

2019

Bedside Nurses' Perceptions of Pursuing an Academic Career as Nursing Faculty

Suzanne Lynne Benfield
Walden University

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Walden University

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Suzanne L. Benfield

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the review committee have been made.

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Walden University

2019

Abstract

Bedside Nurses' Perceptions of Pursuing an Academic Career as Nursing Faculty

by

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MSN, University of North Dakota, 2012

BSN, University of Wisconsin Green Bay, 2009

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

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Abstract

There is a nursing faculty shortage at a Mid-Atlantic associate degree nursing program. In response, program administrators have hired adjunct faculty with bachelor of science in nursing degrees (BSNs), hired full-time faculty with master of science in nursing degrees in areas other than education who also are not certified nurse educators, and reduced its minimum requirement for nursing faculty clinical experience. The nursing faculty shortage combined with the resulting gaps in practice are problematic because they may (a) negatively influence the program's ability to produce degreed nurses; (b) increase faculty workload; (c) decrease the quality of student education, which may decrease licensure exam scores; and (d) increase the potential for losing program approval and accreditation. The purpose of this study was to explore the perceptions of BSNs working at the bedside regarding the pursuit of careers as nursing faculty. This purpose was reflected in the 1 overarching and 5 specific research questions developed for this study. The conceptual framework for this generic qualitative study was behavioral intent, a construct based on 4 concepts: planned behavior, self-efficacy, self-determination, and motivation. Snowball sampling was used to recruit 10 BSNs who worked at local hospitals to participate in phone interviews. Data analysis using thematic analysis and the constant comparison method indicated that some BSNs had misconceptions about the roles of nursing faculty and did not feel they were qualified to teach. With insight about barriers to becoming nursing faculty, a nursing faculty champion program was developed. If implemented, the program could initiate social change by increasing the number of BSNs who become nursing faculty, thereby decreasing the nursing faculty shortage and resulting negative outcomes and gaps in practices.

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Dedication

This dissertation is dedicated to my husband Gary, who undoubtedly is my biggest champion. Throughout this long and challenging process, he has, as always, been unwavering in his encouragement, support, and belief that I can do anything. To my children, Andrew, Timothy, Olivia, Nicholas, and Cassandra, I thank you for all the times you ate cereal for dinner or cooked dinner so I didn't have to stop writing, fixed broken computers, tutored me through my statistics homework, and read my papers, all without complaining. I recognize the sacrifices you all have made so that I could pursue my dream, and I am both grateful for and proud of you.

To those friends who have listened, encouraged, and guided me during this doctoral journey, I thank from the bottom of my heart.

Finally, I dedicate this work to my parents, who inspired in me a lifelong love of learning.

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Section 1: The Problem

For almost 2 decades, the American Association of Colleges of Nursing (AACN, 2017) has generated evidence of a nursing faculty shortage throughout the United States. Other researchers, such as Carlson (2015), have found similar evidence. Nursing faculty members are nursing instructors who teach nursing students in postsecondary classroom and clinical settings (Cherry & Jacob, 2011). This means that nursing instructors are responsible for teaching students not only in learning environments on postsecondary institutional campuses but also in actual medical facilities with direct patient care and simulated medical settings (Cherry & Jacob, 2011). The nursing students they teach may be prelicensure students who are preparing for the National Council Licensure Examination (NCLEX), a requirement for all practicing nurses in the United States (National Council of State Boards of Nursing [NCSBN], 2018), or they may be postlicensure (i.e., licensed) nurses who have passed the NCLEX and are seeking advanced degrees and certifications. As opposed to nursing faculty members, clinical nurse educators are nurses who work strictly in clinical settings and teach nurses employed in those settings. Nurse educators are outside the scope of this study.

A clear pattern of the nursing faculty shortage as described by the AACN (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017) can be seen in Table 1. Although the percentages of nursing faculty vacancies have varied in the 10 years prior to this study, they have been relatively consistent with (a) the percentages for 6 of those 10 years in the 7% range; (b) the percentages for 3 of those 10 years in the 6% range; the percentages for 2 of the 3 years nearly in the 7% range; and (c) the percentage of only 1 of those 10 years in the 8% range.

Table 1

Nursing Faculty Vacancies in United States Nursing Programs, 2008-2009 to 2017-2018

Academic year	Full-time budgeted positions (<i>N</i>)	Full-time vacancies (<i>n</i>)	Full-time vacancies (%)	Mean vacancies (per school)
2017-2018	21,533	1,565	7.3	1.9
2016-2017	19,830	1,567	7.9	1.9
2015-2016	18,511	1,328	7.1	3.1
2014-2015	18,010	1,236	6.9	1.7
2013-2014	16,444	1,358	8.3	2.0
2012-2013	15,574	1,181	7.6	1.8
2011-2012	14,166	1,008	7.7	1.8
2010-2011	12,783	880	6.9	1.6
2009-2010	12,184	803	6.6	1.4
2008-2009	10,661	814	7.6	1.8

Note. Adapted from American Association of Colleges of Nursing. (2009). *Special survey on vacant faculty positions for academic year 2009-2010.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy09.pdf>) American Association of Colleges of Nursing. (2010). *Special survey on vacant faculty positions for academic year, 2010-2011.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy10.pdf>) American Association of Colleges of Nursing. (2011). *Special survey on vacant faculty positions for academic year 2011-2012.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy11.pdf>) American Association of Colleges of Nursing. (2012). *Special survey on vacant faculty positions for academic year 2012-2013.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy12.pdf>) American Association of Colleges of Nursing. (2013). *Special survey on vacant faculty positions for academic year 2013-2014.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy13.pdf>) American Association of Colleges of Nursing. (2014). *Special survey on vacant faculty positions for academic year 2014-2015.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy14.pdf>) American Association of Colleges of Nursing. (2015). *Special survey on vacant faculty for positions for academic year 2014-2015.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy15.pdf>) American Association of Colleges of Nursing. (2016). *Special survey on vacant faculty positions for academic year 2016-2017.* (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy16.pdf>) American Association of Colleges of Nursing.

(2017). *Special survey on vacant faculty positions for academic year 2016-2017*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy17.pdf>)

In the decade prior to this study, the shortage of nursing faculty in the United States has been evident at both the master's and doctoral level. Based on data from AACN (2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018) and as shown in Table 2, the percentages of vacant master's-required positions for which master's level prepared nursing faculty are ideally qualified to fill have ranged from 6.8% to 10.5%. The percentages of vacant master's-required-but-doctoral-preferred positions for which master's level prepared nursing faculty are qualified to fill have ranged from 30.0% to 37.1%. When combined, the percentages of the two categories have ranged from 38.6% to 43.9%. These data indicate a notable need for master's level prepared nurses and are not surprising considering other data related to characteristics of associate nursing degree programs.

For example, when compared to other nursing degree programs, associate nursing degree programs consistently turn away more qualified student applicants (National League of Nursing [NLN], 2018b). In 2011-2012, 84% of associate degree programs turned away qualified applicants, and in 2013-2014 and 2015-2016, 78% of associate degree programs turned away qualified applicants (NLN, 2016a). In addition, the percentage of qualified nursing students consistently turned away by associate degree programs is higher than that of other nursing degree programs (NLN, 2018b). In 2011-2012, 45% of qualified nursing students were turned away by associate degree programs; in 2013-2014, the percentage was 37%, of qualified nursing students were turned away

Table 2

Nursing Degree Characteristics of Nursing Faculty Vacancies in United States Nursing Programs, 2008-2009 to 2017-2018

Academic year	Master's required (%)	Master's required / doctoral preferred (%)	Doctorate required (%)
2017-2018	10.3	31.3	56.3
2016-2017	7.5	33.0	57.8
2015-2016	8.4	31.8	58.9
2014-2015	8.1	32.1	57.5
2013-2014	8.6	30.0	56.9
2012-2013	10.5	32.0	56.3
2011-2012	8.1	32.4	58.0
2010-2011	6.8	37.1	55.5
2009-2010	7.2	31.8	58.8
2008-2009	9.7	33.5	54.6

Note. Note. Adapted from American Association of Colleges of Nursing. (2009). *Special survey on vacant faculty positions for academic year 2009-2010*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy09.pdf>) American Association of Colleges of Nursing. (2010). *Special survey on vacant faculty positions for academic year, 2010-2011*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy10.pdf>) American Association of Colleges of Nursing. (2011). *Special survey on vacant faculty positions for academic year 2011-2012*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy11.pdf>) American Association of Colleges of Nursing. (2012). *Special survey on vacant faculty positions for academic year 2012-2013*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy12.pdf>) American Association of Colleges of Nursing. (2013). *Special survey on vacant faculty positions for academic year 2013-2014*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy13.pdf>) American Association of Colleges of Nursing. (2014). *Special survey on vacant faculty positions for academic year 2014-2015*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy14.pdf>) American Association of Colleges of Nursing. (2015). *Special survey on vacant faculty for positions for academic year 2014-2015*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy15.pdf>) American Association of Colleges of Nursing. (2016). *Special survey on vacant faculty positions for academic year 2016-2017*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy16.pdf>) American Association of Colleges of Nursing. (2017). *Special survey on vacant faculty positions for academic year 2016-2017*. (<http://www.aacnnursing.org/Portals/42/News/Surveys-Data/vacancy17.pdf>)

by associate degree programs; in 2015-2016, 35% of qualified nursing students were turned away by associate degree programs, respectively(NLN, 2016a), and in 2017-2018, 38% of qualified nursing students were turned away by associate degree programs (NLN 2018b).

Associate degree programs also have cited lack of faculty as the main obstacle to admitting additional students and to expanding their program capacity (NLN, 2014b, 2016a, 2018b). In 2014, 28% of associate degree programs cited lack of faculty as the main obstacle to admitting additional students (NLN, 2014b), and in 2016, 25% of associate degree programs cited lack of faculty as the main obstacle to admitting additional students (NLN, 2016c, 2018b). In 2012 and 2014, 28% of associate degree programs also cited lack of faculty as the main obstacle to expanding their program capacity (NLN, 2014b), and in 2016 (NLN, 2016b) and 2018 (NLN, 2018b), 25% of associate degree programs cited lack of faculty as the main obstacle to expanding their program capacity.

Finally, nursing faculty with Master of Science in Nursing degrees (MSNs) fill the majority of part-time positions as instructors (63%), assistant professors (64%), associate professors (48%), and professors (43%) when compared to nursing faculty with Bachelor of Science in Nursing degrees (BSNs) or doctoral degrees (NLN, 2017b). Nursing faculty with MSNs also fill the majority of full-time positions as instructors (82%), assistant professors (54%), and professors (41%) when compared to nursing faculty with BSNs or doctoral degrees (NLN, 2017a). When all positions are considered, including chief administrator and other positions, MSNs fill the majority of all full-time (59%; NLN, 2017a) and part-time (63%; NLN, 2017b) positions.

One reason for the shortage of prepared nursing faculty at the master's level is that nurses who are seeking advanced degrees are not choosing nursing education as their major area of study. Fang, Li, Stauffer, and Trautman (2016) reported that of the 119,025 nursing students who either graduated with a master's level degree 2015 or enrolled in a master's level program in 2016, only 15,961 (13.4%) had nursing education as their major area of study. Almost as many students (15,272, 12.8%) were nursing administration majors (Fang et al., 2016). The most popular program for master's level graduate students was the nurse practitioner program with an enrollment of 68,671 (57.7%) students. Of the 29,630 students who graduated from a master's level program, only 5,365 (14.7%) had nursing education as their major area of study. A close number of students (4,684, 12.8%) graduated as nursing administrators (Fang et al., 2016). The greatest number of students (19,581, 53.5%), however, graduated from the nurse practitioner program (Fang et al., 2016). These school enrollment and graduation data show that although nurses are seeking and earning master's level degrees, they are not seeking or earning those advanced degrees in educationally focused graduate programs.

The shortage of master's level prepared nursing faculty does not appear to be the result of shortages of available education programs. According to Fang et al. (2016), AACN data from 2015-2016 showed that 334 schools offered master's level nursing education programs. The number of schools that offered master's level nurse practitioner programs ($N = 373$) was not considerably higher.

Although not the population of interest in this study, a similar trend in nursing shortages has been noted among doctor of nursing practice (DNP) students during 2015-2016 (Fang et al., 2016). Of 10,889 MSNs who enrolled in DNP programs, 3,036

(27.9%) enrolled in a nurse practitioner program, 2,753 (25.3%) enrolled in a leadership program, and an additional 2,925 (26.9%) enrolled without a specific major specified (Fang et al., 2016). In contrast, only 167 (1.5%) nurses enrolled in DNP programs (Fang et al., 2016). Of the 2,917 students who completed their doctoral studies through graduation, 2,188 (75.0%) graduated as nurse leaders or nurse practitioners, or graduated without a specified major (Fang et al., 2016). In contrast, only 49 (1.7%) nurses graduating with DNP degrees graduated with a degree in education (Fang et al., 2016). Similar to the master's level enrollment and graduation data, these enrollment and graduation data show that although nurses are seeking and earning doctoral level degrees, they are not seeking or earning those advanced degrees in educationally focused graduate programs.

The shortage of nursing faculty is problematic because it can contribute to increased workload for employed faculty members (Bittner & Betchel, 2017; Gerolamo & Roemer, 2011) and an inability to educate enough nurses, which will contribute to the ongoing nursing shortage (International Council of Nurses and Florence Nightingale International Foundation, 2013). At the study site in this study, a Mid-Atlantic associate degree nursing program (hereafter referred to as MACC), the nursing faculty shortage also has resulted in gaps in hiring practices.

The Local Problem

Like many nursing programs throughout the United States, MACC has experienced a shortage of qualified nursing faculty. According to the nursing department chair, this problem has resulted in gaps in hiring practices at MACC. The first gap in practice, identified by the nursing department chair, is that MACC has hired adjunct

faculty with BSNs rather than MSN degrees as is preferred or required by regulatory and accrediting agencies and preferred by MACC.

Although the 2017 Accreditation Commission for Education in Nursing (ACEN, 2017) guidelines direct institutions to follow the guidelines from its state, governing organizations, and accrediting agencies, other agencies clearly state their strict expectations and standards for nursing faculty degrees. For example, the Southern Association of Colleges and Schools (2009) requires all full-time nursing faculty to hold MSNs, and the NCSBN (2008) prefers that all nursing faculty at associate granting institutions hold MSNs or doctoral degrees. Other agencies are more flexible with their expectations. For example, the board of nursing in the state in which MACC is located allows associate degree granting institutions to have 49% of faculty hold BSNs. The 2013 guidelines from the ACEN (2013) allow associate degree granting institutions to have 50% of part-time faculty hold BSNs.

As shown in Table 3, during the 2013-2014 school year, MACC exceeded its state board of nursing limit for BSN-holding faculty by 1% and the ACEN limit for BSN-holding faculty by 16.6%. Because only master's level nursing faculty are employed full-time at MACC (not shown in table), the school meets the Southern Association of Colleges and Schools (2009) standards for full-time faculty. However, because BSNs are employed at MACC, the school does not meet the preferred expectation of the NCSBN (2008) that all nursing faculty at associate granting institutions hold MSNs or doctoral degrees.

Table 3

Nursing Degree Characteristics of Nursing Faculty at MACC, 2013-2014 to 2017-2018

Academic year	Full-time faculty			Part-time faculty						
	Total	MSN		Total	DNP		MSN		BSN	
	<i>N</i>	<i>n</i>	%	<i>N</i>	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
2017-2018	8	8	100.0	9			5		4	
2016-2017	6	6	100.0	8	1	12.5	3	37.5	4	50.0
2015-2016	6	6	100.0	11			5	45.45	6	54.54
2014-2015	6	6	100.0	14			7	50.0	7	50.0
2013-2014	5	5	100.0	15			5	33.3	10	66.6

Note. Percentages may not equal 100% due to rounding.

The second gap in practice is that MACC has hired full-time faculty who hold MSNs in a focus area other than education and do not also have a certification for nurse educators (CNE) certificate, as is the preferred qualification at MACC, according to the department chair. The third gap in practice, according to the department chair, is that MACC has reduced its minimum requirement for nursing faculty clinical experience from 5 years to 2 years. The rationale for focusing on the nursing faculty shortage problem and the resulting hiring gaps, which are also problematic, is discussed in the “Rationale” subsection, which follows.

In order for MACC to address these gaps in practice by adhering to preferred hiring practices dictated by the institution, the institution’s accrediting agency, and national organizations’ regulatory guidelines, it is imperative that an adequate pool of qualified faculty candidates exists from which MACC may choose. For MACC, an

associate degree granting study site, qualified candidates are nurses with an MSN degree, preferably with a focus in nursing education, or an MSN degree in a focus area other than education but with a CNE certificate. Nurses who are eligible to pursue MSN degrees are nurses who hold BSN degrees. In order to increase the number of local, qualified MSN applicants available for hire at MACC, it will be necessary to promote BSN-educated nurses' pursuit of MSN degrees in education in the local community. In order to promote local BSN-educated nurses' pursuit of such degrees to address the nursing faculty shortage problem at MACC, it is necessary to understand the reasons that BSN-educated nurses are not pursuing MSN degrees in education. At the time of this study, those reasons were unknown. Therefore, the purpose of this study was to explore the perceptions of BSNs working at the bedside regarding the pursuit of MSNs with a concentration in education and academic careers as nursing faculty.

Rationale

The problem in this study was the nursing faculty shortage at the study site. That nursing faculty shortage has resulted in gaps in hiring practices. Because of the potential negative outcomes of the nursing faculty shortage and resulting gaps in hiring practices at MACC, there was a clear need for this study. Those negative outcomes are discussed in this section and jointly make up the rationale for this study.

Problem: Nursing Faculty Shortage

First, the nursing faculty shortage is problematic because when institutions do not have enough nursing faculty, the institutions are not able to accept all of the qualified nursing student applicants who apply to degree programs (NLN, 2016a). As a result, the institutions' nursing programs are not able to educate an adequate number of nurses to fill

the need, which will contribute to the ongoing nursing shortage (International Council of Nurses and Florence Nightingale International Foundation, 2013). Using 2010 data from a longitudinal study conducted by the National Center of Education Statistics, Carnevale, Smith, and Gulish (2015) projected that there will be a shortage of 1.6 million nurses in the United States by 2020. This shortage will result from the combination of loss of workforce due to failure to produce new nurses (Carnevale et al., 2015) and nursing faculty attrition, resulting, in part, from retirement of currently working nurses (Fang & Kesten, 2017).

Trends in retirement data show changes in the average age of nursing faculty upon retirement (Fang & Kesten, 2017). Among nursing faculty in the 54 or younger, 55-59, and 60-64 age groups, rates of retirement decreased from 3.5% to 1.4%, 16.5% to 7.1%, and 44.2% to 27.4%, respectively (Fang & Kesten, 2017). Conversely, among nursing faculty in the 65-69, 70-74, and 75 or older age groups, rates of retirement increased from 30.3% to 45.8%, 4.8% to 13.9%, and 0.9% to 4.4%, respectively (Fang & Kesten, 2017). Although “no studies have been conducted on current and future nursing faculty retirements at the national level” (Fang & Kesten, 2017, p. 634), Fang and Kesten (2017) estimated that between 2016 and 2025, the total number of nursing faculty who retire will equal one third of the total population of nursing faculty who were employed in 2015.

The nursing faculty shortage also is problematic because nursing faculty shortages increase the workload for employed faculty members (Gerolamo & Roemer, 2011), which could lead to nursing faculty attrition (Bittner & Betchel, 2017; Carlson, 2015) and further increase the workload for nursing faculty. According to the nursing department

chair at MACC, MACC has had unfilled full-time nursing positions since the 2013-2014 school year, when it had 2 full-time vacancies. In the 2014-2015, 2015-2016, 2016-2017, and 2017-2018 school years, MACC has had 2, 2, 3, and 1 unfilled full-time nursing faculty positions, respectively. Because the one unfilled full-time position for the 2017-2018 school year is a position that resulted from the merging of two unfilled full-time positions in 2016-2017, the workload for the current unfilled 2017-2018 full-time nursing faculty position is essentially the same two full-time nursing faculty positions in previous years. In all cases, however, and since 2013-2014, the nursing faculty employed at MACC has had to absorb additional teaching and sometimes clinical teaching duties to make up for the nursing faculty vacancies. In some cases, administrators have had to teach courses to compensate for lack of nursing faculty. For these noted reasons, the nursing faculty shortage is problematic both at MACC and in the larger setting.

Gaps in Practice: Hiring Gaps at MACC

Three gaps in hiring practices have been identified at MACC as resulting from the nursing faculty shortage. The first gap is that MACC has hired adjunct faculty with BSN degrees rather than MSN degrees. The second gap is that MACC has hired full-time faculty who hold MSNs in a focus area other than education but do not also have a CNE certificate. The third gap is that MACC has reduced its minimum requirement for nursing faculty clinical experience from 5 years to 2 years. Each of these gaps is discussed separately in this section.

BSN versus MSN degree. The first gap in practice, that MACC has hired adjunct faculty with BSN degrees rather than MSN degrees is problematic because the practice does not meet the expectation of the NCSBN (2008), which prefers that all nursing

faculty at associate granting institutions hold MSNs or doctoral degrees. The nursing department chair noted that, ideally, MACC also would prefer that all nursing faculty hold MSN degrees. In addition, the hiring of nursing faculty with BSN rather than more advanced degrees is problematic because BSNs have been found to need more support than MSNs, which could result in increased strain on institutional resources (Riner & Billings, 1999). In addition, novice nursing faculty, although not necessarily only BSNs, have been found to lack the needed skills to teach in academic settings (Summers, 2017).

Also, it is possible that MACC's hiring of too many BSN holding nursing faculty could keep the institution from meeting the nursing faculty requirements stipulated by the state board of nursing or ACEN. If, for example, two part-time nursing faculty with MSN degrees were to have resigned during the 2017-2018 school year, the percentage of part-time nursing faculty with BSN degrees (60%) would have become greater than the percentage of MSN degree holding nursing faculty (40%) at MACC. Because ACEN regulations allow for only 50% of part-time nursing faculty to be BSNs, a 3/2 ratio of BSNs to MSNs at MACC would not meet the ACEN requirement for faculty.

When nursing programs do not meet state board of nursing and ACEN standards, they risk losing program approval and accreditation, respectively. As shown in Table 3, during the 2013-2014 school year, MACC did not meet the standards for nursing faculty stipulated by either the board of nursing in the state in which MACC is located or by ACEN. This year happened to be a reaccreditation year for MACC, which required that the institution file a faculty report with ACEN. In the report, MACC provided a rationale for its failure to meet the faculty requirement. However, MACC was not penalized for not

meeting that requirement because the requirement was fully met the following year. No action was required for the board of nursing.

Finally, it is possible that MACC's hiring of too many BSN holding nursing faculty could have a negative impact on the quality of education nursing students receive at MACC. Although nurse administrators expect novice nursing faculty to be prepared to teach in academic settings (Pointdexter, 2013), because BSN degree curriculums are not focused on theory, pedagogy, and curriculum development, novice BSN educated nursing faculty are not prepared to incorporate that knowledge into their teaching practices, as suggested by Summers (2017). In this way, lack of knowledge in fundamental learning areas can result in diminished capacity for teaching excellence (Booth, Emerson, Hackney, & Souter, 2016), which ultimately can negatively influence student performance overall (Summers, 2017). Although no data analysis has been conducted with regard to the number of nursing faculty with BSN degrees and MACC student performance on the NCLEX, it is possible that student performance at MACC could be compromised if nursing faculty have diminished capacity for teaching excellence, as suggested by Summers. If student performance at MACC is compromised, students also could demonstrate lower NCLEX passing rates, which could then threaten MACC's state board of approval to operate its nursing program.

It is worthy to note that immediately after the 2013-2014 school year when MACC exceeded the allowed number of BSN holding nursing faculty, student scores on the NCLEX fell below the allowable minimum pass rate of 80% stipulated by the board of nursing in the state in which MACC is located. As a result of its low passing NCLEX scores, MACC was required to develop an action plan to increase student performance.

The resulting action plan included revisions to the curriculum, including mandatory use of simulation in the classroom; the provision of professional development for nursing faculty; and a change in standardized testing vendors. Although students' NCLEX scores improved after that implementation of the action plan, low student NCLEX scores in the future could again result in the need to develop another action plan and potentially the loss of state board of approval to offer nursing programs at MACC. For all of these noted reasons, MACC's hiring of adjunct faculty with BSN degrees rather than MSN degrees is problematic.

MSN without CNE certification. The second gap in practice, that MACC has hired full-time faculty who hold MSNs in a focus area other than education but do not also have a CNE certificate, is problematic because, as the department chair noted, it is the preferred qualification at MACC that all nursing faculty who hold MSNs in a focus area other than education also have a CNE. In order to be granted a CNE certificate from the NLN (2019), nursing faculty must demonstrate the highest levels of expertise and competence as an educator and be prepared to incorporate theory, pedagogy, and curriculum development into their nursing practice. This means that, similar to nursing faculty with BSNs, nursing faculty with MSNs in a focus area other than education who do not hold a CNE certificate lack knowledge in fundamental learning areas, a condition which can result in diminished capacity for teaching excellence. It is possible, then, that nursing faculty who hold MSNs in a focus area other than education but do not also have a CNE certificate could contribute to decreased student NCLEX scores. For these reasons, it is problematic that MACC has hired full-time faculty who hold MSNs in a focus area other than education but do not also have a CNE certificate.

Reduction of minimum requirements. The third gap in practice, that MACC has reduced its minimum requirement for nursing faculty clinical experience from 5 years to 2 years, is problematic because it could negatively influence the quality of teaching offered at MACC. According to the Higher Learning Commission (2016), faculty qualifications may be determined not only based on faculty credentials but also through their nursing experiences. Although the board of nursing in the state in which this study was conducted only required that nursing faculty have 2 years of direct patient care experience, MACC believed that 5 years was more appropriate for ensuring high quality education at their institution. Therefore, MACC has previously required its nursing faculty to have 5 years of direct care experience and continues to identify 5 years of recent direct patient care as a preference for hiring practices.

The fact that MACC lowered its minimum requirement for nursing faculty clinical experience inherently suggests that MACC is hiring nursing faculty who are less experienced than they prefer to hire. As suggested previously, hiring nursing faculty who do not have the highest levels of qualifications could result in lower levels of student learning and ultimately lower student pass scores on the NCLEX, a condition that would draw criticism from the state board of nursing and potentially risk MACC's program approval. For this reason, MACC's reduction of minimum requirement for nursing faculty clinical experience from 5 years to 2 years is problematic.

As demonstrated in this section, there is a clear need to address the nursing faculty shortage problem at MACC. To summarize, the nursing faculty shortage is problematic because it may prevent schools from (a) accepting qualified nursing students into its programs (NLN, 2016a), (b) educating enough nurses to fill an identified need

(International Council of Nurses and Florence Nightingale International Foundation, 2013), and (c) adequately regulating nursing faculty workload. The nursing shortage at MACC is problematic because it has resulted in gaps in hiring practices, which are (a) keeping MACC from meeting preferred hiring standards, (b) potentially increasing strain on institutional resources, (c) putting MACC at risk of losing its accreditation from ACEN or program approval from the state board of nursing, (d) decreasing the number of highly qualified educators at MACC, (e) potentially decreasing the quality of education students are receiving at MACC, and (f) potentially contributing to decreased student NCLEX scores. The significance of this study in addressing these concerns is discussed in the subsequent Significance of the Study section.

Definition of Terms

Bedside nurse: A practitioner who provides “direct patient care in an acute care setting (Potter, Perry, Stockert, & Hall, 2013, p. 7) such as a hospital. Nurses who practice at the bedside are commonly understood to be bedside nurses.

Nursing education: Academic nursing programs that prepare nurses for “entry into professional nursing practice . . . and incorporate “didactic content . . . along with guided clinical experience” (Association of Women’s Health, Obstetric and Neonatal Nurses, 2014, p. 130).

Nursing faculty/instructor: A faculty member or instructor in the postsecondary education setting who teaches nursing students (Cherry & Jacob, 2011). Nursing instructors also may plan, organize, implement, and evaluate nursing programs (World Health Organization, 2016).

Significance of the Study

This study is valuable because through it, I have the opportunity to promote positive social change at MACC and in the local community in multiple ways. First, by conducting this study, I gained insight about bedside nurses' perceptions, viewpoints, and attitudes toward seeking an MSN in education and pursuing employment as nursing faculty, insight that is crucial to any effort to promote this behavior. Using this insight, I developed a project (see Appendix A) with the goal of encouraging bedside nurses to seek MSNs in education and employment as nursing faculty at MACC. Through such a project, I may help decrease the nursing faculty shortage at MACC. Therefore, by conducting this study, I may promote positive social change in the form of a reduced nursing faculty shortage at MACC.

Further, by reducing the nursing faculty shortage at MACC, I may help to reduce the negative outcomes resulting from that nursing faculty shortage. Those negative outcomes include MACC's (a) increased nursing faculty workload, (b) decreased ability to provide quality student education which may result in decreased NCLEX scores, (c) hindered capacity to produce degreed nurses who may fill vacant nurse positions in the local community, and (d) increased potential for losing program approval from the state board of nursing and accreditation from ACEN. Therefore, by conducting this study, I also may promote positive social change in the form of reduced negative outcomes resulting from the current nursing faculty shortage at MACC.

Research Questions

I sought to answer one overarching and five specific research questions for this study. To develop the five specific research questions, I drew from the study's conceptual

framework, Ajzen and Fishbein (1972) notion of behavioral intent, which I describe in the literature review that follows this subsection. Each of the five specific research questions aligns directly with one the main concepts that make up the study's conceptual framework.

RQ1. Why are BSN nurses not pursuing advanced nursing degrees to seek careers as nursing faculty in academic settings?

RQ1a: What are bedside nurses' perceptions regarding their capacity to become nursing faculty?

RQ1b: What are bedside nurses' perceptions regarding the value or detriment of becoming nursing faculty?

RQ1c: What are bedside nurses' perceptions regarding the influence of others with regard to becoming nursing faculty?

RQ1d: What are bedside nurses' perceptions regarding barriers to becoming nursing faculty?

RQ1e: What are bedside nurses' perceptions regarding motivators for becoming nursing faculty?

Review of the Literature

This section includes a review of the literature pertinent to the nursing faculty shortage. The five major topics discussed in this section are motivators for becoming nursing faculty, factors contributing to nursing faculty intent to stay and retention, factors contributing to intent to leave and nursing faculty attrition, barriers to recruiting new nursing faculty, and barriers to hiring new nursing faculty. Before the topic specific

literature is discussed, the literature search strategy is presented, and the conceptual framework is discussed.

Literature Search Strategy

A review of literature was conducted using EBSCO, CINCAHL, Science Direct, Academic Search Premier, Ovid Nursing Full Text Plus, and Google Scholar. The online databases were searched for studies and articles related to the following key terms and phrases: *nursing faculty shortage*, *nursing faculty recruitment*, *nurse faculty retention*, *nursing faculty shortage solutions*, *nursing faculty mentorship*, *barriers and incentives to advanced education*, *motivators*, and *inhibitors*. I used relevant current research published since 2013, but also included a limited number of earlier sources due to their relevance to the discussion of the problem and the conceptual framework.

Conceptual Framework

A conceptual framework is a knowledge scheme constructed using multiple concepts that work together to provide a lens for understanding various types of phenomena (Jabareen, 2009). The conceptual framework for this study was behavioral intent, defined by Ajzen and Fishbein (1972) as a person's decision to take specific action that may or may not lead to actual action. The concept of behavioral intent is the focus of Ajzen and Fishbein's (1972) theory of planned behavior, which was informed by Bandura's (1977) theory of self-efficacy and Deci and Ryan's (1985, 2000, 2008) self-determination theory. Collectively, concepts from these theories can be used to understand how people's behavior may be influenced by their (a) perceived capacity to accomplish a goal, (b) attitude toward the behavior in question, (c) perception of how

they believe others expect them to behave, and (d) internal and external motivating factors.

Elements of the conceptual framework. According to the theory of planned behavior (Ajzen, 2012; Ajzen & Fishbein, 1972), the main variables that influence a person's behavioral intent are perceived behavioral control, attitude toward the behavior, and subjective norm. Ajzen (2012) also identified motivation to meet expectations of others as a mediating factor of subject norms and identified actual control as a mediating factor of actual behavior. In Deci and Ryan's self-determination theory, the researchers suggest internal and external motivators influence behavior. These concepts are discussed in this section. The relationships between these concepts are depicted in Figure 1.

Perceived behavioral control. Perceived behavioral control refers to people's perceived abilities to accomplish a task if they choose to do so (Ajzen, 2012). Ajzen and Fishbein (1972) based the concept on Bandura's (1977) concept of self-efficacy, which Bandura (1989) defined as "people's beliefs about their capacities to exercise control over events that affect their lives" (p. 1175) or otherwise accomplish tasks. According to Bandura (1977), self-efficacy can be influenced in four ways.

The first way people's beliefs about their capacity to accomplish tasks may be influenced is through their previous experiences, also called mastery experiences (Bandura, 1977). When people are considering engaging in a behavior to accomplish a task, they will refer back to previous experiences with those task-related behaviors (Bandura, 1977). If their previous experiences were positive and they mastered the task they set out to accomplish, they will be more likely to engage in that behavior and

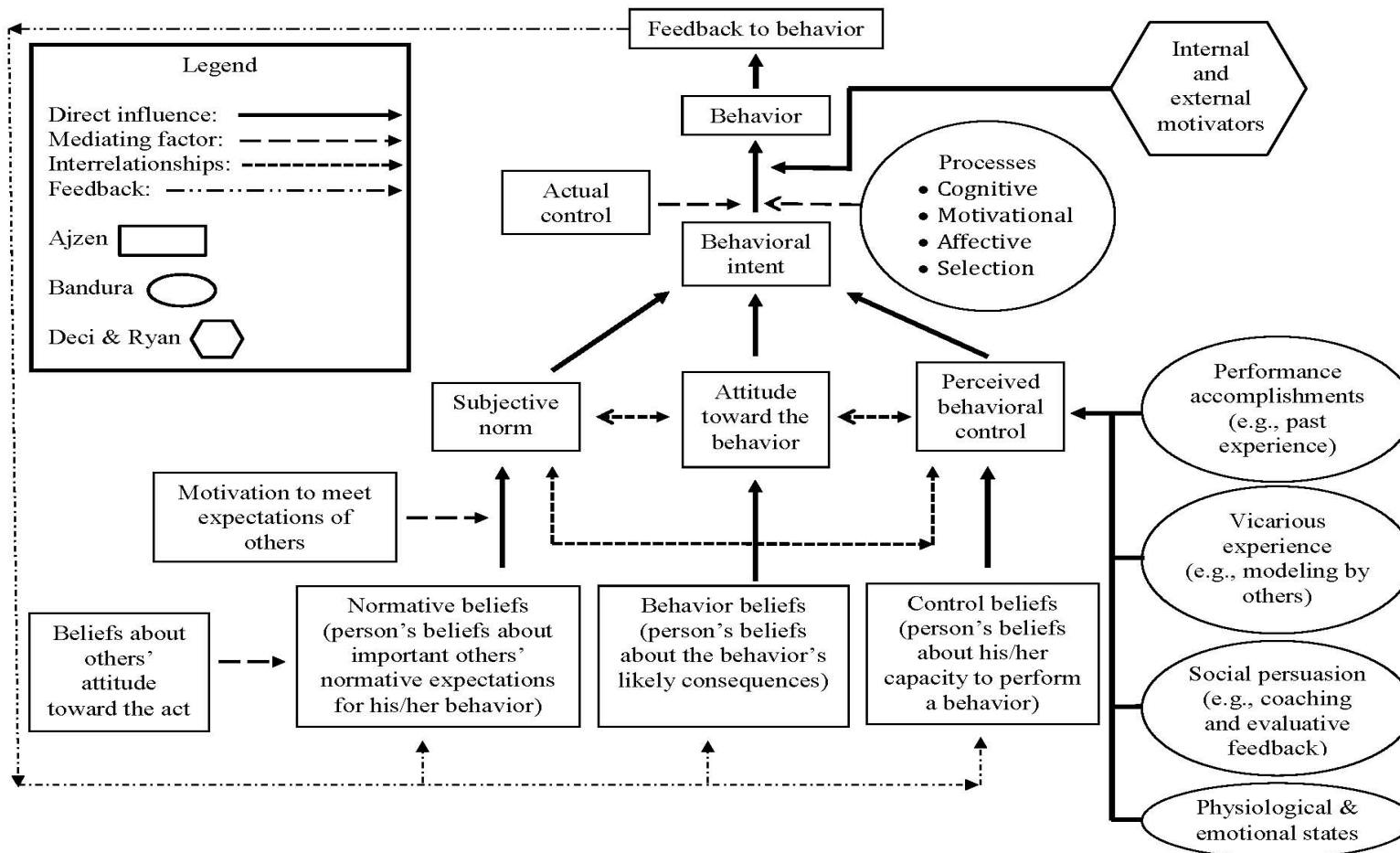


Figure 1. Conceptual representation of the relationship between behavioral determinants and behavior. Adapted from “Conceptual Representation of the Relationship Between Behavioral Determinants and Behavior: Concepts From Ajzen; Bandura; and Deci and Ryan, by S. Hueck, 2018, https://www.academia.edu/36219804/Conceptual_Representation_of_the_Relationship_Between_Behavioral_Determinants_and_Behavior_Concepts_from_Ajzen_Bandura_and_Deci_and_Ryan. Reprinted with permission.

attempt to accomplish that task a second or additional times (Bandura, 1977). A person influenced by a master experience might think, “I’ve done this before. I can do it again.”

The second way people’s beliefs about their capacity to accomplish tasks may be influenced is through vicarious experiences (i.e., the experiences of other; Bandura, 1977). When people observe others successfully engaging in a behavior and accomplishing tasks, those people will be more likely to consider engaging in that behavior and attempting to accomplish that task (Bandura, 1977). A person influenced by a vicarious experience might think, “If she can do this, I can do this too.” The third way people’s beliefs about their capacity to accomplish tasks may be influenced is through social persuasion (Bandura, 1977). When people are encouraged by others to engage in a behavior and attempt to accomplish a task, those people will be more likely to consider engaging in that behavior and attempting to accomplish that task (Bandura, 1977). A person influenced by social persuasion might think, “If coach thinks I can do it, I can do it.”

The fourth way people’s beliefs about their capacity to accomplish tasks may be influenced is by their psychological and emotional states (Bandura, 1977). When people experience stress, anxiety, altered moods, or fatigue as the result of physical stressors, their health, or environmental demands, they are likely to associate those negative feelings with their capacity to engage in a behavior and accomplish a task and thus be less likely to engage in that behavior and attempt to accomplish that task (Bandura, 1977). A person influenced by a psychological state might think, “I can’t do that. It makes me too nervous.” A person influenced by a physical state might think, “I can’t do that. I’m too fat.”

Attitude. Attitude refers to a person's mindset regarding a particular behavior (Ajzen, 2012). A person's forms an attitude toward a behavior based on his or her beliefs about the likely consequences of engaging in a particular behavior (Ajzen, 2012). If a person does not believe that engaging in a particular behavior will bring about a particular result or if that person does not value the perceived outcome of engaging in a particular behavior, that person is less likely to engage in that behavior and attempt to accomplish that task (Ajzen, 2012). A person influenced by his or her attitude might think, "Why would I do that? It doesn't make a difference."

Subjective norm. Subjective norm refers to a person's beliefs about what important others expect of him or her (Ajzen, 2012). Important others may be friends, family members, or influential people in a person's life (Ajzen, 2012). A person's beliefs about what important others expect of them are called normative beliefs; those normative beliefs are themselves influenced by the person's perception about others' attitudes toward a behavior (Ajzen, 2012). A person influenced by subjective norms might think, "I know my mother finds value in that behavior and I'm sure she expects me to do it, so I'm going to do it."

Internal and external motivation. Motivation refers to a person's drive to behave in a certain way and helps explain why people behave the way they do (Deci & Ryan, 1985). Motivation forms as the result of the "innate psychological needs for competence, autonomy, and relatedness" (Deci & Ryan, 2000. p. 227). Both intrinsic (internal) and extrinsic (external and internal) motivating factors may influence a person's behavior-related decisions (Deci & Ryan, 1982, 2000, 2008; Ryan & Deci, 2000a, 2000b, 2006). Extrinsic motivation may be (a) externally regulated by the need to be compliant, and

external rewards and punishments; (b) somewhat externally regulated by one's own self-control, ego, and internal rewards and punishments; (c) somewhat internally regulated by personal importance and conscious valuing; and (d) internally regulated by a sense of congruence, awareness, and synthesis with one's self (Ryan & Deci, 2000a). Intrinsic motivation is internally regulated by personal interest, enjoyment, and inherent satisfaction (Ryan & Deci, 2000a). People are most likely to be motivated to act when they feel a sense of personal relatedness to a specific behavior and when they feel they have control of and the capacity to engage successfully in a behavior (Deci & Ryan, 2000). A person motivated by the extrinsic motivator external rewards and punishments might think, "I'm going to engage in this behavior because I'm going to get fired if I don't." A person motivated by an intrinsic motivator might think, "I'm going to engage in this behavior because it makes me feel good."

Herzberg (2003) also postulated that motivation contributes to behavior. In his two-part motivation-hygiene theory, Herzberg specifically focused on job satisfaction and dissatisfaction as motivators of job retention and attrition, respectively. Herzberg suggested that one set of factors contributes to employees' job satisfaction and subsequently job retention, and a different set of factors contributes to employees' job dissatisfaction and subsequently job attrition. Herzberg's theory is introduced here in the conceptual framework because the job satisfaction aspect of theory may be applied to this study. As is the case with the other concepts contributing to this study's conceptual framework, the application of job satisfaction to this study is discussed in the subsequent Application of the Conceptual Framework in this Study section.

Actual control. Based on the context in which Ajzen (2012) discussed actual control in relation to behavioral intent, actual control refers to the degree to which a person has the skills, autonomy, and other resources needed to successfully engage in a behavior and complete a task. People are most likely to be motivated to act when they feel they have control of a behavior (Deci & Ryan, 2000). Because actual control is generally difficult to measure, perceived behavioral control typically is used as a proxy measure of actual control (Ajzen, 2012).

Application of the framework in this study. The concept of behavioral intent is appropriate for this study because it informs the study problem. Specifically, there is a shortage of nursing faculty, in part because nurses who hold BSN degrees are choosing not to pursue advanced degrees or are choosing to pursue MSN degrees in fields other than education. This behavior is clearly evident in the literature (e.g., Fang et al., 2016). However, the impetus for their behavior is unknown. In other words, it is not known what factors may be contributing to bedside nurses' behavioral intent not to pursue advanced degrees or to pursue MSN degrees in fields other than education.

In order to develop a project for this study that can be used effectively to influence bedside nurses to pursue advanced degrees in education, it will be necessary to understand the factors that may be influencing bedside nurses in that way. Those factors, examined through the lens of this conceptual framework, may include (a) perceived capacity to complete an MSN in education degree; (b) attitude toward the field of nursing education; (c) perceptions of what they believe others expect them to do regarding seeking an advanced degree and a career in nursing education; (d) personal motivations for not seeking an advanced degree and a career in nursing education, including job

satisfaction in their current career placement; and (e) actual control over becoming nursing faculty. With such insight, an understanding can be gained about why nurses with BSN degrees are not pursuing MSN degrees with a concentration in education that would qualify them to pursue careers as nursing faculty in academic settings.

Behavioral intent as a conceptual framework for this study also informed the study's research questions, which were designed to elicit information that will provide insight into why BSN nurses do not intend to pursue advanced degrees or are choosing to pursue MSN degrees in fields other than education. More specifically, each of the five subquestions developed for this study directly aligns with one of the concepts from the conceptual framework. The underlying concept of RQ1a (What are bedside nurses' perceptions regarding their capacity to become nursing faculty?) is perceived behavioral control. The underlying concept of RQ1b (What are bedside nurses' perceptions regarding the value or detriment of becoming nursing faculty?) is attitude toward the behavior. The underlying concept of RQ1c (What are bedside nurses' perceptions regarding the influence of others with regard to becoming nursing faculty?) is subjective norm. The underlying concept of RQ1d (What are bedside nurses' perceptions regarding barriers to becoming nursing faculty?) is actual control. The underlying concepts of RQ1e (What are bedside nurses' perceptions regarding motivators for becoming nursing faculty?) are internal and external motivators and the motivation to meet the expectations of others. Because the items on the interview protocol were designed to generate data to answer the study's research questions, the concepts from the conceptual framework also informed the data collection instrument used in this study.

Motivators for Becoming Nursing Faculty

Researchers have found a variety of motivators for becoming nursing faculty. In some cases, study participants were nursing faculty. In other cases, study participants were nurses working in a position other than a nursing faculty role. The motivators discussed in this section are opportunity to work with students, opportunity to shape the profession, faculty role modeling and encouragement, flexible career, positive image of nursing faculty, and opportunity to pursue research.

Opportunity to work with students. Overall, nursing faculty (94.5%) surveyed by Evans (2013) agreed that the opportunity to work with students was a motivating factor in their decision to pursue a career as nursing faculty. However, more nursing faculty in associate and bachelor level degree programs felt this way compared to nursing faculty in master and doctoral level degree programs (Evans, 2013). Some nursing faculty who cited teaching as a motivating factor in their career choice described teaching as their “passion” (Evans, 2018, p. 62).

Nurses in Bagley, Hoppe, Brenner, Crawford, and Weir’s (2018) study also reported that a perceived benefit of becoming nursing faculty was the reward of teaching other nurses and prelicensure nurses. Nurses who participated in the study ($N = 10$) all had graduate degrees and were from diverse locations: urban ($n = 3$), suburban ($n = 3$), rural ($n = 4$; Bagley et al., 2018). Some participants described the reward of shaping and molding new nurses or otherwise having a positive influence on their futures (Bagley et al., 2018). Similarly, MSN and PhD prepared nursing students ($N = 15$) in Laurencelle, Scanlan, and Brett’s (2016) study described their desire to teach and observe student learning as factors that attracted them to their roles as nursing faculty.

In Fang and Bednash's (2017) study, 88.9% of the DNP students ($N = 843$) who participated reported that their general interest in teaching was influential in their decision to pursue a career as nursing faculty. These findings remained consistent when controlling for full- or part-time faculty status of the DNP students (Fang & Bednash, 2017). Similarly, in Fang, Bednash, and Arietti's (2016) study, 86.2% of PhD students ($N = 933$) who participated reported that their general interest in teaching was influential in their decision to pursue a career as nursing faculty. These findings remained consistent when controlling for full- or part-time faculty status of the PhD students (Fang et al., 2016).

Opportunity to shape the profession. Overall, nursing faculty (90.0%) surveyed by Evans (2013) agreed that the opportunity to shape the nursing profession was a motivating factor in their decision to pursue a career as nursing faculty. This factor was altruistic in nature, with many of the nursing faculty describing their work as "a mission or calling" (Evans, 2013, p. 15). The degree to which nursing faculty felt they were motivated by the opportunity to shape the nursing profession varied according to the level of the program in which the nursing faculty were teaching (Evans, 2013). Nursing faculty who were most motivated by the opportunity to shape the profession taught in associate's degree programs, followed by nursing faculty who taught in bachelor's, master's, and doctoral degree programs, in that order (Evans, 2013). DNP students in Fang and Bednash's (2017) study also reported that becoming nursing faculty was a means of contributing to the profession and considered that opportunity a reward. Similarly, nursing students in Laurencelle et al.'s (2016) study described the opportunity to contribute to the profession as a factor that attracted them to their roles as nursing faculty.

Faculty role modeling and encouragement. Results from a number of studies have shown that modeling and encouragement by nursing faculty may be motivating factors for becoming nursing faculty. For example, nursing faculty (70.6%) surveyed by Evans (2013) agreed that faculty role modeling and encouragement was a motivating factor in their decision to pursue a career as nursing faculty. Over 60% of respondents indicated that other nursing faculty had encouraged them to pursue a career as nursing faculty (Evans, 2013). The degree to which nursing faculty felt they were motivated by faculty role modeling and encouragement varied according to the level of the program in which the nursing faculty were teaching (Evans, 2013). Nursing faculty who were most motivated by faculty role modeling and encouragement taught in bachelor's degree programs, followed by nursing faculty who taught in master's, doctoral, and associate degree programs, in that order (Evans, 2013).

Similar to the nursing faculty participants in Evans's (2013) study, the DNP student participants in Fang and Bednash's (2017) study reported that faculty mentorship was influential in their decision to pursue a career as nursing faculty. When compared to DNP students who pursued a nonacademic career, students who pursued an academic career were more likely to have had a mentor who was nursing faculty (69.0% vs. 82.7%, respectively; Fang & Bednash, 2017). In addition, when compared to students who pursued a nonacademic career, students who pursued an academic career were more likely to report that their mentors were influential in their decision to pursue an academic career (52.3% vs. 84.8%, respectively; Fang & Bednash, 2017). These findings remained consistent when controlling for full- or part-time faculty status of the DNP students (Fang & Bednash, 2017).

Fang et al. (2016) found similar results among PhD students. In their study, when compared to PhD students who pursued a nonacademic career, students who pursued an academic career were more likely to have had a mentor who was nursing faculty (78.2% vs. 87.9%, respectively; Fang et al., 2016). In addition, when compared to students who pursued a nonacademic career, students who pursued an academic career were more likely to report that their mentors were influential in their decision to pursue an academic career (46.8% vs. 81.5%, respectively; Fang et al., 2016).

According to O'Neal, Zomorodi, and Wagner (2015), the potential for nursing faculty to encourage student nurses to consider careers as nursing faculty is real. In their study of nursing faculty in associate degree granting programs, 92.0% of nursing faculty reported they felt that part of their role as nursing faculty was educate nursing students about continuing their education. An even greater percentage (99%) of nursing faculty reported they felt that educating nursing students about continuing their education was valuable and that it was their professional responsibility to do so (O'Neal et al., 2015).

Given the results found in O'Neal et al.'s (2015) study, it is logical to assume that if nursing faculty were asked to encourage nursing students to continue their education and pursue careers as nursing faculty, those nursing faculty would respond positively. However, nursing faculty have reported, "empowering registered nurses to continue their education requires guidance, flexibility, and resources from academic institutions and health care organizations to facilitate seamless, efficient, and achievable academic progression" (Peltzer, Teel, Cline, & Cromwell, 2016, p. 44). With this understanding, it is important that all stakeholders involved in educating nursing students work together toward their academic progression.

Flexible career. Approximately 75% of the nursing faculty surveyed by Evans (2013) agreed that flexibility in work schedule and job content was a motivating factory in their decision to pursue a career as nursing faculty. The degree to which nursing faculty felt they were motivated by career flexibility varied according to the level of the program in which the nursing faculty were teaching (Evans, 2013). Nursing faculty who were most motivated by faculty role modeling and encouragement taught in bachelor's degree programs, followed by nursing faculty who taught in associate's, master's, and doctoral degree programs, in that order. Rates of agreement on the importance of flexibility also varied by subgroup (Evans, 2013). The subgroup nursing faculty 45 years old or less most agreed on the influence of flexibility on their retention (83.4%) followed by the subgroups male nursing faculty (78.0%) and nursing faculty 46 years and older (74.1%; Evans, 2013).

Both DNP (Fang & Bednash, 2017) and PhD (Fang et al., 2016) students also have reported career flexibility as an influential factor in their decision to pursue a career in nursing faculty. In Fang and Bednash's (2017) study of DNP students, more than twice as many DNP students reported seeking academic careers (82.3%) when compared to DNP students seeking nonacademic careers (38.8%). Similarly, in Fang et al.'s (2016) study of PhD students, more than twice as many PhD students reported seeking academic careers (78.4%) when compared to PhD students seeking nonacademic careers (38.6%).

Positive image of nursing faculty. Overall, approximately 50% of the nursing faculty surveyed by Evans (2013) agreed that positive image of nursing faculty was a motivating factory in their decision to pursue a career as nursing faculty. The degree to which nursing faculty felt they were motivated by a perceived positive image of nursing

faculty varied according to the level of the program in which the nursing faculty were teaching (Evans, 2013). Nursing faculty who were most motivated by a perceived positive image taught in bachelor's degree programs, followed by nursing faculty who taught in master's, doctoral, and associate degree programs, in that order.

Opportunity to pursue research. Approximately 37% of the nursing faculty surveyed by Evans (2013) agreed that the opportunity to conduct research was a motivating factor in their decision to pursue a career as nursing faculty. The degree to which nursing faculty felt they were motivated by the opportunity to conduct research varied according to the level of the program in which the nursing faculty were teaching (Evans, 2013). Nursing faculty who were most motivated by the opportunity to conduct research taught in doctoral degree programs, followed by nursing faculty who taught in master's, bachelor's, and associate degree programs, in that order.

Factors Contributing to Nursing Faculty Intent to Stay and Retention

Various factors contributing to nursing faculty intent to stay and retention have been identified in the literature, including flexibility, the opportunity to teach and work with students (Carlson, 2015), and age with regard to the generations in which the nursing faculty were born (Candela, Gutierrez, & Keating, 2013). Other more often cited factors are discussed in this section. Those factors are education and experience, outside employment, mentorship, work environment, support from administration, and salary and benefits, and career satisfaction.

Education and experience. Findings from studies in which researchers explored the relationship between level of nursing faculty education and intent to stay and between nursing faculty experience and intent to stay have been mixed. Derby-Davis (2014) found

that nursing faculty with higher levels of education and more teaching experience were more likely to remain in nursing faculty positions when compared to nursing faculty with lower levels of education and less teaching experience. Derby-Davis measured intent to stay using the nurse educators' intent-to-stay in academe scale, a 13-item survey Derby-Davis developed herself. However, in Woodworth's (2017) study, using the same scale, level of nursing faculty education and experience were not significantly related to intent to stay.

Perhaps the differences in outcomes between Derby-Davis's (2014) study and Woodworth's (2017) study were related to the populations under study. The nursing faculty in Derby-Davis's study were full-time nursing faculty teaching in BSN and graduate-level programs, and the nursing faculty in Woodworth's study were adjunct faculty teaching in associated degree programs. It is possible that nursing faculty with more stable positions felt more motivated to stay in their current positions.

Results from Lee, Miller, Kippenbrock, Rosen, and Emory's (2017) study also support the idea that nursing faculty with more incentive to stay in their current positions are more likely to stay when compared with nursing faculty with less incentive to stay in their current positions. Specifically, Lee et al. found that assistant professors, tenure-track faculty, and nontenured faculty were more likely to remain in their current positions when compared to professors and other faculty with tenure. Lee et al. postulated that nontenured nursing faculty would be more inclined to stay in their positions because they were working toward becoming tenure, as opposed to tenured faculty who had already achieved that goal.

In addition to actual experience as a factor of nursing faculty intent to stay, the degree to which nursing faculty perceive they have teaching expertise also has been found to be related to nursing faculty intent to stay. In their study of 808 nursing faculty members, Candela, Gutierrez, and Keating (2015) analyzed data collected using the Nurse Faculty Work-Life Survey to determine factors that impact nursing faculty intent to stay. The researchers found a significant ($p < .01$) correlation between nursing faculty perceived teaching expertise and their intent to stay. Perceived teaching expertise was strongly influenced by teacher workload (Candela et al., 2015). Candela et al. claimed that results from their study could be generalized to a variety of academic settings because they used a national sample and structural equation modeling to analyze the data, a technique they considered to be more statistically sophisticated than other methods used in other studies.

Outside employment. Some nursing faculty employed in nursing programs work as adjunct faculty on a part-time basis. For this population, additional employment outside of the nursing faculty position has a negative influence on nursing faculty intent to stay (Woodworth, 2017). More specifically, adjunct nursing faculty who are employed full-time outside of their adjunct roles are significantly less likely to remain in their positions than adjunct nursing faculty who are not employed full-time outside of their adjunct roles (Woodworth, 2017). This finding is important to the discussion of the nursing faculty shortage because the majority of adjunct nursing faculty in Woodworth's (2017) study were employed full-time outside of their adjunct roles. It is possible that this condition is true for other adjunct nursing faculty as well.

Mentorship. Study findings regarding the influence of mentorship on intent to stay and retention are mixed. In Carlson's (2015) study of 553 part-time nursing faculty, 12% of respondents indicated that positive relationships with employees in the nursing program, including mentors, was a contributing factor in their retention. In a systematic review of studies in which researchers explored the outcomes of nursing faculty mentorship programs, Nowell, Norris, Mrklas, and White (2017) found that nursing faculty mentorship programs had a positive influence on behavioral outcomes of nursing faculty. One specific behavioral outcome applicable to this study was intent to stay in academia, whereas nursing faculty who participated in a mentorship program had greater intent to stay in their positions when compared to nursing faculty who did not participate in mentorship programs (Nowell et al., 2017). It should be noted that Nowell et al. described the quality of the study methods as weak and called for additional research in this area using more rigorous methodological approaches. One reason that new nursing faculty in particular who are mentored may be more likely to stay in academia is that mentors help alleviate role ambiguity and role conflict new faculty members tend to experience during their transition to the academic setting (Specht, 2013).

On the other hand, Jeffers and Mariani (2017) found that participation in mentorship programs did not significantly affect intent to stay for novice nursing faculty. An online survey was sent to 1,435 undergraduate and graduate nursing faculty in the United States and resulted in 124 respondents participating (Jeffers & Mariani, 2017). Data about nursing faculty attitudes toward nursing careers were collected using the Mariani Nursing Career Satisfaction Scale (MNCSS), an eight item instrument based on a 7-point Likert-type scale (Jeffers & Mariani, 2017). Jeffers and Mariani also collected

qualitative data using open-ended questions. It is possible that the small sample size, transitional challenges, and poor mentor support (Jeffers & Mariani, 2017) were mediating factors in the lack of relationship found between mentorship and intent to stay for novice nursing faculty.

Work environment. The focus of studies related to the influence of work environment on nursing faculty intent to stay and retention range from overall work environment to specific aspects of the work environment. For example, when asked what factors they perceived would be effective in retaining nursing faculty, 97.5% ($n = 1,992$) of all nursing faculty in Evans's (2013) study perceived a positive work environment would contribute to nursing faculty retention. However, another 96.8% ($n = 1,975$) perceived that a work environment that promotes collegial relationships in particular would contribute to nursing faculty retention (Evans, 2013). When data from only the 112 male nursing faculty were considered, the percentage of participants who perceived a work environment that promotes collegial relationships in particular would contribute to nursing faculty retention increased to 98.3% (Evans, 2013). Participants in Evans's study included nursing faculty at the associate, bachelor, master, and doctoral levels. Participants (16%) in Carlson's (2015) study identified feeling valued and respected as a factor in their retention. Although Carlson did not describe those feelings as an outcome of the work environment, they could be interpreted that way and therefore were included in this section.

Support from administration. Support from administration has been found to be a contributing factor to nursing faculty intent to stay and retention. When asked what factors they perceived would be effective in retaining nursing faculty, 96% ($n = 1,975$) of

all nursing faculty in Evans's (2013) study perceived support from administration would contribute to nursing faculty retention. In addition, 22% of participants perceived that administrative support was essential for the successful implementation of retention strategies. Similarly, in Lee et al. (2017) study of 1,352 nursing faculty, administrative support, defined as institutional leadership, was found to be the most significant factor of nursing faculty intent to stay. Candela et al. (2015) also found administrative support to be directly and significantly ($p < .01$) related nursing faculty intent to stay.

Salary and benefits. Among nursing faculty in Carlson's (2015) study who identified factors influencing their retention, 16% reported that pay and benefits played a role in their retention. More specifically, some nursing faculty referred to the benefits of having extra money and the ability to take master's level courses at no charge as a reason for staying in their nursing faculty roles (Carlson, 2015). However, these findings are likely related to the part-time status of the nursing faculty as well as the fact that almost one third of the nursing faculty were BSN prepared nurses, a condition not supported by either the NCSBN or ACEN (Carlson, 2015). Because Carlson only reported findings for the participants as a group, it was impossible to determine whether salary and benefits would have remained factors of retention among nursing faculty in the study had Carlson included only nursing faculty with MSN and doctoral degrees.

When asked what factors they perceived would be effective in retaining nursing faculty, 89.7% ($n = 1,812$) of all nursing faculty in Evans's (2013) study perceived that salary would contribute to nursing faculty retention. However, 95.0% ($n = 1,944$) of nursing faculty perceived that benefits would contribute to nursing faculty retention (Evans, 2013). Of the top 12 factors identified as effective for retaining nursing faculty,

salary was the lowest, whereas benefits were the fourth most often identified factor (Evans, 2013).

Career satisfaction. Job satisfaction is related to nursing faculty intent to stay in their careers (Gutierrez, Candela, & Carver, 2012). For example, when Derby-Davis (2014) examined the relationship between nursing faculty's job satisfaction and their intent to stay in the profession, Derby-Davis found a moderate positive correlation between the two. Job satisfaction was measured using nursing faculty's *motivational factor score*, which Herzberg (2003/1968) described in his two-part motivation-hygiene theory of job attitudes as an aggregate of six factors that contribute to employee job satisfaction, the opposite of which, Herzberg claimed, was lack of job satisfaction. Those six factors are achievement, recognition, work itself, responsibility, advancement, and growth (Herzberg, 2003/1968). In Derby-Davis's study, nursing faculty with higher motivational factor scores were more likely to intend to stay in their positions.

Other researchers have found similar results. For example, using scores from the Nursing Faculty Work-Life Survey, Candela et al. (2015) found that satisfaction with work was significantly ($p < .01$) related to nursing faculty intent to stay. However, nursing faculty satisfaction with work was significantly ($p < .01$) influenced by perceived teaching expertise and perceived support from administration (Candela et al., 2015).

In Jeffers and Mariani's (2017) study of novice nursing faculty, results of *t*-test analysis showed a significant relationship between career satisfaction and intent to stay. Total mean scores for nursing faculty who intended to stay (97.94) were higher than for those nursing faculty who intended to leave (74.80; Jeffers & Mariani, 2017). No

mediating variables in the relationship between career satisfaction and intent to stay were considered (Jeffers & Mariani, 2017).

Lack of consideration of mediating variables between career satisfaction and intent to stay can be considered a research limitation given the number of factors reported to influence career satisfaction among nursing faculty. For example, qualitative data in Jeffers and Mariani's (2017) study revealed that nursing faculty valued the mentorship programs because they provided novice nursing faculty with needed support during their transition to their new roles as educators, which various other researchers have indicated could be challenging for new nursing faculty (e.g., Bagley et al., 2018; Brown & Sorrell, 2017; Fritz, 2018; Mann & De Gagne, 2017; Owens, 2017; Paul, 2015). Those results can be interpreted to mean that mentorship may contribute to job satisfaction (Jeffers & Mariani, 2017). In addition, type of institution, salary and benefits (Wang & Liesveld, 2015), interactions, professional status, autonomy (Thies & Serratt, 2018), perceived teaching expertise, and perceived administrative support (Candela et al., 2015) may contribute to career satisfaction for nursing faculty.

Factors Contributing to Intent to Leave and Nursing Faculty Attrition

Nursing faculty who leave their positions take new positions in a variety of settings. In a study of nursing faculty attrition between 2010 and 2011, Fang and Bednash (2014) found that of total full-time faculty who left their positions, 30.1% left their positions for employment in nonacademic settings. Of that 30.1%, 4.5% left for positions in administration, 14.4% left for other full-time positions at schools of nursing, and 11.2% left for part-time positions at other schools of nursing (Fang & Bednash, 2014). Fang and Bednash also found that 48.2% of total faculty who left their positions left for

positions in nonacademic settings. Other nursing faculty who leave their positions do so because of illness or death (1.6%) or for retirement (20%; Fang & Bednash, 2014).

A variety of factors, such as burnout (Aquino, Lee, Spawn, & Bishop-Royse, 2018), workload (Carlson, 2015), education, experience, low levels of job satisfaction (Roughton, 2013), salary (Carlson, 2015; Westphal, Marnocha, & Chapin, 2016), and administrative support for nursing faculty improvement (Candela et al., 2013) have been identified as contributors to nursing faculty's intent to leave and attrition. A more often cited factor of nursing faculty intent to leave and nursing faculty attrition is life factors.

Research has shown that various life factors contribute to nursing faculty intent to leave and nursing faculty attrition. For example, nursing faculty (17%) in Carlson's (2015) study reported that life and other conflicts were factors that contributed to their intent to leave their positions. Some nursing faculty specifically cited their studies and other jobs as sources of conflict (Carlson, 2015). This outcome was not surprising given that the nursing faculty in the study were part-time employees (Carlson, 2015). Nursing faculty in O'Meara, Lounder, and Campbell's (2014) study also identified life factors as reasons for intending to leave their positions. Of the participants, 16% identified the opportunity to work in a geographic location that was more suitable to their needs, 14% identified their desire to be closer to family, 9% identified opportunities elsewhere for a spouse or significant other, and 3% identified better opportunities for childcare or parental leave (O'Meara et al., 2014).

Barriers to Recruiting New Nursing Faculty

Researchers have identified a variety of barriers to recruiting new faculty members. Those barriers include lack of administrative support (Salvucci & Lawless,

2016), lack of confidence (Bagley et al., 2018), and lack of qualified nursing faculty applicants (AACN, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017). Other factors discussed more often in the literature are salary, workload, lack of willingness to fulfill duties, education requirements, and competition for jobs in other marketplaces. Those additional factors are discussed in this section.

Salary. Administrators in nursing programs have identified low salary as a barrier to recruiting new nursing faculty. For example, of the directors of associate degree nursing programs who reported nursing faculty shortages at their schools (N = 171), 42.0% ($n = 87$) reported their inability to fill vacant nursing faculty positions was due in part to low salaries associated with the positions (Oermann, Lynn, & Agger, 2015). The rural location in which some of the programs were offered may have contributed to these outcomes (Oermann et al., 2015).

In addition to program administrators, bedside nurses and nursing students have identified low salary as a barrier to pursuing a career as nursing faculty. Nurses in Bagley et al.'s (2018) study expressed concern over inadequate salary as a barrier to becoming nursing faculty. Nurses felt that they could earn more money in other nursing roles with the experience and education they had and described the low level of compensation as “an issue” (Bagley et al., 2018, p. 265). Nurses also said the compensation was not financially appealing to qualified nurses (Bagley et al., 2018). DNP students (41.8%) in Fang and Bednash's (2017) study and PhD students (63.0%) in Fang et al.'s (2016) study who reported plans to pursue nonacademic careers also cited poor financial compensation as a barrier to pursuing a career as nursing faculty. In comparison, fewer DNP students (23.6%; Fang & Bednash, 2017) and PhD students (28.0%) who reported plans to pursue

academic careers cited poor financial compensation as a barrier to pursuing a career as nursing faculty. According to Salvucci and Lawless (2016), salary as a barrier to recruiting new nursing faculty does not appear to be mediated by race, at least with regard to Black, Hispanic, and White potential nursing faculty.

Workload. According to data collected by the AACN (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017), expected workload may hinder the recruitment of full-time nursing faculty. DNP students (29.6%) in Fang and Bednash's (2017) study and PhD students (44.0%) in Fang et al.'s (2016) study who reported plans to pursue nonacademic careers also cited poor financial compensation as a barrier to pursuing a career as nursing faculty. Fewer DNP students (11.8%; Fang & Bednash, 2017) and PhD students (24.0%) who reported plans to pursue academic careers cited workload as a barrier to pursuing a career as nursing faculty.

Lack of willingness to fulfill duties. According to data collected by the AACN (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017), lack of willingness to fulfill duties such as conducting research and teaching clinical courses may hinder the recruitment of full-time nursing faculty. Nurses in Bagley et al.'s (2018) study also expressed concern over fulfilling requirements of the nursing faculty position. In particular, nurse expressed concern over having to continually advance their academic standing and to use teaching technology (Bagley et al., 2018). Other nurses felt the requirements were in general too challenging and therefore a deterrent (Bagley et al., 2018).

Education requirements. Education requirements needed to teach at the university level may be a barrier to recruitment of nurses for nursing faculty. Nurses with

graduate degrees specifically reported their concern about having to obtain a doctoral degree to become nursing faculty (Bagley et al., 2018). One nurse reported not being motivated enough to pursue a doctoral-level degree while another reported lack of access to an appropriate online program (Bagley et al., 2018).

For nursing students pursuing doctoral level degrees, the shorter time required to complete a DNP degree when compared to a PhD in education degree may play a role in their choice of doctoral degree and thus, potentially, a career path outside of nursing faculty (Dreifuerst et al., 2016). For DNP students, lack of interest in teaching and the education courses required to do so may be a barrier to recruiting new nurse faculty (Gerolamo, Overcash, McGovern, Roemer, & Bakewell-Sachs, 2014). According to Salvucci and Lawless (2016), education requirements as a barrier to recruiting new nursing faculty does not appear to be mediated by race, at least with regard to Black, Hispanic, and White potential nursing faculty.

Competition for jobs in other marketplaces. Competition for jobs in other marketplaces consistently has been found to be a barrier to recruiting new nursing faculty. For example, data collected by the AACN (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017) has shown competition for jobs in other marketplaces may hinder the recruitment of full-time nursing faculty. Oermann et al. (2015) also found this condition to be true among associate degree granting nursing programs. Of the 171 program directors who reported a nursing faculty shortage in their schools, 22.5% ($n = 34$) indicated that competition from other local nursing programs was a barrier to recruiting new nursing faculty (Oermann et al., 2015).

Barriers to Hiring New Nursing Faculty

Two barriers to hiring new nursing faculty have consistently been identified in the literature. The first barrier to the hiring of full-time nursing faculty identified in the literature is insufficient funding (AACN, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017). That barrier has been identified in schools without vacancies (AACN, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017). The second barrier to the hiring of full-time nursing faculty identified in the literature is the insufficient availability of faculty positions (AACN, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017). In other words, schools may have a need for additional nursing faculty, but for a variety of reasons including lack of funding, no additional nursing faculty positions are created. Nurses in Bagley et al.'s (2018) study also reported that lack of available positions was a barrier to their pursuit of careers as nursing faculty.

Implications

I collected data for this study that I anticipated would help me answer the specific research questions I developed. The overarching research question is, Why are BSN nurses not pursuing careers as nursing faculty in academic settings? Answering this research question enhanced my understanding of the factors that deter BSN nurses from seeking advanced degrees to become nursing faculty. Based on this understanding, I was able to develop a project that potentially could be implemented to promote BSN nurses' entry into MSN in education programs. See Section 3 for a discussion of the project and Appendix A for the actual project deliverable.

Summary

There is a documented nursing faculty shortage in the United States. MACC, which offers a nursing degree program, is not exempt from this nursing faculty shortage. This nursing faculty shortage is a concern not only because it may negatively influence MACC's ability to produce degreed nurses who may fill vacant nurse positions in the local community but also because it increases faculty workload. In addition, the nursing faculty shortage at MACC has resulted in gaps in hiring practices. Specifically, MACC has (a) hired adjunct faculty with BSN degrees rather than MSN degrees, (b) hired full-time faculty who hold MSNs in a focus area other than education but do not also have a CNE certificate, and (c) reduced its minimum requirement for nursing faculty clinical experience from 5 years to 2 years. Each of these gaps in practice has additional and unique potential for negative outcomes. Given this potential, it is important to take steps to decrease the faculty shortage at MACC. For this reason, the purpose of this study was to explore the perceptions of BSNs working at the bedside regarding the pursuit of MSNs with a concentration in education and academic careers as nursing faculty.

Findings from this study provided insight into bedside nurses' perceptions, viewpoints, and attitudes toward seeking an MSN in education and pursuing employment as nursing faculty, insight that is crucial to any effort to promote this behavior. Using this insight, I had the opportunity to develop a project that could be implemented to promote positive social change at MACC and in the local community. See Section 3 for a discussion of the project and Appendix A for the actual project deliverable.

By implementing the project, I could promote positive social change by reducing the nursing shortage and alleviating the negative outcomes associated with that nursing

shortage. Specifically, MACC would be able to employ only nursing faculty with MSNs in education and (a) improve the quality of education for its students; (b) reduce the potential for poor student performance on the NCLEX; (c) reduce the potential for loss of program approval and accreditation; and (d) increase its capacity to educate future nurses, thereby also helping to decrease the overall nursing shortage and improve patient care in the local community. If the project program is successful, the program may be used as a template for other nursing programs in the larger community and thereby have an even greater social impact.

There are three additional sections in this document. Section 2 is the methodology. Section 3 is the project. Section 4 is the reflections and conclusions.

Section 2: The Methodology

The purpose of this study was to explore the perceptions of BSNs working at the bedside regarding the pursuit of MSNs with a concentration in education and academic careers as nursing faculty. This section includes a discussion of the methodology that supported the study purpose. The specific topics addressed are the research design and approach, participants, setting, data collection and analysis procedures, trustworthiness of the study, and the study limitations.

Research Design and Approach

This study was a generic qualitative study. I chose a qualitative research design and generic qualitative approach for this study because they best supported the purpose of this study and the collection of data that could be used to answer the study's research questions. Ultimately, insight of this nature could be used to address the problem identified in this study, which is that the nursing faculty shortage has resulted in gaps in hiring practices at MACC.

Qualitative Research Design

Quantitative research typically is focused on the descriptive presentation of numeric data and its analysis for the purpose of determining relationships between and among variables (Creswell, 2014). In this study, no specific variables were identified, and, subsequently, no exploration of relationships between variables was pursued. Therefore, a quantitative research design was not well suited for this study. In addition, although a quantitative design could have been useful for generating a general description of the reasons that nurses with BSN degrees are not pursuing MSN degrees with a

concentration in education, it would not have allowed for the deep understanding of teachers' perceptions that was my aim.

As such, qualitative research was well suited for this study. Qualitative research provides a platform through which participants can express their voices and articulate their experiences (Creswell, 2014). In addition, qualitative research is interpretive in nature and effective for generating deep insight about particular circumstances and topics (Merriam & Tisdell, 2016). In this study, the exploration of reasons that nurses with BSN degrees were not pursuing MSN degrees with a concentration in education was based on bedside nurses' perceptions of their experiences, and it was my intention to gain a deep understanding of this phenomenon in order to develop an appropriate project that could be implemented to rectify the gaps in hiring practices at MACC. For this reason, qualitative research was the most appropriate research design for this study.

Generic Qualitative Research Approach

The research approach for this study was a generic qualitative approach. Generic qualitative research (Kahlke, 2014), sometimes called basic qualitative research (Merriam & Tisdell, 2016), requires interpretive data analysis, the outcome of which is intended to be used to describe a topic or condition (Kahlke, 2014; Merriam & Tisdell, 2016). In contrast to other types of research focused on participants' feelings or lived experiences, generic qualitative research is useful for researchers when they are interested in gaining insight about people's perceptions of actual events and real-world issues external to the participants themselves (Percy, Kostere, & Kostere, 2015).

The generic qualitative research approach was appropriate to use for this study because it was well aligned with the study problem. The focus of generic qualitative

research is actual events and real-world issues, and the problem in this study was based on a real-world concern that was causing actual unwanted outcomes at the study site. Specifically, nurses with BSN degrees were not pursuing MSN degrees with a concentration in education that would qualify them to pursue careers as nursing faculty in academic settings, which had led to a nursing faculty shortage and gaps in hiring practices at MACC. The generic qualitative research approach was appropriate to use for this study because it was well aligned with the study purpose. One reason for conducting generic qualitative research is to be able to describe a topic or condition, and the purpose of this study was to explore the perceptions of BSNs working at the bedside regarding the pursuit of MSNs with a concentration in education and academic careers as nursing faculty so that I could describe this condition. Ultimately, it was my intention to use that description to guide the development of a project that I could implement to take action to rectify the problem.

The generic qualitative research approach also was appropriate for this study because it has been established as a viable research approach. For more than 2 decades, researchers have sought alternatives to narrative, phenomenological, ethnographic, case study, and grounded theory designs (e.g., Brink & Wood, 2001; Sandelowski, 2000; Thorne, Kirkham, & MacDonald-Emes, 1997). The generic qualitative approach is one such alternative. In the 15 years prior to this study, the generic qualitative approach has been described as both “quite common” (Caelli, Ray, & Mill, 2003, p. 2) and having “gained fairly wide acceptance” (Lichtman, 2013, p. 114). Moreover, for over a decade, researchers have used this approach to conduct research in medical fields (e.g., Auta, Strickland-Hodge, & Maz, 2017; Cooper & Endacott, 2007), and in the 2 years prior to

this study, the generic qualitative approach has been used regularly by student researchers at Walden University (e.g., Anyaka, 2017; Du Cloux, 2017; Edwards, 2018; Hogue-Vincent, 2017; Moore, 2019; Winston, 2017), where I was completing my doctoral studies. This pattern of research provided strong support for the use a generic qualitative research approach in this study.

Other Qualitative Research Approaches

Alternatives to generic qualitative research exist. The most common approaches to qualitative research are narrative, phenomenological, ethnographic, case study, and grounded theory (Creswell, 2014). The differences between these designs are the focus of data collection, the researcher's purpose for conducting the study, and the ways in which the researcher handles and presents the data.

Narrative research. Narrative research is primarily focused on participants' experiences (Mertler, 2016). Data in the form of personal stories are collected from one or two participants with the intention of capturing the essential meaning of those experiences as related by the participants and describing them in anecdotal form (Mertler, 2016). Because I did not intend to collect data in the form of personal stories or present that data anecdotally, a narrative research approach was not appropriate for this study.

Phenomenological research. Similar to narrative research, phenomenological research also is focused on participant experiences; however, unlike narrative research in which the primary interest is a specific participant, the interest in phenomenological research is a specific experience about which a researcher wishes to learn more (Mertler, 2016). In particular, researchers conducting phenomenological research are interested in the fundamental makeup of a phenomenon (Lodico, Spaulding, & Voegtler, 2010).

Although I was interested in exploring the fundamental reasons that nurses with BSN degrees were not pursuing MSN degrees with a concentration in education, because my interest in this study essentially was why nurses were not engaging in a particular experience, a phenomenological research approach was not appropriate for this study.

Ethnographic research. In ethnographic research, the particular experiences of interest are social (Mertler, 2016) and cultural in nature (Lodico et al., 2010). To collect data in ethnographic research, researchers immerse themselves in a particular population for an extended period of time; in this way, researchers may gain deep insight about the population under study (Mertler, 2016). In this study, I did not intend to immerse myself in the cultural and social experiences of a particular population. For that reason, I deemed an ethnographic research design inappropriate for this study.

Case study research. In comparison to narrative, phenomenological, and ethnographic research, which are focused on participant experiences, the focus of case-study research is the circumstances associated with one or more particular cases (Leedy & Ormrod, 2016) or units of study (Fraenkel, Wallen, & Hyun, 2012). Researchers conduct case study research when they are interested in conducting an intensive exploration and analysis (Hancock & Algozzine, 2017). Although my interest in this study was a particular population (i.e., BSN-certified bedside nurses), I did not intend to conduct an intensive exploration of that population. For that reason, I deemed a case study approach inappropriate for this study.

Grounded theory research. Although the topic under study in grounded theory research may be experiential in nature, the primary purpose of conducting grounded theory research is to generate new theory (Lodico et al., 2010; Mertler, 2016). To

generate that theory, a researcher conducts ongoing inductive analysis and continually adjusts the evolving theory based on new findings (Lodico et al., 2010). Because I did not intend to generate theory in this study, I deemed a grounded theory approach inappropriate for this study.

Setting

The setting for this study was a Mid-Atlantic associate degree nursing program that services 180 prelicensure nursing students on two campuses. At the time of the study, the college was accredited to award associate degrees and offers transfer associate degree programs, career and technical associate degree programs, certificate programs, and career studies certificate programs. The average enrollment for the college was approximately 13,000 students. Typically, the majority of students were female students and minority students in terms of race and ethnicity. More than one third of the students were 25 years old or older.

As indicated in the college's course catalog, the college offered several partnership and transfer programs to local and state universities for degree completion. Students who graduate and meet the GPA requirement were guaranteed admission through admission agreements with several state universities. Of the students who began their studies at the study site, 46% would transfer to a 4-year university or college.

The associate's degree nursing programs offered at the study site was approved by the study site's state board of nursing as well as the ACEN. The study site also offered co-enrollments for nursing students; students who qualified could obtain their associate's degree in nursing at MACC while concurrently obtaining their BSN at another accredited university. Admission to the nursing programs required admission to the college followed

by the satisfactory completion of placement tests, required prerequisite course work, and a separate application to the school of nursing. Applicants also were required to attend an information session and submit two letters of reference and a notice of intent to apply. Applicants also had to demonstrate a 2.5 or higher grade point average on all prerequisite courses at the time of application. In 2016 and 2017, pass rates for the registered nurse NCLEX were higher than the national average. The nursing programs at the study site have had high passing rates, and the study site was well-respected in the community it serves.

Participants

This section includes discussions about the participants in this study. First, the inclusion and exclusion criteria are presented. Next, the rationale for the study's sample size is provided. Then, the participant recruitment process is described followed by the methods for establishing a researcher-participant working relationship. Finally, measures for protecting participants are described.

Inclusion and Exclusion Criteria

The potential participants of this study were bedside nurses who worked at any of the 13 hospitals in the local community surrounding MACC. In the community, there were two Level 1 trauma centers, two Level 2 trauma centers, and 9 acute care hospitals. One of the Level 1 trauma centers was a pediatric hospital. Of the 13 hospitals, four had between 100 and 200 beds, five had between 200 and 300 beds, two had between 300 and 400 beds, one had over 400 beds, and one had over 500 beds. Of the 13 hospitals in the community, two were teaching hospitals.

All BSN degreed nurses who worked at any of the 13 hospitals in the local community surrounding MACC were eligible to participate in this study. No nurses were excluded based on age, sex, race, or other demographic characteristics. Nurses would have been excluded if they had not been working for at least 2 years because that was the minimum requirement of work experience needed to enter education programs to become nursing faculty according to the board of nursing in the state in which the study site was located. Those BSNs who were teaching in some capacity or were studying to become nursing faculty at the time of the study also were excluded because those nurses had, at least to some degree, made the decision to enter into academia, and the interest in this study was why BSNs are not entering academia as nursing faculty.

Sample Size

Sample size in qualitative research is determined based on the characteristics of the study (Creswell, 2014), such as the types of research questions guiding the study and the way the study data are collected and analyzed (Merriam & Tisdell, 2016). The type and range of researcher resources also may influence the number of participants included in a study (Merriam & Tisdell, 2016). Because multiple determinants influence the number of participants included in a study, there is no standard method for determining sample size in a qualitative study (Marshall, Cardon, Poddar, & Fontenot, 2013). For that reason, determining the appropriate sample size in a qualitative study can be challenging (Marshall et al., 2013).

Sample sizes in qualitative research vary. Researchers conducting qualitative studies may have sample sizes as large as 60 or 70 (Gay, Mills, & Airasian, 2011). However, most samples in qualitative research are less than 20 (Fraenkel et al., 2012;

Gay et al., 2011; Marshall, et al., 2013), and an often used sample size for research conducted using data collected from one-on-one interviews is 12 (Guest, Bunce, & Johnson, 2006; Onwuegbuzie & Leech, 2007).

Sample size in qualitative studies may be determined either before data are collected or while data are being collected (Merriam & Tisdell, 2016). The determination of sample size during the data collection process is associated with the concept of *data saturation* (Merriam & Tisdell, 2016). Data are considered to be saturated when they become redundant (Lincoln & Guba, 1985). To increase the accuracy of one's study results (Gall, Gall, & Borg, 2007), researchers can collect data from one additional source after data appear to be saturated (Lincoln & Guba, 1985). By collecting data until they are saturated, researchers can ensure that they have collected sufficient data to effectively answer the research questions posed for their study (Merriam & Tisdell, 2016).

Because I was a novice researcher at the time of this study, I collected data from all the participants regardless of my perceptions of data saturation. Because Guest et al. (2006) and Onwuegbuzie and Leech (2007) identified 12 as a common sample size, I estimated that my sample size could be between 10 and 15. After 4 weeks of recruiting participants, 10 BSNs agreed to participate in this study.

Recruitment

Participants were recruited using snowball sampling, a process that “involves locating a few key participants who easily meet the criteria you have established for participation in the study. As you interview these early key participants, you ask each one to refer you to other participants” (Merriam & Tisdell, 2016, p. 98). To begin the snowball sampling process, I invited four nurses to participate in the study via email.

Those participants were previous colleagues of mine ($n = 4$) from four of the local area hospitals. None of these nurses were eligible to participate in the study; one had received her master's degree and the other three had left the bedside. However, I asked those four nurses if they knew of any nurses who work at local hospitals who fit the inclusion criteria and whom they thought might be interested in participating in my study. All of the nurses agreed to refer potential candidates to me. I sent each of the four nurses the invitation to participate in the study, and the nurses forwarded that information along with my name, phone number, and email address to potential participants asking those who were interested to contact me.

While waiting for participants to contact me, I contacted a former student, a colleague with whom I was working at the time of the study, and a prior colleague. None of those people met the criteria to participate in the study, but they did agree to share my study information with potential participants. Following the same procedure as I did with the original four nurses I contacted, I sent my former student and my two colleagues the invitation to participate in the study and asked them to forward this information along with my name, phone number, and email address to potential participants. My former student gave me contact information for eight potential participants, all of whom agreed to participate in the study. The colleague with whom I was working at the time of the study gave me contact information for four potential participants, one of whom agreed to participate in the study. My former colleague gave me contact information for three potential participants, one of whom agreed to participate in the study. Once nurses agreed to participate in the study, I emailed the participants an invitation to participate in the study and a consent form. At no time were any of the original four nurses or others I

sought out for recruiting helped asked to explain the details of the study to anyone, or collect informed consent, or otherwise be involved in any aspect of the study's recruitment or data collection processes.

Establishing a Researcher-Participant Working Relationship

With all the participants, I developed a positive relationship through a variety of processes. First, I maintained a professional demeanor at all times during the recruitment, data collection, and follow-up procedures. Second, I ensured that participants felt knowledgeable, and therefore comfortable, about participating in the study. I accomplished that by (a) describing the purpose of the study, the research processes, and possible contribution to nursing education; (b) confirming the voluntary nature of the study; and (c) addressing any of their concerns about participating in the study. Third, I demonstrated my appreciation for their willingness to participate in the study by arranging interviews during times that were most conducive to their personal schedules and by gifting them with a \$5 Starbucks gift card after they complete the interview process.

Protection of Participants

A variety of measures were taken to protect participants during the research process. First, participants were protected from harm. This study did not involve experimental procedures and was not expected to cause emotional upset or undue stress greater than the participants might experience during their typical workday. However, if participants did appear to become upset or stressed, I planned to discontinue the interview immediately and only resume the interview if and when the participant felt able and was

willing to do so. No participants became upset or appeared to experiencing stress during the interviews.

Second, participants were protected from pressure to participate in the study. Due to my past and current role as nurse instructor, there was the possibility that some of the participants could be prior students of mine. Also, the initial four nurses I invited to participate in the study were previous colleagues of mine. It was possible that those previous students and colleagues could have agreed to participate in the study because they personally wanted to help me be successful. However, at the time of the study, I was not employed at any of the local area hospitals from which participants were recruited, and, therefore, did not have authority or power over any of the potential participants. For that reason, no participants should have felt pressured to participate in this study.

Third, participants' confidentiality was protected. During data collection, I deidentified all data by assigning participants random numbers to which they were referred through the remainder of the study. Because I planned to conduct member checking, it was necessary to keep a master list of the participants and their contact information. However, I kept all hard copy data in a locked filing cabinet and all digital data on a password protected computer, both of which were in my home office. Per Walden University requirements, all raw data will be destroyed after 5 years. I will destroy the digital data by deleting the digital files and destroy hard copy data using a shredder. Following these processes allowed me, and will allow me, to protect the confidentiality of participants.

Fourth, participants were informed participants. When I contacted the initial four potential participants, I provided them with the letter of consent, which included

information about the study. Specifically, the letter of consent included information to (a) identify the study purpose, procedures, and risks and benefits; (b) explain the voluntary nature of the study, compensation for participation, and protection of participants' privacy; and (c) provide contact information my myself and the university should the participants have additional questions about their participation in the study. No data were collected prior to receiving Institutional Review Board approval from Walden University (03-06-19-0461216) or without consent from participants who were asked to sign the letter of consent prior to being interviewed. Because participants were recruited privately, no site permission was needed.

Data Collection

To answer the research questions in this study, data were collected. This section includes discussions related to the collection of those data. Specifically, the types of data that were collected and the instruments used to collect those data are introduced. In addition, the plans for handling the data and the role of the researcher are explained.

Type of Data Collected

Background and topic specific data were collected in this study. Background data were collected about the participants' education and work experience as well as general demographic characteristics. These data were useful not only for describing the participants but also for understanding and identifying potential trends in the data. For example, it would have been possible that bedside nurses who did not have an interest in pursuing an MSN in education and a career as nursing faculty all shared common characteristics. An understanding of such trends could then be used to develop a project

for this study that would be best suited for the population of interest. Therefore the collection of background data from the participants was justified.

Topic specific data were collected about participants' (a) perceived behavioral control (i.e., self-efficacy) with regard to pursuing an MSN in education and a career as nursing faculty, (b) attitude toward pursuing an MSN in education and a career as nursing faculty, (c) perceptions about others' expectations that they pursue an MSN in education and a career as nursing faculty, (d) internal and external motivations for pursuing an MSN in education and a career as nursing faculty, and (e) perceived actual control over their ability to pursue an MSN in education and a career as nursing faculty. Taken together, those data provided insight into the topic of interest in this study, why BSNs were not pursuing advanced nursing degrees and seeking careers as nursing faculty in academic settings. Therefore, the collection of these topic specific data from the participants was justified.

Data Collection Instrument

Data in this study were collected during one-on-one interviews using a semi-structured interview protocol (see Appendix B). The protocol includes introductory and closing dialogue, nine background items, and 12 primary topic specific items. Some participants required additional prompting. I anticipated the interviews would last no more than 60 minutes, which was the case. Per the participants' requests, all of the interviews were conducted over the phone. I digitally recorded the interviews with the participants' permission.

Additionally, I recorded occasional notes during the interviews to capture my initial thoughts on the data and wrote reminder notes about follow-up questions I thought

of while participants were speaking. However, because I wanted to keep my focus on what the participants were saying rather than on notetaking, I kept all notetaking to a minimum. No additional data or feedback was gathered through the member checking process.

Because I developed the interview protocol myself, no data existed to establish the trustworthiness of the instrument. Therefore, to demonstrate that the protocol items were relevant to this study and apt to generate data appropriate for answering the study's research questions, I developed a table of the interview items, the concepts from the theoretical framework that support them, and the research questions to which they pertain (see Appendix C). In addition, I field tested the instrument using a panel of experts, a process Ruel, Wagner, and Gillespie (2016) suggested could be useful for improving the style and strength of survey instruments and for demonstrating the content validity of those surveys. Although I collected data using a semi-structured interview protocol rather than a survey, the concept of determining the appropriateness and value of the instrument items was still applicable in this study.

Two former colleagues of mine served as the experts for field testing. The two professionals each had a strong bedside background, had more than 5 years of teaching experience, had taught in various nursing programs, and had had roles in nursing administration. Both of the experts had PhDs in nursing education. These professionals were subject matter experts in nursing education. Both experts indicated the interview items were "strong" and would generate data that would give me insight into participants' perceptions.

Handling of Data

Because all interviews were digitally recorded, they were transcribed prior to analysis. To ensure my memory was fresh during the transcription process, I transcribed the data from each interview using Microsoft Word immediately following the completion of the interview. After the transcription process was complete, I began the data analysis process as described in the subsequent Data Analysis section. I kept track of emerging understandings in multiple Word documents to analyze and organize the raw data throughout the analysis process.

Role of the Researcher

I was the primary researcher in this study. Therefore, I was responsible for all aspects of data collection and analysis, including the transcription of the raw digital interview data. Additionally, I was responsible for conducting member checking and working with a second coder to determine intercoder reliability of the data, the process for which is discussed in the subsequent Data Analysis section. The second coder was a PhD holding instructor at a state university. Finally, I was responsible for the safe handling and securing of the data as previously described in the Protection of Participants section.

Researcher bias may occur at any time during a study, and some form of bias is always present in research (Pannucci & Wilkins, 2010). Having worked as nursing faculty for more than 10 years, I recognized that I may have been biased with regard to that position and that it was important to disclose that bias. My training as a nurse began with nursing instructors who were positive role models for me. After I became a bedside nurse, I was drawn to teaching because I wanted to influence other nurses the way my

nursing instructors had influenced me. The current nursing shortage means it is even more imperative that we solve our nursing faculty shortage. If we do not have enough educators, we cannot begin to impact the nursing shortage and improve the health and well-being of the patients for whom we care. I was, and remain, committed to making a positive change in this regard.

Because I worked as a bedside nurse for 15 years, I also understand that bedside nurses have limited understanding of the job of nursing faculty. Although I understand that every profession has its drawbacks, I struggle with understanding why bedside nurses may not see the same value as I did in becoming a nursing faculty member. For that reason, I am passionate about educating bedside nurses about opportunities to work as nursing faculty in academic settings.

By recognizing my personal biases as they related to nursing education and bedside nurses, I have taken a critical first step to eliminating that bias from my research. By remaining aware of my bias throughout the research process, I ensured that my bias did not affect my data collection and data analysis. In this way, I ensured my interpretation of the data in this study was as free of bias as possible.

As previously described in the Protection of Participants section, I have worked as a bedside nurse and at the time of this study was a nursing faculty member. As such, there was the possibility that some of the potential study participants could be prior colleagues or students of mine. It was also possible that those potential participants could agree to be in this study because they have known me in some capacity in the past. However, because there was no potential for holding any authority or power over potential study participants at the time of the study, the participants should not have felt pressured to

participate in this study any way. Therefore, I did not perceive my prior professional relationships with potential participants to be problematic in this study. Ultimately, no previous colleagues or students participated in this study.

Data Analysis

Data were analyzed using thematic analysis and the constant comparison method described by Percy et al. (2015) as appropriate for analyzing data in generic qualitative research. This approach is similar to what Saldaña (2009) described as initial and axial coding and suggested was appropriate for analyzing qualitative data. When analyzing data using thematic analysis and the constant comparison method, researchers begin analyzing data immediately after the first data are collected and work back and forth between data they have already coded and new data they continue to collect. Percy et al. outlined 13 steps for this data analysis process:

1. Review and familiarize yourself with the data collected from the first participant (interviews, journals, field notes, records and documents). Read the documents and highlight intuitively any sentences, phrases, or paragraphs that appear to be meaningful.
2. Review the highlighted data and use your research question to decide if the highlighted data are related to your question. Some information in the transcript may be interesting, but not relate to your question.
3. Eliminate all highlighted data that are not related to your question, however, start a separate file to store unrelated data. You may want to come back and reevaluate this data in the future.
4. Take each set of data and code or name the data.

5. Cluster the sets of data that are related or connected in some way and start to develop patterns.
6. Complete this process for the first participants' data. The researcher will code and cluster the first participant's data and as each subsequent participant's data are analyzed, they are compared to the previously analyzed data. Throughout this process, each participant's data are reviewed and analyzed, and the researcher is comparing and contrasting the data being analyzed with the data that have been previously analyzed in the study. Thus, a constant comparison emerges.
7. Throughout this process, data that correspond to a specific pattern are identified and placed with the corresponding pattern and direct quotes are taken from the data (transcribed interviews, field notes, documents, etc.) to elucidate the pattern.
8. Throughout the process, take all the patterns and look for the emergence of overarching themes. This process involves combining and clustering the related patterns into themes.
9. Patterns and themes may tend to shift and change throughout the process of analysis, as previously completed analyses are compared with new data.
10. After all the data have been analyzed, arrange the themes to correspond with the supporting patterns. The patterns are used to elucidate the themes.
- 11 . For each theme, the researcher writes a detailed analysis describing the scope and substance of each theme.
12. Each pattern should be described and elucidated by supporting quotes from the data.

13. The data are synthesized together to form composite synthesis of the question under inquiry. (pp. 83-84)

In this study, I followed Percy et al.'s (2015) steps for analyzing data with the exception of Step 3. In Step 3, Percy et al. indicated that researchers should delete all data not related to the research question. However, Percy et al.'s steps for data analysis were not designed for student researchers who are encouraged to include and analyze all data they collect. Therefore, I did not exclude any data from my data analysis.

Immediately following the completion of each interview, I transcribed the interview data. As time allowed, I began to analyze the interview transcripts. Once the initial data analysis was complete, I conducted member checking via email to solicit feedback from the participants about my initial findings. Specifically, I asked if the participants perceived my findings to be accurate reflections of their perceptions. No participants provided feedback. In addition, I enlisted the help of a second coder to analyze a sample of deidentified data. After the second coder finished coding the sample data and identifying coding schemes, I conferred with her and considered any discrepancies between our interpretations of the data and made adjustments to my findings as appropriate as described by Richards (2015).

Trustworthiness

Qualitative research is often criticized for not having the same rigor and validity as quantitative research (Polit & Beck, 2014). This is in part due to a lack of agreed-upon standards or criteria from which to judge qualitative research (Polit & Beck, 2014). One reason researchers do not agree on methods for evaluating qualitative research is that processes for conducting qualitative research differ from those used for conducting

quantitative research studies (Guba & Lincoln, 1981; Trochim & Donnelly, 2008). In addition, qualitative researchers approach their research from the perspective that research is an inductive process of making meaning rather than a discovering predetermined reality (Merriam & Tisdell, 2016). Because of these inherent differences, qualitative research requires a more nuanced understanding of the concepts of validity and reliability typically used to evaluate quantitative research (Guba & Lincoln, 1981; Merriam & Tisdell, 2016; Trochim & Donnelly, 2008). Polit and Beck (2014) suggested using the criteria for evaluating qualitative research set forth by Lincoln and Guba (1985), who identified four measures of trustworthiness: creditability, dependability, confirmability, and transferability.

Credibility

Credibility of a study refers to its authenticity (Lincoln & Guba, 1985) and the believability of the study results (Mertler, 2016; Polit & Beck, 2014). One way to establish the credibility of study findings is to check the accuracy of those findings against the perceptions of the study participants through a process called member checking (Guba & Lincoln, 1981). During this process, the researcher provides participants with a sample to consider for correctness of facts and interpretation (Guba & Lincoln, 1981; Merriam & Tisdell, 2016; Mertler, 2016). By conducting member checking in this study, I was able to establish credibility of the study findings.

Dependability

Dependability of a study refers to the stability of the data (Mertler, 2016; Trochim & Donnelly, 2008) “over time and conditions” (Polit & Beck, 2014). It is a way of expressing the consistency of the study findings with regard to the collected data

(Merriam & Tisdell, 2016). One way researchers can demonstrate dependability in a study is to collect data using well-developed instruments (Saldaña, 2009). Researchers also can demonstrate dependability in a study by openly reporting conditions that could have had an influence on the study findings, such as events that may have occurred at the study site or changes to the research plans (Mertler, 2016; Trochim & Donnelly, 2008). Acknowledging and openly reporting potential researcher biases, and attempting to mediate the influence of those biases on data collection, analysis, and interpretation, also may contribute to a study's dependability (Merriam & Tisdell, 2016).

To demonstrate dependability in this study, I used a field-tested instrument that was well aligned with the study's research questions and theoretical framework (see alignment table in Appendix C) and thus could be considered well-developed. Also, I openly reported perceived biases (see Role of the Researcher section) and remained proactive throughout the research process to eliminate those biases from my research. Although the data recruitment process varied from the original plan slightly, that change was not a risk to the interpretation of the study findings. No other conditions arose that could have had an influence on the study findings.

Confirmability

Confirmability refers to the ability of other researchers to substantiate the findings of a study (Trochim & Donnelly, 2008). Although it is not possible to exactly duplicate conditions in qualitative research, when researchers thoroughly describe their data collection instruments and processes for selecting participants and analyzing data, other researchers may pattern their own research in a similar manner (Trochim & Donnelly, 2008). In cases where researchers pattern their studies after others, those researchers can

expect to find similar outcomes relative to their specific population, and in doing so, confirm the findings of the original study (Trochim & Donnelly, 2008). Researchers also may demonstrate confirmability in a study by demonstrating intercoder reliability (Richards, 2015) as described in the Data Analysis section. To demonstrate confirmability in this study, I thoroughly described the data collection instrument and processes for selecting participants and analyzing data. Also, I used a second coder to demonstrate intercoder reliability of the data.

Transferability

Transferability refers to the perceived applicability of study results in other settings and among other populations (Polit & Beck, 2014; Trochim & Donnelly, 2008). Although findings in qualitative research are not directly generalizable to other settings (Creswell, 2014), they may be perceived as valuable in other settings (Trochim & Donnelly, 2008) if researchers in those settings identify connections between their settings and the setting of the study in question (Mertler, 2016). Researchers can improve the transferability of their findings by using rich descriptions (Leedy & Ormrod, 2016) to conceptualize their settings (Mertler, 2016) and by identifying researcher bias that could influence the interpretation of study data and thus influence the perceived usefulness of the findings by others (Fraenkel et al., 2012). In this study, I promoted transferability of my findings by using rich descriptions to conceptualize the study setting and by identifying potential researcher bias (see Role of the Researcher section).

Limitations

Three study limitations were identified for this study. First, it was possible that study participants may not be honest in their interview responses. Participants may have

wanted to help me be successful and perceived certain responses to be more useful to me than others in which case they could have modify their responses accordingly. However, the participants in this study were all adults, and I reminded them before the interviews began of the importance of providing honest responses. I did not anticipate that participants would deliberately be dishonest in their responses after the reminder.

Second, because I used snowball sampling, I had little control over the recruitment of participants. For this reason, it was possible that I would not recruit a fully diverse sample of nurses. For example, it was possible that nurses who agreed to participate in my study would be predominantly of one gender (which was the case) or race or from particular hospitals. To address this potential limitation, I described my study sample in the results section and addressed evidence of sample homogeneity.

Third, because participants in this study were not chosen randomly and no controls were in place, findings generated in this study are not be generalizable to other populations. However, the data may still be useful to stakeholders in other settings. For example, administrators at other institutions may determine that their schools and communities are characteristically similar to MACC and its community and thus consider the findings from this study applicable in their own settings.

Data Analysis Results

Data for this study were generated and gathered using individual interviews with BSNs from local hospitals. The interviews were recorded and then transcribed. The data were analyzed using thematic analysis and the constant comparison method. The data collection and analyses processes did not deviate from the original study plans. All salient

data were included in the analysis. Discrepant cases, which were few, were included in the discussion of the results.

In this section, the results of thematic analysis are presented. First, a brief summary of the study participants is provided. Then, the data are presented in themes. Then the data are discussed in relation to the research questions. As appropriate, support from the literature is included and connections to the conceptual framework are made. Next, the processes by which evidence of quality was developed for this study are reviewed. Finally, the project deliverables as an outcome of the study results is presented.

Participants

Participants ($N = 10$) in this study were registered nurses with BSN degrees who worked in hospitals at the bedside. Of the participants, seven identified themselves as White Non-Hispanic Caucasian, two identified themselves as Asian, and one identified herself as African American. Ages of the participants ranged from under 25, to 45 or older but younger than 55. The majority of participants (60%) reported being 35 years old or older but younger than 45 years old. Two participants identified their age as 25 years old or older but younger than 35 years old, one participant identified herself as being 45 years old but younger than 55 years old, and one participant identified herself as being under 25 years old.

Nurses in the sample worked in various, and sometimes multiple, specialty units: cardiac ($n = 4$), intensive care ($n = 4$), emergency department/trauma ($n = 3$), neurology ($n = 2$), burn/critical care ($n = 1$), and obstetrics ($n = 1$). The number of years worked in the nursing profession varied among the sample and ranged from 3 years to 19 years. The average number of years nursed worked in the profession was 8.4 years. Participants with

5 or fewer years of experience made up the majority of the sample (60%). The remaining four participants had 12 or more years of experience.

All participants were employed at local area hospitals. The length of time participants worked in their current locations ranged from 6 months to 7 years. The average length of employment at their current locations was 3 years and 2 months. The number of locations in which participants had worked as a nurse ranged from one to five. The average number of locations at which participants worked was 2.5. Participants with the greatest number of years of experience worked at the most area hospitals; one participant with 12 years of nursing experience had worked in five different locations, and one participant with 17 years nursing experience had worked in four different locations.

In addition to their roles as bedside nurses, four participants reported functioning in other roles within the hospital: preceptor ($n = 2$), unit educator ($n = 2$), hospital committee member ($n = 1$), and forensic nurse ($n = 1$). One participant reported working as a clinical instructor for a licensed practical nursing program, and one participant reported working as a private skin care consultant. The remaining four participants stated they functioned in no other roles outside of bedside nursing.

Although two participants reported they had not had careers prior to becoming a bedside nurse, the remaining eight participants did report having careers prior to becoming a bedside nurse. Of those eight participants, two (25%) participants reported having previously worked in health-related fields providing medical care. Five participants (62.5%) worked in the auto, food service, or retail sectors; and one participant (12.5%) worked in the fine arts.

Themes

Through the process of data analysis, 72 codes emerged (see Appendix D). Those codes merged into 11 categories, which were further reduced to three main themes. Those themes were BSN's perceptions about nursing faculty (Theme 1), BSN's perceptions of themselves (Theme 2), and BSN's perceptions about becoming nursing faculty (Theme 3).

Theme 1: BSN's perceptions about nursing faculty. The first theme that emerged from the data was BSN's perceptions about nursing faculty. Four categories made up this theme. Those categories were BSN's understanding of nursing faculty varies, roles of nursing faculty, there is value in becoming nursing faculty, and nursing faculty should have specific competencies, skills, and characteristics. Those categories are discussed here supported by participant statements as appropriate.

BSN's understanding of nursing faculty varies. The data showed that the majority of BSNs (80%) had a clear understanding of nursing faculty. Of those participants, five described nursing faculty in terms of teaching. Participants used the terms "teach," "teaches," "teaching," "education," and "learning." The remaining three participants described nursing faculty more generally and in terms of preparation. Participants used the terms "prepare" and "understand." Statements demonstrating participants' understanding of nursing faculty as those who teach and prepare students to be nurses include

- "Instructors like who would teaching, um, either nurses that are people who are going to become nurses or already are nurses." (Participant 4)

- “Well my role as a member of the nursing faculty is to prepare future nurses. For the roles in which they will endeavor in their careers . . . [in] whatever capacity they choose to work in.” (Participant 2)
- “Professors teaching like in a class, classroom type setting. Clinical instructors on the floor.” (Participant 8)
- “Nursing faculty are those who teaches us to become nurses. And then also administrators of or directors of the programs that you go into.” (Participant 9)
- “Nursing Faculty help people who wish to become nurses. To understand what their role is in health care, You know, uh, not only just anatomy and physiology and all that stuff, but also the finer points of nursing.” (Participant 5)
- “Probably what I think they're supposed to do, is . . . prepare you for the board, but they're supposed to prepare you for, your nursing career.” (Participant 7)

Of the total participants, two participants did not demonstrate a clear understanding of nursing faculty. Rather, their responses suggested they mistakenly understood nursing faculty to be clinical nurse educators responsible for professional development of nurses in the hospital setting or to be other hospital personnel. Statements demonstrating participants' lack of understanding of nursing faculty in those regards include

- “So when you say faculty, you just mean like staff.” (Participant 1)
- “Faculty to me is administration, like your management, your supervisor, your director of nursing or chief nursing executive. Your educators [in the hospital setting].” (Participant 1)

- Participant 3 said, “They're the one who helping, us enhance our skills help us to enhance our Knowledge, oh, they help us enhance our knowledge about the specific, work, at like cardiac nursing.” (Participant 3)
- “They are supposed to do a continuing education and, Um, to help a coworker or nurses, especially if they're like overwhelmed.” (Participant 3)

There is value in becoming nursing faculty. The data showed that all 10 participants perceived there was value in becoming nursing faculty. Participant 4 perceived that working as nursing faculty, particularly in an online program, was valuable because it provided the opportunity to “work from home.” Participant 2 perceived the value of nursing faculty to be in its capacity to improve practice. Participant 2 said,

I feel like it, it helps me to hone my craft even more. Um, It reminds me of what's important in nursing . . . when you go back and you talk to your students . . . [after working at the bedside], I find myself bringing my everyday practice, like, you know, Oh, this is why I do this and you know, explain rationale and then I go back to work and I really, I really think through my practice. So I feel that that is important and provide better care.

Of the total participants, 40% of participants perceived that there is value in becoming nursing faculty because nursing faculty teach others. Participants used the terms “*teach*” and “*teaching*” in that regard. Statements demonstrating participants’ perceptions that teaching others contributes value to working as nursing faculty were

- “To teach others, to teach others.” (Participant 1)
- “I think it's pretty fun to teach others. Um, let you know and just share knowledge.” (Participant 3)

- “I think it's really important to have your hands in teaching the new set of upcoming nurses and, you know, to play a role in that.” (Participant 8)
- “Just I enjoy, teaching other people.” (Participant 10)

The same number of participants who perceived that there is value in becoming nursing faculty because nursing faculty teach others (40%) perceived that there is value in becoming nursing faculty because nursing faculty positively influence others.

Statements demonstrating participants' perceptions that positively influence others contributes value to working as nursing faculty were

- “The value, the only benefit to being an instructor would be that you are going to have a major impact on the nurses coming up and their attitudes towards learning and being able to be corrected and you are going to mold the future nurses are you going to help anyway?” (Participant 7)
- “Being able to look at helping others and achieving their dreams for sure. Um, and getting them from the beginning to the end and seeing that success would be very rewarding.” (Participant 6)
- “Value of it is you're able to help others pursue their nursing career.” (Participant 9)
- “I like to see them grow and move on, and become successful. So I think that's probably my biggest, pay off for it that I look for.” (Participant 10)

Three participants referred to the idea of personal satisfaction as a value in becoming nursing faculty. Those participants said,

- “It give you a purpose.” (Participant 4)

- “I knew from like an emotional aspect, um, like personal gain, being able to look at helping others and achieving their dreams for sure. Um, and getting them from the beginning to the end and seeing that success would be very rewarding.” (Participant 6)
- “You have a hand in that, and I guess it’s a benefit because you feel good because you're releasing new nurses out into the field.” (Participant 9)

Two participants referred to helping to end the nursing shortage as a value of becoming nursing faculty. Those participants said,

- “So we need a good, nursing faculty because, you know, um, there’s a lot nurses that will be retired we need replacements.” (Participant 9)
- “Because there's a nursing shortage and there always has been and there's no, there’s a even bigger shortage of faculty here. We need good faculty here. How, you know, bring good nurses about.” (Participant 9)

Nursing faculty should have specific competencies, skills, and characteristics.

The data showed that BSNs perceived that nursing faculty should have specific competencies, skills, and characteristics. Regarding competencies, Participant 1 stated that nursing faculty should have “the correct education,” Participant 6 stated that nursing faculty should be “very knowledgeable,” and Participant 7 stated that nursing faculty “should have a good understanding of whatever” they teach. Participants 1, 7, and 9 stated the nursing faculty should have experience. Participants 1 and 9 referred generally to “experience” and “bedside experience,” respectively. However, Participant 7 referred specifically to nursing specialties:

If you're going to instruct peds [pediatrics]], you should, should've been a peds nurse. If you're going to instruct critical care, you should have been a critical care nurse. I don't think faculty should try to do a specialty that they do not know.

Regarding characteristics, participants' responses were numerous. In some cases, only one participant identified a specific competency. For example, Participant 6 referred to the need for nursing faculty be "energetic [and] to have enough stamina" to teach for "long hours;" Participant 1 said that nursing faculty should be "trustworthy;" and Participant 8 said that nursing faculty should be "disciplined." Other participants suggested that nursing faculty need to be "fair" (Participants 2 and 5), "encouraging" (Participants 2 and 4), and "perceptive" (Participants 4 and 10). Additionally, participants suggested that nursing faculty should be "strong leaders" (Participants 4 and 8), interested in teaching (Participants 7 and 8), and "flexible," as indicated by these participant responses:

- "Flexible, kind of like a roll with the punches type person." (Participant 8)
- "Having a flexible attitude." (Participant 8)
- "I believe, need to have an open mind, because you know, your way may not be right and if somebody has something different you've got to be some flexibility." (Participant 10)
- "You have to have an open mind, you have to be flexible." (Participant 10).

Three participants made statements indicating that that nursing faculty should be "patient" (Participants 5 and 6) or have "patience" (Participants 6 and 7). Three other participants suggested that nursing faculty should be honest (Participant 1) or "truthful"

(Participant 2). Additional participant responses also were indicative of nursing faculty's need to be honest:

- “You know, when my students are not, you know, doing as they should and you know, I pulled them aside and I share with them my concerns and explain to them why it's a concern and, and then give them an idea of where I would like for them to be.” (Participant 2)
- “Not being afraid to say things when and even if it is uncomfortable situations.” (Participant 4)

Four participants agreed that nursing faculty should empathetic. Those participants used the terms *empathy* (Participants 2 and 3), *compassionate* (Participant 8), and *nonjudgmental* (Participant 7). The largest number of participants who agreed on a requisite characteristic for nursing faculty suggested that nursing faculty should be personable. Participants who suggested that nursing faculty should be personable described the need for “a good attitude” (Participant 10) and for nursing faculty to be “approachable” (Participants 7 and 10). Additional participant statements indicative of nursing faculty's need to be personable include

- “Know to build a relationship with others.” (Participant 1)
- “I feel like you have to be very, um, like outgoing almost.” (Participant 6)
- “I think they should be what you want out of a manager or out of a preceptor in that you can tell them, you're struggling with something and you're going to they're going to help you.” (Participant 7)
- “So if they [students] have questions and they can come to you and not feel scared, intimidated, to ask you any questions.” (Participant 10)

Regarding skills, participants suggested that nursing faculty should be “organized” (Participant 8) and good listeners (Participants 3 and 6) and have good “time management” and “computer skills” (Participant 9). The greatest numbers of participants ($n = 6$) made statements about nursing faculty’s need to be able to communicate well.

Four participants referred generally to communication:

- “Really communicating well what is expected of the students.” (Participant 5)
- “Good communication.” (Participant 8)
- “I believe that they definitely need good communication skills to present the information.” (Participant 9)
- “First and foremost is communication. You have to be able to communicate.” (Participant 10)

However, participants also referred to communication with regard to the capacity to relate information in the sense of being able to “explain” (Participants 5 and 6) and “teach” (Participants 6 and 9) things. Participant statements demonstrating the perception that nursing faculty should have the capacity to relate information include

- “The ability to make concepts stick not only through wrote teaching, but fun and engaging teaching methods.” (Participant 2)
- “I guess the ability to take a lot of information, or information and make it understandable to a large group of people or a wide diverse group of people. . . It's [nursing school] really compact. So you have to pretty much cram a lot of information and to teach here.” (Participant 5)

- “Able to turn that [newly learned information] around and teach others that as well.” (Participant 6)
- “They also have to have good rationales, because they have to also present that information to nurses as well. I guess good teaching skills overall. They have to be able to teach.” (Participant 9)

Theme 2: BSN’s perceptions of themselves. The second theme that emerged from the data was BSN’s perceptions of themselves. Two categories made up this theme. Those categories were participants have competencies, skills, and characteristics needed to be successful nursing faculty, and perceptions of current employment. Those categories are discussed here supported by participant statements as appropriate.

Participants have competencies, skills, and characteristics needed to be successful nursing faculty. The data showed that participants perceived they had competencies, skills, and characteristics needed to be successful nursing faculty. Regarding competencies, participants referred to content knowledge and “experience.” Statements demonstrating participants’ perception that they were knowledgeable and experienced were

- “I would say I am extremely knowledge about due to years of experience. I'm extremely knowledgeable in the critical care environment.” (Participant 7)
- “I'm always into new studies, new evidence-based practice studies.” (Participant 8)
- “I feel like with my more like experience, I feel like I'm more, was resourceful.” (Participant 1)

- “Well, I do precepting, so I feel like as far as the teaching and being able to help others and instruct them in what they're doing as far as in the bedside I have that.” (Participant 9)

Regarding characteristics of successful nursing faculty that participants perceived they possessed, participants’ responses were numerous. In some cases, only one participant identified a specific competency. For example, Participants 2, 3, 8, and 9 perceived that they were “diplomatic,” open minded, a team player, and “ethical,” respectively. Other participants perceived that they were patient (Participants 5 and 6), “empathetic” (Participant 2) or “compassionate (Participant 8), and “fun” (Participant 2). Participant 7 described her fun nature in this way:

I think I have a really outgoing personality, so I have a very up personality, you know, I don't think, I think if somebody had that, blazé attitude and I know you know what I'm talking about because we've all done sat through classes that you find you are not learning anything because they're not bubbly.

Four participants made statements pertaining to the idea of enjoying teaching. Those participants said,

- “I like to teach students.” (Participant 3)
- “Loving to teach things.” (Participant 8)
- “Well, I do like to teach things. I always like to teach things to new nurses, like when in precepting or things like that. I do enjoy that and I feel like do pretty well with that. but that's probably about it. (Participant 6)
- “I have a passion about, nursing and you know, my special genre is OB and that's what I teach. So I have a passionate about what I teach.” (Participant 2)

Regarding skills of successful nursing faculty that participants perceived they possessed, Participant 9 generally stated that she possessed “good leadership skills” attributing that skill to her position as a charge nurse. Participant 8 described herself as “organized,” and Participant 6 referred to being about to learn quickly. Specifically, Participant 6 said, “Well, I think as a bedside nurse that we are always learning new things and typically learn very quickly and can think on our feet. Um, so I would say that I definitely have that.” Two participants referred to being meticulous. Participant 1 said, “Attention to detail. My husband tells me I’m good at that.” Participant 8 was more specific and referred in particular to paying attention to details in established “policies and procedures.” Other participants indicated they managed their time well. Those participants used the phrases “time efficiency” (Participant 1), “time management skills” (Participant 8), and “punctuality” (Participant 9).

A majority of participants ($n = 6$) made statements about their communication skills. Three participants referred generally to communication:

- “Good communication.” (Participant 8)
- “I’m direct. I don’t beat around the bush.” (Participant 8)
- “[Leadership skills help] me to communicate effectively with my staff when things are going on. So, good communication skills.” (Participant 9)
- “I’m pretty good with communication. I’m very open. I am myself a preceptor. So I’ve had many, many students and orientees. But, by far communication. . . . I think communication is, is the best tool that you have as an educator or faculty member.” (Participant 10)

However, participants also referred to communication with regard to the capacity to relate information in the sense of being able to “explain” (Participants 5 and 7) and “teach” (Participant 6) things. Statements demonstrating participants’ perceptions of their capacity to relate information were

- “To, explain, uh, complicated thing in kind of layman's term to make it more understandable.” (Participant 5)
- “I feel like I could turn information around and be able to teach others new things.” (Participant 6)
- “I know how to explain things. I don't get hung up on one certain way of instructing.” (Participant 7)
- “I think I have a very, and I don't even know how you would describe it, but I can dumb things down. I can make it make sense. I don't know what you call that.” (Participant 7)

Perceptions of current employment. The data showed that participants had positive perceptions of their current employment. Statements from participants indicating they had positive perceptions about their current employment were

- “I love what I’m doing.” (Participant 3)
- “I love being at the bedside and I loved the capacity that I'm at right now. (Participant 8)
- “I would to have to say 100% I love being at the bedside. (Participant 8)

Theme 3: BSN’s perceptions about becoming nursing faculty. The third theme that emerged from the data was BSN’s perceptions about becoming nursing faculty. Five

categories made up this theme. Those categories were (a) interest in seeking advanced degree to become nursing faculty, (b) BSNs have been encouraged to pursue nursing faculty degree, (c) influence of encouragement by others on decisions regarding pursuing a career as nursing faculty, (d) motivators to becoming nursing faculty, and (e) barriers to becoming nursing faculty.

Interest in seeking advanced degree to become nursing faculty. The data showed that some participants either had had an interest in seeking an advanced degree to become nursing faculty or might have an interest in the future but that other participants had not had any interest. Two participants who indicated they had had an interest in seeking an advanced degree to become nursing faculty merely gave affirmative answers of “yes” (Participant 9) and “yeah” (Participant 7). Three other participants, who indicated they might have an interest in seeking an advanced degree to become nursing faculty in the future, qualified their statements:

- “I would like to do that one day. Like, be able to teach like nursing students, like clinically, like hands on, but I'm not, I'm not the person that's going to grade papers or write tests. I, it's not, it's not me.” (Participant 1)
- “If I could keep it separate from my, my family life, my work life, absolutely.” (Participant 1)
- “If I would need it later in life, I would, thinking about pursuing a doctoral degree.” (Participant 4)
- “The more I do nursing, I could definitely see myself doing it [being nursing faculty]. I've just enjoyed teaching others. So I have said a few times I could see myself in the future.” (Participant 4)

- “You know, I'm not sure. I know that at some point I'd like to go back for something. I don't know if it's leadership and management or education, but I've thought about it. I've thought about it.” (Participant 8)

Two participants who indicated they had not had an interest in seeking an advanced degree to become nursing faculty gave generally negative answers. Participant 6 said, “Not really. No.” Participant 8 said, “I don't think right now where I am.” Participant 1 qualified her lack of interest when she said, “Not in the classroom.” Participant 4 stated directly that her lack of interest in becoming nursing faculty was because of lack of interest in teaching. She said, “I honestly had never considered it because I always thought of my teachers in school and I'm was like, I don't want to do anything that they're doing.” Five other participants indicated that their lack of interest in becoming nursing faculty was due to their interest in other areas:

- “I guess what I'm saying is I haven't really pursued faculty. It's always been like a leadership for me.” (Participant 1)
- “No. Um, this is not, I mean, believe it or not, as much as I talk about it is, this not where my heart lies. I really wanted to become a nurse midwife, but at this point in time I'm not in the right place, um, to seek out that education.” (Participant 2)
- “No. No I want to be a nurse practitioner.” (Participant 3)
- “I'm just getting a nurse practitioner degree. I don't know if I would necessarily need an education degree as well.” (Participant 4)
- “No. I am presently in my master's program, but my direction is a little bit different. So I'm going in the direction of NP, um, you know, like the

education aspect, but it will be the education towards my patients.”

(Participant 10)

BSNs have been encouraged to pursue nursing faculty degree. The data showed that participants have been encouraged to pursue a nursing faculty career. Three participants had been encouraged by either family or friends. Statements from participants indicating they have been encouraged by family or friends include,

- “My daughter has said multiple times that she wishes, I was her instructor and she had instructors like me. You know, I wish, I wish I had a teacher like you in school.” (Participant 7)
- “My husband.” (Participant 8)
- “I have a couple of very good friends that are nurse faculty members.” (Participant 8)
- “Um, one of my friends that I worked with, did clinical instructing and was working toward becoming a faculty member and she was trying to encourage me to pursue that and work towards becoming a clinical instructor, a teacher one day.” (Participant 6)

Four participants identified either “colleagues” (Participants 1 and 7) or “coworkers” (Participants 2 and 9) as the people who encouraged them to seek an advanced degree and a career as nursing faculty. Participant 2 also stated that she had been encouraged by her director of nursing. One participant, Participant 7, stated that she had been encouraged to seek an advanced degree and a career as nursing faculty by the students she tutors. Two other participants indicated that they had been encouraged to

seek an advanced degree and a career as nursing faculty by educators. Those participants said,

- “I have been encouraged by faculty to think about it.” (Participant 4)
- “My teachers right now they do, but no one really at work.” (Participant 4)
- “Yes. One of my teachers from XXXXXX told me I should consider becoming a teacher.” (Participant 5)

Of the 10 participants, seven indicated that the person or people who had encouraged them to seek an advanced degree and a career as nursing faculty were either important or very important to them. Participant 2 was the only participant who did not perceive that the person who had encouraged her to seek an advanced degree and a career as nursing faculty was important to her. Participant 2 said, “I hate to say it. I hope she [director of nursing] never hears this, but no.”

The ways in which participants reported being encouraged varied. Participant 5 referred to the person’s belief in her ability, and Participants 4 and 6 suggested that other people had made them think about this idea. They said,

- “I think it's more of just putting the idea in my head.” (Participant 4)
- “Well [it is] certainly something I never considered. And then I guess she mentioned it.” (Participant 6)

Participant 2 reported that

Somebody said it just apart time job you got days off in between your, your fulltime work. It's just part time working, come in and do a clinical or two week. You can make money. It'll be fun they said, and now I'm here. Like, Oh my God.

Five participants (Participants 2, 5, 7, 8, and 9) made statements indicating they had received verbal praise in some way. Examples of those statements include:

- “They [colleagues] are like, you're really good at teaching the students, you should really get thinking about becoming a professor, instructor.” (Participant 2)
- “She just pretty much told me that, you know, um, it seems like I had a really good grasp on the material and after seeing me precept and having nursing students, work with me and stuff, she said that, it seems like I could and I was really good at helping my classmates and helping people learn material.”
(Participant 5)
- “They have said, ‘You would a great at it. You should do it.’” Participant 8)
- “They really just said, ‘You should teach you would be good at it.’” (Participant 9)

Influence of encouragement by others on decisions regarding pursuing a career as nursing faculty. The data showed that encouragement by others could be both influential or and not influential on decisions to seek an advanced degree and a career as nursing faculty. Some participants made clear statements regarding the potential, either at the time of this study or in the future, for others to positively influence their decision to pursue an advanced degree and a career as nursing faculty. Participants 8 and 9 stated that the encouragement made then consider the idea. Other participants elaborated on the potential influence of others. Those participants said,

- “It (encouragement) definitely does have an impact. I do care about what she [friend] recommends in what she thinks.” (Participant 6)

- “It opens your eyes up to maybe this would be something that I would be really good at. So I think that it could influence your decision.” (Participant 9)
- “I think for me, I like to have a lot of people in my corner. I like to have people who are close to me to bounce ideas off and just make sure that I'm not going crazy with the ideas with the thoughts that I have. So that encouragement could be the, could be the thing that would push me over the edge to saying yes or no.” (Participant 8)
- “It might, I don't know at this point in time if I'm ready to do that, but, you know, it's definitely an option. Her [teacher] opinion and her influence: I do take that very seriously.” (Participant 5)
- “So maybe in the future she [friend] continues to encourage me to do it and I kind of see how she does it. Maybe it'd be something I would consider that she has a big influence and has had a big influence on my nursing career so far.” (Participant 6)

Participant 7 suggested that friends and family would be more influential on her decision making than instructors would be. Participant 7 said,

- “Obviously if you've got, you know, your parents or your husband or you know, any of your kids or grandkids all saying, man . . . You should go back to school. Then we'll become instructor. Oh yeah.” [They would be influential.]
- “Probably more so my best friend or my closest friends that are nurses would probably have more of a sway than an instructor coming in and going, ‘Hey, I think you'd be awesome. I'm going to give your So and So's phone number to and I think you would be a benefit to our, our faculty.’ They would not sway me as

much as like my best friends that are nurses, people that have seen me in my environment seen me in the working in the ER. Those are the people I am gonna take, they're going to hold a much better, they are going to hold a better weight, pushing whether I went in and instructing. Because they, they seen it.”

However, Participant 7 clarified that although she has been encouraged to pursue an advanced degree and career as nursing faculty, that encouragement would not influence her actual life choices because she was a traveling nurse.

Three other participants stated that encouragement by others would not positively influence their decision to pursue an advanced degree and a career as nursing faculty.

Those participants said,

- “I wouldn’t change my mind. No.” (Participant 1)
- “At this point in time maybe if I actually was encouraged to go forward and now that I think about it and really it doesn't make me feel like I need to go forward because I just, I know in reality I can't right now so no, it doesn't encourage [motivate] me.” (Participant 2)
- “But I don't, know, for me, I have to know what I want to do and again, you know, already have my role planned.” (Participant 10)
- “I don't think that I would change my mind, and I don't think that their opinions weigh enough for me to change my mind.” (Participant 10)

Motivators to becoming nursing faculty. The data showed seven specific motivators to becoming nursing faculty. Four participants suggested that they would be motivated by money. Participants 7, 9, and 10 referred to money in the sense of salary. Participant 5 referred to money for both school tuition and salary. The remaining six

motivators were identified by one participant each. Participant 10 suggested that, in addition to better pay, good hours and a good work environment would be motivators for becoming nursing faculty. Participant 10 said,

So what would persuade me? Of course good hours, better pay. I would say good relationships with, the program, those in the program, the director of the program say everybody involved. I think like, you know, it needs to be consensus.

Everybody's kind of working towards the same goal. I would say those things are probably the most important.

Participant 5 indicated the opportunity to prepare new nurses would be motivation.

Participant 5 said,

I know a lot of my, my friends, like my friends' kids are coming out and they're already, when teenagers want to be nurses, just seeing them, you know, looking for guidance and stuff that might motivate me in the future. It's like, oh, look at these people who I know could be great nurses that there's no one to teach them.

Participant 6 indicated that she might be more motivated if she had a better understanding of the expectations for nursing faculty. Participant 6 said,

I would have to see what exactly that would look like for me as a career and then I would have to understand the best way of getting there and just kind of seeing that as a part of my life. I think that would be the most motivating thing would be to see, not just I have to go to school and take all these classes, but this is where you will end up. This is what I will be doing at the end.

Participant 8 stated that she might be motivated to pursue a career as nursing faculty if “bedside nursing changed or if the ER flow kind of changed” or if she were experiencing “a lot of burnout.”

Barriers to becoming nursing faculty. The data showed a variety of barriers to becoming nursing faculty. Participant 6 questioned whether she had the patience needed to teach as nursing faculty but then also stated that just didn’t “have the interest in it [teaching as nursing faculty]. Participant 2 was concerned about the financial strain that would result “from those last two years of clinical practice . . . [when] you have to cut down your work, hours of work.” Both Participants 9 and 10 mentioned concern over schools as a barrier to pursuing an advanced degree and a career as nursing faculty. However, Participant 9 was concerned about finding an appropriate program in which to enroll, and Participant 10 was concerned with finding an appropriate school in which to teach. Respectively, these participants said,

- “If I would be able to find like a good school that I think would be a good fit for me. So, something that has more, that would be mostly online component, I like online where you actually have like a mentor that's very active. Because some programs, you know, they don't have like really good mentors. Like I've been in the program where I can't, you know, you try to get an answer and then nobody responds back to you.” (Participant 9)
- “That's, that's a tough question because I think that every institution is different, you know, whether you're teaching a position online or you know, in a brick and mortar type place. I would not prefer an online program to teach people. So I like that face to face stuff.” (Participant 10)

Other participants indicated that personal obligations (Participants 2 and 8) and their age (Participants 7 and 9) were barriers to pursuing an advanced degree and a career as nursing faculty. Two participants indicated that the extra work entailed in being nursing faculty was a barrier to their pursuit of the career. Statements demonstrating participants' perceptions that working as nursing faculty requires extra work include

- “All the extra work you got to bring home with you or you don't get to just, you know, I feel like at the hospital I just can walk out the door and I don't have to bring anything home with me. I feel like they're grading papers at home or wake up, they open your computer and check grades. Like, you know, just seems like [it should be] work at work and home at home.” (Participant 1)
- “I think that faculty members, put in a lot of long hours outside of the classroom and I don't think that they necessarily get well compensated for that.” (Participant 6)

Additionally, Participants 3 and 5 stated that they lacked the confidence to teach.

Participant 3 cited language as the root cause of her lack of confidence. She said,

Probably one of the problems right now not pursuing my, a nurse faculty for me because I'm English is my second language and sometimes the problem with that, I feel like I have add a little bit low confidence above speaking too, like in front of a lot of students.

Participant 5 indicated a general lack of confidence:

I have never [thought of] myself as a good teacher. I don't think. I think I'm more of a good preceptor, like, like hands on. But as far a teaching lecture material and all that stuff, I think that's a big barrier for me.

The most commonly identified barriers to pursuing an advanced degree and a career as nursing faculty were cost of tuition (Participants 1, 5, 7, and 9) and salary (Participants 1, 6, 9, and 10). Statements demonstrating participants' perceptions that cost of tuition is a barrier to pursuing a career as nursing faculty include

- “How much it costs.” (Participant 7)
- “Just take any, any advanced degree nowadays is pretty expensive. And you know, some people still paying off some student loans. That's always a factor.” (Participant 5)
- “Because as I'm older, I just don't want to have a ton of school debt and [be] paying off school debt until I'm like 60.” (Participant 9)

Statements demonstrating participants' perceptions that salary is a barrier to pursuing a career as nursing faculty include

“I don't think that, I don't know, I just don't think, and maybe this is mis-perception that the pay is that great.” (Participant 6)

“I think that faculty members, put in a lot of long hours outside of the classroom and I don't think that they necessarily get well compensated for that.” (Participant 6)

“The overall pay when you become faculty member is not as lucrative as other things that you can get your master's degree in.” (Participant 9)

“Probably the biggest one would be pay. Yeah, that's probably the biggest one.” (Participant 10)

Research Questions

Data collected and analyzed for this study were used to answer the study's research questions as they related to the study problem. In this section, Research

Questions 1a-1e are addressed first. Then, the responses to those questions are used to address the overarching research question for this study: Why are BSN nurses not pursuing advanced nursing degrees to seek careers as nursing faculty in academic settings? Because the topic of this study has not been explored previously, scant literature is available to corroborate the study findings. However, when possible, comparison of the study findings to the literature is provided. The findings also are discussed in relation to the conceptual framework and problem as appropriate.

Research Question 1a. Research Question 1a was “What are bedside nurses’ perceptions regarding their capacity to become nursing faculty?” Some participants perceived they had the capacity to become nursing faculty. Those participants described various competencies (e.g., knowledge, experience), characteristics (e.g., open-minded, team player, diplomatic, ethical, patient, empathetic, fun, enjoys teaching, passion for topic), and skills (e.g., leadership skills, organized, learn quickly, attention to detail, time management, communication, capacity for relating information) they possessed that would enable them to be successful. Other participants did not perceive they had the capacity to become nursing faculty. For example, one participant did not perceive herself to be patient enough, and two participants stated that they lacked the confidence to teach.

Research Question 1b. Research Question 1b was “What are bedside nurses’ perceptions regarding the value or detriment of becoming nursing faculty?” The data showed that all 10 participants perceived there was value in becoming nursing faculty. Participants identified six perceived benefits of becoming nursing faculty: teaching others, improve practice, positively influencing others, personal satisfaction, flexibility, and help end nursing shortage. When participants spoke about detriments to becoming

nursing faculty, they did so in reference to themselves and cited cost of tuition, extra work, and poor salary as negative aspects of becoming nursing faculty. No participants perceived becoming nursing faculty was detrimental to others in any way.

Research Question 1c. Research Question 1c was “What are beside nurses’ perceptions regarding the influence of others with regard to becoming nursing faculty?” Eight of the 10 participants reported having been verbally encouraged to pursue a nursing faculty career by family, friends, colleagues, instructors, and for one participant, her director of nursing. Those who reported being encouraged by their family, friends, and colleagues described the people who encouraged them as important to them. Five of the eight participants who reported having been encouraged to pursue a nursing faculty career stated that the encouragement of those important others could be influential in their decision to actually pursue a career as nursing faculty. Nurses in Goodrich’s (2014) study also suggested that their decision to become nursing faculty was influenced by important others, including family, friends, and domestic partners.

Research Question 1d. Research Question 1d was “What are beside nurses’ perceptions regarding barriers to becoming nursing faculty?” Participants identified 10 barriers to pursuing an advanced degree and career as nursing faculty. One participant identified a lack of interest and lack of patience, another participant identified the challenge of finding an appropriate program of study, and another participant identified the challenge of finding work in a brick-and-mortar institution as barriers to pursuing an advanced degree and career as nursing faculty. Two participants identified their age, another two participants identified personal obligations, another two participants identified extra work, and another two participants identified lack of confidence as

barriers to pursuing an advanced degree and career as nursing faculty. Four participants identified cost of tuition as a barrier to pursuing an advanced degree and career as nursing faculty; two of those participants and two additional participants identified poor salary as a barrier to pursuing an advanced degree and career as nursing faculty.

Research Question 1e. Research Question 1e was “What are bedside nurses’ perceptions regarding motivators for becoming nursing faculty?” Participants identified good hours, good work environment, and the opportunity to prepare new nurses as potential motivators for becoming nursing faculty. Participants also indicated that they could be motivated to pursue an advanced degree and career as nursing faculty if they had a clear understanding of the expectations for nursing faculty, the dynamics of bedside nursing changed, they experienced burnout, and the salary was acceptable.

Research Question 1. Research Question 1 was, “Why are BSN nurses not pursuing advanced nursing degrees to seek careers as nursing faculty in academic settings?” Based on the study findings, there are a variety of reasons why BSNs are not seeking careers as nursing faculty in academic settings. Those factors are presented here.

Low Self-Efficacy. Although nine of the 10 participants identified at least one competency, characteristic, or skill they perceived they possessed that would contribute to their success as nursing faculty, two of those participants also indicated they lacked the confidence to teach. Low self-efficacy, according to Bandura (1977), has a negative influence on a person’s decision to engage in a behavior. Similarly, Ajzen and Fishbein (1972), using the term *perceived behavioral control*, suggested that a person’s belief in his or her own capacity to perform a behavior influences a person’s intent to behavior in a

particular way. In this way, participants' low levels of self-efficacy could contribute to their reluctance to pursue an advanced degree and a career as nursing faculty.

Barriers. One of the notable reasons found in the data to explain why BSNs are not pursuing advanced nursing degrees to seek careers as nursing faculty is that barriers to becoming nursing faculty exist. As discussed in the previous section, participants identified 10 barriers to becoming nursing faculty: lack of interest, lack of patience, uncertainty about finding an appropriate school for study, lack of interest teaching in an online setting, personal obligations, age, lack of confidence, extra work, cost of tuition, and poor salary. The finding that workload is a barrier to recruiting nursing faculty is supported in the literature (see Fang & Bednash, 2017; Fang et al., 2016). Studies from AACN (2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017) consistently have shown workload may hinder the recruitment of full-time nursing faculty. The finding that poor salary as a barrier to recruiting new nursing faculty also is supported in the literature (see Bagley et al., 2018; Fang & Bednash, 2017; Fang et al., 2016; Oermann et al., 2015; Salvucci & Lawless, 2016).

The means by which the barriers identified by the participants could inhibit their seeking of advanced degrees and careers as nursing faculty can be understood through three theoretical propositions introduced in the study's conceptual framework. First, according to Deci and Ryan (1985, 2000, 2008), internal and external motivators can influence behavior. Conversely, people can be amotivated to act in certain ways (Deci & Ryan, 1985). In this study, the barriers participants identified represent inhibitors to motivation, and thus can be considered amotivational. In this way, the barriers the

participants identified could inhibit their effort to pursue an advanced degree and a career as nursing faculty.

Second, Ajzen and Fishbein (1972) claimed that attitude toward a behavior contributes to a person's intent to behave in a particular way. Responses from several participants demonstrate they have a negative attitude toward becoming nursing faculty. Participant 6 expressed a general lack of interest; Participants 1 and 6 stated that nursing faculty are required to do extra work for which they are not compensated; and Participants 1, 6, 9, and 10 indicated that nursing faculty received poor salaries. In this way, participants' negative attitudes toward becoming nursing faculty could inhibit their effort to pursue an advanced degree and a career as nursing faculty.

Third, Ajzen and Fishbein (1972) claimed that perceived actual control over a behavior can mediate the relationship between intent to behave and actual behavior. In this study, eight participants shared barriers that could be interpreted as obstacles that are out of the participants' control. For example, Participants 2 and 8 reported having personal obligations requiring their time; Participants 7 and 9 intimated they were too old; Participants 1, 2, 5, 7, and 9 expressed concern over financial capacity to pay school or support themselves while going to school; Participants 1 and 6 reported that the expectations for nursing faculty were too high with regard to workload; and Participants 1, 6, 9, and 10 reported that the salary earned by nursing faculty was poor. Considering Ajzen and Fishbein's concept of perceived actual control, it is logical that participants who do not perceive they have control over particular aspects of becoming or working as nursing faculty would not be likely to pursue a career as nursing faculty.

Motivators. According to Deci and Ryan (1985, 2000, 2008), internal and external motivators can influence behavior; conversely, lack of motivation can inhibit behavior. Applied in this study, BSNs may not pursuing advanced nursing degrees to seek careers as nursing faculty because they lack the motivation to do so. Specifically, participants identified good hours, good work environment, preparing new nurses, a clear understanding of expectations, change in bedside nursing, burnout, and money as motivators to pursuing a career in nursing. However, with the exception of preparing new nurses, these indicated motivators were hypothetical because participants did not perceive that nursing faculty worked good hours in good environments (e.g., extra work; Participants 1 and 6), did not have a clear understanding of expectations (Participants 1 and 3), were satisfied with the state of beside nursing and not burned out (e.g., happy with their jobs; Participants 3 and 8), and did not perceive nurse faculty salaries to be sufficient compensation for the expected work (Participants 1, 6, 9, 10). In other words, participants lacked motivators that would prompt them to pursue an advanced degree and a career as nursing faculty.

Evidence of Quality

Evidence of quality in this study was established by demonstrating the credibility, dependability, confirmability, and transferability of the study findings. The use of member checking helped demonstrate credibility of the study findings. No participants provided feedback. It is possible that participants did not provide feedback because they did not want to invest the time to review the 22 pages of thematic findings or were afraid to hurt my feelings in some way. However, the participants were all adults and professionals who previously agreed to review the findings and provide feedback as

appropriate. Additionally, when I sent the thematic analysis to the participants, I let them know that despite the number of pages, the thematic analysis was simply written and easy to read and, thus, should not take them long to review. I also thanked them in advance for their time and expressed my gratitude for their participation. I believe the combination of the participants' sense of responsibility and my efforts to encourage them to provide feedback has provided some sense of assurance that the participants' lack of feedback was due to their agreement with my thematic analysis of the data.

To demonstrate dependability of the study findings, I used a well-developed instrument and reported perceived biases. I had planned to report conditions that could have had an influence on the findings such as changes to the research plans, but no such conditions were evident. Although the data recruitment process varied from the original plan slightly in that it was necessary for me to seek additional help recruiting participants, that change was not a risk to the interpretation of the study findings.

To demonstrate confirmability of the study findings, I thoroughly described the data collection instrument, and processes for selecting participants and analyzing data. I also used a second coder to demonstrate intercoder reliability of the data. The second coder analyzed transcripts for Participants 4, 5, 8, 9, and 10 to identify codes, categories, and themes. The second coder formed three themes, six categories, and 17 codes that represented 105 coded concepts.

In general, there were few differences between the analysis conducted by the second coder and the analysis I conducted regarding the individual codes, categories, and themes. The differences that were apparent were evident in the organization of the codes and the terminology used to describe the data. For example, the second coder labeled one

theme student factors under which she included the categories personal traits and skills. Within the skills category, the second coder included a code for experience. On the other hand, I labeled one theme BSNs' perceptions of themselves and under that theme included the category participants have skills, competencies, and characteristics needed to be successful nursing faculty. Within that category, I had a code for experience. So although the second coder included experience as a skill, I identified it as a competency. Essentially, the two can be considered semantically similar. In cases where the second coder did not include specific codes and categories, I determined the discrepancy was the result of the second coder's analysis of only a portion of the data. Based on the comparison of the analyses, I did not alter my original codes, categories, or themes, and concluded that my interpretation of the data was accurate.

To promote transferability of my findings, I provided rich descriptions to conceptualize the study setting and identified potential researcher bias. Additionally, I described my study sample in the results section. Because I used snowball sampling, I had little control over the recruitment of participants. Participants were predominantly Caucasian (70%) and were at least 35 years old but younger than 45 years old (60%). Thus, my sample could be considered moderately homogenous with regard to race and age. Although nine of the 10 participants were women, according to the Center for Interdisciplinary Health Workforce Studies (2017), male nurses make up only 11% of the total nurses in the United States. However, data from the 2017 National Workforce Survey reported an average male nurse population of 9.1% (Smiley et al., 2018). Considering these data, my sample is an accurate reflection of the nursing population in the field with regard to gender. The sample was diverse with regard to all the other

demographic characteristics: years as a nurse, years at their current location, nursing specialty, and prior careers.

Project Deliverable

The purpose of the project deliverable is to initiate social change with regard to the identified study problem. In this study, the problem was the nursing faculty shortage and MACC's subsequent (a) hiring of adjunct faculty with BSN degrees, (b) hiring of full-time faculty with MSN degrees in areas other than education who do not also have a CNE certificate, and (c) reduction of its minimum requirement for nursing faculty clinical experience. To determine an appropriate project deliverable, student researchers must consider the study findings. A variety of concepts emerged as distinct themes and categories and in response to the research question, "Why are BSN nurses not pursuing advanced nursing degrees to seek careers as nursing faculty in academic settings?" The essential concepts were:

- not all BSNS understand the role of nursing faculty;
- there is value in becoming nursing faculty;
- nursing faculty should have specific skills, competencies, and characteristics;
- participants have skills, competencies, and characteristics needed to be successful nursing faculty;
- BSNs are generally happy with their current employment;
- some BSNs are interested in seeking advanced degree to become nursing faculty;
- some BSNs could be encouraged to pursue nursing faculty degree;

- BSNs lack motivation to become nursing faculty; and
- BNSs face barriers to becoming nursing faculty.

Taken together, these data suggest that BSNs possess many of the skills needed to become nursing faculty and that they potentially would pursue an advanced degree and career as nursing faculty if they were properly encouraged and motivated and were not inhibited by particular barriers to that education and career path. After considerable thought, I determined that a (working) professional development curriculum for the nursing faculty at MACC would be an appropriate project deliverable. The curriculum would be implemented to cultivate nursing faculty champions dedicated to increasing the numbers of nursing faculty employed at MACC. To ensure the success of the training program, I designed it considering aspects of Knowles's (1973) adult learning theory to appeal to the needs of the nursing faculty at MACC.

Section 3: The Project

The project for this study is a (working) professional development curriculum for clinical and didactic nursing faculty at MACC. The purpose of the workshop is to initiate social change in the form of increased numbers of bedside nurses pursuing advanced degrees to become nursing faculty at MACC (and in other local nursing programs) and increased numbers of student nurses considering long-term plans to become nursing faculty following the same career pathway. The goal of the workshop is to cultivate nursing faculty champions dedicated to increasing the numbers of nursing faculty employed at MACC. The workshop may also be useful to nursing faculty in other local nursing programs.

Rationale

Options for project deliverables are an evaluation report, a curriculum plan, professional development/training curriculum, and policy recommendation. An evaluation report was not applicable as a project deliverable because this study was not an evaluation. A curriculum plan was not a suitable project deliverable because, although the setting that prompted this study was an educational institution, the participants were not students. Although I could create policy recommendations for MACC to encourage the institution to increase its minimum requirement for nursing faculty clinical experience and to hire more highly qualified faculty, it is not likely the recommendations would have an impact on the institution's policies. The institution is aware of the risks of hiring less qualified faculty and of having reduced its requirements for experience. Additionally, such recommendations, although potentially helpful for increasing the quality of education student nurses receive in the program and improving the numbers of nurses

who successfully pass their NCLEX exams, would have little influence on encouraging working bedside nurses to pursue an advanced degree and a career as nursing faculty.

Considering that the participants in this study were BSNs who already were employed at the bedside and in area hospitals, a logical project deliverable would be a community awareness campaign to encourage and motivate those BSNs to pursue an advanced degree and a career as nursing faculty. Implementation of a community awareness campaign of this nature could help to educate BSNs about the requirements for becoming successful nursing faculty, their capacity to be successful nursing faculty, and options for overcoming perceived barriers. In this way, BSNs in the local area might be more inclined to pursue an advanced degree and a career as nursing faculty. If more BSNs moved to positions as nursing faculty, the nursing faculty shortage in the local area surrounding MACC could be lessened. However, because this option did not fall within the prescribed options for the project deliverable, it was necessary to consider an alternative project deliverable.

The professional development opportunity was a logical choice for this project study because it will allow me the platform to educate the nursing faculty about the perceptions of BSNs, as determined in this study, with regard to the pursuit of careers as nursing faculty. Additionally, it allowed me the platform to to guide the nursing faculty to become champions of the nursing faculty profession whereby they will actively promote the transition of BSNs from bedside to careers as nursing faculty and encourage nursing students to make long-term plans to follow the same career path. As the *working* aspect of the professional development opportunity, nursing faculty would collaborate to develop champion strategies they could implement to encourage nursing students in their

didactic and clinical courses and working bedside nurses to pursue advanced degrees and careers as nursing faculty. In this way, I can not only meet Walden University expectations for a project deliverable but also create the opportunity to develop a program that could realistically have an influence on the nursing faculty shortage, thereby contributing to a solution to the problem for this study.

Review of the Literature

Because the project for this study is a curriculum for a professional development workshop, the literature reviewed in this section is related to aspects of professional development. The specific topics discussed are characteristics of effective professional development, teaching the adult learning, and outcomes of effective professional development. This section begins with an explanation of professional development.

I conducted the review using EBSCOhost, CINAHL, Science Direct, Academic Search Premier, Ovid Nursing Full Text Plus, and Google Scholar databases accessed through the Walden University library. Search terms phrases included *professional development, professional development for educators, effective professional development, faculty development, continuing education, nursing faculty professional development*, and similar derivations. All studies used for this literature review were published in peer reviewed journals within the past 5 years.

Defining Professional Development

The purpose of professional development for educators is to “increase their knowledge and skills and improve their teaching practice, as well as contribute to their personal, social, and emotional growth as teachers” (Desimone, 2009, p. 182), including their beliefs (Whitworth & Chiu, 2015) and professional thinking (Cambridge

Assessment International Education, 2017). The ultimate goal of professional development for teachers is to improve student learning (Darling-Hammond, Hyler, & Gardner, 2017).

Professional development may be structured events focused on planned activities and delivered in formal settings by expert facilitators; spontaneous interactions that occur in informal locations (Desimone, 2009), such as clinical settings, between learners and mentor-guides (Jantzen, 2019); or self-directed learning that takes place in varied formats and locations (Organization for Economic Co-operation and Development, 2009).

However, professional development is not limited to training (Cambridge Assessment International Education, 2017) but rather may include any acquisition of new knowledge or skills (a) during courses, workshops, conferences, and seminars; (b) from reading professional literature; or (c) by engaging in individual and collaborative research, mentoring and peer observation, and observation visits to others schools (Organization for Economic Co-operation and Development, 2009).

Outcomes of Effective Professional Development

Professional development has been found to have a variety of spheres of influence, including influence at the personal and institutional levels (Thurlings & den Brok, 2017). At the personal level, professional development has been shown to increase knowledge, which may lead to additional positive outcomes such as change in practice (Steinert et al., 2016) and employee retention (Coldwell, 2017). Professional development also has been found to promote changes in thinking skills (e.g., Bryant & Posey, 2019; Hopia, Miettinen, Miettinen, & Heino-Tolonen, 2019; Welp, Johnson, Nguyen, & Perry, 2017) and change in attitude (Steinert et al., 2016). At the organizational

level, professional development for teachers has improved student outcomes and school climate (Thurlings & den Brok, 2017).

Knowledge. Research has shown that professional development for teachers can improve content knowledge (Steinert et al., 2016; Thurlings & den Brok, 2017). For example, Jacob, Hill, and Corey (2017) found that among 105 teachers of Grades 4 ($n = 52$) and 5 ($n = 53$) math, professional development helped improve teachers' knowledge of numbers and operations, and geometry. The teachers in the study worked in one low-income school district that served more than 30,000 students in a community largely populated with military families (Jacob et al., 2017). Of the teachers, 72% were White, and 93% were women; the teachers had an average of 9 years of teaching experience, and 55% had graduate degrees (Jacob et al., 2017). The teachers were randomly assigned by school either to a control group ($n = 54$), which did not receive professional development, or to a treatment group ($n = 51$), which participated in 40 hours of professional development designed by Math Solutions over the course of 3 years (Jacob et al., 2017). The researchers measured teachers' knowledge using the Mathematical Knowledge for Teaching assessment (Jacob et al., 2017).

Results of data analysis showed that teachers' knowledge of numbers and operations improved during Years 2 and 3 and that teachers' knowledge of geometry improved during Year 3 (no assessment was conducted during Year 2 for geometry; Jacob et al., 2017). However, the only statistically significant change was evident in teachers' scores for numbers and operations during Year 2 (Jacob et al., 2017). Based on their findings, Jacob et al. (2017) concluded that professional development could have a limited influence on teachers' knowledge of numbers and operations. The researchers did

not find any influence of professional development on teachers' instructional practices or student outcomes.

Ignatavicius and Chung (2016) also conducted a study in which they determined that professional development resulted in improvements in teachers' knowledge. The teachers ($N = 145$) in Ignatavicius and Chung's study were nursing faculty who taught in licensed practical nursing, licensed vocational nursing, and registered nursing programs and who were attending a conference in the southwestern United States. Although only some of the nursing faculty participated in preconference workshops, all of the nursing faculty participated in multiple conference sessions (Ignatavicius & Chung, 2016). Data collected using a 12-item survey immediately following the conference showed that nursing faculty intended to implement newly gained knowledge in their nursing programs, an indication that the nursing faculty had in fact gained knowledge by participating in the conference (Ignatavicius & Chung, 2016).

In a similar study of the influence of professional development on nursing faculty, Phillips, Bassell, and Fillmore (2019) found that participation in an online course significantly improved knowledge among nursing faculty ($N = 237$). Data used to calculate improvement in knowledge were collected using a five-item Likert scale; participants completed the scale immediately before and upon completion of the course. Analysis of follow-up data collected from 55 nursing faculty indicated that the significant improvement in knowledge recorded upon participants' completion of the course was maintained at 3 months (Phillips et al., 2019).

Among nurses, Bryant and Posey (2019) also found that opportunities for professional development (i.e., continuing education courses) had a positive influence on

content knowledge. Because the continuing education courses in which the participants were enrolled varied, the content of the knowledge the nurses reported gaining also varied; however, all of the nurses who reported gaining knowledge from the professional development opportunities reported that the knowledge they gained would be useful for educating and mentoring their colleagues (Bryant & Posey, 2019). Additionally, the nurses reported that their application of new knowledge was not only valuable in practice but also allowed them to more broadly apply influence with their organizations (Bryant & Posey, 2019). Demographics for the nurses were not collected in the study (Bryant & Posey, 2019).

Change in practice. Professional development may have an influence on participants' intent to change in practice and their actual change in practice. According to Bryant and Posey (2019), nurses who participated in continuing education courses were not only likely to intend to implement in practice what they had learned in the courses but also were likely to actually implement in practice what they had learned in the courses. Intent to change was measured using an end-of-course survey, and actual change was measured using a follow-up survey (Bryant & Posey, 2019). A total of 1,138 nurses participated in continuing education courses over a 9-month period; however, only 403 nurses completed the end-of-course survey, 110 nurses completed the follow-up survey, and 51 nurses completed both surveys (Bryant & Posey, 2019). Of the 403 nurses who completed the end-of-course survey, 88.6% ($n = 357$) reported they intended to change their practice; of the 110 nurses who completed the follow-up survey, 89.1% ($n = 98$) reported actual change in their practices (Bryant & Posey, 2019). Of the 51 nurses who completed both surveys, 86% ($n = 44$) reported both intending to change their practices

and actual change in practice after completing their continuing education courses (Bryant & Posey, 2019).

Qualitative data Bryant and Posey (2019) collected showed that nurses' change in actual practice was prompted by their interest in earning certification, improving their leadership skills, capacity for providing care, capacity for mentoring others, and value as team members. The degree to which nurses perceive their workplaces as valuable sources of learning also may influence the transfer of knowledge into practice (Manley, Martin, Jackson, & Wright, 2018). Additionally, nurses' transfer of knowledge into practice may be influenced by attitudes, subjective norms, and perceived behavioral control, as depicted in Ajzen's the theory of planned behavior (Wellings, Gendek, & Gallagher, 2017). In Wellings et al.'s (2017) study of nurses in Australia, the most commonly noted intended changes in practice were related to improving patient outcomes.

Among teachers, researchers have found that participation in professional development workshops not only improves teachers' communication with students but also promotes teachers' adoption of new learning principles and use of new teaching strategies (Steinert et al., 2016). Participation in short courses also may promote teachers' implementation of new teaching strategies (Steinert et al., 2016). However, participation in longitudinal programs was most likely to lead to improvements in teaching performance and the development of new educational programs (Steinert et al., 2016).

Studies also have shown that participation in professional development workshops improves teaching effectiveness (Steinert et al., 2016). When Gore et al. (2017) tested the effectiveness of a pedagogy-based professional development opportunity that included collaboration, they found that professional development had a

significant and positive influence on teaching quality. Teachers ($N = 192$) were recruited from 24 schools in New South Wales, Australia and participated in professional learning communities that engage in reading discussions, observations of the groups' members, and coding and discussion of the data collected during the observations (Gore et al., 2017). Positive outcomes of the professional development were evident regardless of the type and location of the school, socioeconomic status of the students, or the teachers' gender or years of teaching experience; however, greater outcomes were observed among teachers in schools that implemented the intervention with fidelity (Gore et al., 2017). Positive changes resulting from the professional development were maintained 6 months after the teachers engaged in the professional development opportunity (Gore et al., 2017).

Retention. Coldwell (2017) posited that professional development that improves teacher knowledge may function as a mediator of intermediate career outcomes, career satisfaction, and career intentions all of which subsequently could influence retention in the profession. To test his path model approach, Coldwell collected data from more than 500 science teachers using a survey and from 25 teachers using interviews. The teachers, all of whom taught in England, taught in grades from primary to tertiary, and volunteered to engage in professional development through Science Learning Centres (Coldwell, 2017).

Survey results showed that teachers who participated in higher levels of professional development were more likely to perceive that their professional development experience had an impact on their intention to stay in the profession (Coldwell, 2017). Of the total participants, 33% of teachers with low-level participation,

44% of teachers with medium-level participation, and 57% of teachers with high-level participation reported being either *more likely* or *much more likely* to remain in the profession as a result of their participation in professional development (Coldwell, 2017). Although increased knowledge did not have significant impact on career outcomes or intentions, interview data showed that increased knowledge was a mediating factor in the relationship between professional development and intent to remain in the profession because the increased knowledge helped teachers improve their self-efficacy for teaching and subsequently their job satisfaction and motivation to continue to teach (Coldwell, 2017).

Thinking skills. In their study of paediatric oncology nurses in Finland, Hopia et al. (2019) found that participation in professional development that required nurses to justify their nursing methods prompted nurses to engage in reflective thinking. Welp et al. (2017) found similar outcomes. In their study of 244 nurses in Australia, Welp et al. (2017) found that participation in professional development opportunities encouraged nurses to engage in reflective thinking, which subsequently helped nurses understand their professional roles and develop a structured approach for implementing their work. Specifically, reflective thinking provided the nurses an opportunity to better understand their roles in teamwork and patient outcomes (Welp et al., 2017). However, in order for professional development to prompt reflective thinking, the participants must perceive value in the professional development opportunity (Welp et al., 2017).

The majority of nurses in the study were women (83%), and although the nurses ranged in age from 21-67 years old, the average age of the nurses was 36 years (Welp et al., 2017). Participants who engaged in the professional development opportunities (i.e.,

coaching, mentoring, clinical supervision, and training) were younger and less experienced when compared to nurses who did not participate in the professional development opportunities (Welp et al., 2017). The majority of nurses (56%) were registered nurses (Welp et al., 2017).

In their study of nurses who participated in continuing education courses, Bryant and Posey (2019) also found that opportunities for professional development had a positive influence on participants' thinking skills. However, unlike the nurses in Welp et al.'s (2017) study who reported increases in reflexive thinking, nurses in Bryant and Posey's (2019) study reported increases in critical thinking skills that helped participants improve their capacity for problem solving. Additionally, the nurses reported that their improved critical thinking and problem-solving skills contributed to their successful completion of certification requirements (Bryant & Posey, 2019).

Change in attitude. Researchers have found that professional development for teachers may lead to changes in attitudes and perceptions about teaching (Steinert et al., 2016). Identified areas of improvement include interest, confidence, and comfort teaching in general but also with regard to specific teaching strategies (Steinert et al., 2016). Professional development for teachers also may lead to changes in attitudes and perceptions about learning; specifically, teachers who participate in professional development workshops are likely to be more accepting of participating in professional development and teachers who participate in short courses are likely to become more motivated and confident teachers (Steinert et al., 2016). Among nursing faculty in particular, Phillips et al. (2019) found that online professional development significantly

improved both attitude toward teaching nursing and attitude toward the role of nursing faculty.

Promoting and Maintaining Knowledge Transfer

The transfer of knowledge from the professional development setting into practice is mediated by a variety of factors (Vasli, Dehghan-Nayeri, & Khosravi, 2018) and thus may be considered context dependent (Rock, 2014). These concepts are discussed in this section. Additionally, considerations for maintaining knowledge transfer are discussed.

Mediating factors of knowledge transfer. Researchers have studied knowledge transfer pertaining to professional development and the implementation of new knowledge into practice. Rock (2014) studied knowledge transfer among nursing faculty ($N = 20$) in a nursing education program focused on integration of technology. The participants' years of experience at their current institutions ranged from 1 to 33 years with an average of 16 years of experience; their years as nursing faculty ranged from 3 to 40 years with an average of 17 years of experience (Rock, 2014). Ignatavicius and Chung (2016) studied knowledge transfer among nursing faculty ($N = 145$) who participated in a conference. The nursing faculty were between 45-54 years of age, and the majority of nursing faculty were MSNs (Ignatavicius & Chung, 2016). Data were collected using a 12-item survey immediately following the conference; an 8-item survey was used to collect follow-up data 3 and 6 months following the conference (Ignatavicius & Chung, 2016). Data showed that knowledge transfer was maintained at the 3 and 6 month marks (Ignatavicius & Chung, 2016). Vasli et al. (2018) studied nurses ($N = 34$) in Iran. The majority of nurses were female (85.3%), and the nurses had an average of approximately 8.5 years of experience (Vasli et al., 2018).

Factors that mediate knowledge transfer are numerous, but generally can be grouped into factors related to the organization's climate, personal characteristics of the learners, nature and status of the learners, and nature of the educational programs providing the professional development opportunities (Vasli et al., 2018). Organizational climate includes the (a) degree of diversity among the professional development facilitators and participants; (b) extent of time participants are provided to network; (c) level of overall support provided by the institution, the particular department, and organizations external to the institution; (d) level of faculty resistance; (e) lack of time and funding (Rock, 2014); (f) level of topic-specific support following the professional development opportunity (Rock, 2014; Vasli et al., 2018), such as how well managers in the organization oversee the transfer of knowledge from the professional development setting into practice; and (g) the organization's outlook (Vasli et al., 2018). Feedback from students is an additional organizational factor that may positively influence the transfer of knowledge from the professional development setting into practice; lack of resources may be a barrier to knowledge transfer; and the influence of colleagues and the degree of autonomy provided to nursing faculty may both positively influence knowledge transfer or act as barriers to knowledge transfer (Ignatavicius & Chung, 2016).

Personal characteristics include (a) the ability to learn, lead others, and understand limitations; (b) personality marked by creativity, persistence, risk taking, and openness to change (Rock, 2014); (c) motivation to learn (Rock, 2014; Vasli et al., 2018); (d) interest in learning; (e) commitment to learning; (f) levels of personal satisfaction with the professional development; and (g) degree of intent to apply newly gained knowledge in practice (Vasli et al., 2018). Nature and status of the professionals includes levels of

independence and engagement in teamwork as well as nurses' engagement in routine work and resistance to the professional development opportunities (Vasli et al., 2018).

Nature of the education program refers to the quality of the professional development and the processes by which it was implemented (Vasli et al., 2018).

Designing Effective Professional Development

Researchers have identified a variety of components associated with effective (i.e., valuable) professional development (for educators; Postholm, 2018); Steinert et al., 2016). For example, effective professional development for teachers supports collaboration among participants (Darling-Hammond, Hyler, & Gardner, 2017; Postholm, 2018; Sprott, 2019) and includes opportunities for active learning (Darling-Hammond et al., 2017; McKeown et al., 2019). Students may also successfully function as collaborators in professional development opportunities for teachers (Sprott, 2019). To facilitate collaboration among participants and foster a safe environment for learning, McKeown et al. (2019) suggested facilitators of professional development consider group size and limit the number of participants. According to Darling-Hammond et al. (2017), effective professional development for teachers also (a) is focused on content; (b) is based on models of effective practice; (c) provides participants with coaching, support from experts, and feedback; (d) includes opportunities for reflection; and (e) is of adequate duration to allow for learning. Additionally, effective professional development for teachers includes the opportunity to work as a travelling teacher (in local, out-of-state, or out-of-country schools) and to develop strong and enduring professional relationships with other educators (Sprott, 2019). In her review study of 43 articles pertaining to teachers' professional development in school, Postholm (2018) found that numerous

researchers also identified the need for leadership and to connect with outside resources as important components of professional development described in the literature.

Other researchers such as Steinert et al. (2016) also identified a variety of components associated with effective professional development for teachers. However, in their systematic review of nursing faculty initiatives, Steinert et al. found those components vary depending on the type of professional development opportunity. Researchers reported that nursing faculty found (a) the opportunity to interact with colleagues, to engage in small group discussions and role playing, and to participate in a safe learning environment valuable when participating in workshops; (b) the opportunity to share ideas through small group work and to engage in experiential learning the most valuable when participating in short courses; and (c) the opportunity to develop relationships with other teachers and to experiment with new teaching strategies in safe environments valuable when participating in longitudinal programs, including fellowships and scholarships (Steinert et al., 2016).

Unlike Steinert et al. (2016) who suggested that the components of effective professional development may vary depending on the type of professional development provided, Appova and Arbaugh (2018) suggested that the effectiveness of professional development is most dependent on the characteristics of the participants. In particular, Appova and Arbaugh posited that professional development for teachers is most effective when those teachers are dissatisfied with the way they are teaching and subsequent student outcomes. Results of their study of 36 math teachers confirmed that teachers are motivated to learn by the opportunity to improve their teaching and that motivation

contributes to the effective outcomes associated with engagement in professional development opportunities (Appova & Arbaugh, 2018).

Other researchers (e.g., Rock, 2014; Vasli et al., 2018) have encouraged designers of professional development to consider factors that mediate the transfer of knowledge from the professional development setting to practice when they design learning opportunities. Vasli et al. (2018) suggested that professional development (for nurses) should be designed to promote an atmosphere in which participants feel autonomous and are encouraged to embrace change. Rock (2014) suggested that professional development (for nursing faculty) should be designed in a way that helps participants overcome barriers to knowledge transfer and in an environment that supports ongoing application of knowledge in practice. Knowles (1973) and Knowles, Holton, and Swanson (2015) suggested that professional development in general is most effective when it is designed considering the principles of the adult learner.

Adult learners differ from child learners; therefore, the application of traditional pedagogies designed for young learners with adult learners is an inherently flawed endeavor (Knowles, 1973). Rather, as Knowles (1973) suggested, educators of adults should apply the theory of andragogy to their teaching practices. Rather than an ideology, andragogy refers to core principles of the adult learner that function as part of a set of assumptions about how adult learners learn (Knowles, 1980). Knowles (1973) originally introduced four assumptions: self-concept, experience, readiness to learn, and orientation to learning. Later, Knowles added the principles motivation to learn (Knowles, 1984) and the learner's need to know (Knowles et al., 2015).

Self-concept refers to how learners see themselves as learners (Knowles et al., 2015). Because adults are capable of determining and typically have control over what they learn and when they learn it, they are fundamentally inspired to take charge of their own learning (Knowles et al., 2015). As such, adults can be considered autonomous and self-directed learners (Knowles et al., 2015). The rate at which an adult matures may influence the degree of autonomy an adult demonstrates with regard to his or her learning (Knowles et al., 2015).

Prior learning experiences refers to the idea that adult learners do not enter into learning opportunities as clean slates (Knowles et al., 2015). This is not to say that children may not enter into learning experiences with prior knowledge or experience (Connor, 2012b) but rather that adults tend to enter into learning experiences with more extensive knowledge and diverse learning experiences and thus that knowledge and those experiences have a greater potential for influencing the acquisition of new knowledge (Knowles et al., 2015).

The theory of andragogy also suggests that adult learners enter into learning opportunities prepared to learn (Knowles et al., 2015). The underlying assumption of this principle is that because adults are autonomous and self-directed learners, they enter into learning opportunities because they want to learn; subsequently, one can assume that adults are ready to learn when they enter into learning opportunities (Knowles et al., 2015). In some cases, adults may direct their own learning in response to new roles they take on in social settings (Knowles et al., 2015). The idea that effective professional development for adults is self-directed was expressed in Govranos and Newton's (2014) study of 23 clinical nurses. In the study, the nurses identified self-directed learning as is

important aspect of professional development (in the form of continuing education; Govranos & Newton, 2014).

According to Knowles et al. (2015), the principle orientation to learning refers to the way adult learners understand the learning process. Unlike younger learners whose primary goal for learning typically is to gain knowledge, adults are more inclined to place greater importance on learning that is related to developmental tasks within social settings because the tasks promote improved performance of the learner in those settings (Knowles et al., 2015). This inclination places greater value on practical learning that adults can apply in context to solve problems (Knowles et al., 2015). The idea that effective professional development for adults is associated with participants' perceptions that a learning opportunity will improve job performance was evident in Govranos and Newton's (2014) study of clinical nurses. Those nurses perceived continuing education to be important if it added value to their roles as nurses (Govranos & Newton, 2014).

Adult learners also have a need to know about the content and context of their learning (Knowles et al., 2015). In other words, adult learners want to know what they will be learning and how they will be learning it (Knowles et al., 2015). More importantly though, adult learners want to know why they will be learning what they will be learning (Knowles et al., 2015). The combination of knowing what, how, and why with regard to the learning opportunity helps adult learners put the learning in perspective and assign value to it (Knowles et al., 2015).

Lastly, adult learners are motivated to learn (Knowles et al., 2015). Adults may be motivated to learn to satisfy their curiosity, generate a sense of self-satisfaction, improve their self-confidence, become more successful, or gain recognition (Knowles et al.,

2015). These types of motivators can be considered intrinsic, or personally rewarding, in nature as opposed to extrinsic in nature, such as would be the case if an adult learner engaged in a learning opportunity to avoid punishment or discipline for example (Knowles et al., 2015). The nurses in Govranos and Newton's study (2014) demonstrated their motivation to learn; specifically, the nurses expressed the importance of continuing education that is not only readily available but also easily accessible.

Davis (2012) referred to the six principles of andragogy as "habits of the mind" (p. 136) that influence how adults learn. In particular, adult learners' natural tendencies for learning influence "the way each new learner begins to concentrate on, process, absorb, and retain new and difficult information" (Connor, 2012a, p. 138). Without considering orientation to learning, motivation has been found to have the most influence on learner satisfaction among adults (Holton, Swanson Wilson, & Bates, 2009).

Other researchers have found similar influence of andragogical factors on adult learning. For example, among teachers, researchers have found that the effectiveness of professional development is dependent on the context of the classroom environment (e.g., high numbers of special needs or English language learners) as well as the teacher's levels of content knowledge and experience (Desimone & Garet, 2015). Other researchers have found that professional development may not be equally effective for all participants because the reasons people have for engaging in professional development may not be compatible with the type of professional development opportunities offered to them (Pool, Poell, Berings, & Cate, 2016). For example, among nurses, researchers have found that nurses (a) enrolled in formal learning opportunities and self-directed learning when their goal was to increase competencies, (b) participated in mandatory training

when their goal was to be compliance with workplace regulations, (c) attended conferences when their goal was to increase their knowledge, (d) sought postsecondary education when their goals was to advance their careers (Pool et al., 2016).

Maintaining knowledge transfer. Although research has shown that professional development can be beneficial for improving knowledge and skills among teachers, the transfer of that knowledge and those skills may not always occur or be sustained (Cheng, 2016). To explore factors that contribute to the transfer of knowledge and skills from professional development to practice in the classroom, Cheng (2016) studied teachers using a model he developed based on the theory of planned behavior. (For an explanation of the theory of planned behavior, see the discussion of the conceptual framework for this study in Section 1.) Cheng hypothesized that (a) attitude toward the behavior and subjective norms would contribute to teachers' intent to maintain transfer of learning, (b) perceived behavioral control would contribute to teachers' intent to maintain transfer of learning and their actual maintenance of transfer of learning behavior, and (c) that intent to maintain transfer of learning would contribute to teachers' actual maintenance of transfer of learning behavior. Intent to maintain transfer of learning was measured using a three-item survey based on a seven-point Likert-type scale, and actual maintenance of transfer of learning behavior was measured using a three-item survey based on Likert-type scale (Cheng, 2016). The sample was made up of 119 primary school teachers and 154 secondary school teachers; more than two thirds (69%) of the teachers were female, and teachers years of work experience ranged from less than 1 year to almost 30 years (Cheng, 2016).

Results showed positive relationships for all of the hypothesized relationships between the variables; additionally, all of those relationships were significant with the exception of the relationship between subjective norms and intent to maintain transfer of learning (Cheng, 2016). The strongest relationships were found between attitude toward the behavior and intent to maintain transfer of learning and between intent to maintain transfer of learning and actual maintenance of transfer of learning behavior; the next strongest relationship was found between perceived behavioral control and actual maintenance of transfer of learning behavior followed by the relationship between perceived behavioral control and intent to maintain transfer of learning (Cheng, 2016). Cheng also hypothesized that, based on other intention-behavior studies, teachers would be more likely to engage in actual maintenance of transfer of learning behavior when the learning occurred during and was associated with their employment.

Strategies for Recruiting Nursing Faculty

The workshop developed for this project study was designed to train nursing faculty to become nursing faculty champions, a role that would encourage them to act as role models and mentors to nursing students and BSNs working at the bedside. Support for the use of nursing faculty role modeling and mentoring as strategies to recruit new nursing faculty is evident in the literature. For example, students in the nursing program at Pace University, a racially diverse population, expressed a need for nursing faculty role models who were racially similar (Feldman, Greenberg, Jaffe-Ruiz, Revillard Kaufman, & Cignarale, 2015). Additionally, in her study of 2,083 nurse educators, Evans (2013) found that for 70.6% ($n = 1,460$) of nurse educators, role modeling by nursing faculty was influential in attracting them to the field. Additionally, more than 60% of nurse

educators reported being influenced by nursing faculty to enter the field (Evans, 2013). Evans concluded that her study results provided “a rationale for more conscious and active role modeling and influence by nurse educators” (p. 15). In their study of the effectiveness of the Faculty Preparation Program (part of the New Jersey Nursing Initiative Faculty Preparation Program), Gerolamo et al. (2014) examined the influence of mentoring on the recruitment of graduate nursing students to fields of study applicable to careers as nursing faculty. Nine academic institutions in New Jersey participated in the program; those institutions were awarded funds by the Robert Wood Johnson Foundation to provide students with mentoring and acculturation support, enhanced curriculums, and scholarships and stipends (Gerolamo et al., 2014). Students who completed the education requirements also were given financial incentives to accept positions as nursing faculty upon graduation (Gerolamo et al., 2014).

Program directors and program advisors served as mentors during the initial academic semester; nursing faculty recognized for their exemplary teaching functioned as mentors during the remaining semesters (Gerolamo et al., 2014). The nursing faculty at the institutions had autonomy with regard to developing the mentoring and curriculum portion of the program; however, one requirement for the mentoring and acculturation portion of the program was that students were required to attend seminars on the role of the nursing faculty, how to search for jobs as a nursing faculty, and to succeed in the role of nursing faculty (Gerolamo et al., 2014).

Results of the study showed that some program directors and nursing faculty perceived mentoring to be the most important aspect of the program (Gerolamo et al., 2014). However, lack of qualified mentors and lack of interest in serving as mentors were

identified as barriers to program implementation (Gerolamo et al., 2014). Additionally, mentoring provided in an online format and mismatches between mentor and student specialties decreased students' interest in being mentored (Gerolamo et al., 2014).

Application of the Literature to Project Development

The literature reviewed for this study project provided guidance prior to and during the development of the study project. The literature pertaining to the definition of professional development helped provide parameters for developing the nursing faculty workshop as a professional development opportunity. The literature on the outcomes of professional development and on strategies for recruiting nursing faculty contributed to the rationale for choosing a professional development opportunity as a study project. The literature on promoting and maintaining knowledge transfer provided insight into the variables associated with knowledge transfer so those variables could be considered during the development of the nursing faculty workshop. The literature on designing effective professional development provided insight into the most effective design elements of professional development, which were integrated into the development of the nursing faculty workshop.

Project Description

The professional development opportunity, presented as a workshop, was designed to be implemented over 3 days and to be facilitated using a PowerPoint presentation. The curriculum presented in Appendix A includes discussion of the workshop purpose, goal, learning outcomes, and target audience. Implementation plans for each day of the workshop provide general directions for facilitating the workshop not necessarily included in the PowerPoint presentation used to guide the flow of the daily

workshop activities. Agendas for each of the 3 days include a timeline and an explanation of the workshop activities, learning objectives, and learning goals. All additional materials for the workshop are provided.

During the workshop, the nursing faculty (a) will learn about the results of this study, (b) be introduced to potential strategies and activities for recruiting new nursing faculty, (c) collaborate to develop approaches, strategies, and activities for recruiting new nursing faculty, and (d) learn about the literature pertaining to recruiting new nursing faculty. Additionally, they will participate in activities that promote team building, collaboration, and problem-solving skills. Each day, the workshop participants will be asked to reflect on their experiences. At the end of Day 3, the workshop participants will be asked to complete an exit survey. They also will be asked to complete a follow-up survey 3 months after participating in the workshop.

Resources and Existing Supports

The needed resources for this study available from the nursing conference center where the workshop likely would be held are chairs ($N = 20$), tables ($N = 5$) with access to power for charging electronic equipment, laptops ($N = 20$), wireless internet access, one overhead projector, flip charts ($N = 5$), and markers ($N = 10$). Using the nursing conference center for the workshop setting provides a cost saving element to the implementation of the proposed professional development opportunity. Additional needed resources not available from the nursing conference center are folders, small notepads, and ink pens for 20 nursing faculty and lunch, snacks, and beverages for 20 nursing faculty plus at least one workshop facilitator and one workshop assistant. The cost for these additional resources would likely be covered by the nursing department at

MACC. Additionally, paper and printing services needed to generate hard copies of the agenda and handouts would be provided by the nursing department. The workshop facilitator and the workshop assistant would receive professional development credits in lieu of compensation for implementing the workshop; therefore, there would be no additional cost in this regard. As the workshop facilitator, I will absorb the cost for a \$5 Starbucks gift card to be used as a prize for the winner of the ice-breaker game.

Because the chair of the nursing department recognizes that MACC is experiencing a nursing faculty shortage (see description of the local problem in Chapter 1), I anticipate that the chair would support my interest in implementing this professional development workshop by (a) making the workshop part of the required 1-week, end-of-the-semester faculty close-out meetings at the end of the 2019 fall semester; (b) making an abbreviated workshop part of the 1-week new faculty orientation that occurs prior to the start of every new semester; and (c) encouraging nursing faculty to implement the program after the workshop. It is likely that higher level administration at MACC also would be supportive of my professional development workshop because it could lead to positive outcomes for the nursing department that would reflect positively on MACC as a whole. Additionally, it is likely that nursing faculty, who feel the strain of the nursing faculty shortage, would be supportive of efforts to improve conditions in that regard.

Perceived Barrier and Potential Solutions

Gerolamo et al. (2014) identified lack of educator support as a barrier to implementing their nursing faculty recruitment program in New Jersey. Likewise, lack of support on the part of the nursing department and MACC may be a barrier to the implementation of this professional development workshop. Although I do anticipate that

both the nursing department chair and higher level administration at MACC will appreciate my efforts to promote student nurses' and BSNs' interest in becoming nursing faculty as a step to reduce the nursing faculty shortage at the school, it is possible that they will not perceive my efforts to be timely enough and will prefer to support a solution that may result in more immediate outcomes.

To help the nursing department chair and higher level administrators at MACC understand the value of the nursing faculty champion program and workshop, I will share my study with them. In the literature review, they will see that barriers to becoming nursing faculty include lack of administrative support (Salvucci & Lawless, 2016), lack of confidence (Bagley et al., 2018), poor salary (Oermann et al., 2015), high workload (Fang & Bednash, 2017), challenging education requirements, lack of willingness to fulfill nursing faculty duties lack of qualified nursing faculty applicants, and competition for jobs in other marketplaces (AACN, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017). In the study findings, they will see that BSNs who participated in this study identified barriers to becoming nursing faculty as lack of patience and confidence, financial strain incurred due to school tuition and loss of work time, challenge of finding an appropriate program, personal obligations, and low salary.

MACC could do little to alleviate the hindrance of personal obligations, challenging education requirements, challenge of finding an appropriate program, lack of patience, and lack of willingness to fulfill nursing faculty duties. MACC could ensure that it provides adequate administrative support for nursing faculty; however, it still would have to find some way to share this information with BSNs in the community in order to alleviate the influence of that perceived barrier. MACC also potentially could

address poor salary by increasing compensation for nursing faculty, which also could help make nursing faculty jobs more marketable. Although increasing nursing faculty salary would not help alleviate the immediate financial strain incurred while BSNs pursue advanced degrees, knowing that working as a nursing faculty could be financially lucrative in the long run could provide BSNs the incentive they need to manage the initial financial strain of seeking an advanced degree. However, due to budget constraints, increasing nursing faculty salaries is not a feasible financial option for MACC. The remaining two barriers, lack of confidence and lack of qualified nursing faculty applicants are barriers addressed by the nursing faculty champion program.

By sharing my study with the nursing department chair and higher level administration, they may gain insight into the barriers to becoming nursing faculty and the limitations of initiating change. With this insight, I anticipate they would better appreciate the potential of the nursing faculty champion program to encourage nursing students and BSNs to pursue advanced degrees and careers as nursing faculty and thus initiate change at MACC. Therefore, although there is a potential for lack of support to be barrier to implementation of the nursing faculty champion program and workshop, I have a workable solution to that barrier should it arise.

Proposal for Implementation

The PowerPoint presentation used to guide the nursing faculty champion workshop includes detailed facilitator notes for implementing the workshop. However, general implementation plans for each day of the workshop also are provided (see Appendix A: Day 1 Implementation Plan, Day 2 Implementation Plan, Day 3 Implementation Plan). Although the presentation notes and the implementation plans are

similar, the actual facilitator dialogue in the PowerPoint presentation deliberately has not been repeated in the implementation plan, and additional directions not appropriate for the facilitator to say out loud to the participants are included. Additionally, daily agendas for the workshop participants have been created. The agendas include schedules of the daily activities and the associated learning objectives and outcomes (see Appendix A: Day 1 Agenda, Day 2 Agenda, Day 3 Agenda).

Implementation Timetable

Ideally, the nursing department chair will allow an abbreviated workshop to be implemented once a semester. The first time it would be feasible to implement the workshop would be during the required 1-week, end-of-the-semester faculty close-out meetings at the end of the 2019 fall semester. All nursing faculty are required to attend these meetings although adjunct faculty, who typically work additional jobs, often are unable to attend. Then, an abbreviated workshop would be implemented as part of the 1-week new faculty orientation that occurs prior to the start of every new semester. (The workshop would be abbreviated to accommodate a small group of 2-3 new nursing faculty.) In this way, not only would currently employed nursing faculty be introduced to the nursing faculty champion program, but new employees would be introduced to the nursing faculty champion program in perpetuity. All nursing faculty who participate in the workshop would be welcome to share their implementation experiences with new faculty during subsequent implementations of the abbreviated workshop.

Roles and Responsibilities of Researcher and Others

As the designer of the nursing faculty champion program and workshop, I will serve as the workshop facilitator. My responsibilities will be to seek approval from the

nursing department chair to implement the program and workshop. Prior to seeking approval, I will share my study with the nursing department chair and higher level administrators at MACC to provide them with a clear understanding of the nature of the program and components of the workshop. I do not anticipate any issues with gaining approval to implement the nursing faculty champion program and workshop as the nursing department chair at MACC has been supportive of my work throughout this research process and she understands the need to take action to find solutions to the nursing faculty shortage at MACC.

A workshop assistant will be recruited to help implement the workshop. Prior to the workshop, the workshop assistant will be responsible for assembling the workshop packets, organizing the materials on the tables, and setting up the flip charts. During the workshop, the workshop assistant will be responsible for ensuring that participants have the supplies they need to participate in the activities.

Project Evaluation Plan

This project will be evaluated following the new world Kirkpatrick model for evaluating workplace training developed by Kirkpatrick and Kirkpatrick (2016), the son and daughter-in-law of Don Kirkpatrick who developed the model's predecessor, the Kirkpatrick model, as part of his dissertation requirements in 1954. The original model was first published in 1993 (Kirkpatrick & Kirkpatrick, 2016) and has come to be well-respected and well-used in education settings (Opperman, Liebig, Bowling, Johnson, & Harper, 2016; Zheng, Bender, & Nadershahi, 2017). Results of the project evaluations may be shared with key stakeholders, including the nursing department chair and higher level administrators at MACC.

New World Kirkpatrick Model for Evaluating Workplace Training

The new world Kirkpatrick model for evaluating workplace training comprises four levels: reaction, learning, behavior, results (Kirkpatrick & Kirkpatrick, 2016). Level 1, reaction, is focused on the degree that participants are engaged in the training, are satisfied with the training, and find the training relevant to their workplace roles and responsibilities (Kirkpatrick & Kirkpatrick, 2016). Level 2, learning, is focused on not only learning of content knowledge and skills but also is associated with attitude toward behaviors associated with the content knowledge and skills, confidence in performing the associated behaviors in the workplace, and commitment to performing the associated behaviors in the workplace (Kirkpatrick & Kirkpatrick, 2016). The concept of commitment can be considered similar to what Ajzen and Fishbein (1972) refer to as behavioral intent. Level 3, behavior, is focused on the degree of actual workplace application of knowledge gained in the training. To increase the likelihood that participants will transfer knowledge gained during training into practice in the workplace, when possible, behavior should be monitored, reinforced, encouraged, and rewarded (Kirkpatrick & Kirkpatrick, 2016). Level 4, results, is focused on the degree to which desired outcomes of the training are achieved (Kirkpatrick & Kirkpatrick, 2016).

Reaction and Learning

To evaluate nursing faculty's perceived engagement in, satisfaction with, and relevance of the workshop (Level 1, reaction) and perceived increase in knowledge (Level 2, learning), I will use the nursing faculty champion workshop survey. The survey is an 18-item survey I created myself using the elements of the new world Kirkpatrick

model for evaluating workplace training. Items 1-11 are related to reaction, and Items 12-18 are related to learning.

Data about participants' satisfaction with the workshop will be valuable for making improvements in the workshop's content, format, and style which can be implemented in subsequent renditions of the workshop and thus can be used to make informed decisions about how to improve the effectiveness of the workshop. Although I will not measure actual learning, feedback from participants regarding their perceived learning will provide valuable information about the effectiveness of the workshop that can be used to make improvements in the way the workshop is taught. It will not be possible to measure behavior change immediately following the workshop. However, participant responses to Item 18 pertaining to commitment, part of the Level 2 learning outcomes, will provide an indication of participants' behavioral intent, which, according to Ajzen and Fishbein (1972), is a predictive factor of actual behavior. Therefore, data collected about participants' intent to implement the nursing faculty champion program in their respective instructional milieus may be an indication of the effectiveness of the program.

I will ask the nursing faculty to complete the survey at the end of Day 3 of the workshop. To facilitate completion of the survey and provide participants the opportunity to complete the survey anonymously, I will post the survey on SurveyMonkey, a commercial online survey tool. The use of SurveyMonkey also will allow for the immediate analysis of the data using features of the SurveyMonkey software.

It also will be possible to informally assess the effectiveness of the workshop to improve nursing faculty's perceptions about their self-efficacy for initiating change and

positively influencing the nursing faculty shortage. This informal assessment can be conducted based on nursing faculty's responses to questions posed during the workshop. At the beginning of the workshop, I will ask nursing faculty if they believe there is a nursing faculty shortage. Then I will show them statistics demonstrating there is a nursing faculty shortage. Next, I will ask nursing faculty if they perceive they have the power to initiation change to help decrease the nursing faculty shortage. At the end of the workshop, I will again ask the nursing faculty if they perceive they have the power to initiation change to help decrease the nursing faculty shortage. If the number of nursing faculty who raise their hands at the end of the 3 days is greater than the number of nursing faculty who raised their hands on the first day, it can be assumed that the workshop was effective in increasing nursing faculty's self-efficacy for initiating change and positively influencing the nursing faculty shortage.

Behavior

To evaluate nursing faculty's actual implementation of the knowledge and skills they gained by participating in the workshop (Level 3, behavior), I will use the nursing faculty champion workshop follow-up survey. Data collected using this follow-up survey will provide insight into the effectiveness of the workshop to support actual change in behavior. Like the nursing faculty champion workshop survey used immediately after the workshop, I will post this follow-up survey to SurveyMonkey. Using this format will simplify data collection and analysis efforts. Nursing faculty will be invited to complete this follow-up survey 3 months after they participated in the workshop.

The survey is a 13-item survey I created myself using the elements of the new world Kirkpatrick model for evaluating workplace training and ideas adapted from Zheng

et al.'s (2017) behavioral change survey. Because the survey will be completed anonymously, I will not be able to compare responses from the follow-up survey and the original survey. For this reason, nursing faculty will be asked to restate their responses from the original survey items pertaining to attitude (Item 1), skills (Item 3), confidence (Item 5), and intent to become a nursing faculty champion (Item 7). Items 2, 4, 6, and 8 are focused on nursing faculty's current perceptions of their attitude, skills, confidence, and behavior related to being a nursing faculty champion, respectively. The purpose of Item 9 is to collect information about the specific strategies nursing faculty may be implementing as champions. Items 10-13 are focused on supports nursing faculty may be receiving pertaining to their efforts as nursing faculty champions.

Another way to evaluate nursing faculty's actual implementation of the knowledge and skills they gained in the workshop could be through informal sharing. All nursing faculty who participate in the workshop would be welcome to share their implementation experiences with new faculty during subsequent implementations of the abbreviated workshop. Through this sharing, the effectiveness of implemented nursing faculty champion strategies could be examined. As part of the abbreviated workshop, new nursing faculty could work to address any barriers or limitations identified by the nursing faculty champions or to further expand on the successful strategies.

Results

Measuring the long-term outcome of the nursing faculty champion workshop will be challenging because it will not be possible to follow up with every nursing student and BSN with whom nursing faculty may have contact as champions. However, it would be possible to casually poll new nursing faculty at MACC to gain insight into the influences

that guided them into the field. It is possible that new nursing faculty could cite the influence of nursing faculty champions from MACC. It also is possible that nursing students and BSNs with whom nursing faculty may have contact as champions and who ultimately pursue careers as nursing faculty may not do so at MACC. In these cases, it would be impossible to measure the influence of the workshop and the nursing faculty champion program.

Project Implications

The nursing faculty champion program and workshop project introduced in this study have the potential to decrease the nursing faculty shortage not only at MACC but in other local nursing programs. Specifically, by encouraging bedside nurses to consider a career as nursing faculty, the nursing faculty champion program may help to increase the number of nurses who choose academic careers as nursing faculty. Potentially, those nurses could ultimately choose to seek employment at MACC or at one of the other local nursing programs. Because the current nursing faculty shortage is contributing to the current nursing shortage (NLN, 2014b, 2016b), an increase in the number of nursing faculty teaching in local nursing programs could help increase the number of candidates who may enroll in and graduate from local nursing programs, thus having a positive influence on the nursing shortage in the local area in which this study was conducted.

Section 4: Reflections and Conclusions

The final section of this study includes my reflections on the overall study and the project as well as conclusions I have drawn from undertaking this work. The sections that include reflections related to the project are “Project Strengths and Limitations”; “Recommendations for Alternative Approaches”; and “Scholarship, Project Development and Evaluation, and Leadership and Change.” The sections that include reflections related to the study overall are “Recommendations for Alternative Approaches”; “Reflection on Importance of the Work”; and “Implications, Applications, and Directions for Future Research.” A conclusion to the project study is presented last.

Project Strengths and Limitations

The nursing faculty champion workshop I developed for this study is characterized by many strengths. It too has limitations. In this section, I discuss both the project strengths and limitations.

Project Strengths

The greatest strengths of the nursing faculty champion workshop developed for this project study are that it was designed considering models of effective practice as suggested by Darling-Hammond et al. (2017) and in ways that help participants overcome barriers to knowledge transfer as suggested by Rock (2014). The components of effective practice found in the literature along with the sources from which those components were drawn and examples of how those components were incorporated into the workshop are presented here in tables. I discuss additional strengths that do not fit within the categories identified in the tables after the tables are presented.

Categorized strengths. Table 4 shows effective practices associated with providing participants with a safe and supportive learning environment. Although the use of small groups to promote a safe learning environment was suggested in the literature (e.g., McKeown et al., 2019; Steinert et al., 2016), I reasoned that three additional aspects of the workshop also would contribute to nursing faculty's perceptions that the workshop was a safe learning environment. First, the expectations for learning will not be associated with any formal evaluation; thus, nursing faculty should feel free to be open with their ideas and to share them more readily. Second, nursing faculty will have a considerable degree of autonomy regarding the development of strategies nursing faculty champions may employ in their classrooms and in clinical settings and thus should feel comfortable with the activities in which they engaged. Third, the implementation of the nursing faculty champion strategies the participants develop will be voluntary, making the nursing faculty more likely to consider more innovative approaches to promoting the value and benefits of pursuing a career as nursing faculty.

Table 4

Components of Effective Professional Development, Associated Sources, and Workshop Examples Related to Promoting a Safe and Supportive Learning Environment

Component of effective professional development	Source	Workshop component
Safe learning environment	<ul style="list-style-type: none"> • McKeown et al. (2019) • Steinert et al. (2016) 	<ul style="list-style-type: none"> • Small group size (supports collaboration)
Opportunities to receive coaching, support from experts, and feedback	<ul style="list-style-type: none"> • Darling-Hammond et al. (2017) 	<ul style="list-style-type: none"> • The facilitator will serve as the content expert and provide coaching and feedback as necessary

Table 5 shows effective practices associated with participants' perceptions about learning. Of the components identified in Table 5, I perceived nursing faculty's resistance to change to be the most critical because if the nursing faculty are not open to change, there will be no transfer of knowledge into practice. I realized that asking nursing faculty to become nursing faculty champions includes an expectation of additional work on the part of the nursing faculty, which may promote resistance to change and hinder the actual implementation of nursing faculty championship. Therefore, I encouraged the nursing faculty to embrace change in their attitudes toward promoting the profession of nursing faculty and in their teaching curriculum by appealing to their common concern about the well-recognized nursing faculty shortage and enlightening them about the influence they could have over the situation.

Because I realized the importance of encouraging the nursing faculty to embrace change, I focused effort on this issue at the beginning of the workshop. By creating a workshop that encourages the transfer of knowledge and is aligned with the characteristic of adult learners learn, I have created a curriculum that is likely to be well-received by the nursing faculty who participate in the workshop. Additionally, I have increased the chances that the nursing faculty will find value in the idea of becoming a nursing faculty champion and subsequently be more motivated to become an active nursing faculty champion in their classrooms and in clinical settings. Adults' readiness to learn (see Govranos & Newton, 2014; Knowles, 1973; Knowles et al., 2015) was excluded from the tables because it was assumed that, as professional educators, nursing faculty will arrive at the workshop prepared to learn.

Table 5

Components of Effective Professional Development, Associated Sources, and Workshop Examples Associated with Participants' Perceptions About Learning

Component of effective professional development	Source	Workshop component
Encouraged to embrace change	<ul style="list-style-type: none"> • Vasli et al. (2017) 	<ul style="list-style-type: none"> • Nursing faculty will be asked to reflect on the need to increase the numbers of nursing faculty at MACC
Orientation to learning	<ul style="list-style-type: none"> • Govranos and Newton (2014) • Knowles (1973) • Knowles et al. (2015) 	<ul style="list-style-type: none"> • The workshop was focused on practical learning that could be applied to solve a real workplace problem
Motivation to learn	<ul style="list-style-type: none"> • Knowles (1984) 	<ul style="list-style-type: none"> • The workshop was focused on generating solutions that could improve conditions for nursing faculty in the workplace
Self-concept/autonomy	<ul style="list-style-type: none"> • Knowles (1973) • Knowles et al. (2015) • Vasli et al. (2017) 	<ul style="list-style-type: none"> • Nursing faculty will determine the strategies they want to create for educating nursing students and BSNs about nursing faculty careers
Prior learning experiences	<ul style="list-style-type: none"> • Connor (2012b) • Knowles (1973) • Knowles et al. (2015) 	<ul style="list-style-type: none"> • Nursing faculty will draw upon their previous teaching experiences to develop strategies for educating nursing students and BSNs about nursing faculty careers
Learner's need to know	<ul style="list-style-type: none"> • Govranos and Newton (2014) • Knowles et al. (2015) 	<ul style="list-style-type: none"> • Nursing faculty will be informed of the purpose of the study and its applicability and value to them

Table 6 shows effective practices associated with promoting collaboration among participants. One of the components in Table 6, group size, does not provide direct opportunities for nursing faculty to collaborate. However, small group sizes are likely to help participants feel comfortable sharing ideas and thus to promote collaboration.

Table 6

Components of Effective Professional Development, Associated Sources, and Workshop Examples that Encourage Collaboration Among Participants

Component of effective professional development	Source	Workshop component
Collaboration	<ul style="list-style-type: none"> • Darling-Hammond et al. (2017) • Postholm (2019) • Sprott (2019) • McKeown et al. (2019) 	<ul style="list-style-type: none"> • Nursing faculty will work together to develop strategies for recruiting new nursing faculty
Opportunities to build relationships with colleagues	<ul style="list-style-type: none"> • Sprott (2019) 	<ul style="list-style-type: none"> • Nursing faculty will engage in an ice-breaker game (Human Bingo) and two team-building games (Win as Much as You Can & Murder Mystery Challenge) • Nursing faculty will build relationships through collaborative activities
Group size	<ul style="list-style-type: none"> • McKeown et al. (2019) 	<ul style="list-style-type: none"> • Limited number of nursing faculty ($N = 20$) to participate in the workshop (5 groups of 4) (supports collaboration)

Table 7 shows effective practices that promote productive learning. One of the practices, sustained duration, is neither a specific teaching strategy nor an opportunity for nursing faculty to engage in a specific activity. However, learning experiences of sustained duration provide time not only to learn new concepts but also to apply them. In this way, learning experiences of sustained duration promote productive learning.

Table 7

Components of Effective Professional Development, Associated Sources, and Workshop Examples that Promote Productive Learning

Component of effective professional development	Source	Workshop component
Sustained duration	<ul style="list-style-type: none"> • Darling-Hammond et al. (2017) 	<ul style="list-style-type: none"> • Workshop implemented over 3 days (8-hour days)
Opportunity to interact with colleagues	<ul style="list-style-type: none"> • Steinert et al. (2016) 	<ul style="list-style-type: none"> • Nursing faculty will interact during ice-breaker, team-building, sharing, and small group activities
Opportunity to engage in small group discussions	<ul style="list-style-type: none"> • Steinert et al. (2016) 	<ul style="list-style-type: none"> • Nursing faculty will engage in small group discussions
Opportunities for active learning	<ul style="list-style-type: none"> • Darling-Hammond et al. (2017) • McKeown et al. (2019) 	<ul style="list-style-type: none"> • Nursing faculty will develop strategies, and provide feedback on others' strategies
Opportunities for reflection	<ul style="list-style-type: none"> • Darling-Hammond et al. (2017) • Bryant and Posey (2019) 	<ul style="list-style-type: none"> • Nursing faculty will reflect on personal experiences to identify potential barriers to becoming nursing faculty

Additional strengths. One additional strength of the workshop is that it was designed to engage nursing faculty in the recruitment not only of BSNs but also of student nurses. This aspect of the workshop is a strength because, as Feldman et al. (2015) suggested, it is important to start recruiting potential nursing faculty early before they commit to other career paths. Ajzen and Fishbein (1972) suggested the people can be influenced and motivated by the expectations of important others, and as indicated by participant responses in Theme 2: BSN's perceptions of themselves, BSNs perceived that they could be influenced by the encouragement of others. Therefore, it is logical that nursing faculty take on roles as nursing faculty champions in which they can encourage student nurses early on their careers.

Another strength of this project is that it has the potential to have a snowball effect among bedside nurses. It is possible that nursing faculty champions in clinical settings encourage BSNs to pursue advanced degrees and careers as nursing faculty. Those BSNs may then share those experiences and potentially their thoughts and interest about pursuing an advanced degree and career as nursing faculty with other BSNs. In this way, the efforts of nursing faculty champions may have a broader and greater influence than could be accomplished by the nursing faculty champions alone.

One final strength of this project is that the included activities promote both affective and cognitive learning. The six levels of learning in the cognitive domain as described by Bloom, Englehart, Furst, Hill, and Krathwohl (1956) are knowledge, comprehension, application, analysis, synthesis, and evaluation. In a revision of Bloom's taxonomy of learning, Anderson et al. (2001) include creation as the highest level of

cognitive learning. The project activities and associated levels of learning are presenting in Table 8.

Table 8

Nursing Faculty Workshop Activity and Associated Learning Domains

Learning domain	Workshop objective / activity
Knowledge	<ul style="list-style-type: none"> • Workshop implemented over 3 days for 8 hours each day
Comprehension	<ul style="list-style-type: none"> • Nursing faculty will engage in small group discussions
Application	<ul style="list-style-type: none"> • Nursing faculty will solve a fictitious murder mystery • Nursing faculty will choose their approach and strategy to develop for recruiting new nursing faculty
Analysis	<ul style="list-style-type: none"> • Nursing faculty will question their capacity to implement change to reduce the nursing faculty shortage • Nursing faculty will categorize alternative strategies • Nursing faculty will compare their perceptions with those expressed by BSNs
Synthesis	<ul style="list-style-type: none"> • Nursing faculty will reflect on personal experiences pertaining to (a) the role of nursing faculty; (b) nursing faculty's needed competencies, skills, and characteristics; (c) influence of others on their decision to become nursing faculty; and (d) potential barriers to becoming nursing faculty.
Evaluation	<ul style="list-style-type: none"> • Nursing faculty will compare and contrast their perceptions with those of the BSNs in the study regarding (a) the role of nursing faculty; (b) nursing faculty's needed competencies, skills, and characteristics; (c) influence of others on their decision to become nursing faculty; and (d) potential barriers to becoming nursing faculty. • Nursing faculty will appraise the accuracy of BSNs' perceptions and distinguish BSNs' misconceptions about nursing faculty roles, responsibilities, competencies, skills, and characteristics • Nursing faculty will compare their recruitment strategies with those suggested in the literature

-
- Nursing faculty will evaluate the effectiveness of the nursing faculty workshop

Creation

- Nursing faculty will create strategies for recruiting new nursing faculty, including all needed materials
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Project Limitations

One potential limitation for this project is that nursing faculty may not support the nursing faculty champion program and thus not transfer into practice the knowledge they acquire during the workshop. Although I suggest that participation in the workshop be a mandatory part of the end-of-the-semester faculty close-out meetings at the end of the 2019 fall semester and a mandatory part of new-faculty orientation, actual participation in the nursing faculty champion program is voluntary. Because functioning as a nursing faculty champion requires additional work on the part of the nursing faculty, nursing faculty may choose not to implement in their classrooms or in clinical settings the strategies they develop in the workshop and thereby may not function as nursing faculty champions to promote the career choice among student nurses and BSNs. Nursing faculty also may have other reasons for not wanting to become a nursing faculty champion, such as lack of financial compensation. However, as discussed previously, I will reduce the chance that nursing faculty will be unwilling to participate in the nursing faculty champion program by (a) encouraging them to embrace change in their attitudes toward promoting the profession of nursing faculty and in their teaching curriculum by appealing to their common concern about the well-recognized nursing faculty shortage, (b) by

enlightening them about the influence they could have over the situation, and (c) promoting a team approach to improving the recruitment of new nursing faculty. In these ways, this possible limitation may be mitigated at least to some degree.

A second limitation of the project is that the nursing faculty champion program does not include a mechanism for evaluating the quality of strategies nursing faculty may develop and implement on their own after the workshop. Although it would be a positive outcome if nursing faculty took the initiative to develop and implement additional strategies for recruiting nursing faculty, they may not adhere to the standards of quality design the nursing faculty will have developed during the workshop. However, the nursing faculty at MACC are qualified and experienced educators. Therefore, it is feasible to assume that any additional strategies they may develop will be of high quality and valuable in the department's combined efforts to recruit new nursing faculty.

Recommendations for Alternative Approaches

Results of this study showed that BSNs (a) do not all have a clear understanding of the role of nursing faculty; (b) perceive there is value in becoming nursing faculty; (c) perceive nursing faculty to have specific skills, competencies, and characteristics; (d) perceive that they have some of those specific skills, competencies, and characteristics; (e) are generally happy with their current work situation; (f) may have some interest in exploring career options as nursing faculty; (g) have been encouraged by others to become nursing faculty; and (h) recognize both motivators and barriers to becoming nursing faculty. As a doctoral student, I was limited in project choices by university requirements. The evaluation report, curriculum plan, and policy recommendation options were not applicable to my study findings. The remaining option was a

professional development/training curriculum, which I chose by default. However, without university restraints, alternative approaches to the project could be explored.

As suggested in Section 1, one possible solution to address BSNs' misconceptions about the roles and responsibilities of nursing faculty is to develop a community awareness campaign. Rather than having nursing faculty take on the role of nursing faculty champions, I could design an awareness campaign that allows me to directly educate student nurses and BSNs. Likely, such a campaign would include me facilitating educational presentations to student nurses during their classes and to BSNs in clinical settings. I also could conduct open houses at MACC and sponsor question and answer luncheons with panels of nursing faculty. By developing such a community awareness campaign, I could better educate BSN nurses in the communities surrounding the study site and foster a more positive and accurate image of the field of nursing education, which ultimately could lead to their pursuit of a career as nursing faculty.

To address the cost of tuition barrier BSNs cited in this study, MACC could implement a program similar to Feldman et al.'s (2015) Grow Our Own initiative introduced at Pace University to address the nursing faculty shortage there. As part of the initiative, Feldman et al. applied for a grant that allowed the university to fund students' doctoral level studies in exchange for a commitment of 3 years working as nursing faculty at the university. Grant writers at MACC could collaborate with the nursing department chair and nursing faculty to apply for applicable grants to pay tuition for BSNs who demonstrate an interest in becoming nursing faculty and the capacity to both complete the appropriate advanced degree and teach at the postsecondary level.

Alternatives to address the stated problem in this study (i.e., the nursing faculty shortage) also exist. First, the study problem could be redefined as nursing programs' lack of effort to teach nursing students about the role of nursing faculty. Currently, the nursing program curriculum does not include any discussion about nursing faculty careers as an option for BSNs who find they do not like working at the bedside or who otherwise want to advance their careers beyond the bedside. Nursing programs' lack of effort to teach nursing students about the role of nursing faculty could be considered problematic because if nursing students better understood the role of nursing faculty and their misconceived barriers were dispelled, they likely would be more apt to consider a career as nursing faculty in the future.

Second, the study problem could be redefined as nursing programs' lack of focus on teaching nursing students about pedagogical and learning theories or adult learning. Typically, undergraduate nursing programs do not include courses on pedagogical and learning theories or adult learning because bedside nurses are not expected to take on roles as educators in either classroom or clinical settings. However, bedside nurses regularly function as educators of patients teaching them self-care. Although the educational process in which the BSN engage is not highly structured and does not occur in a typical educational setting, having an understanding of pedagogical and learning theories or adult learning could help BSNs be better educators and likely improve the influence of their education of patient self-care. Therefore, nursing programs' lack of focus on teaching nursing students about pedagogical and learning theories or adult learning could be considered problematic.

Scholarship, Project Development and Evaluation, and Leadership and Change

While conducting research for and developing the nursing faculty champion program for this study's project, I have learned a great deal about scholarship, project development and evaluation, and leadership and change. Additionally, I have learned about myself and grown as a scholar, a project developer, and a practitioner. In this section, I reflect upon my perceived learning and personal growth.

Scholarship

During the process of conducting research for and developing the nursing faculty champion program, I learned a great deal about scholarship. One thing that I learned is that publication in a journal alone does not guarantee the quality of a study. In some of the research I reviewed, the study methodologies were inadequately explained. In other studies, the discussions were disorganized and difficult to follow. Some studies contained grammatical errors, and one study contained so many grammatical errors that many of the sentences did not even make sense. I attribute some of the grammatical errors to translations from a language other than English to English; however, I would expect that researchers needing to translate their studies into English would hire someone well-qualified to do the work. Although the study itself may have been of high quality and value, my ultimate perception of the value of the study was low.

I found I had a similar perception regarding student dissertation work. Because the dissertation checklist I was required to follow does not provide adequate explanation of the expectations, it was necessary to educate myself regarding what might and what might not be deemed acceptable by my dissertation committee and university reviewer. To do that, I looked at other project studies from Walden students. What I found was that

the dissertations varied drastically with regard to content and quality. It appeared that some students invested only minimal effort in their projects. Many of them did not actually address all the elements on the checklist. As a result, my understanding is that what qualifies as scholarship at the doctoral level is dependent on those who are reviewing the work.

However, from reviewing poor student examples, I often learned what not to do, which also had value. Additionally, considering the poor quality of some of the published dissertations and research I reviewed, I learned that it is important to me for others to perceive me as an educated scholar and to find value in my work. Therefore, I worked exceptionally hard to ensure that I produced a high quality project that was comprehensive and met the expectations put forth by Walden University. I am confident that those to whom I present my work will both perceive me to an educated scholar and find value in my work.

Project Development and Evaluation

As a working educator, I have numerous times in my career been responsible for gathering and synthesizing information, generating reports, designing lessons (i.e., training), and facilitating presentations. However, I have never been in a position where I needed to develop a project based on my own research and within the confines of predetermined project genres. I found it a little disheartening to have to choose a project genre that I perceived to be less practical (nursing faculty champion program and workshop) than another (community awareness campaign) I had proposed.

What I learned about myself from this experience was that I am capable of developing a quality project within specific confines, a skill that could be translated into

practice in the workplace if similar conditions arise. However, as a project developer, I found it difficult to motivate myself to develop a training curriculum when I was unsure of whether I would ever actually be able to implement it. At times, my effort seemed futile, and I regretted not having chosen to conduct a typical research study instead. However, my drive to be the best student I could be pushed me to develop a project that I realistically could implement in practice. Therefore, ultimately, I worked hard to ensure that I developed my project based on findings from the literature review and established practices for developing effective professional development for adult learners. I also ensured that every activity I included in the workshop had value.

As a working educator, I also have had to develop evaluations. However, those evaluations typically were related to students' work performance as opposed to outcomes of interventions. Having to develop evaluations to determine the influence of interventions taught me the value of using an evaluation framework. For my project, I used the new world Kirkpatrick model for evaluating workplace training. The model provided me with a structure for considering the overall evaluation process but also forced me to consider the components of the workshop itself, many to which I made changes while developing the evaluation tools. As such, I learned that project development is a dynamic process that I likely to work in conjunction with the development of evaluation tools.

Additionally, I feel I have grown as an evaluator. Using a framework for developing the evaluation tools for this project forced me to think more precisely about the purpose of the items I included on the evaluations. Rather than asking general questions as I may have done in the past, I asked narrowly focused questions targeting

specific perceptions and behaviors. By designing evaluation tools that are better aligned with the specific perceptions and behaviors I am trying to influence, I will be better able to collect data with practical value.

Leadership and Change

With regard to leadership and change, I have learned that despite the value of professional development for increasing knowledge (Coldwell, 2017; Jacob et al., 2017), teachers' classroom implementation of content and strategies learned during professional development opportunities is highly dependent on leadership (Desimone & Garet, 2015). For this reason, it is likely that simply facilitating the nursing faculty champion workshop will not be sufficient to enact or sustain change at MACC or within the community if leadership is not committed to ongoing support of the nursing faculty and the nursing faculty champion concept. However, if I place myself in a position of leadership by implementing the nursing faculty champion workshop, it is likely that administration at MACC would continue to support my efforts. This means that I could extend my leadership role at MACC to ensure the successful implementation of the nursing faculty champion program. In this way, I could take a first step in promoting change at MACC and potentially within the community.

With regard to acceptance of change in particular, I have learned that nursing faculty may be resistant to change (see Rock, 2014). As discussed in previous sections, resistance can be lessened through the use of specific strategies including, as Rock (2014) suggested, (a) helping participants embrace change, (b) helping participants overcome barriers to knowledge transfer, and (c) providing an environment that supports ongoing application of knowledge in practice. By developing the nursing faculty champion

program workshop in consideration of these strategies, I have further demonstrated my capacity to be an effective leader.

Reflection on Importance of the Work

This study is important for three distinct reasons. First, on a personal level, completing this study has provided me insight on the process of conducting research. I have also learned about scholarship, project development and evaluation, and leadership and change (see Scholarship, Project Development and Evaluation, and Leadership and Change section). Additionally, I have grown as a scholar and leader.

Second, it is necessary to increase the number of working nursing faculty (Institutes of Medicine, 2010, 2011). In order to better recruit nursing faculty, it is critical to understand factors that motivate nurses to seek careers as nursing faculty (Evans, 2013). However, there is little literature available as to why nurses are not pursuing careers in academia (Bagley et al., 2018). By conducting this study, I have added to the literature on why nurses are not pursuing careers in academia and, therefore, have provided insight that can be used to develop strategies to recruit new nursing faculty.

Third, through project activities, I have made direct suggestions for strategies that can be developed to recruit new nursing faculty. If the nursing faculty champion program is actually implemented at MACC, I will have the opportunity to promote positive social change at MACC and in the local community by increasing the number of nursing faculty working at MACC and in local nursing programs. If the number of nursing faculty at MACC and in local nursing programs can be improved, workload for nursing faculty could be reduced, which could help improve retention rates among nursing faculty. Additionally, increased numbers of nursing faculty could reduce the potential that

programs lose approval from the state board of nursing and accreditation from ACEN. Furthermore, if the number of nursing faculty at MACC and in local nursing programs can be improved, the programs will be able to educate more nurse candidates and potentially contribute to a reduction in the nursing shortage.

Implications, Applications, and Directions for Future Research

As discussed in previous sections (e.g., Significance of the Study, Section 1; Project Implications, Section 3; Reflections on Importance of the Work, Section 3), the results of this study and the nursing faculty champion workshop developed for the study project are applicable to and have implications for social change at MACC and at the local and larger levels. Specifically, the results of this study and the nursing faculty champion program have the potential to be used to increase the number of nursing faculty teaching in nursing programs and to reduce negative outcomes resulting from the current nursing faculty shortage, including decreased workload for nursing faculty, which could help improve retention rates. Improved numbers of nursing faculty could lead to improved numbers of educated nurses, which would have a positive influence on the nursing shortage.

As the developer of the nursing faculty champion program, not only could I share my work with nursing faculty at MACC but I could share my ideas with other nursing faculty in local programs and at local and national conferences. Although at the time of this study I had not implemented the program, and I potentially might not ever implement it, by sharing the idea with others, I may create an opportunity for change. The nursing faculty with whom I share the idea of becoming nursing faculty champions could be motivated to develop and implement similar programs in their own schools, MACC

included. Additionally, by sharing the results of my study in conjunction with my ideas for the nursing faculty champion program, I would be providing nursing faculty with valuable information they could use to develop other effective strategies for recruiting new nursing faculty.

Future research is needed to continue exploring barriers to recruiting nurses to positions as nursing faculty. One potential for gathering additional data from BSNs could be the use of an online survey. Because of the electronic format of the survey, BSNs from across the country could be invited to participate, and the survey could include an exhaustive list of potential barriers. Additionally, more extensive and detailed demographics than what were included in this study could be included in the survey. It would be interesting to note if demographic characteristics were correlated to specific barriers to pursuing careers as nursing faculty. For example, minority students in Feldman et al.'s (2015) study expressed a need for nursing "faculty role models who were 'like them'" (p. 172). Perhaps a similar trend would be uncovered using this suggested survey.

An electronic survey also could be used to collect data from nursing faculty. The survey could be used to explore nursing faculty's perceptions about becoming nursing faculty champions and the strategies for encouraging BSNs to pursue careers as nursing faculty that were developed in the nursing faculty champion workshop. Nursing faculty also could be asked to share their own ideas for encouraging BSNs to pursue careers as nursing faculty. As part of the survey, nursing faculty could be asked to rank (a) their willingness to become nursing faculty champions, (b) barriers to becoming nursing faculty champions, (c) their willingness to implement specific nursing faculty champion

strategies, and (d) barriers to their implementation of specific nursing faculty champion strategies. Insight about these topics could be used to develop more targeted, and thus potentially successful, nursing faculty champion programs and other means of involving nursing faculty in the grooming and recruitment of new nursing faculty.

Conclusion

At the time of this study, the nursing faculty shortage in the United States had been evident for more than 2 decades (AACN, 2017). The shortage of nursing faculty is problematic for numerous reasons, including its contribution to an increased workload for nursing faculty members (Gerolamo & Roemer, 2011), which could increase nursing faculty attrition. Additionally, too few nursing faculty can result in the inability of nursing programs' to accept qualified student applicants (NLN, 2016a) and to expand their program capacity (NLN, 2014a, 2016b). Without the ability to educate more nurses, the United States will continue to have a nursing shortage.

This study is important because it contributes to the literature about why BSNs are not pursuing careers in academia. Additionally, the project developed for this study could be used to promote nursing faculty's engagement as nursing faculty champions who can encourage student nurses and BSNs to pursue careers as nursing faculty. My impetus for this study and developing the nursing faculty champion program was to decrease the nursing faculty shortage at MACC. However, if shared with others, the idea that nursing faculty may become champions and recruit new nursing faculty is an exciting prospect in the field. A shared vision and effective leadership are essential for promoting change (Gesme & Wiseman, 2010). By taking a leadership role at MACC and within the nursing faculty discipline, I may encourage a shared vision among all nursing

faculty so that we all recognize the value of working together toward the common goal of reducing the nursing faculty shortage.

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Appendix A: Project

The project for this study is a 3-day nursing faculty champion workshop. It was developed to be presented to the nursing faculty at MACC. The workshop is organized around a PowerPoint presentation. The workshop purpose and goals are identified in the presentation slides. Trainer notes are included as slide notes. Agendas for each of the 3 days of the workshop include timelines with hour-by-hour details of the workshop activities and learning outcomes. Also included are implementation plans for each of the 3 days of the workshop explaining the details of the facilitation process and both the exit and follow-up surveys. All the needed materials to implement and evaluate the workshop are included. The workshop materials are presented here in this order: agendas, PowerPoint slides, implementation plans, handouts, and surveys.

PowerPoint Slides with Notes



Welcome everyone! Thank you for being here today.
My name is Dr. Suzanne Benfield, and I'll be your workshop facilitator today.
XXXX will be the workshop assistant.

(Click to next slide.)



Today is Day 1 of our 3-day workshop.

(Click to next slide.)



- I want to start the day with a quick question.
- By a show of hands, how many of you agree with the statement that we have a nursing faculty shortage in the United States? (record number)

(Click to next slide.)

 Slide 4 contains a table with a dark purple header and a pink square with the number "4" in the top right corner. The table lists data for academic years from 2010-2011 to 2017-2018.

Academic year	Full-time budgeted positions (N)	Full-time vacancies (n)	Full-time vacancies (%)	Mean vacancies (per school)
2017-2018	21,533	1,565	7.3	1.9
2016-2017	19,830	1,567	7.9	1.9
2015-2016	18,511	1,328	7.1	3.1
2014-2015	18,010	1,236	6.9	1.7
2013-2014	16,444	1,358	8.3	2.0
2012-2013	15,574	1,181	7.6	1.8
2011-2012	14,166	1,008	7.7	1.8
2010-2011	12,783	880	6.9	1.6

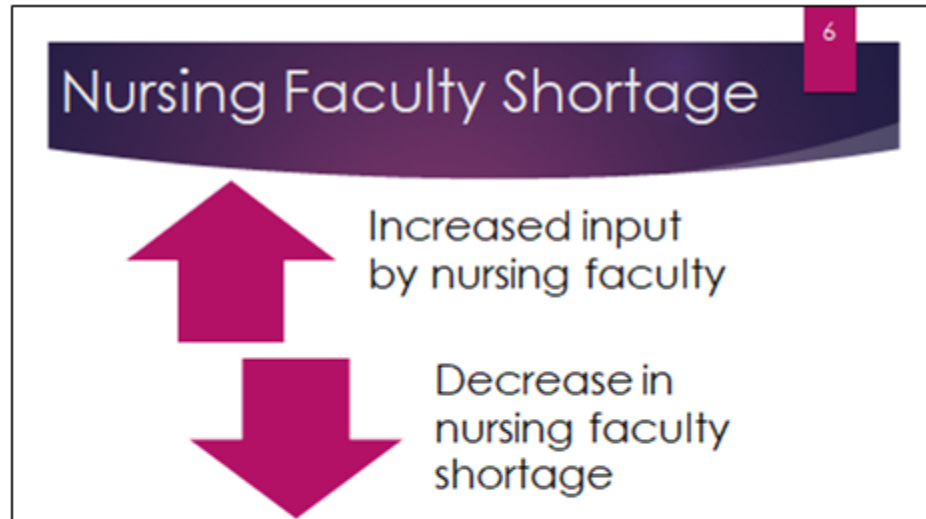
- There is indeed a nursing faculty shortage in the United States.
- On this slide, you can see data from an AACN special survey on vacant faculty positions reports for years 2009-2017.
- But AACN has reported a trend of nursing faculty shortages for at least 20 years.
- What you might have noticed looking at these statistics is that even though the percentages have remained somewhat stable between 6 and 8 percent, the number of full-time positions has almost exactly doubled (doubled plus 211 positions). That means that the actual number of full-time vacancies has actually increased.

(Click to next slide.)



Now let me ask you, by a show of hands, how many of you agree that we, as nursing faculty, have the power to change that condition? That we have the power to have a positive influence on the nursing faculty shortage? (record number)

(Click to next slide.)



I agree! And that belief in our power to reduce the nursing faculty shortage is what led me to conduct my study on the reasons that BSNs are not pursuing careers as nursing faculty.

OR

I disagree! I do believe we have the power to reduce the nursing faculty shortage, and that belief is what led me to conduct my study on the reasons that BSNs are not pursuing careers as nursing faculty.

(Click to next slide.)

7

Study Results: Themes

- ▶ Reasons BSNs are not pursuing careers as nursing faculty
- ▶ BSNs' perceptions about nursing faculty
- ▶ BSNs' perceptions about themselves
- ▶ BSNs perceptions about becoming nursing faculty

- I conducted a qualitative study, so I interpreted my results as themes.
- What you see on this slide are the 4 themes that emerged from the data I collected during interviews with 10 BSNs from local area hospitals.
- One purpose of this workshop is to share with you the details of the study so that you have a full understanding of these concepts.

(Click to next slide.)

8

Purpose

- ▶ Share study data
- ▶ Introduce the nursing faculty champion program

- Another purpose of this workshop is to introduce you to the nursing faculty champion program that I developed based on the findings in my study.
- The underlying premise of the program is that nursing faculty can have a positive influence on the nursing faculty shortage by acting as nursing faculty champions and encouraging nursing students and BSNs to pursue careers as nursing faculty.

(Click to next slide.)

9

Goal

MACC needs you!

- The goal of this workshop is to grow a team of nursing faculty champions at MACC.
- You!

(Click to next slide.)

10

Agendas

- ▶ Day 1
 - ▶ Review and discuss study results
- ▶ Day 2
 - ▶ Generate strategy options
 - ▶ Develop 1 strategy per group
- ▶ Day 3
 - ▶ Develop 1 strategy per group
 - ▶ Review literature on alternatives for recruiting new nursing faculty
 - ▶ Generate alternatives for recruiting new nursing faculty

- In general, the workshop days are broken down conceptually like you see here.
- In your workshop folder, you will find copies of the full agendas for each of the three days of the workshop.
- On the agendas, you'll also find details about the specific activities as well as the associated objectives.

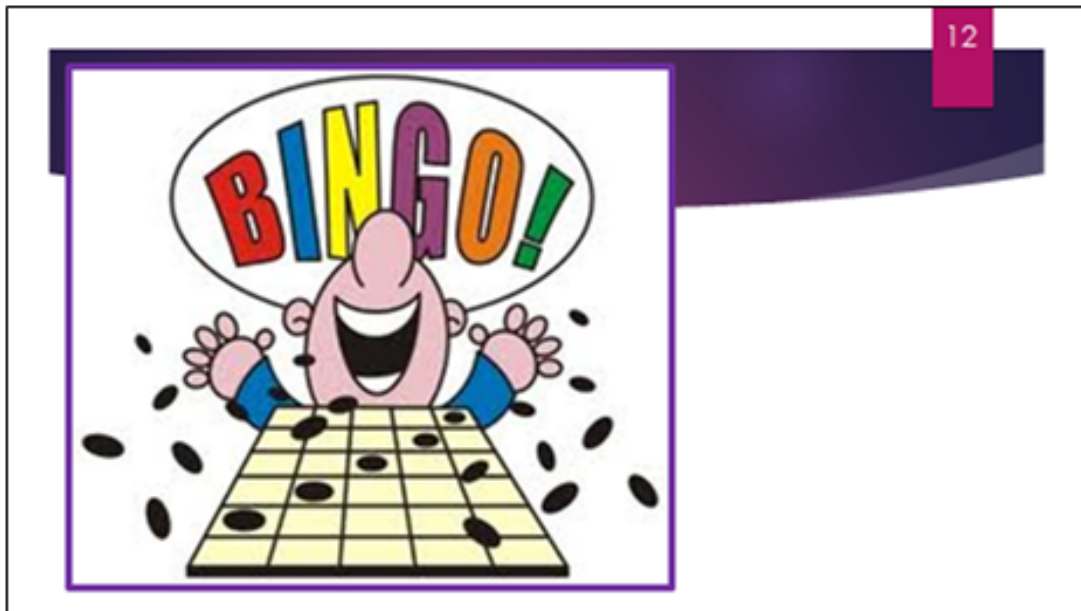
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FYI Etiquette

- ▶ Restrooms
- ▶ Breaks
- ▶ Lunch and other refreshments
- ▶ Note taking and reflective journaling
- ▶ Computer and Wifi
- ▶ Please silence all electronic devices
- ▶ Please return from breaks and lunch at the scheduled times (see agenda)

- We need to take a quick break from actual workshop content to take care of a little housekeeping.
- First, the restrooms are located out this side door and down the hall on the right.
- We'll stop for lunch for 1 hour as well as have a morning and afternoon break.
- Lunch and other refreshments will be provided. You are welcome to bring your refreshments with you to your tables, but please be mindful of the electronics.
- You are welcome to and encouraged to take notes and to engage in personal and professional reflective journaling throughout the workshop. Although you all have access to laptops, you are welcome to use the notebooks and pens provided on each table.
- To access the Wifi, log in using your MACC log in and connect to the MACC network
- Please note also the couple etiquette items as well.
- Let's all take a minute now to be sure we can connect to the Wifi.
- Now let's have a little fun!

(Click to next slide.)



- Because you're going to be working together closely over the course of the next 3 days, it's important that you can feel comfortable talking to and sharing ideas with everyone.
- To help facilitate working relationship, we're going to play human bingo.
- There is a Bingo card in your workshop folder with instructions.
- The game is played very much like a regular game of Bingo as far as covering your squares go. Complete a row across, down, or dialogically, and you win!
- The trick is that you must find someone in the room who admits to the characteristics on the Bingo card.
- You may only ask one person one question at a time. If you get a name on your card, great! If not, ask someone else about that or another characteristic. You may ask the same person as many questions as you wish, but you may not ask them consecutively.
- The first person to get Bingo will win a prize.

(Click to next slide.)

Study Findings: Overview

13

- Role of nursing faculty
- Describing nursing faculty
- Describing BSNs
- Influence of others
- Barriers to becoming nursing faculty

- It's time now to take a look at the study findings.
- As a told you earlier, I conducted qualitative research, so all of the data we're going to look at represent perceptions of BSNs.
- You can see here on this slide the topic areas we're going to discuss.

(Click to next slide.)



- Instead of going straight into my study findings, I'm going to give you a couple of minutes to think about and record your own perceptions about the roles of nursing faculty and your own experiences.
- (Give group about 5 minutes to think on their own.)
- Now that you've all had a few minutes to think, I'll ask you all to share your perceptions and experiences with your table.
- One person at the table should generate a list of all the perceptions and experiences.
- (Give groups 10-15 minutes to discuss their findings.)
- (Complete these initial steps. Then continue.)
- Now I'm going to ask that one person from each table come up to the flip chart and line up. Bring your group experience lists with you. Please go in line each taking a turn to write down one perception or experience from your list and then go to the back of the line. The aim is not to duplicate any ideas, so if you don't have anything new to add when it's your turn at the flip chart, you may sit back down at your table.
- (When the nursing faculty are finished and everyone is seated again.)

- Let's take a look at what we have . . . (discuss list nursing faculty compiled)
- Now let's take a look at what the BSNs said.

(Click to next slide.)

15

BSNs' Perceptions: Role of Nursing Faculty

- ▶ Function as administrators, managers, and supervisors
- ▶ May be directors of nursing or chief nursing executives
- ▶ Are educators and teachers
- ▶ Help BSNs enhance their knowledge and skills
- ▶ Help BSNs prepare for their board exams and careers
- ▶ Participate in continuing education

- You can see here on this slide BSNs' perceptions of the role of nursing faculty. You'll also note that they are listed on one of the flip charts.
- As you're looking at these roles, I'd like you to start thinking about their accuracy.
- Which of these roles accurately reflect the roles of nursing faculty and which are misconceptions?
- I'm going to give you a few minutes to come to an agreement at your table about this.
- (Give them 5-10 minutes to discuss this.)
- Now please, as a group, identify what roles we determined are roles of nursing faculty that are missing from this list of BSNs' perceptions.
- (Give them 5 minutes to discuss this.)
- Now, Table 1, if you will please come up to the two flip charts here. Bring your notes with you.
- Please use the green marker to circle the roles on the BSNs' list that accurately reflect what nursing faculty do.
- Use the red marker to X out the roles on the BSNs' list that do not accurately reflect what nursing faculty do.
- Use the blue marker to underline the roles on the list you just created that BSNs are missing.
- Tomorrow I will provide you with a table showing what BSNs know about the role of nursing faculty, what they do not know about the role of nursing faculty, and the misconceptions they have about nursing faculty.
- But today, let's use the lists we have here and talk what we found for a minute. What do you all think about what we see here? Did Team 1 get it right? Anyone disagree? Anyone surprised at what we're seeing? Not surprised? Etc.

(Click to next slide.)


16

Describing Nursing Faculty

- Competencies
- Skills
- Characteristics

- I'm going to give you a couple of minutes to think about and record your own perceptions about nursing faculty's competencies, skills, and characteristics. You can include your own or those of others.
- (Give group about 5 minutes to think on their own.)
- Now that you've all had a few minutes to think, I'll ask you all to share your perceptions and experiences with your table.
- One person at the table should generate a list of all the perceptions and experiences.
- (Give groups 10-15 minutes to discuss their findings.)
- (Complete these initial steps. Then continue.)
- Now I'm going to ask that three people from each table come up to one of the three flip charts up front here and line up. Bring your group lists with you. Please go in line each taking a turn to write down on the flip chart one example of either a competency, a skill, or a characteristic, depending on what flip chart you're standing in front of. Then go to the back of the line. The aim is not to duplicate any ideas, so if you don't have anything new to add when it's your turn at the flip chart, you may sit back down at your table.
- (When the nursing faculty are finished and everyone is seated again.)
- Let's take a look at what we have . . . (discuss list nursing faculty compiled)
- Now let's take a look at what the BSNs said.

(Click to next slide.)



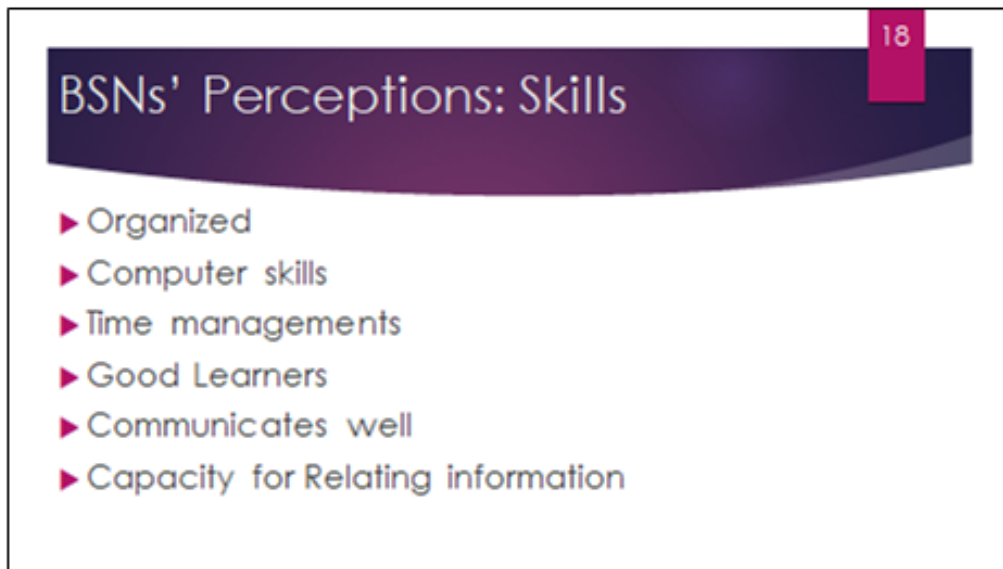
17

BSNs' Perceptions: Competencies

- ▶ Knowledge
- ▶ Experience

- You can see here on this slide BSNs' perceptions of competencies nursing faculty are expected to have. Again the findings also are listed on one of the flip charts.
- As you're looking at these roles, I'd like you to start thinking about their accuracy.
- Which of these competencies accurately reflect the competencies nursing faculty are expected to have and which are misconceptions?
- Because there are only two, I'm going to give you just a minute to come to an agreement at your table about this.
- (Give them no more than 2 minutes to discuss this.)
- Now please, as a group, identify which competencies we determined nursing faculty should have that are missing from this list of BSNs' perceptions.
- One person at the table should generate a group list.
- (Give them 5 minutes to discuss this.)
- I'm going to ask you to do this for the skills as well.

(Click to next slide.)



18

BSNs' Perceptions: Skills

- ▶ Organized
- ▶ Computer skills
- ▶ Time managements
- ▶ Good Learners
- ▶ Communicates well
- ▶ Capacity for Relating information

- You can see here on this slide BSNs' perceptions of competencies nursing faculty are expected to have. Again the findings also are listed on one of the flip charts.
- As you're looking at these skills, I'd like you to start thinking about their accuracy.
- Which of these competencies accurately reflect the skills and which are misconceptions?
- I'm going to give you a few minutes to come to an agreement at your table about this.
- (Give them 5-10 minutes to discuss this.)
- Now please, as a group, identify which skills we determined are skills nursing faculty should have that are missing from this list of BSNs' perceptions.
- (Give them 5 minutes to discuss this.)
- One person at the table should generate a group list.
- I'm going to ask you to do this for the characteristics as well.

(Click to next slide.)

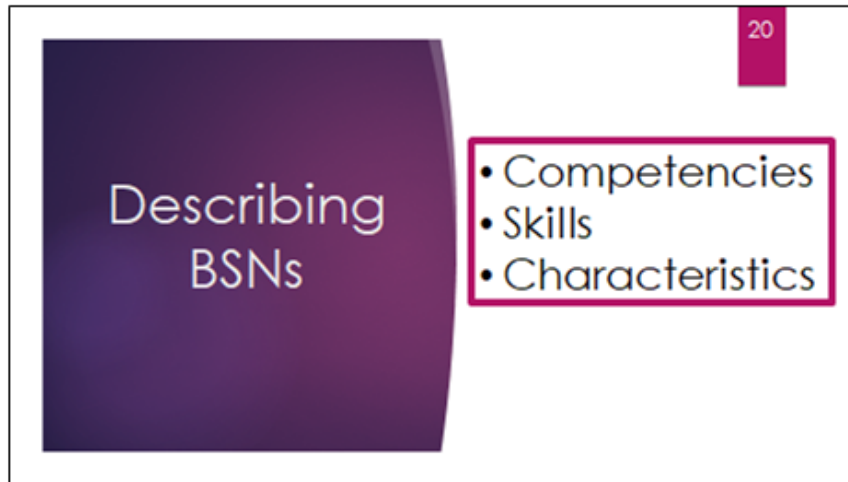
BSNs' Perceptions: Characteristics
19

<ul style="list-style-type: none"> ▶ Stamina ▶ Fair ▶ Perceptive ▶ Discipline ▶ Trustworthy ▶ Honest ▶ Fair 	<ul style="list-style-type: none"> ▶ Strong Leader ▶ Flexible ▶ Passion for teaching ▶ Patience ▶ Empathetic ▶ Personable ▶ Encouraging
--	--

- You can see here on this slide BSNs' perceptions of characteristics nursing faculty are expected to have. Again the findings also are listed on one of the flip charts.
- As you're looking at these characteristics I'd like you to start thinking about their accuracy.
- Which of these characteristics accurately reflect the characteristics nursing faculty have and which are misconceptions?
- I'm going to give you a few minutes to come to an agreement at your table about this.
- (Give them 5-10 minutes to discuss this.)
- Now please, as a group, identify which skills we determined are skills nursing faculty should have that are missing from this list of BSNs' perceptions.
- One person at the table should generate a group list.
- (Give them 5 minutes to discuss this.)
- Now, Table 2, if you will please come up to the competencies flip charts here. And Table 3, come up to the skills flip charts. And Table 4, come up to the characteristics flip charts. Bring your notes with you.
- Please use the green marker to circle the competencies, skills, or characteristics on the BSNs' list that accurately reflect the competencies, skills, or characteristics expected nursing faculty are expected to have.
- Use the red marker to X out the competencies, skills, or characteristics on the BSNs' list that do not accurately reflect the competencies, skills, or characteristics nursing faculty are expected to have.
- Use the blue marker to underline the competencies, skills, or characteristics on the list you just created that BSNs are missing.
- (Allow the participants to seat themselves.)
- Tomorrow I will provide you with a table showing what BSNs know about the role of nursing faculty, what they do not know about the role of nursing faculty, and the misconceptions they have about nursing faculty.
- But today, let's use the lists we have here and talk what we found for a minute. What do you all think about what we see here? Do we agree with Tables 2, 3, and 4? Anyone disagree? Anyone surprised at what we're seeing? Not surprised? Etc.

(Click to next slide.)





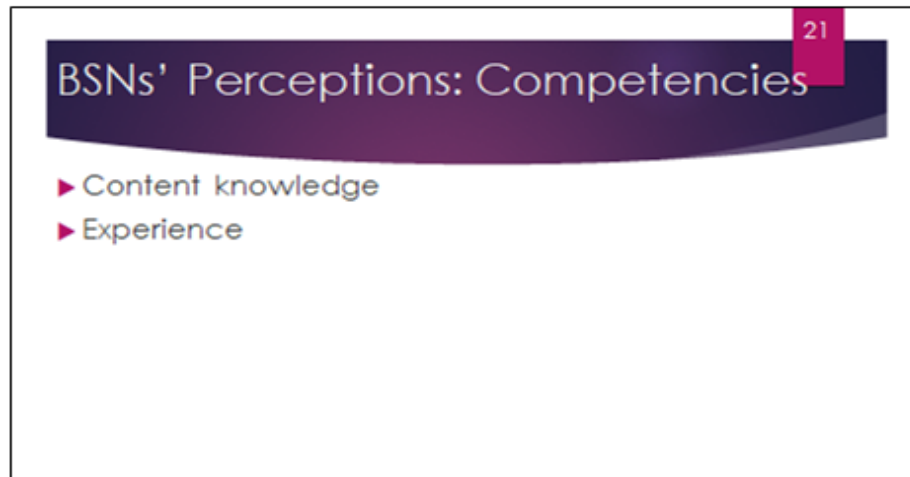
20

Describing BSNs

- Competencies
- Skills
- Characteristics

- Because I don't want you to speculate about what BSNs may have perceived about themselves, I will just share the study findings with you directly.
- Let's take a look at what the BSNs said about themselves.

(Click to next slide.)



21

BSNs' Perceptions: Competencies

- ▶ Content knowledge
- ▶ Experience

- You can see here on this slide BSNs' perceptions of the competencies BSNs perceive they have. Again the findings also are listed on one of the flip charts.
- As you're looking at these competencies, I'd like you to start thinking about their accuracy.
- Which of these competencies are competencies we determined nursing faculty should have?
- Because there are only two, I'm going to give you just a minute to come to an agreement at your table about this.
- (Give them no more than 2 minutes to discuss this.)
- Now please, as a group, identify which competencies we determined nursing faculty should have that are missing from this list of BSNs' perceptions.
- One person at the table should generate a group list.
- (Give them 5 minutes to discuss this.)
- I'm going to ask you to do this for the skills as well.

(Click to next slide.)

BSNs' Perceptions: Skills
22

- ▶ Leadership skills
- ▶ Organized
- ▶ Leadership skills
- ▶ Attention to detail
- ▶ Time management
- ▶ Communication
- ▶ Capacity for relating information

- You can see here on this slide BSNs' perceptions of the skills BSNs perceive they have. Again the findings also are listed on one of the flip charts.
- As you're looking at these skills, I'd like you to start thinking about their accuracy.
- Which of these skills are skills we determined nursing faculty should have?
- I'm going to give you a few minutes to come to an agreement at your table about this.
- (Give them 5-10 minutes to discuss this.)
- Now please, as a group, identify which skills we determined are skills nursing faculty should have that are missing from this list of BSNs' perceptions.
- One person at the table should generate a group list.
- (Give them 5 minutes to discuss this.)
- I'm going to ask you to do this for the characteristics as well.

(Click to next slide.)

BSNs' Perceptions: Characteristics
23

- ▶ Open minded
- ▶ Team player
- ▶ Diplomatic
- ▶ Ethical
- ▶ Patience

- ▶ Empathic
- ▶ Fun
- ▶ Enjoy teaching
- ▶ Passion for speciality

- You can see here on this slide BSNs' perceptions of the characteristics BSNs perceive they have. Again the findings also are listed on one of the flip charts.
- As you're looking at these characteristics, I'd like you to start thinking about their accuracy.
- Which of these characteristics are characteristics we determined nursing faculty should have?
- I'm going to give you a few minutes to come to an agreement at your table about this.
- (Give them 5-10 minutes to discuss this.)
- Now please, as a group, identify which characteristics we determined are characteristics nursing faculty should have that are missing from this list of BSNs' perceptions.
- One person at the table should generate a group list.
- (Give them 5 minutes to discuss this.)
- Now, Table 5, if you will please come up to the Competencies flip charts here. And Table 1, come up to the Skills flip charts. And Table 2, come up to the Characteristics flip charts Bring your notes with you.
- Please use the green marker to circle the competencies, skills, or characteristics on the BSNs' list that accurately reflect the competencies, skills, or characteristics expected nursing faculty are expected to have.
- Use the red marker to X out the competencies, skills, or characteristics on the BSNs' list that do not accurately reflect the competencies, skills, or characteristics nursing faculty are expected to have.
- Use the blue marker to underline the competencies, skills, or characteristics on the list we created that BSNs are missing.
- (Allow the participants to seat themselves.)
- Tomorrow I will provide you with a table showing what competencies, skills, or characteristics BSNs perceive they have that nursing faculty are actually expected to have and what competencies, skills, or characteristics nursing faculty are actually expected to have that BSNs did not perceive in themselves.
- But today, let's use the lists we have here and talk what we found for a minute. What do you all think about what we see here? Do we agree with Tables 5, 1, and 2? Anyone disagree? Anyone surprised at what we're seeing? Not surprised? Etc.

(Click to next slide.)





- I'm going to give you a couple of minutes to think about and record your own perceptions about the influence of others on the decision to become nursing faculty. You can include your own experiences or those of others.
- (Give group about 5 minutes to think on their own.)
- Now that you've all had a few minutes to think, I'll ask you all to share your experiences with your table.
- One person at the table should generate a list of all the experiences.
- (Give groups 10-15 minutes to discuss their findings.)
- (Complete these initial steps. Then continue.)
- Now I'm going to ask that two people from each table come up to the flip charts and line up. One person from each table should line up at the Sources of Influence flip chart, and the other person should line up at the Types of Influence flip chart. Bring your group experience lists with you. Please go in line each taking a turn to write down one source of influence or one type of influence from your list and then go to the back of the line. The aim is not to duplicate any ideas, so if you don't have anything new to add when it's your turn at the flip chart, you may sit back down at your table.
- (When the nursing faculty are finished and everyone is seated again, move on.)
- Let's take a look at what we have . . . (discuss list nursing faculty compiled)
- Now let's take a look at what the BSNs said.

(Click to next slide.)

BSNs' Perceptions: Influence of Others 25	
<u>Source of Influence</u>	<u>Type of Influence</u>
▶ Family members	▶ Verbal praise
▶ Colleagues	▶ Belief in person
▶ Director of nursing	▶ Benefits of job presented
▶ Prior and current instructors	▶ Putting idea in their head
▶ Orientees	

- You can see here on this slide BSNs' perceptions of the influence of others on the choice to become nursing faculty. Again the findings also are listed on one of the flip charts.
- As a group, identify the sources and types of influence both you and BSNs indicated. Also identify what sources or types of influence BSNs did not report that you feel may be relevant.
- (Give them 5-10 minutes to discuss this.)
- Tomorrow I will provide you with a table showing what sources and types of influences BSNs identified, but today, let's talk about what we found for a minute. What do you all think about what we see here? Did we identify additional potential sources and influences that BSNs may have overlooked?
- (The workshop assistant will add additional items as appropriate.)

(Click to next slide.)



- Barriers to becoming nursing faculty is the last topic study topic.
- I'm going to give you a couple of minutes to think about and record your own perceptions and experiences about barriers to becoming nursing faculty. You can include your own or those of others.
- (Give group about 5 minutes to think on their own.)
- Now that you've all had a few minutes to think, I'll ask you all to share your perceptions and experiences with your table.
- One person at the table should generate a list of all the perceptions and experiences.
- (Give groups 10-15 minutes to discuss their findings.)
- (Complete these initial steps. Then continue.)
- Now I'm going to ask that one person from each table come up to the flip chart here and line up. Bring your group lists with you. Please go in line each taking a turn to write down on the flip chart one example of a barrier to becoming nursing faculty. Then go to the back of the line. The aim is not to duplicate any ideas, so if you don't have anything new to add when it's your turn at the flip chart, you may sit back down at your table.
- (When the nursing faculty are finished and everyone is seated again.)
- Let's take a look at what we have . . . (discuss list nursing faculty compiled)
- Now let's take a look at what the BSNs said.

(Click to next slide.)

BSNs' Perceptions: Barriers to Becoming Nursing Faculty
27

▶ Lack of Patience	▶ Age
▶ Financial Strain	▶ Extra Work
▶ Good School	▶ Cost of Tuition
▶ Personal Obligations	▶ Salary

- You can see here on this slide BSNs' perceptions of the barriers to becoming nursing faculty. Again the findings also are listed on one of the flip charts.
- As a group, identify the differences in the list of barriers your group developed and the list of barriers reported by the BSNs.
- (Give them 5-10 minutes to discuss this.)

- Tomorrow I will provide you with a table showing the barriers BSNs identified, but today, let's talk about what we found for a minute. What do you all think about what we see here? Are there differences between the barriers we identified today and the ones the BSNs identified? Do the barriers have commonalities? What do we think about the degree of influence the different barriers may have? Are they all equally limiting? Are there potential barriers that BSNs may not be aware of? (The workshop assistant will add additional items as appropriate.)

(Click to next slide.)

Reflection
28

Consider writing about . . .

- ▶ the most interesting thing you learned today and how that knowledge could be useful to you in other settings or roles
- ▶ what you learned today that surprised you
- ▶ an activity that was especially relevant for you today
- ▶ how you might use what you learned today to become a nursing faculty champion

- Unfortunately, that's almost all the time we have to work today.
- Before you go though, I would like you to take about 10 minutes to reflect on today's activities and what you got out of them.
- I've listed a few ideas on the slide, but you can reflect on anything that makes sense to you or anything in which you found value.
- During the last 10 minutes, I'll ask you to share something with the group. Sharing is completely voluntary.
- (After the sharing exercise is over, dismiss the participants.)

(Click to next slide.)

Day 1
is
Complete!

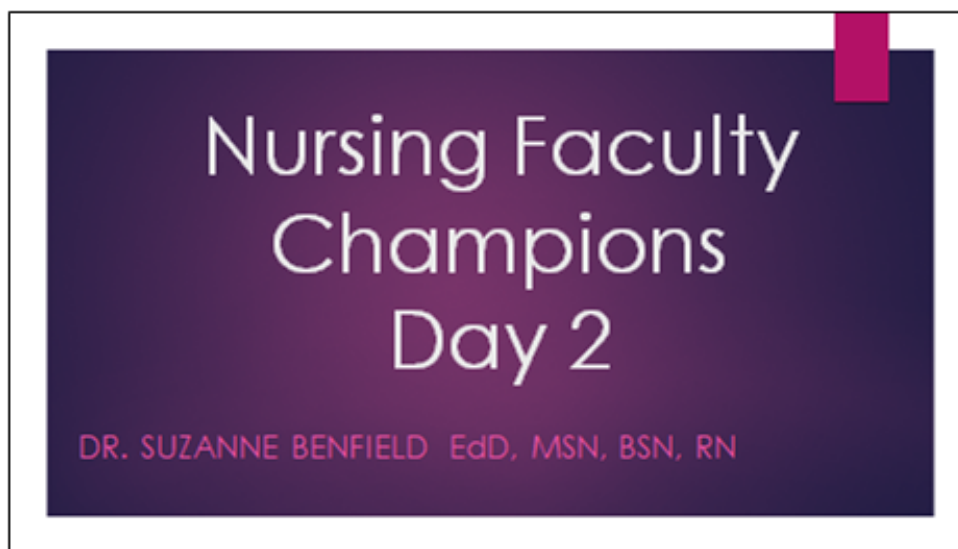
29


- That's it for Day 1.
- Thank you all for participating today.
- We'll see you tomorrow.




- Welcome back everyone!

(Click to next slide.)



Today is Day 2 of our 3-day workshop.

(Click to next slide.)



Agendas

- ▶ Day 1
 - ▶ Review and discuss study results
- ▶ Day 2
 - ▶ Generate strategy options
 - ▶ Develop 1 strategy per group
- ▶ Day 3
 - ▶ Develop 1 strategy per group
 - ▶ Review literature on alternatives for recruiting new nursing faculty
 - ▶ Generate alternatives for recruiting new nursing faculty

- Just a reminder about our focus today.
- You'll remember that today's focus will be on the generation of nursing faculty strategies that you can implement in your classroom and clinical settings.

(Click to next slide.)



- Today we're going to need to do some problem solving, so to get us warmed up for that and in the problem-solving state of mind, we're going to start the day off with a problem-solving exercise.
- It's a Who Done It? mystery game.
- The workshop assistant <insert name> will come around to each table to distribute a packet of clues. Each clue is printed on a separate strip of paper so that you can organize them in whatever way makes sense to you to help you solve the mystery.
- The first team that solves the puzzle wins and will have their choice of strategy to develop today.
- You want to be sure that other tables can't overhear you, so if you'd like to separate yourselves a little more, feel free to do so.
- Once the mystery is solved, the winning table will be asked to share their problem-solving process with everyone.

(Click to next slide.)

Generating Strategies
34

- ▶ Combating BSNs misconceptions
- ▶ Using verbal praise to promote BSNs' and students' self-efficacy in nursing faculty competencies, skills, and characteristics
- ▶ Classroom project for student nurses
- ▶ Motivating BSNs and student nurses
- ▶ Community outreach

- Now that everyone understands what BSNs' perceptions are, you are equipped to generate strategies for recruiting nursing faculty.
- On this slide, you'll see suggestions for varied approaches to developing strategies. Today you will work with these 5 concepts. Tomorrow you will be able to generate additional approaches if you have other ideas.
- Each table is initially going to work on one concept. So now, I'm going to give you all 5 minutes to put these concepts in order of interest that you might like to work on them. Everyone at your table must agree.
- (Give participants 5 minutes to work.)
- Now, Table X, because you won the Who Done It game, you get to pick the concept for which you'd like to develop strategies.
- Ok, now let's see what Tables 2-5 picked and see if we have overlap.
- (Facilitator can pick number from 1-10 and tables can guess. The table closest gets to pick the next concept. Repeat for next 2 concepts. The table that loses the guessing match for the 4th concept will by default develop the 5th concept.)
- When you develop your strategy, you will develop an implementation plan and all needed materials, including PowerPoint presentations, handouts, rubrics, and evaluations.
- You have 3 hours and 40 minutes to work on your strategy. If you finish early, please begin working on a second strategy. It's possible you'll only get to finish an outline of ideas, but that's ok. If you do begin a second strategy, please consider an approach for application in an alternate setting. For example, if your first strategy was applicable for the classroom, please consider a strategy for clinical setting for your second strategy.

(Click to next slide.)

35

Sharing Strategies

Benfields@macc.edu

- I'm going to stop everyone for just a minute and ask that you email me any PowerPoint presentations and other materials you developed as part of your strategy. In about 10 more minutes, I will pull up those files for you and ask that your entire group come up to the podium to present your work.
- Don't worry if you haven't finished everything. You can present what you've developed and your ideas for completing the strategy.

(After 10 minutes, Click to next slide.)

36

Sharing Strategies

TIME TO SHARE

- I'm going to stop everyone now and ask that you share your strategies with the group.
- Those of you who developed PowerPoint presentations and other materials have emailed them to me. I will pull up those files for you and ask that your entire group come up to the podium to present your work.
- Don't worry if you haven't finished everything. Just tell everyone what your additional plans are for the strategy or share whatever outlines you have so we understand the full scope of the strategy.
- When you are finished, we can open the floor to questions, and your team can respond as appropriate.
- As we go along, our workshop assistant will record the strategies on a flip chart.
- Is there any group that would like to go first?
- *(Click to next slide.)*

37

Reflection

Consider writing about . . .

- ▶ the most interesting thing you learned today and how that knowledge could be useful to you in other settings or roles
- ▶ what you learned today that surprised you
- ▶ an activity that was especially relevant for you today
- ▶ how you might use what you learned today to become a nursing faculty champion

- Unfortunately, that's almost all the time we have to work today.
- Before you go though, I would like you to take about 10 minutes to reflect on today's activities and what you got out of them.
- I've listed a few ideas on the slide, but you can reflect on anything that makes sense to you or anything in which you found value.
- During the last 10 minutes, I'll ask you to share something with the group. Sharing is completely voluntary.
- (After the sharing exercise is over, *Click to next slide.*)

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Day 2
is
Complete!



- That's it for Day 2.
- Thank you all for participating today.
- I'll see you tomorrow.



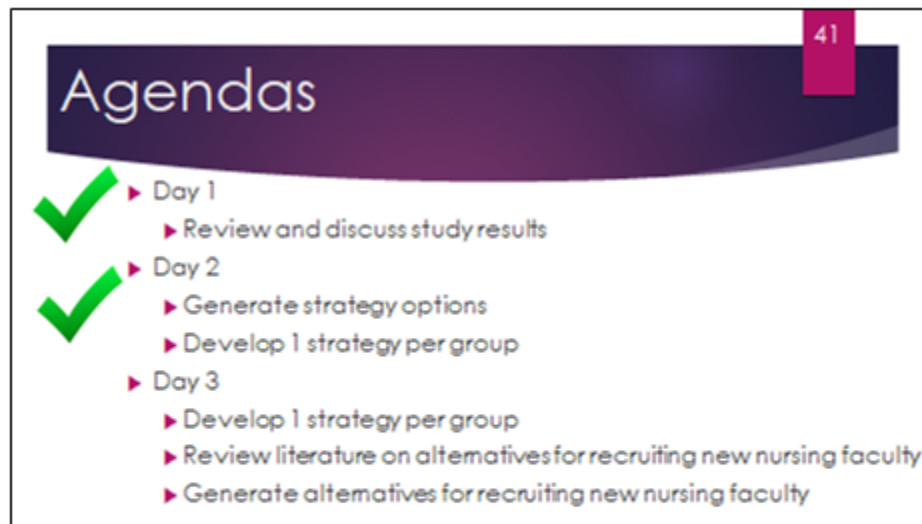
- Welcome back everyone!

(Click to next slide.)



Today is the final day of our 3-day workshop.

(Click to next slide.)



Agendas

- ▶ Day 1
 - ▶ Review and discuss study results
- ▶ Day 2
 - ▶ Generate strategy options
 - ▶ Develop 1 strategy per group
- ▶ Day 3
 - ▶ Develop 1 strategy per group
 - ▶ Review literature on alternatives for recruiting new nursing faculty
 - ▶ Generate alternatives for recruiting new nursing faculty

- Just a reminder about our focus today.
- You'll remember that today's focus will be on the generation of nursing faculty strategies that you can implement in your classroom and clinical settings but we will also consider alternatives for recruiting new nursing faculty

(Click to next slide.)



- Today's opening exercise is a team-building activity called Win as Much as You Can.
- As the title implies, the object of the game is to win as much as you can.
- If you would please remove the game instructions, payoff schedule, and score card from your packet, we'll review those now.
- (Review the rules using the dialog provided on Facilitator Directions: Win as Much as You Can. When the game is complete, move on.)
- "Congratulations to our winning team! But let's talk for a minute about the implications of this exercise. When I first introduced the game, how did you interpret the "you" in *in as Much as You Can*?"
- "As a whole group, you potentially could have earned 100 points. How does your whole group's score (total of all teams) compare with that?"
- "What did we learn about competition versus collaboration and its impact on overall success of a group?"
- I hope that moving forward with today's activity and in the future, you all continue to consider the lessons learned from this game today: by working together to develop strategies to recruit nursing faculty and by working together to implement those strategies, we can all win as much as we can!

(Click to next slide.)

Generating Strategies

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- ▶ Combating BSNs misconceptions
- ▶ Using verbal praise to promote BSNs' and students' self-efficacy in nursing faculty competencies, skills, and characteristics
- ▶ Classroom project for student nurses
- ▶ Motivating BSNs and student nurses
- ▶ Community outreach

- On Day 1 of the workshop, you learned about BSNs' perceptions regarding becoming nursing faculty and the role of nursing faculty. With that knowledge, you became equipped to generate strategies for recruiting nursing faculty. And so you generated strategies.
- However, on Day 2 when you generated those strategies, you were asked to choose from 5 approaches provided to you. Those 5 approaches are listed again for you on this slide.
- Today, I'm going to ask you to develop another strategy, but today you are free to choose any approach you wish. You may choose an approach from those provided on Day 2, or you may consider another approach for developing a strategy.
- When you develop your strategy, you will develop an implementation plan and all needed materials, including PowerPoint presentations, handouts, rubrics, and evaluations.
- You'll have almost 3 hours to work on your strategies today.

(Click to next slide.)



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Sharing Strategies

Benfields@macc.edu

- I'm going to stop everyone for just a minute and ask that you email me any PowerPoint presentations and other materials you developed as part of your strategy. In about 10 more minutes, I will pull up those files for you and ask that your entire group come up to the podium to present your work.
- Don't worry if you haven't finished everything. You can present what you've developed and your ideas for completing the strategy.

(After 10 minutes, Click to next slide.)



- I'm going to stop everyone now and ask that you share your strategies with the group.
- Those of you who developed PowerPoint presentations and other materials have emailed them to me. I will pull up those files for you and ask that your entire group come up to the podium to present your work.
- Don't worry if you haven't finished everything. Just tell everyone what your additional plans are for the strategy or share whatever outlines you have so we understand the full scope of the strategy.
- When you are finished, we can open the floor to questions, and your team can respond as appropriate.
- As we go along, our workshop assistant will record the strategies on a flipchart.
- Is there any group that would like to go first?

(Click to next slide.)



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Recruiting New Faculty: What the Literature Says

- ▶ Mentoring
- ▶ Role modeling
- ▶ Financial incentives
- ▶ Overcoming barriers
 - ▶ Workload
 - ▶ Conducting research
 - ▶ Teaching clinical courses
 - ▶ Education requirements
 - ▶ Competition for jobs in other marketplaces
 - ▶ Poor salary

- On this slide, you'll see the general concepts found in the literature for recruiting new nursing faculty.
- At your tables, please take about 10 minutes to think about and discuss all of the strategies you've been introduced to during this workshop.
- Which strategies in the literature did you consider during the workshop?
- Which strategies in the literature did you not consider?
- Are any of the strategies in the literature that you **did not** consider feasible to implement at MACC? Why or why not?

(Click to next slide.)

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<ul style="list-style-type: none"> ▶ Mentoring ▶ Role modeling ▶ Financial incentives ▶ Overcoming barriers <ul style="list-style-type: none"> ▶ Workload ▶ Conducting research ▶ Teaching clinical courses ▶ Education requirements ▶ Competition for jobs in other marketplaces ▶ Poor salary 	<ul style="list-style-type: none"> • Which strategies in the literature did you consider during the workshop? • Which strategies in the literature did you not consider? • Are any of the strategies in the literature that you did not consider feasible to implement at MACC? Why or why not?

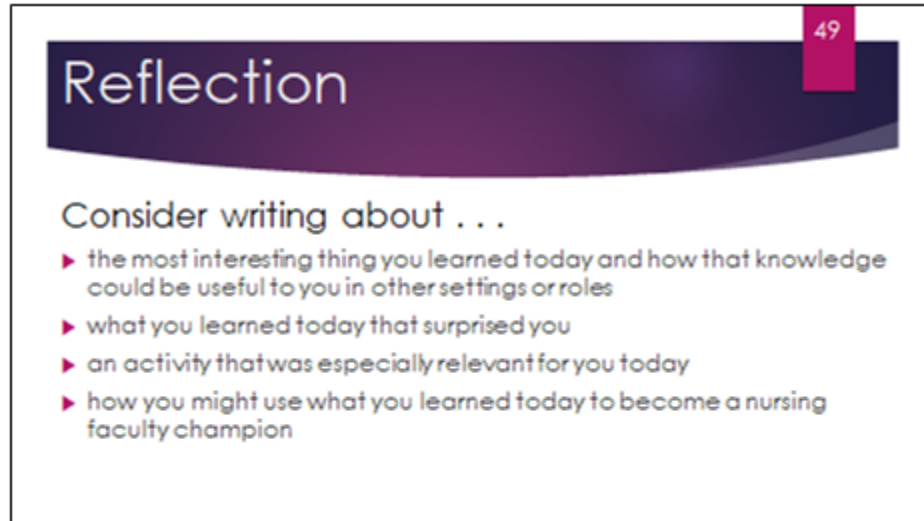
- I've put the questions I just asked on a slide as a reminder, but feel free to make other observations about the strategies you've learned and those identified in the literature.
- I'll give you about 10 minutes for discussion, and then we'll share our thoughts. Please jot down individual notes for yourself. You'll need them during the sharing exercise.
- (After 10 minutes, continue.)
- What I'd like you all to do now is just start with Table 1 and go around table by table to discuss each of these questions I posed. Then, we can continue around the room with any other observations you noted.

(Click to next slide.)



- At this point, I've provided you with approaches for developing strategies to recruit new nursing faculty, you've come up with approaches and strategies for recruiting new nursing faculty, and you've considered what the literature has to say about recruiting new nursing faculty.
- To be sure we haven't missed anything, let's take about 10 minutes and brainstorm a little more. While you're brainstorming, don't limit yourself. Although we ideally want to generate ideas that would be feasible for immediate implementation at MACC, let's record any ideas you all can think of, even if they might require resources not currently available at MACC.
- (After 10 minutes, continue.)
- What I'd like you all to do now is ask for volunteers to share ideas that you've come up with. Please identify whether you consider the idea to be one that could be implemented at MACC immediately or one that would require additional resources. If additional resources are needed, please identify what those resources would be.
- Our workshop assistant <insert name> will record your ideas on 1 of 2 flip charts: either could be implemented immediately or needs additional resources.

(After the discussion is complete, Click to next slide.)



Reflection

49

Consider writing about . . .

- ▶ the most interesting thing you learned today and how that knowledge could be useful to you in other settings or roles
- ▶ what you learned today that surprised you
- ▶ an activity that was especially relevant for you today
- ▶ how you might use what you learned today to become a nursing faculty champion

- Unfortunately, that's almost all the time we have to work today.
- Before you go though, I would like you to take about 10 minutes to reflect on today's activities and what you got out of them.
- I've listed a few ideas on the slide, but you can reflect on anything that makes sense to you or anything in which you found value.
- During the last 10 minutes, I'll ask you to share something with the group. Sharing is completely voluntary.

(After the sharing exercise is over, Click to next slide.)



- I asked you at the beginning of the workshop, by a show of hands, how many of you agreed that we, as nursing faculty, have the power to have a positive influence on the nursing faculty shortage.
- X number of you said that we do.
- I want to ask you that same question again now.
- By a show of hands, how many of you agreed that we, as nursing faculty, have the power to have a positive influence on the nursing faculty shortage?
- (Assuming the number increased:) I will take this as an indication that the workshop was a success. However, it's important to know what you think as well.

(Click to next slide.)



- So I'm going to ask you to complete the Nursing Faculty Champion Workshop survey on SurveyMonkey. Participation is voluntary, but I certainly would appreciate it. It will help me evaluate the effectiveness of the workshop and consider revisions as needed for improvement.
- The survey has 18 items that you'll answer on a 5-point scale.
- There also is space for you to provide additional comments as appropriate.
- In 3 months, I will email you a follow-up survey. That survey has 13 items. Like today's survey, you'll answer on 5-point scale and have the opportunity to provide additional comments as appropriate. Again, participation is voluntary, but I would appreciate it.
- Because you'll be completing the survey online, your responses will be anonymous. Please do not include any personal information in additional comments if you choose to leave them.
- A short time ago, I emailed everyone the link to the survey. You should have that in your Inbox now.

(Click to next slide.)



- Thank you all for participating in the Nursing Faculty Champion workshop.
- Please know that although the workshop is over, I will always be available to you should you need help implementing any of the strategies or would like to discuss alternatives to recruiting new nursing faculty.
- In a week or two, I will email you the results documents from Day 1 and the strategies that you all developed from Days 2 and 3 that will allow you to become successful nursing faculty champions in your classrooms and clinical settings.
- I hope you all embrace that role. I truly believe we have the power to make a difference.
- Thank you!

Day 1 Implementation Plan

Slide 1-11: Welcome and introduction

- The facilitator will welcome the nursing faculty to the workshop and introduce herself and the workshop assistant.
- The facilitator will introduce the idea of the nursing faculty shortage and record nursing faculty's perceptions about their capacity to implement change.
- The facilitator will present study results and themes.
- The facilitator will review the purpose and goal of workshop.
- The facilitator will review the workshop agenda concepts and direct participants to review the detailed objectives provided in the agenda. (See Day 1 Agenda.)
- The facilitator will relay information about the logistics of the workshop and workshop etiquette.

Slide 12: Ice Breaker – Human Bingo

- The facilitator will conduct a human bingo ice-breaker activity to help participants get acquainted and build a sense of trust for later sharing and team-building exercises.
- The Bingo cards will be included in the participant packet. (See Handout: Bingo Card.)

Slide 13: Study Findings: Overview of Concepts

- The facilitator will present the main concepts identified from the study data.

Slide 14-15: Study Findings / Role of the Nursing Faculty

- The facilitator will ask nursing faculty to share their personal perceptions about the role of nursing faculty and then compare their perceptions with those expressed by BSNs in the study.

Slide 16-19: Study Findings / Describing Nursing Faculty

- The facilitator will ask nursing faculty to share their personal perceptions about nursing faculty's competencies, skills, and characteristics and then compare their perceptions with those expressed by BSNs in the study.

Slide 20-23: Study Findings / Describing BSNs

- The facilitator will present study findings demonstrating how BSNs describe their own competencies, skill, and characteristics with regard to their value in the role of nursing faculty.
- Nursing faculty will discuss the accuracy of the BSNs' perceptions.

Slide 24-25: Study Findings / Influence of Others

- The facilitator will ask nursing faculty to share their personal perceptions about the influence of others' on their decision to becoming nursing faculty and then compare their perceptions with those expressed by BSNs in the study.

Slide 26-27: Study Findings / Barriers to Becoming Nursing Faculty

- The facilitator will ask nursing faculty to share their personal perceptions about barriers to becoming nursing faculty and then compare their perceptions with those expressed by BSNs in the study.

Slide 28: Reflection

- The facilitator will encourage participants to reflect on their experiences during the first day of the workshop.
- Participants will be asked to share ideas with the group. Participation in sharing will be voluntary.

Slide 29: Day 1 Completion

- The facilitator will thank participants for participating in Day 1 of the workshop.

Day 2 Implementation Plan

Slide 30-31: Welcome and introduction

- The facilitator will welcome everyone to Day 2 of the workshop.

Slide 32: Agenda

- The facilitator will review the workshop agenda concepts and direct participants to review the detailed objectives provided in the agenda. (See Day 2 Agenda.)

Slide 33: Team-Building and Problem-Solving Activity – Who Done It?

- The facilitator will introduce a team-building and problem-solving activity: Who Done It?
- Workshop assistant will distribute packet of clues to each table (individual strips of paper with individual clues on each strip). (See Handout: Murder Mystery Clues.)
- As workshop assistant is distributing the clue packets, the facilitator will explain the rules for the activity: the team that solves the mystery first wins.

Slide 34: Generating Strategies

- The facilitator will introduce five approaches for developing strategies for recruiting nursing faculty.
- Some approaches are specific to the classroom or the clinical setting. Others are appropriate for both.
- The facilitator will organize the assignment of approaches: one approach per table.
- Each table will develop one strategy within their chosen approach.

Slide 35: Sharing Strategies

- Near the end of the time allotted for developing the strategies, the facilitator will announce that teams should email the facilitator their strategy materials for sharing.
- When the facilitator has everyone's materials, the facilitator will begin the sharing process.
- Each team will be asked to come to the podium and present their work and answer questions from the other participants.

Slide 36: Reflection

- The facilitator will encourage participants to reflect on their experiences during the first day of the workshop.
- Participants will be asked to share ideas with the group. Participation in sharing will be voluntary.

Slide 37: Day 2 Completion

- The facilitator will thank participants for attending.

Day 3 Implementation Plan

Slide 39-40: Welcome and Introduction

- The facilitator will welcome everyone to final day of the workshop.

Slide 41: Agenda

- The facilitator will review the workshop agenda concepts and direct participants to review the detailed objectives provided in the agenda. (See Day 3 Agenda.)

Slide 42: Team-Building and Problem Solving Activity - Win as Much as You Can

- The facilitator will introduce the opening team-building activity: Win as much as you can.
- The facilitator will explain the concept and rules of the game using the Win as Much as You Can handout in the participant packet. (See Handout: Win as Much as You Can.) For complete instructions for the facilitator, see Facilitator Directions: Win as Much as You Can.

Slide 43: Generating Strategies

- The facilitator will remind the participants of the five approaches for developing strategies for recruiting nursing faculty shared on Day 2.
- The facilitator will ask the participants to develop another strategy for recruiting new nursing faculty. The participants may use approaches presented on Day 2 or generate new approaches.
- Each table will develop one strategy within their chosen approach.

Slide 44: Sharing Strategies - Process

- The facilitator will ask the participants to email the facilitator the documents they developed for their strategy for group sharing.

Slide 45: Sharing Strategies – Group Sharing

- Each group will go to the podium to present their ideas and the supporting documents they developed.
- The remaining participants will have the opportunity to ask questions after each presentation.

Slide 46-47: What the Literature Says About Recruiting New Nursing Faculty

- The facilitator will share with participants suggestions from the literature on recruiting new nursing faculty.
- The facilitator will ask the participants to consider their ideas and make comparisons to the suggestions in the literature.

Slide 48: Alternative Strategies

- The facilitator will ask participants to brainstorm alternatives to the strategies for recruiting new nursing faculty developed during the workshop and suggested in the literature. Encourage the participants to generate as many ideas as they can regardless of whether or not they would be feasible for immediate implementation at the school.
- The facilitator will ask participants to share their ideas. The workshop assistant will record them on 1 of 2 flip charts: either could be implemented immediately or needs additional resources. by writing them on one of

Slide 49: Reflection

- The facilitator will encourage participants to reflect on their experiences during the first day of the workshop.
- Participants will be allowed to share ideas with the group.

Slide 50: Power to change

- The facilitator will review the numbers from the show of hands on workshop day.
- The facilitator will review the numbers from the show of hands on workshop day.
- The facilitator will ask for a second show of hands to acknowledge agreement or disagreement, with workshop assistant recording results

Slide 51: Exit survey

- The facilitator will ask participants to complete an online workshop survey via SurveyMonkey.
- The survey is 18 questions using a 5-point scale
- The facilitator will state participation is voluntary anonymous.
- The facilitator will let participants know that a follow-up survey will be send in 3 months
- The facilitator will thank participants for attending.

Slide 52: Day 3 Completion

- The facilitator will thank participants for attending and remind them that in about a week's time, the workshop facilitator will email everyone copies of the documents that were developed and shared during the workshop.

- The groups are welcome to further develop their documents and share with the facilitator who will continue to distribute the materials to the workshop participants.

Day 1 Agenda

Time	Activity	Learning objectives
7:30 - 8:10	Welcome & introduction	<ul style="list-style-type: none"> • Learners will identify their perceptions about the nursing faculty shortage • Learners will examine statistics pertaining to the nursing faculty shortage • Learners will question their capacity to implement change to reduce the nursing faculty shortage • Learners will examine the main themes identified in the study results • Learners will examine the workshop purpose and goal, and Day 1 agenda and learning objectives • Learners will examine expectations for participation in the workshop
8:10 - 8:40	Ice-breaker activity	<ul style="list-style-type: none"> • Learners will interact and begin to facilitate working relationships with one another
8:40 - 9:40	Study findings: Role of nursing faculty	<ul style="list-style-type: none"> • Learners will examine the main concepts identified in the study results • Learners will reflect on their personal experiences to describe the role of nursing faculty • Learners will examine the perceptions held by BSNs about the role of nursing faculty • Learners will compare and contrast their perceptions with those of BSNs in the study • Learners will appraise the accuracy of BSNs' perceptions and distinguish BSNs' misconceptions about nursing faculty roles and responsibilities • Learners will develop a consensus list of roles of nursing faculty
9:40 - 9:55	Morning Break	
9:55 - 10:55	Study findings: Describing nursing faculty	<ul style="list-style-type: none"> • Learners will reflect on their personal experiences to describe nursing faculty's competencies, skills, and characteristics

	(competencies, skills, and characteristics)	<ul style="list-style-type: none"> • Learners will examine the perceptions held by BSNs about nursing faculty's competencies, skills, and characteristics • Learners will compare and contrast their perceptions with those of BSNs in the study • Learners will appraise the accuracy of BSNs' perceptions and distinguish BSNs' misconceptions about nursing faculty's competencies, skills, and characteristics • Learners will develop a consensus list of nursing faculty's competencies, skills, and characteristics
10:55 - 11:55	Study findings: BSNs competencies, skills, and characteristics	<ul style="list-style-type: none"> • Learners will examine the study findings about BSNs' perceptions about their own competencies, skills, and characteristics • Learners will compare and contrast the BSNs' perceptions about their own competencies, skills, and characteristics and the nursing faculty's consensus list of needed competencies, skills, and characteristics • Learners will appraise the accuracy of BSNs' perceptions and distinguish BSNs' misconceptions about nursing faculty's needed competencies, skills, and characteristics • Learners will identify competencies, skills, and characteristics not identified by BSNs
11:55 - 12:55	Lunch	
12:55 - 1:55	Study findings; Influence of others	<ul style="list-style-type: none"> • Learners will reflect on their personal experiences to describe the influences (source and type) on their decision to become nursing faculty • Learners will examine the perceptions held by BSNs about the influence of others on their potential decision to become nursing faculty • Learners will compare and contrast their perceptions with those of BSNs in the study • Learners will identify sources not identified by BSNs
1:55 - 2:10	Afternoon Break	

2:10 - 3:10	Study findings: Barriers to becoming nursing faculty	<ul style="list-style-type: none">• Learners will reflect on their personal experiences to describe barriers to becoming nursing faculty• Learners will examine the perceptions held by BSNs about barriers to becoming nursing faculty• Learners will compare and contrast their perceptions with those of BSNs in the study• Learners will identify barriers not identified by BSNs
3:10 - 3:30	Reflection	<ul style="list-style-type: none">• Learners will reflect on Day 1 of the workshop to identify various positive outcomes• Learners will share their thoughts

Day 2 Agenda

Time	Activity	Learning objectives
7:30- 7:40	Welcome	<ul style="list-style-type: none"> • Learners will examine Day 2 agenda and learning objectives
7:40 - 8:20	Problem-solving activity	<ul style="list-style-type: none"> • Learners will interact to facilitate working relationships with one another and to build a safe environment for learning and sharing • Learners will analyze clues and draw conclusions to solve a problem • Learners will explain their problem-solving process
8:20 - 9:40	Generating strategies	<ul style="list-style-type: none"> • Learners will collaborate to plan and develop strategies for recruiting new nursing faculty • Learners will create all needed materials to implement the strategy
9:40 - 9:55	Morning Break	
9:55 - 11:55	Generating strategies	<ul style="list-style-type: none"> • Learners will collaborate to develop strategies for recruiting new nursing faculty • Learners will create all needed materials to implement the strategy
11:55 - 12:55	Lunch	
12:55 - 1:15	Generating strategies	<ul style="list-style-type: none"> • Learners will collaborate to develop strategies for recruiting new nursing faculty • Learners will create all needed materials to implement the strategy
1:15 -1:55	Sharing strategies (Tables 1 and 2)	<ul style="list-style-type: none"> • Learners will explain the strategies they developed • Learners will provide rationale for their choices • Learners will respond to questions from the group
1:55 - 2:10	Afternoon Break	

2:10 - 3:10	Sharing strategies (Tables 3,4 , and 5)	<ul style="list-style-type: none">• Learners will explain the strategies they developed• Learners will provide rationale for their choices• :Learners will respond to questions from the group
3:10 - 3:30	Reflection	<ul style="list-style-type: none">• Learners will reflect on Day 2 of the workshop to identify various positive outcomes• Learners will share their thoughts

Day 3 Agenda

Time	Activity	Learning objectives
7:30 - 7:40	Welcome	<ul style="list-style-type: none"> • Learners will examine Day 3 agenda and learning objectives
7:40 – 8:40	Problem-solving and collaboration activity	<ul style="list-style-type: none"> • Learners will interact to facilitate working relationships with one another and to build a safe environment for learning and sharing • Learners will predict choices of other teams to rationalize own team choices • Team members will defend their choices and convince others in their team of the correctness of their choices • Learners will discuss the activity and assess the learning outcomes
8:40 - 9:40	Generating strategies	<ul style="list-style-type: none"> • Learners will collaborate to plan and develop strategies for recruiting new nursing faculty • Learners will create all needed materials to implement the strategy
9:40 - 9:55	Morning Break	
9:55 - 11:40	Generating strategies	<ul style="list-style-type: none"> • Learners will collaborate to develop strategies for recruiting new nursing faculty • Learners will create all needed materials to implement the strategy
11:40 – 11:55	Sharing strategies (Table 1)	<ul style="list-style-type: none"> • Learners will explain the strategies they developed • Learners will provide rationale for their choices • Learners will respond to questions from the group
11:55 - 12:55	Lunch	
12:55 - 1:55	Sharing strategies (Tables 3,4 , and 5)	<ul style="list-style-type: none"> • Learners will explain the strategies they developed • Learners will provide rationale for their choices • Learners will respond to questions from the group
1:55 - 2:10	Afternoon Break	

2:10 – 2:35	Literature: Recruiting new nursing faculty	<ul style="list-style-type: none"> • Learners will review the current literature pertaining to recruiting new nursing faculty • Learners will compare
2:35 – 2:55	Alternative strategies for recruiting new nursing faculty	<ul style="list-style-type: none"> • Learners will identify alternative strategies for recruiting new nursing faculty • Learners will categories the alternative strategies by degree of feasibility
2:55 - 3:15	Reflection	<ul style="list-style-type: none"> • Learners will reflect on Day 2 of the workshop to identify various positive outcomes • Learners will share their thoughts • Learners will question their capacity to implement change to reduce the nursing faculty shortage
3:15 -3:25	Exit survey	<ul style="list-style-type: none"> • Learners will evaluate the effectiveness of the nursing faculty workshop
3:25 - 3:30	Wrap up	

Handout: Bingo Card

WHO KNEW BINGO

Find Someone in the room who admits to these characteristics and write her/his name in the corresponding box. Complete a row across, down, or diagonally with different names and you win!

B-I-N-G-O!

Owens more than 20 pairs of scrubs	Gets excited to see great Veins	Had another Career before nursing	Is pursuing a doctoral degree	Been a nurse over 20 years
Still has stethoscope from nursing school	Teaches BLS	Is a nurse practitioner	Is ACLS Certified	Is a peds nurse
Can't handle puking	Holds a <u>CNE</u>	Is a Critical Care nurse	Has been an <u>LPN</u>	Has yelled out diagnoses while watching medical TV dramas
Has used bandage scissors to clip Coupons	Loves to grade papers	Is PALS Certified	Has wrapped Christmas presents with medical tape	Is a mental health nurse
Wore a nursing Cap at work or in school	Has been a CNA	Can recognize C-Diff a mile away	Has answered home phone as if at work	Loves Care plans

Handout: Murder Mystery Clues

When the elevator man saw Mr. Kelley, Mr. Kelley was bleeding slightly, but he did not seem too badly hurt.
Mr. Kelley had destroyed Mr. Jones' business by stealing all of his customers.
The incident occurred in an area where there had been many crimes.
Mr. Kelley's body was found in the park.
The elevator man went off duty at 12:30 a.m.
Police were unable to locate Mr. Scott after the murder.
Miss Smith said that the police don't care about the spread of illegal drugs.
The elevator man said that Miss Smith was in the lobby of the apartment building when he went off duty.
Miss Smith said that nobody left the apartment building between 12:25 a.m. and 12:45 a.m.
An empty crack vial was found outside the apartment house.
The elevator operator reported to police that he saw Mr. Kelley at 12:15 a.m.
A knife with Mr. Kelley's blood on it was found in Miss Smith's yard.
The elevator man saw Mr. Kelley's wife go to Mr. Scott's apartment at 11:30 p.m. Mr. Kelley's body was found at 1:30 a.m.
When he was discovered dead, Mr. Kelley had a bullet hole in his thigh and a knife wound in his back.

Only one bullet had been fired from Mr. Jones' gun.
The knife found in Miss Smith's yard had Mr. Scott's fingerprints on it.

Mr. Jones said private citizens have the right to keep handguns.

The elevator operator said that Mr. Kelley's wife frequently left the building with Mr. Scott.

The elevator man saw Mr. Kelley go to Mr. Scott's room at 12:25 a.m.

When police tried to locate Mr. Jones after the murder, they discovered that he had disappeared.

Mr. Jones had told Mr. Kelley that he was going to kill him.

Mr. Kelley's bloodstains were found on the carpet in the hall outside Mr. Jones' apartment.

The elevator man was twice convicted for DWI.

Mr. Jones shot at an intruder in his apartment building at 12:00 midnight.

It was obvious from the condition of Mr. Kelley's body that it has been dragged a long distance.

Miss Smith saw Mr. Kelly go to Mr. Jones apartment building at 11:55 p.m.

Miss Smith often followed Mr. Kelley.

Mr. Kelley's bloodstains were found in Mr. Scott's car.

The bullet taken from Mr. Kelley's thigh matched the gun owned by Mr. Jones.

Mr. Kelley had been dead for one hour when his body was found, according to a medical expert working with police.

Handout: Win as Much as You Can

Win as Much as You Can!

1. *Object of the game*

The object of the game is to win as much as you can! (The winning team will have first choice of project topics later on in the workshop today.)

2. *Rules of the game*

- There will be four teams of five, and each table will make up a team. Each table will need to nominate a team representative.
- There are 10 rounds of the game. Each round, teams win points based on their choices combined with other teams' choices. Teams may choose to 'wager' an X or Y. Teams must collaborate and strategize to choose the option they anticipate will award them the most points each round. Points are awarded according to the payoff schedule. Extra points are awarded in Rounds 5, 8, and 10.
- Each round, teams will have 2 minutes to make their choices. When all the teams have made their choices and recorded their choices on the score card, the workshop assistant will record each team's choice and then share the team choices with the whole group. Groups will then mark their score for the round on the score card and calculate their total points.
- Before Rounds 5 and 8, the team representatives will have the opportunity to have a conference to discuss their respective teams' strategies as they deem appropriate. The team representative conferences may last up to 5 minutes each as needed.
- Do not share your team choice with other teams or let them overhear you strategizing.
- With the exception of during the team representative conference, at no time may team members speak to or interact with other team members. This includes both verbal and nonverbal communication.

(This game was adapted from <https://www.trainingcoursematerial.com/free-games-activities/conflict-resolution-influencing-and-negotiation-activities/win-as-much-as-you-can>)

PAYOFF SCHEDULE	
4 X	All teams lose 1 point
3 X	X teams win 1 point each
1 Y	Y team loses 3 points
2 X	X teams win 2 points each
2 Y	Y teams lose 2 points each
1 X	X team wins 3 point
3 Y	Y teams lose 1 point each
4 Y	All teams win 1 point each

SCORE CARD				
Round	Team Choice	Group Pattern	Team Payoff	Point Balance
1	X Y			
2	X Y			
3	X Y			
4	X Y			
5 <i>Bonus round payoff x 3</i>	X Y			
6	X Y			
7	X Y			
8 <i>Bonus round payoff x 3</i>	X Y			
9	X Y			
10 <i>Bonus round payoff x 10</i>	X Y			

Facilitator Directions: Win as Much as You Can

Win as Much as You Can!

1. Introduce the activity

- “We’re going to play a game. The goal of the game is to win as much as you can! The winning team will have first choice of project topics later on in the workshop today.”

2. State the rules of the game

- “There will be four teams of five, and each table will make up a team. Each table will need to nominate a team representative.”
- “We will play 10 rounds of the game. Each round, teams win points based on their choices combined with other teams’ choices. Teams may choose to ‘wager’ an X or Y. Teams must collaborate and strategize to choose the option they anticipate will award them the most points each round. Points are awarded according to the payoff schedule.”

PAYOFF SCHEDULE	
4 X	All teams lose 1 point
3 X	X teams win 1 point each
1 Y	Y team loses 3 points
2 X	X teams win 2 points each
2 Y	Y teams lose 2 points each
1 X	X team wins 3 point
3 Y	Y teams lose 1 point each
4 Y	All teams win 1 point each

- “Each round, teams will have 2 minutes to make their choices. When all the teams have made their choices and recorded their choices on the score card, the workshop assistant will record each team’s choice and then share the team choices with the whole group. Groups will then mark their score for the round on the score card and calculate their total points.”
- “Before Rounds 5 and 8, the team representatives will have the opportunity to have a conference to discuss their respective teams’ strategies as they deem appropriate. The team representative conferences may last up to 5 minutes each as needed.”

- “Be sure that you do not share your team choice with other teams or let them overhear you strategizing.”
- “With the exception of during the team representative conference, at no time may team members speak to or interact with other team members. This includes both verbal and nonverbal communication.”
- “Let’s just look at the scoring card for a minute and go through an example. I ask each team to mark their choice. After 2 minutes, all discussion stops, and the workshop assistant walks around the room to record each team’s choice. As an example, let’s say Teams 1 and 4 choose X and Teams 2 and 3 choose Y. That gives the total group 2 Xs and 2Ys. According to the payoff schedule, 2 Xs and 2 Ys means that Teams 1 and 4 win 2 points each and Teams 2 and 3 lose 2 points each.”

3. Answering Questions

- Answer all participant questions with “*The name of the game is Win as Much as You Can.*”

4. Begin the game

Round 1-4

- “Teams, you now have 2 minutes to mark your choice.”
- After 2 minutes: “Time is up. Please mark your team choice. The workshop assistant will now walk around to record your choices.”
- Workshop assistant then reports the groups’ choices and appropriate point payout schedule.
- Assist teams with scoring as necessary.

Team Representative Conference

- “It is now time for the first team representative conference. All team representatives are asked to meet by the presenter’s podium. You will have up to 5 minutes for discussion.”
- When 5 minutes are over or the team representatives indicate they do not need more time: “Team representatives, please return to your teams. You will now have 2 minutes to share with your team the outcomes of the team representative conference.”
- After 2 minutes have elapsed, continue with Round 5.

Rounds 5-7

- “Reminder everyone: Round 5 is a bonus round and the points you win or lose will be multiplied by 3.”
- Conduct Rounds 5-7 following the format for Rounds 1-4.

Round 8

- “Reminder everyone: Round 8 is a bonus round and the points you win or lose will be multiplied by 5.”
- Conduct Round 8 following the format for Round 5.

Rounds 9

- Conduct Round 9 following the format for Rounds 1-4 and 5-7.

Round 10

- “Reminder everyone: Round 10 is a bonus round and the points you win or lose will be multiplied by 10.”
- Conduct Round 10 following the format for Rounds 1-4, 5-7, and 9.

*adapted from <https://www.trainingcoursematerial.com/free-games-activities/conflict-resolution-influencing-and-negotiation-activities/win-as-much-as-you-can>

5. Determine the winner

- When the game is complete, each team will share their total score. The workshop assistant will record the scores on a flip chart so everyone can see them. Declare a winning team based on the total scores. The workshop assistant will verify the winning team’s allotted and total scores

6. Conduct follow-up discussion

- “Congratulations to our winning team! But let’s talk for a minute about the implications of this exercise. When I first introduced the game, how did you interpret the *You in Win as Much as You Can?*”
- “As a whole group, you potentially could have earned 100 points. How does your whole group’s score (total of all teams) compare with that?”
- “What did we learn about competition versus collaboration and its impact on overall success of a group?”

Exit Survey

Nursing Faculty Champion Workshop Survey

Please choose one number per question to indicate your level of agreement with the following statements:

Reaction: Satisfaction

1. I am satisfied with the content that was presented in this workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

2. I am satisfied with the in-person format used to present this workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

3. I am satisfied with delivery methods (PowerPoint, lecture) used for this workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

4. I am satisfied with the activities used to facilitate this workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

5. I am satisfied with the pace of this workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6. I am satisfied with the facilitator's knowledge and professionalism.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Reaction: Engagement

7. I was engaged during Day 1 of the workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

8. I was engaged during Day 2 of the workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

9. I was engaged during Day 3 of the workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Reaction: Relevance

10. The information I learned in the workshop is relevant to my job.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

11. The documents I created during the workshop are relevant to my job.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Learning

12. By participating in this workshop, my knowledge of BSNs' perceptions about the characteristics of nursing faculty has improved.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

13. By participating in this workshop, my knowledge of BSNs' perceptions about their own qualifications for becoming nursing faculty has improved.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

14. By participating in this workshop, my knowledge of BSNs' perceptions about barriers to becoming nursing faculty has improved.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

15. I have the skills needed to become a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

16. I am confident in my ability to function as a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

17. I have a positive attitude about becoming a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

18. I intend to become a nursing faculty champion by incorporating into my classroom or clinical setting the strategies I learned or created in the workshop.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Additional comments:

(Box will expand as needed.)

Follow-Up Survey

Nursing Faculty Champion Workshop Follow-Up Survey

Please choose one number per question to indicate your level of agreement with the following statements:

1. Immediately following the workshop, I had a positive attitude about becoming a nursing faculty champion. (Please indicate the response you marked for this item on the original survey.)

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

2. I currently have a positive attitude about becoming a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

3. Immediately following the workshop, I had the skills to become a nursing faculty champion. (Please indicate the response you marked for this item on the original survey.)

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

4. I currently have the skills needed to become a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

5. Immediately following the workshop, I was confident in my ability to function as a nursing faculty champion. (Please indicate the response you marked for this item on the original survey.)

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6. I currently am confident in my ability to function as a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

7. Immediately following the workshop, I intended to become a nursing faculty champion by incorporating into my classroom or clinical setting the strategies I learned or created in the workshop. (Please indicate the response you marked for this item on the original survey.)

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

8. In the 3 months since I participated in the workshop, I have become a nursing faculty champion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

9. Below are some of the strategies for promoting careers as nursing faculty that were developed during the workshop:

X (Will fill in after the workshop is conducted and participants have developed the strategies.)

X (Will fill in after the workshop is conducted and participants have developed the strategies.)

X (Will fill in after the workshop is conducted and participants have developed the strategies.)

X (Will fill in after the workshop is conducted and participants have developed the strategies.)

Add more as needed.

Have you implemented any of these strategies?

Yes. (Please identify which strategies you have implemented).

No and I do not intend to.

No but I do intend to in the future.

No but I have implemented other strategies. (Please identify briefly.)

10. Following my participation in the workshop, my efforts to become a nursing faculty champion have been monitored.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

11. Following my participation in the workshop, my efforts to become a nursing faculty champion have been reinforced.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

12. Following my participation in the workshop, my efforts to become a nursing faculty champion have been encouraged.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

13. Following my participation in the workshop, my efforts to become a nursing faculty champion have been rewarded.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Additional comments:

(Box will expand as needed.)

Appendix B: Interview Protocol

Individual Interview Protocol for Bedside Nurses

Interviewer: “Thank you for participating in my study about bedside nurses’ perceptions of pursuing an academic career. In the letter of consent you received, you were informed of the expectations of participation in this study. Do you have any questions before I ask you to give your written consent to participate in this study?”

Participant Response Option 1: “No.”

Interviewer Response Option 1: “Thank you. Please sign the letter of consent and we will begin.”

Participant Response Option 2: “Yes.”

Interviewer Response Option 2: (Answer any questions the participant may have and repeat the question.)

- If participant wants to exit the study: “Thank you for your time today. This concludes your participation in this study.”
- If the participant wants to continue with the interview: “Thank you. Please sign the consent form and we will begin.”

Interviewer: “We will begin with 9 background items. Then I will continue with at least 12 items specific to bedside nurses’ choices perceptions of pursuing an academic career. Additional questions may be asked for clarification. Please remember that there are no right or wrong responses to the interview items and that your honest responses will be most appreciated. The first item is . . .

Background Items:

1. What is your nursing specialty?
2. How many total years have you been a bedside nurse?

3. How many years have you been a bedside nurse in your current location?
4. In how many different locations have you worked as a bedside nurse?
5. Do you work in other capacities besides as a bedside nurse?
6. What types of previous careers have you had before becoming a bedside nurse?
7. How would you describe your gender?
8. How would you describe your ethnicity?
9. In which age range do you fall?
 - Under 25
 - 25 or older but younger than 35
 - 35 or older but younger than 45
 - 45 or older but younger than 55
 - 55 or older but younger than 65
 - 65 or older

Topic Specific Items:

10. Please describe your understanding of the role of nursing faculty.
11. Please describe any skills or talents, if any, you perceive to be important for being a successful nursing faculty member. (Interviewer should hand record this response to use for Item 12.)
12. What skills and talents, if any, do you possess that would help you be a successful nursing faculty member?
13. Please describe any personal characteristics, if any, you perceive to be important for being a successful nursing faculty member. (Interviewer should hand record this response to use for Item 14.)
14. What personal characteristics, if any, do you think might help you be a successful nursing faculty member?

15. Please describe the value and benefits, if any, of becoming a nursing faculty member.
16. Have you ever considered seeking an advanced degree to become a nursing faculty member? If so, what stopped you from acting on those thoughts?
17. What specific barriers might currently keep you from pursuing an advanced degree to become a nursing faculty member?
18. Who, if anyone, has encouraged you to become a nursing faculty member?
 - a. In what ways did “that person / those people” encourage you to become a nursing faculty member?
 - b. Would you consider “that person / those people” to be important in your life?
 - c. How, if at all, might the encouragement from “that person / those people” have influenced previous consideration for seeking an advanced degree to become a nursing faculty member?
 - d. How, if at all, might encouragement from “that person / those people” influence future consideration for seeking an advanced degree to become a nursing faculty member?
19. How might encouragement from someone important in your life influence your decision to pursue an advanced degree to become a nursing faculty member?
20. Please describe the factors or conditions, if any, that would motivate you to seek an advanced degree to become a nursing faculty member.
21. Is there anything relevant to our discussion today that you would like to add before we conclude this interview?

Interviewer: Thank you for participating in this study. After I have completed my initial data analysis, I will contact you to ask for your feedback.

Appendix C: Alignment of Interview Items to the Conceptual Framework and Research Questions

Interview item	Concepts from the conceptual framework	Potential research question(s) addressed
10. Please describe your understanding of the role of nursing faculty.	• Attitude toward the behavior	Research Question 1b
11. Please describe any skills or talents, if any, you perceive to be important for being a successful nursing faculty member. (Interviewer should hand record this response to use for Item 2.)	• Attitude toward the behavior	Research Question 1b
12. What skills and talents, if any, do you possess that would help you be a successful nursing faculty member? (Interviewer may remind the participant of his or her response from Item 2.)	• Perceived behavioral control	Research Question 1 Research Question 1a
13. Please describe any personal characteristics, if any, you perceive to be important for being a successful nursing faculty member. (Interviewer should hand record this response to use for Item 5.)	• Attitude toward the behavior	Research Question 1 Research Question 1b
14. What personal characteristics, if any, do you think might help you be a successful nursing faculty member? (Interviewer may remind the participant of his or her response from Item 5.)	• Perceived behavioral control	Research Question 1a
15. Please describe the value and benefits, if any, of becoming a nursing faculty member.	• Attitude toward the behavior • Internal and external motivators / motivation to meet the expectations of others	Research Question 1 Research Question 1b Research Question 1e

(continued)

Interview Item	Concepts from the conceptual framework	Potential research question(s) addressed
16. Have you ever considered seeking an advanced degree to become a nursing faculty member? If so, what stopped you from acting on those thoughts?	<ul style="list-style-type: none"> • Perceived behavioral control • Attitude toward the behavior • Subjective norm • Actual control • Internal and external motivators / motivation to meet the expectations of others 	<p>Research Question 1 Research Question 1a-e</p>
17. What specific barriers might currently keep you from pursuing an advanced degree to become a nursing faculty member?	<ul style="list-style-type: none"> • Perceived behavioral control • Attitude toward the behavior • Subjective norm • Actual control • Internal and external motivators / motivation to meet the expectations of others 	<p>Research Question 1 Research Question 1a-e</p>
18. Who, if anyone, has encouraged you to become a nursing faculty member?	<ul style="list-style-type: none"> • Subjective norm 	Research Question 1c
19. How might encouragement from someone important in your life influence your decision to pursue an advanced degree to become a nursing faculty member?	<ul style="list-style-type: none"> • Subjective norm 	Research Question 1c
20. Please describe the factors or conditions, if any, that would motivate you to seek an advanced degree to become a nursing faculty member.	<ul style="list-style-type: none"> • Internal and external motivators / motivation to meet the expectations of others 	<p>Research Question 1 Research Question 1e</p>

Appendix D: List of Codes

1. BSNs Do Not Understand the Term Nursing Faculty
2. BSNs Have a Complete Understanding of the Term Nursing Faculty
3. Teaching Others
4. Improve Practice
5. Positively Influencing Others
6. Personal Satisfaction
7. Flexibility
8. Help End Nursing Shortage
9. Knowledge
10. Experience
11. Stamina
12. Fair
13. Perceptive
14. Disciplined
15. Trustworthy
16. Honest
17. Strong Leader
18. Flexible
19. Passion for Teaching
20. Patience
21. Empathetic
22. Personable

23. Encouraging
24. Organized
25. Good Computer Skills
26. Time Management
27. Good Learners
28. Communicates Well
29. Capacity for Relating Information
30. Content Knowledge
31. Experience
32. Open Minded
33. Team Player
34. Diplomatic
35. Ethical
36. Patience
37. Empathy
38. Fun
39. Enjoy Teaching
40. Passion for Topic
41. Leadership Skills
42. Organized
43. Learn Quickly
44. Attention to Detail
45. Time Management

46. Communication
47. Capacity for Relating Information
48. BSNs Are Happy with Their Current Jobs
49. BNSs Are Interested Seeking an Advanced Degree to Become Nursing Faculty
50. BNSs Are Not Interested in Seeking an Advanced Degree to Become Nursing Faculty
51. Various People Encouraged Them
52. Importance of Those who Encouraged BSNs to Pursue Nursing Faculty Role
53. Various Ways in Which They Were Encouraged
54. Encouragement by Others Influential or Potentially Influential in Decisions
Regarding Nursing Faculty Degree
55. Encouragement by Others Not Influential in Decisions Regarding Nursing Faculty
Degree
56. Money
57. Good Hours
58. Good Work Environment
59. Preparing New Nurses
60. Clear Understanding of Expectations for Nursing Faculty Career
61. Change in Bedside Nursing
62. Burnout
63. Lack of Interest
64. Lack Patience
65. Good School
66. Career Opportunity

67. Personal Obligations

68. Age

69. Lack of Confidence

70. Extra Work

71. Cost of Tuition

72. Salary