2008).

### **Work Environment**

The nurse faculty shortage has reached critical proportions with contributing factors impacting the overall workforce shortage (Rich & Nurgent, 2010). Further research pertaining to nursing work environments, motivation factors, and positive collegial relationships in the mentoring and recruitment processes would be beneficial in the retention of nurses. Motivation factors (satisfiers) such as achievement, recognition, the work itself, responsibility, promotion, and growth are significant in the retention process. These motivational factors could also be important in the recruitment process.

**Recruitment and retention.** Additional research involving the recruitment process and retention of nursing faculty is needed. The data point toward overly bureaucratic recruitment processes and the need for the development of a clear staff recruitment strategy. An open recruitment process that is conducive to job satisfaction, which supports recognition and value, may be a solution. Another important solution to resolving the nurse faculty shortage may be to improve job satisfaction through the improvement of the work environment (Lane et al., 2010).

Job satisfaction and retention may be influenced by the leadership practices of shared decision-making, autonomy, praise and recognition (Cowden et al., 2011) in the work environment. Leaders who practice shared governance and actively engage faculty participation may begin to establish cohesiveness in the work environment (Baker et al., 2011). Further research regarding shared governance in decision-making between nursing faculty and administrators in the development of recruitment and mentoring programs is warranted. Further research may play a role in identifying key elements that improve job satisfaction and the retention of nurses. Shared governance in decision-making may be beneficial to the nursing profession in providing authentic growth experiences for new recruitment and mentoring programs that enhance job satisfaction through recognition and value.

### **Job Satisfaction**

Additional research on nursing job satisfaction involving promoting relationships with other nurses through team building and mentoring programs to connect new nurses with faculty nursing experts is needed. These studies could include how the mentoring relationship as a professional development program promotes job satisfaction and

retention within the work cultural environment. Research that focuses on social relationships through mentoring programs and support self-identity in the work environment may benefit faculty nurses.

### **Organizational Commitment**

Organizational commitment is complicated and contributes to nursing faculty's decisions about whether to stay in nursing academia (Carver & Candela, 2008; Gutierrez et al., 2012). Concerns related to job satisfaction were identified throughout the interview responses. Job satisfaction is a constant indicator of nurse faculty retention within an organization and is a significant influence on nurse faculty retention (Cranford, 2012). In general, low job satisfaction could lead to decreased retention (Ma et al., 2009). Additional research on job satisfaction and organization commitment of faculty nurses within academia is needed. Acquiring a better understanding and implementing a plan towards improving job satisfaction and organization commitment could prove worthwhile for increasing retention.

This study was conducted to identify and address the issues and concerns of nursing faculty. Based on the findings of this study I concluded that the perspectives of nursing faculty working in nursing education are important and that there is a need for future studies of this nature. Future studies need to be implemented to provide measures that will aid department heads of nursing programs in working towards improving the working environment within the nursing programs. I made various suggestions for additional research based on specific findings. A plan should be put in place to implement the strategies learned from this research and to address the concerns of nursing faculty.

### **Reflection on Researcher's Experience**

Completing this research study has been without a doubt rewarding, yet challenging. While working on this study, I realized how passionate I am towards teaching and how vital it is to identify and address issues of concern that impact teaching, nursing education, professional growth, and job satisfaction. I was primarily intrigued by the responses I received from my fellow nurse faculty colleagues as they shared their lifelong experiences, passion for teaching, and concerns about working in nursing education. There is usually not enough time for casual talk or reminiscing. It is amazing how I can work with someone for years and not know his or her personal background, beliefs, or perception on valuable issues pertaining to the work environment. The participants' point of view on the importance of nursing education and the factors addressed in the interviews made it clear that there is a need to confront the concerns and challenges of nursing faculty. I believe that in order to improve and build a more cohesive work environment, there must be unity and a willingness to work towards success.

I have worked as a clinical nurse educator in the hospital setting for 5 years, and I am currently working as a full-time faculty nurse educator in an associate degree nursing program. Because I have a shared professional background with the participants, I can recognize the importance of trust, building a rapport, and maintain an open mind in order to establish a researcher-participant working relationship. Establishing a researcher-participant relationship allowed me the opportunity to gain insight of the experiences from the participants' perspectives, even as I was able to mitigate possible influences of my biases and preconceptions. I believe this allowed me to remain neutral towards the

research topic; and focus on the participants' point of view. The interview questions helped me accomplish that.

I conducted this study to raise awareness of the shortage of nursing faculty, its impact on the nursing workforce and the factors that contribute to the shortage. Identifying the perspective of nursing faculty at the local level may be helpful in developing and implementing strategies that address faculty concerns for improvement not only in one specific institution but nursing programs throughout the metropolitan area and nationwide. Personally and professionally, I have concerns about the current nurse faculty shortage and have witnessed the overwhelming challenges of providing adequate clinical exposure to the nursing students. These concerns motivated me, in part, to conduct this research. As Creswell (2003) noted, one's personal bias is best expressed initially in order to establish and focus on the personal outlook of the participant.

The results from this study indicated the need to address specific issues that have an impact on job satisfaction and provoke change within the workplace. Nursing faculty and administrative personnel should join in order to build and foster a sustainable work environment and create a balanced infrastructure. The factors addressed in this study are not only important on a local level, New York metropolitan area, but nationally. The factors identified that impact job satisfaction among faculty who work in nursing education can be recognized and addressed throughout nursing programs located throughout the United States. Identifying factors that create dissatisfaction and an imbalance within the workplace is essential. Initiating solutions that support and increase job satisfaction may have an impact on retention of qualified nursing educators. These

solutions may contribute to maintaining academic excellence and success within the nursing education arena.

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## Appendix A: Consent Form for Faculty

### Factors That Impact Teaching in Nursing Education: The Perspectives of Nursing Faculty

You are invited to participate in a research study of faculty shortage. This study will be conducted by Sharon E. Shockness, RN, MS, doctoral candidate at Walden University. You were selected as a possible participant because you are a nurse educator working in a nursing program located in the New York City metropolitan area and your knowledge and/or experience related to the topic will provide insight to the study. Please read this form and ask any questions you may have before acting on this invitation to be in the study.

#### **Background Information:**

The purpose of this study is to explore the factors that impact the nurse faculty shortage and gain insight into the different perspectives on the expectations, motivators, and challenges of nursing faculty.

#### **Procedures:**

If you agree to be in this study, you will be asked to do the following things: Participate in a one-on-one interview, which will consist of questions addressing your perspective on your current academic position in nursing education. It is anticipated that the completion time will take about 60 minutes.

#### **Voluntary Nature of the Study:**

Your participation in this study is strictly voluntary and anonymous. Your decision whether or not to participate will not affect your current or future relations with your employer. If you initially decide to participate, you will be free to withdraw at any time without penalty. Should you agree to participate, you will be notified by phone or e-mail and a convenient date, time, and location will be arranged between you and the researcher.

#### **Risks and Benefits of Being in the Study:**

The benefits to participation will provide insight on the personal concerns and experiences of nursing faculty and may be helpful in improving the shortage of nursing faculty, nursing education, and the practice of professional nursing.

**Compensation:** There will be no compensation provided for your participation in this study.

**Confidentiality:**

All materials will be kept confidential and in a locked cabinet. The researcher will only have access to the data. In any report of this study that might be published, the researcher will not include any personal identifiers of the participants in the data. The data will be stored for a minimum of five years. After that time, all materials may be destroyed. As long as the data exists it will be kept secured.

**Contact and Questions:**

The researcher conducting the study is Sharon Shockness. You may contact the researcher via e-mail at [sharon.shockness@waldenu.edu](mailto:sharon.shockness@waldenu.edu). Please feel free to contact the researcher if you have any questions. My advisor is Dr. Robert Bernard. If you have any questions, you can contact Dr. Bernard at [rob.bernard@waldenu.edu](mailto:rob.bernard@waldenu.edu)

The Research Participant Advocate at Walden University is Leilani Endicott; you may contact her at 1-800-925-3368, x 1210 if you have questions about your participation in this study.

Should you agree to participate in this study, you can e-mail me at [sshockness@waldenu.edu](mailto:sshockness@waldenu.edu).

Your participation in this study will be greatly appreciated.

## Appendix B: Interview Questions

The purpose of this qualitative case study is to gain insight into the different perspectives on the expectations, challenges, and benefits of nursing faculty employed in a local nursing program located in the New York City metropolitan area. The significance of this study will identify the different perspectives of nursing faculty, promote the importance of nurse educators, and recognize why nursing faculty candidates continue to drop at an alarming rate. To accomplish the purpose of the study, the following interview questions will be used to guide, collect, and analyze the data:

1. What are some of the factors that contributed to your decision to choose a career in nursing education?
2. How long have you been working as a nurse educator?
3. Please describe your responsibilities as a nursing faculty member.
4. What are your perceptions/feelings about the various aspects of your responsibilities as a nursing faculty member?
5. With your experience, what are the benefits of teaching in nursing education?
6. With your experience, what are the drawbacks of teaching in nursing education?
7. To what extent does job satisfaction impact your commitment to continue to teach in nursing education?
8. Can you describe any challenges and or motivators that influence your decision to continue teaching in nursing education?
9. In general, what is your view on funding of educational advancement?
10. In general, what is your view on mentoring and support of faculty?
11. What is your view on nurse faculty salary scale and benefits?
12. How would you describe your view on the process of retention of nursing faculty in your program?

13. How would you describe your view on the process of recruitment of nursing faculty in your program?

**Possible follow-up/probe question to number 3:**

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

**Possible follow-up/probe question to number 4:**

Various aspects of your responsibilities such as advising, admissions, professional growth, research etc.







## Appendix E: Sample Transcript of Interview 2.

1. Researcher - What are some of the factors that contributed to your decision to choose a career in nursing education?

C.C D- - I think some of the factors are I did do some hands on clinical nursing and I saw that possibly I could do more if I was in the teaching field and also when groups of students came on I found myself helping them out and doing things like that. So, I think that's a big part.

2. Researcher - How long have you been working as a nurse educator?

C.C D- - I did some adjunct work so let me think. About forty four years. There was a gap in between because I stayed home with my children.

3. Researcher - Please describe your responsibilities as a nursing faculty member.

C.C D- - My first responsibility is to my students and to give them the best I can do for them as far as educating them. Another responsibility is to the faculty itself because we have certain duty is we have to perform too. I do lecture, I do labs with the students in the course I am teaching now, I am involved with simulation so that's new. As far as with the faculty and the school and the department, I participate in various meetings and I'm on appointments committee, which is an elected position. And then the general faculty, the Bachelors of science in nursing curriculum.

Researcher - Do you do advisement?

C.C D- - Well with my own students primarily because we have someone who does for the baccalaureate program. If a student comes to the door, I'd help them out. I am on the clinical liaison committee that probably it. I am not on as many committee as I use to be.

4. Researcher - What are your perceptions/feelings about the various aspects of your responsibilities as a nursing faculty member?

C.C D- - As far as the lecture and lab, that's a good question because when you have been doing it for so long; I feel a big responsibility, yes, I want to be as prepare as I can be and to give the students my best. As far as my responsibilities with meeting, that again, I do the best that I can for those committees. I try to keep up with everything. I am the recorder for one and that's always a thing that I have to really motivate myself to do the minutes. I try to keep myself positive.

5. Researcher - With your experience, what are the benefits of teaching in nursing education?

C.C D- - I think probably the biggest benefit is, because I have two faculty members that were former students of mine So I think really the biggest benefit is that you see that the students that you taught are doing even more than you've done with your career. Because, one has her doctorate and one is getting her doctorate. That really one of the big benefits. the other one is the immediate one . When you have the class and you have students that come in every week and they have like a dull look on their face and then all of a sudden the light goes on. that's always a big plus and I think too sometimes students do come to you and say they appreciate what you did. That's always nice to hear. You don't get it too often but you know especially when you get it after they've finished the courses. It nice you know; then sometimes you field maybe they are saying it for ulterior motives. I say that's a big part of teaching. when I taught fundamentals, the thing I loved about that was because to me it was the foundation and I felt what I was giving the student there would go with them for the rest of their lives.

6. Researcher - With your experience, what are the drawbacks of teaching in nursing education?

C.C D- - I don't like to say money, but I think that is a big drawback. Personally, fortunately it's not a problem for me because my husband works so between the two of us, we are okay. I can see where some people might not be able to take a job in this area because of the financial status that they have. the time off I very nice. I like that. that sort of for me compensates for any thing I'm not making.

7. Researcher - To what extent does job satisfaction impact your commitment to continue to teach in nursing education?

C.C D- - I think that job satisfaction is important but my reasoning for working in the field isn't so much for that. Maybe that is considered job satisfaction. I'm thinking job satisfaction is somebody from the department saying you did a great job. I think no matter what, if I that feel that I am doing the best I can, I think that gives me satisfaction too. Sometimes you do feel like you did great one day and it give you a great boost. There's more ups than downs in teaching. I think working out in the clinical areas is more difficult, probably more downs in that area that we do.

8. Researcher - Can you describe any challenges and or motivators that influence your decision to continue teaching in nursing education?

C.C D- - Again, I guess it's to share what I have I always felt I was very lucky to have gotten a good education. and now hopefully I'm helping these students for the same. Unless we go back to the students that are sort of lackadaisical about

something and then you can stimulate them to take an interest. For example I had a student that who was on an elevator that I had several years ago and he said professor, I had you for physical assessment and there were other people on the elevator that he knew and he said she was the best.

Researcher - That was a motivator!

C.C D- - Yes, especially when you' feel oh, thing don't go well. I always have more to teach than I have time for.

Researcher- that's a challenge?

C.C D- - Yes.

9. Researcher - In general, what is your view on funding of educational advancement?

C.C D- - Well, to be hones I don't know all the statistics on that. But, I think they still have funds available. Maybe not as much as years ago. Again, I am not sure. I was very fortunate because I went to hunter college and that was basically free and the dorm that we lived in was fifteen dollars for the year. When I finished my bachelors I stared working and that summer, I said there's got to be more. I needed to be stimulated more, so then I applied to new York university and I was very fortunate because they called and said that there was a scholarship available if I went full time, so I did that and I continued to work but not full time basis. I appreciate the fact that I had scholarships. I do think, not just nursing but I think education in general is underfunded. I will say that.

10. Researcher - In general, what is your view on mentoring and support of faculty?

C.C D- - I think our department is pretty good with mentoring. I think C.R did a nice job and I know we had the short interim there and now we have Dr. R. I think she is very concerned about mentoring and I try to let everybody know that if there is a question that they want help with or whatever that if I am there, come in and ask me I think in general people are pretty positive about helping each other.

Researcher - Do you feel that it is important to have mentoring of faculty?

C.C D- - Oh definitely, I think what I am trying to say is the atmosphere is positive for mentoring and I think that is a good thing because I think that mentoring is very important. Similar to what we try to do for the students, to encourage them.

11. Researcher - What is your view on nurse faculty salary scale and benefits?

C.C D- - I think that is a discouraging factor because if you get a job in nursing that the other part of that one our students and this is years ago when they got a job right away, they were making basically more than a lot of us were making, having been teaching for a while. I think we are a little under paid. It would be nice to increase it but the contract have to be signed for CUNY and all. So, hopefully that will make a difference.

Researcher - What do you think of the benefits?

C.C D- - I think we are pretty good on that. I got my husband and myself covered. If you were to add that to our salaries, that makes it a little bit better. I think the dental plan is not that great. We do get something bask and the eyes glasses, we get something every two years. I would say I am not dissatisfied with it. Hopefully they will be able to keep that when they do the contract. That's the other thing.

12. Researcher - How would you describe your view on the process of retention of nursing faculty in your program?

C.C D- - Overall again, our departments is pretty good. We haven't had too many people leave on their own sort of speak. I think retention of the faculty is a good one. I think it all goes back to the mentoring and the availability of people.

13. Researcher - How would you describe your view on the process of recruitment of nursing faculty in your program?

C.C D- - The recruitment now is a little different because they go through CUNY and somewhere along the line it gets to us. The thing that I don't like about the recruitment is that when after we've seen a person. they have been waiting maybe a month or more to get an interview with us. It take some times, a long time for them to get the interviews with the administers and then to get hired. That could be sped up a little bit. I don't think that the CUNY system is the greatest because it's not like they are coming directly to us. They have to go on line and apply and everything and we really don't have that many positions available. Adjuncts yes full time is another story.

Researcher – To go back to number three, what changes if any would you like to see in your role as a nursing faculty member?

C.C D - I really don't have anything specific. I think I am pretty happy with the way things are. Last semester I would have said something differently because of the situation. Now I would say I think things are pretty good. I am not afraid to go and say something to the chair person if I didn't like what was going on.

Researcher - So you are happy for now?

C.C D- - Yes, I am pretty content. I have no real complaints.