IMPACT OF NURSING FACULTY TEACHING ASSIGNMENTS ON

JOB SATISFACTION AND CAREER LONGEVITY:

A STUDY OF NURSE EDUCATORS AT

TWO-YEAR AND FOUR-YEAR NURSING PROGRAMS IN GEORGIA

by

DINA MARIE SWEARNGIN

(Under the Direction of Karen Webber)

ABSTRACT

The United States is in the midst of a nursing shortage and one that is projected to worsen over the next decade. Multiple causative factors have been identified including aging of staff nurses, decreased availability of clinical teaching space, salary differences between the educator role and private clinical practice, issues with recruitment and retention of qualified nursing faculty, and retirement of current nursing faculty. In this pragmatic mixed methods study, nursing faculty at two-year and four-year institutions in the state of Georgia participated in a survey and follow-up interviews that analyzed their perspectives on career satisfaction, specifically in the areas of teaching assignments, organizational support, and adequate credit for work performed. A career satisfaction survey from 64 respondents yielded a statistically significant negative correlation between tenure and rank and job satisfaction, finding a decrease in satisfaction as tenure and rank increase. Findings from semi-structured interviews enhanced the analysis of survey results and interview participants reported a wide range of hourly weekly

workloads for didactic and clinical teaching. In addition, time commitments for other

requirements such as committee membership and student advisement consistently added

to their workload. Overall, respondents enjoyed teaching in both the classroom and

clinical settings, but felt that the amount of time required in each area was not accurately

acknowledged by their organizational leaders. Findings of this study will aid in the

discussion of recruitment and retention strategic planning activities for nursing academic

and institutional administrators.

INDEX WORDS: Nurse Educator Career Satisfaction Survey, Nursing Faculty
                 Shortage, Nursing Shortage, Job Satisfaction, Nurse Educator,
                 Survey of Perceived Organizational Support, Organizational
                 Support, Faculty Workload, Higher Education, Clinical Teaching,
                 Georgia Nursing Faculty.

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DEDICATION

This dissertation is dedicated to my family. To Geoff, for your boundless support and patience with countless late night and weekend study needs, and to our beautiful daughters, Abbey and Lindsey. You both are the absolute light of my world and the love of my life. Without your love and encouragement I would not have reached home plate. The patience the three of you offered during this process was limitless and girls you kept me on track and often became the Mom when I needed it.

To my Dad, David and my Mom, Evelyn. I watched you both work hard for the things you love and that is what drives me to this day. Mama, you are always in my heart and still right by my side encouraging me in everything I do, I love you and I miss you.

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CHAPTER 1

INTRODUCTION

A health care crisis has been developing in the United States (US) for more than a

decade. It is a multifaceted issue with many suppositions on corrective action, but no

clear answer or definitive response has been found. Nursing shortages are far from a new

development and are historically cyclical in nature (Egenes, 2012; West, Griffith &

Iphofen, 2007) and are a current global concern (Nardi & Gyurko, 2013). Since the

founding of modern nursing by Florence Nightingale in the mid-1800s, world events as

well as educational and demographic changes have impacted the discipline and resulted

in significant shortages in the supply and demand for trained nursing personnel.

Statement of the Problem

Nurses constitute the largest portion of the health care workforce in the country

and remain the driving force that run our national health care system. In a report released

by the United States Department of Health and Human Services Health Resources and

Services Administration National Center for Health Workforce Analysis (2013) there

were 2.8 million registered nurses, far exceeding the next closest group of health care

workers, physicians, at 861,463. A consistent educational pipeline must remain in order

to provide replenishment of the nursing workforce where vacancies lie. Although higher

education is one of the main areas of concern, the correction of the current critical

shortage is not simply restricted to this sector alone. The current crisis is a multifaceted

national health care issue and the resolution will require a coordinated national effort

combining governmental resources, community and business entities, and a significant revision of higher education practices related to nursing education. The nursing shortage and lack of consistent corrective response from governmental, educational, and private sources will potentially cripple the availability and access to safe quality health care in our lifetime. The stakeholders in this issue are vast and encompass every health care system, nursing school, and health care consumer in the US. Nurses are the driving force in health care and any significant shortage will directly affect patient care and safety in acute settings (Buerhaus, Donelan, Ulrich, Norman, DesRoches, & Dittus, 2007).

     Causes of the current nursing shortage. Multiple causative factors have been identified in the crisis. According to a report from the American Association of Colleges of Nursing (AACN) (2014), in 2012 nursing schools in the US turned away 79,659 qualified applicants due to issues such as lack of qualified faculty, lack of funding for programs, and lack of clinical and classroom space. This is an increase from the almost 40,000 that were turned away in 2009. Numerous authors have speculated on what proposed solutions to the crisis, however it is evident from the data above that despite the discussion, implementation of any changes, whether sweeping or sporadic, have not resulted in the level of change that will be needed to maintain a legitimate long-term solution.

     The current nursing workforce shortage began to manifest in 1990 with an 11% nursing vacancy rate and after a declaration that the shortage had passed in 1992, the vacancy rate rose again to 13% in 2001 (Buerhaus, Donelan, Ulrich, Norman & Dittus, 2005). Currently, there is a projected need of 1.2 million replacement nurses by 2022, which equates to a 28% increase over current supply (Bureau of Labor Statistics, 2013).

According to a 2008 report from the United States Department of Health and Human Services Health Resources and Services Administration (HRSA) (2010) 275,000 practicing nurses are over the age of 60. The projected need is anticipated to replace retiring nurses, to care for the influx of additional insured individuals due to the Affordable Health Care Act, and for care of the aging population. Due to national campaigns such as the Johnson & Johnson's (2014) *Campaign for Nursing's Future* which began in 2002, the media is aiding marketing and promoting the public image of nursing. Done in an attempt to increase recruitment for nursing, programs such as the Johnson & Johnson campaign have resulted in an upturn in interest, however, generating interest in the field has not been shown to be the issue in recent literature as there are nationally many more applicants than available space (AACN, 2014; Aiken, 2007). Focus of the issue then turns to the availability and retention of qualified nursing faculty and the support for faculty lines from institutional administrators.

Recommendations for correction. Recognition of this critical need prompted a 2008 collaboration between the Robert Wood Johnson foundation and the Institute of Medicine (IOM) which resulted in a 2010 report titled *The Future of Nursing*. Out of this document came multiple recommendations that served to prompt future planning and triggered immediate responses in specific goal-oriented planning in nursing programs across the nation. Undergraduate licensure programs to address the bedside nursing need as well as graduate programs that produce additional nursing faculty have been added.

Aiken, Cheung, and Olds (2009) summarized a statement from the National Advisory Council on Nurse Education Practice in 1996 which recommended that 66% of all nurses hold a bachelor of science in nursing (BSN) by 2010. Higher education fell

short of that, only reaching approximately 45% in 2010. In the IOM (2010) report, the new recommendation is 80% BSN prepared by 2020. Often programs are being added to meet the IOM recommendation simply to increase student numbers without the addition of adequate faculty support. Recruitment and retention of qualified nursing faculty have been consistently identified as core causes of the current shortage (Aiken, Cheung & Olds, 2009; Bittner & O'Connor, 2012; Brendtro & Hegge, 2000; Joynt & Kimball, 2008). This places the issue squarely in the hands of institutional and departmental administrators to develop strategic methods for retaining nursing faculty members. Long-term correction demands attention to the teaching assignment and career satisfaction of the nurse educator. Providing a positive supportive work environment will hopefully lead to the retention of qualified faculty for the entire length of a teaching career and also entice future nursing faculty members.

Although the issue of faculty recruitment and retention is addressed in the literature (Aiken, Cheung & Olds, 2009; Bittner & O'Connor, 2012; Brendtro & Hegge, 2000; Joynt & Kimball, 2008), there are specific aspects that have not been fully researched and require attention. The relationships between assigned workload of nursing educators, perception of their workload, and their job satisfaction has not been adequately addressed. Identification of this relationship will aid administrators in formulating workloads that might enhance the work experiences of the educator and promote career longevity, which in turn, may assist in mitigating the national nursing shortage. This study adds to the literature in an area that has been identified as lacking and underdeveloped, and suggestions for policy or practice changes will be offered in relation to study results. Results of this study are important to institutional and division

administrators, nurse educators and policy makers with regards to the workload expectations and the impact on career longevity.

Research Questions

Guided by Eisenberger, Huntington, Hutchison and Sowa's (1986) theory of perceived organizational support (POS), this study examined nursing educators' perception of their relationship to their organization and how this relates to job satisfaction. This study addressed the participants' perception of clinical and didactic teaching assignments and if teaching assignments influence their thoughts on their career longevity and job satisfaction. The study included an initial survey and follow-up interviews with volunteers from survey participants to discuss their specific careers and exploration of additional thoughts prompted from the survey results. Specific research questions are:

RQ1: Do nurse educators report receiving adequate credit for clinical and didactic teaching assignments?

RQ2: Do nurse educators report overall job satisfaction with their current teaching assignments?

RQ3: Given the opportunity to start again, would nursing faculty choose to pursue this career or would they choose a different career?

RQ4: If faculty were to leave academe, why would that be? and

RQ5: Is there a statistical relationship between tenure, rank and job satisfaction?

Purpose and Significance of the Study

The purpose of this study was to analyze didactic and clinical teaching assignments and whether faculty members perceive these assignments as an adequate representation of their actual workload, and in addition, whether this may impact job satisfaction and intent to remain in nursing education. A full scope of the educator's weekly schedule was elicited in this study to allow for analysis of teaching assignments in relation to self-reported hours worked. The study analyzed educator-perceived discrepancies in actual weekly workload versus assigned hours. The resultant discussions add to the previously identified gap in the literature and guide institutional professional development tactics to aid in the recruitment and retention of nursing faculty. Although research has discovered dissatisfaction with the role of educator in some areas, little has been done to specifically address these issues with intent to retain current educators and make the job more appealing for a long term career (Roughton, 2013).

A central concern of nursing faculty workload is the accurate administrative or institutional acknowledgement of face-to-face time required in clinical teaching. Clinical nursing faculty supervise students in health care agencies, evaluate their performance but also oversee the care of patients assigned to the students. In essence, the nurse educator performs tasks both as educator and staff nurse, often with a patient load greater than what a bedside staff nurse is assigned to carry. Educators act as a mediator between patient, students, and staff in health care agencies. The issue requires analysis of the total clinical teaching hours and if the assignment, in the eyes of the institution officials concerned with faculty workload, correlates to the amount of work the nursing faculty actually perform. Although the issue of faculty retention is addressed in the literature,

studies on the assignment of workload and intent to leave are not abundant. Ellis (2013) found that "no research exists to indicate which workload measurement is the most effective or efficient for quality education and faculty satisfaction…a survey of faculty to determine current satisfaction with workload would be of interest" (p. 308). The correlation of assigned teaching, self-perception of the total workload, and the relation to job satisfaction has not been adequately addressed. Identification of this relationship will aid administrators in formulating assignment blends of clinical and didactic teaching that might enhance the work experiences of the educator and promote career longevity, which, in turn, may directly aid the national nursing shortage.

Organization of the Study

This study will be presented in five chapters. Chapter 1 discussed the overview of the problem and listed specific research questions, the purpose of the study, and the relevance to current literature. Chapter 2 will present the literature review, conceptual framework constructs, and research threads pertaining to the nursing shortage and faculty satisfaction. Methodology will be presented in Chapter 3 and will include the background of the researcher, overall research design for both the survey and interviews, data collection criteria and data analysis procedures. Chapter 4 will include the study findings, including statistical analysis of the survey results and thematic analysis of the interview transcripts. All data will be analyzed in relation to the study research questions. Chapter 5 will conclude the study and offer recommendations for future research.

Definition of Terms

For clarity of discussion, definitions of the following terms specific to nursing and nursing education will be used within the study:

Additional hours (as a subset of workload). Additional hours related to workload include scholarship, research or committee activities.

Adjunct clinical faculty. Part-time faculty that is hired to teach specifically in the clinical environment.

Associate of Science in Nursing (ASN). A two-year degree format which results in eligibility to take a state licensing exam to become a registered nurse.

Bachelors of Science in Nursing (BSN). A four-year degree format which results in eligibility to take a state licensing exam to become a registered nurse.

Care plans. An individualized plan for the nursing care of patients in a clinical setting.

Clinical Nurse Specialist (CNS). A graduate prepared nurse that works in the clinical area providing expertise in a clinical specialty for staff nurses and patients.

Clinical nursing faculty. Nursing faculty that carry clinical teaching assignments. This may be in addition to classroom teaching assignments.

Clinician. Nursing personnel which care for the general population in a clinical setting.

Licensed Practical Nurse (LPN). A technical program format which results in eligibility to take a state licensing exam to become a practical nurse.

Masters of Science in Nursing (MSN). A graduate degree for registered nurses

that contains multiple specialty options such as nurse practitioner, informatics,

and nursing education for example.

Overload. Course assignments in addition to an educator's routine assignment.

This may occur during the academic year or as summer course offerings for a nine

or ten month contracted educator.

Nurse practitioner. A graduate prepared nurse that works in a private practice or

clinical setting.

Simulation. Realistic clinical education involving a clinical scenario and

mannequins to mimic real world clinical experiences.

CHAPTER 2

LITERATURE REVIEW

Introduction

While similarities exist between historical and current nursing shortages,

additional attributes make this recent crisis more complex and more difficult to solve.

The shortage of bedside nurses is a critical component that directly ties into the nursing

faculty shortage and impact of job satisfaction in academe. A review of the literature

finds discussion of serious nursing shortages back to the early 1900s (*A Shortage of

Nurses,* 1921) and subsequent shortages throughout the decades since. Concurrent

nursing faculty shortages are also documented during these periods (National League of

Nursing Education, 1945). Multiple threads of literature exist regarding this topic of the

study. Review of relevant literature on causes for the nursing faculty shortage, nursing

faculty workload considerations, private practice versus educator salary, and general

faculty job satisfaction will be presented in this chapter.

Overview of the Issue

Extent of the nursing faculty shortage. According to a report from the AACN

(2015a), in 2014 nursing schools in the US turned away 68,938 qualified applicants due

to lack of qualified faculty, lack of funding, and lack of clinical and classroom space.

This is an increase from the almost 40,000 that were turned away in 2009, but a decrease

from 79,659 in 2014. In the AACN (2015b) report on faculty vacancies entitled *Special

Survey on Vacant Faculty Positions for Academic Year 2013-2014*, 60.9% (n = 414) of

the responding institutions reported full-time vacancies and 14.4% (n = 98) reported no vacancies but needing additional faculty members. In the South specifically, the vacancy rate reported was 10.7%. The need is the highest in baccalaureate programs with a 14.7% deficit, followed by master's programs at 11.0% and doctoral at 4.1%. Of the 1,312 vacant positions overall, 8.6% (n = 113) require a master's degree in nursing (MSN), 30% (n = 393) require a MSN but doctorate preferred and the majority 56.9% (n = 746) require an earned doctorate in nursing or a related field.

Also contained in the AACN survey (2015b) were the top barriers to faculty recruitment. In order by response percentage the results are: limited pool of doctoral prepared faculty (31%); noncompetitive salaries (28.4%); finding faculty with the right specialty mix (19%); finding faculty willing or able to teaching clinical courses (4.6%); finding faculty willing or able to conduct research (4.4%); and high faculty workload (4%). Correction of the faculty shortage should address some if not all of these barriers listed. Both preparation of graduate faculty, specifically those with terminal degrees, as well as administrative issues such as pay and workload are found within these the survey results.

Embedded in the shortage is the concern that a significant proportion of these vacancies that require a terminal degree. According to the AACN (2004), less than one percent of nurses have a terminal degree. These advanced degree lines staff the graduate programs which educate the educators. Without a sufficient pipeline of graduate prepared nurse educators, the supply of nurses will most certainly not increase. Analysis of this report leaves a grim outlook for a short-term solution. Aiken, Cheung, and Olds (2009) analyzed the distribution and projection of level of nursing graduate needed in

order to fulfill the faculty deficits. "Using unpublished data from the National Sample Survey of Registered Nurses 2004, we calculated that three times as many AD (associate degree) nurses a BSN (bachelor of science in nursing) would have to be educated to produce as many nurses with graduate degrees who could qualify for faculty positions " (p. w650). The authors posit the need for nurses is so great "having enough faculty…is a mathematical improbability" (p. w650).

Contributing Factors to the Nursing Faculty Shortage

   Funding of nursing programs in higher education. According to the literature, funding for higher education is at the core in resolving the faculty shortage (Bittner & O'Conner, 2012; Fox & Abrahamson, 2009; Roughton, 2013). Historically, the federal government has responded to shortages in the past through many programs such as the Cadet Corps and various grant and loan programs. One such major program is the Public Health Service Act of 1944 (American Public Health Association, 2009). Initially founded in 1787 and codified in 1944, this entity of the federal government oversees departments that address the health of the nation. From this foundational legislation various amendments have been passed which directly impact nursing education. In 1963 and 1964 Title VII and Title VIII were added to the Public Health Service Act. Title VII relates to specific health care professions with emphasis on medical education. Around this same time the Nurse Training Act of 1964 was implemented which funneled a significant amount, approximately $280 million into training programs to increase production of bedside nurses by up to 75% within five years (Yett, 1966). For federal fiscal year (FY) 2013, the US Senate proposed $256 million for Title VII areas including primary care, medical faculty loan repayment, geriatric care and preventative medicine

(National Association of Clinical Nurse Specialists [NACNS], 2013). Title VIII

specifically addresses nursing which covers funding for advanced nursing education;

nurse education practice and retention; workforce diversity; loan repayment and

scholarship; comprehensive geriatric education and the nursing faculty loan program. In

FY 2013, proposed funding for all Title VIII programs increased by 8.7% to $231 million

(NACNS, 2013). This is an increase from $150.6 million in FY 2005 and down from

$243.8 million in FY 2010 (Curtis, 2010). Although a primary source of significant

funding for the past 50 years, this source alone will not meet the increased demands for

nurses (American Public Health Association, 2009).

Changes to the level of funding from Title VIII can significantly impact nursing

and higher education. Previously monies were cut under Budget Control Act of 2011,

and this resulted in a loss of support for 2,725 nursing students and 299 underrepresented

nursing students, removed 487 training pathways for advance practice nurses, deleted 271

spaces in the Nurse Education, Practice, Quality, and Retention program, and 119 new

faculty positions were cut (AACN, 2013). The dependency on federal support must not

be the only solution, since this money is not guaranteed and any reduction can have far-

reaching effects. With the passing of the Affordable Health Care Act (United States

Department of Health and Human Services [UDHHS], 2010), provisions were made for

the support of nursing and nursing education under Title V Sections 5309-5311 that

directly relate to higher education issues. These include nurse education practice and

retention grants, loan repayment and scholarship program and the nurse faculty loan

program. The caveat to this support is the influx of new consumers under the Affordable

Health Care Act. According to the United States Department of Health and Human

Services (2015) an additional 16.4 million previously uninsured individuals have gained

access to health care since passage in 2010. While this is a positive turn for these clients,

it places additional strain on an already strained system without the adequate support for

agencies or significant programs to increase immediately nursing personnel to support the

influx of new clients.

Salary differences at the advanced practice level. The graduate degree opens

many possibilities for the registered nurse. With a master's degree, one can choose

between multiple specialty concentrations that will impact the potential career salary of

the nurse. While the degree level is the same, the financial outcome is very different.

In a 2011 report by the American Academy of Nurse Practitioners (AANP) titled

the *AANP National Nurse Practitioner Compensation Survey,* the salary ranges of nurse

practitioners (NP) and attributes of their work are offered. A total of 6,680 responses to

the survey were collected. The respondents averaged 11 years experience, 68% were

either family or adult NPs, and 70% practiced in areas with greater than 50,000 residents.

An average yearly compensation of $94,050 was reported and full time was defined as

NPs who work more than 35 hours per week. In 2011, the mean salary increased from the

2008 survey from $92,110 to $98,760. As the region of focus for this study, the base

salary for NPs in the Southeastern US is $87,653 with a total income of $96,916. Years

of experience also increased the total income of NPs. Those with one to five years

experience reported a base salary of $86,000 and a total income of $92,210. For those

with more than 25 years experience, a base of $92,830 and total of $101,080 was

reported. It is important to note the salary available to nurses of equivalent level graduate

education as compared to nurse educators.

In 2009, the University System of Georgia Board of Regents released a policy brief which not only examined the nursing faculty shortage overall but the faculty salaries within nursing and in comparison to other general faculty positions at the 35 nursing programs in the state. It is projected that the state of Georgia will have a 37,000 nursing position deficit by 2020 and one main contributing factor is the nursing faculty shortage that will restrict the number of graduates the system may produce.

The policy brief lists the 2007 median salary of all nursing faculty within the University System of Georgia at $54,690, a salary that is flat in comparison with other disciplines at $54,089. Other positions within Georgia are offered with 2007 inflation corrected salaries. In comparison are; NPs $73,843; nurse midwife $79,818; nursing director $100,542; clinical nurse specialist $73,750; and head nurse $75,990. None of these positions require a terminal degree and very often a terminal degree is required in academe to attain equivalent salaries. Based on this information it is clear that the nurse educator's salary is near the bottom when compared to others with like education or even compared with positions of less educational requirement.

Nurse educator job satisfaction and workload. Bittner and O'Conner (2012) detail the results and implications of a descriptive, qualitative study conducted in 2009 to analyze barriers to retention in nursing faculty and their overall job satisfaction. This study utilized a 32-item Likert questionnaire delivered via an online survey vehicle. With 229 respondents, 72.2% having a master's degree and 19.7% a terminal degree, issues including technology, the nursing shortage itself and teaching overload added to their workload. The study found 52% of those surveyed intend to leave academia within the next five years. Additionally, 57% of faculty reported having two or more jobs and 19%

reported having three or more. Compared to other non-nursing faculty within the same institution, 71% of the respondents reported having higher workloads and 65% stated the workloads were larger than expected when hired. The authors conclude multiple jobs are desired in response to the lower salaries offered to nursing faculty in comparison to graduate nurses in private clinical practice.

A review from Hoffer and Grigorian (2005) analyzed the average work week of doctoral scientists and engineers and found that the work week of the educator exceeded that of industry or government workers with the same level of training. Health science educators specifically worked 50.82 hours per week compared to those working in industry at 47.76 hours per week, or in government positions at 46.89 hours per week. Roughton (2013) found "full time nurse faculty reported working 53 hours a week on average when school is in session and nearly 25 hours per week during break periods" (p. 218). The actual demands of the job may not be adequately represented within universities. Ellis (2013) found clinical time, that involves acute care hospital settings and direct patient care with the addition of student oversight, was not accounted for accurately. Clinical instructors may spend 16-20 hours per week in direct acute care instruction or more, often in addition to didactic responsibilities. The credit awarded for clinical instruction may carry much less time when compared at actual face-to-face instruction versus credit for a seated lecture course. In 2000, the American Association of University Professors (AAUP) offered criteria for teaching loads that equate to nine hours per week for undergraduate instruction and six for graduate. The variability comes with the type of measurement used, as there is no current standard, whether the use of

actual face-to-face contact hours or a credit hours system. This criterion does not specifically address clinical teaching workload of health care degree educators.

Online and distance education is also a relatively recent addition to faculty workloads as the shift for fast-track programs and highly accessible programs are in demand. The competition for students is no longer bound by geography and national online for-profit universities have joined in the hunt alongside traditional brick and mortar institutions resulting in increasing online programs. The impact to an educator's workload is of concern. Tombei (2006) states, "online teaching requires 14 percent more time than traditional instruction…and while traditional teaching was more stable across the semester, online teaching fluctuated greatly during periods of advisement and assessment" (p. 531). In addition, Tombei suggests the ideal class size of 17 in a traditional format and 12 in an online format. Nursing courses are often much larger than this often upwards of 60 students in a traditional seated course and 30 in online offerings. Online courses are often not recognized for additional instructional time but given equal time to seated sections. There are additional demands on faculty in the online environment including the student's learning curve for technology, increased communication via email and maintenance of discussion boards in addition to the rigors of the curriculum.

In previous years, the schedule of the academician would be desirable. Faculty positions which would previously have significant time off during the holidays and summer are being replaced with constant expected availability in the online environment and the addition of evening and weekend offerings in differing program types. The nine month track is being replaced by a twelve month position, not a contractual change per

se, but teaching additional courses and overloads have become the expectation. There are just too few qualified educators to support the demand which in turn places additional demands on core faculty to cover courses that would otherwise not be offered without overages.

Aspects of nursing faculty job satisfaction and intent to leave have been analyzed (Baker, Fitzpatrick & Griffin, 2011; Bittner & O'Conner, 2012; Roughton, 2013) but often as a generalized component and not a specific analysis of the assignment versus actual faculty workload. Although Ellis (2013) conducted a national survey of nursing programs in the US to determine the measurement of assigned workloads on nursing faculty, she identified a need for additional research to correlate job satisfaction with workload after finding there is no consensus on acceptable workloads or the correlation to job satisfaction which may contribute to career longevity. In 2006, the National League for Nursing called for additional research to analyze specific components of the nurse educator's workload and how this affects faculty (National League for Nursing, 2006).

Empirical data on the extent of nursing faculty predictors for leaving academia is sparse and can be found mainly from nursing association demographic surveys (Buerhaus, Staiger & Auerbach, 2009). The current crisis has accurately been described by Fleeger and Connelly (2012) as the "perfect storm" due to the converging of issues peaking at the same time. Major issues facing the nation's health care system include an increased demand for nurses due an aging population, aging of current nursing faculty and practicing nurses with few students in the pipeline to replace them, overall lack of advanced practice nurses to provide acute care, and lack of space for qualified students in

higher education. Nursing was once considered a calling and a noble profession and still retains this aura, however modern times have seen many more attractive career options for women with less hours, more pay, and less physical demands than previously available in history.

General Faculty Satisfaction

While more recent literature on nursing faculty satisfaction is increasing as a direct push from the shortage crisis, there is substantial literature on job satisfaction in general. Issues related to employee job satisfaction resulted in a mainstream theory by Herzberg (1959) and is framed in terms of motivators and hygienes. Motivators increase job satisfaction and hygienes decrease. Although Herzberg identified 14 factors related to job satisfaction, his studies revealed the main influences on satisfaction are recognition, work itself, advancement, achievement, responsibility and salary in a lesser role. Herzberg's work has been validated by other studies in more recent years (Knight &Westbrook, 1999; Smith & Shields, 2013) and while this addressed generalized job satisfaction across multiple sectors of work, the issues presented are applicable to faculty.

In a study by Hagedorn (2000), general faculty satisfaction was analyzed and a conceptual framework resulted with 14 factors related to job satisfaction. Within the model she identifies two main areas which affect job satisfaction; mediators and triggers. Mediators are "described as a variable or situation that influences (moderates) the relationship between other variables or situations producing an interaction effect" and "triggers are defined as "a significant life event that may be either related or unrelated to the job" (p. 6).

She acknowledges that few theoretical models exist which analyze job satisfaction in general and "no one single conceptual model can completely and accurately portray the construct" (p. 6). In her study she acknowledges the work of Herzberg (1959) and summarizes:

> Interpreting Herzberg's factors indicates that the intensity of the work and the level of involvement achieved by the worker moderate job satisfaction. Thus, when a worker feels a high level of achievement, is intensely involved, and is appropriately compensated by recognition, responsibility, and salary, job satisfaction is enhances and job dissatisfaction is decreased. (p.8)

Results from Hagedorn's work indicate the "most highly predictive motivators were the work itself, salary, relationships with administration, student quality and relationship, and institutional climate and culture" (p. 13). Triggers analyzed included changes in life stage, personal life, rank and tenure, perceived justice, mood or emotional state and transfer to a new institution. The nurse educator does not exist as a self-reliant entity but in a complex work and social environment which may impact satisfaction. Responses to stressors, both positive and negative as explained in Hagedorn (2000), must be discussed in this study and in general.

Johnsrud and Rosser (2002) presented a study based on faculty morale and intent to leave. While some individual variables are beyond the scope of this study, of those included the authors did find that "faculty member's perceptions of their professional priorities and rewards, their administrative relations and support, and the quality of their benefits and services contribute to their morale, which has a direct impact on their considerations to leave their institution" (p. 537). Suggestion is made to consider individual campuses as a factor in the morale of the faculty members, acknowledging the variance between institutions, but also that work life attributes are common across

institution types. Overall the authors found that "it is the quality of faculty work life that matters most to the morale of faculty members, and it is the level of morale that matters most to the intent to leave at the individual level" (Johnsrud & Rosser, 2002, p. 535), and that the intent to leave does follow institutional types. In addition, it is important to note that although to a small degree, academic rank did have negative impact on morale specifically at the rank of full professor.

Based at the Harvard Graduate School of Education, the Collaborative on Academic Careers in Higher Education (COACHE) (2008) surveyed tenure-track faculty on multiple aspects of the faculty position including; clarity and reasonableness of tenure processes and review, workload and support for teaching and research, importance and effectiveness of common policies and practices, climate, culture and collegiality on campus, and global satisfaction. These were items identified as important to the retention of junior faculty. Regarding nature of the work overall faculty reported a higher satisfaction with teaching and less emphasis on research. Most reported being "somewhat satisfied" with their institution and would hold their current positions again. Within the results the gender disparity is clear in the findings. General faculty components directly align with the intent of the study proposed:

> Females reported significantly less satisfaction than did males with how they spend their time, the number of hours they work as faculty members in an average week, the quality of facilities, the amount of access to Teaching Fellows and Graduate Assistants, the COACHE research composite, and the COACHE support services composite.

> Females at both colleges and universities reported significantly less satisfaction than did males with how they spend their time, the average number of hours they work each week as faculty members, and the COACHE research composite.

At colleges, females reported significantly less agreement than males with two of the work/home statements—that their institution does what it can to make raising children and the tenure-track compatible, and that their colleagues are respectful of their efforts to balance work and home responsibilities—and significantly less satisfaction with the balance between home and work. (p. 7)

Although this survey was conducted without regard to specialty, these areas address the majority of nursing faculty in the country. Gender disparities are a concern in nursing overall considering that less than 6% of education or practice nursing positions are held by males (National Advisory Council on Nurse Education and Practice, 2010).

Overall the current nursing crisis is a multifaceted national health care issue and the resolution will require a coordinated national effort combining governmental resources and a significant revision of higher education practices related to nursing education and educators. Addressing the lack of qualified nursing faculty and attempting to find ways to remedy this situation falls squarely on the shoulders of post-secondary administrators and nursing programs. The job of a nurse educator must appeal to individuals to support longevity in their career. The literature shows there are external forces that may add to the vacancy rates, and job dissatisfaction regarding workload has been identified as an issue of concern.

Conceptual Framework

There have been numerous attempts to analyze employee job satisfaction related to personal and professional needs. Some of these attempts have resulted in theoretical models still referenced today such as Maslow's Hierarchy of Needs (1943), Hertzberg's Two-Factor Motivator-Hygiene Theory (1968), Eisenberger, Huntington, Hutchison and Sowa's (1986) Perceived Organizational Support and Allen and Meyer's (1990) progressive work on satisfaction as it relates to organizational commitment. Authors in

this area stem from the business and human resource fields and while faculty have been

the target of studies, nursing faculty have only recently become a major focus of concern.

Commitment to the organization and overall job satisfaction theories will serve to guide

this study.

       Organizational commitment. Allen and Meyer (1990) present an area of study

known as organizational commitment (OC). The analysis of job satisfaction related to

workload must be addressed alongside the willingness of the nurse educator to remain in

academia. Three areas are discussed including: 1) affective commitment (AC), which

reflects emotional ties to an organization; 2) normative commitment (NC), addressed

perceived obligation; and 3) continuance commitment (CC), which is commitment

related to perceived costs to the individual to leave the organization. This theory has

been used to forecast employment and performance issues. It has also been used to

analyze absenteeism and turnover. The purpose of their study is clearly stated:

> 1) to delineate the distinctions between three of the more common
> conceptualizations of 'attitudinal' commitment; (2) to develop measures of each;
> and (3) to demonstrate that these measures are differentially linked to variables
> identified in the literature as antecedents of commitment. (p. 2)

Emotional attachment is a concept previously presented (Kanter, 1968; Mowday, Steers

& Porter, 1979) and the work of Allen and Meyer expands upon the concept of emotional

commitment mechanisms. Allen and Meyer (1990) explain the relationship between the

three domains:

> Although common to these approaches is a *link* between the employee and
> organization that decreases the likelihood of turnover, it is clear that the nature of
> that link differs. Employees with strong affective commitment remain because
> they *want* to, those with strong continuance commitment because they *need to,*
> and those with strong normative commitment because they feel they *ought* to do
> so. (p. 3)

This theory addresses the personal drive of the employee to remain with an organization. Employees from manufacturing and university settings were surveyed using a blended questionnaire from Allen and Meyer and previous work from Mowday, Steers & Porter (1979). Allen and Meyer found the three components can reliably be measured and were independent of each other. While Allen and Meyer (1990) address the commitment from the employee, the perceived input from the organization is also a key component of career longevity and will be addressed building into one additional theory.

Perceived Organizational Support. Eisenberger, Huntington, Hutchison and Sowa's (1986) theory regarding perceived organizational support (POS) addresses the employee's perception of their relationship to their employer and how this relates to job satisfaction. The initial study included 361 employees from nine sectors including: manufacturing firms; white-collar workers and secretaries; credit bureau clerical workers; manufacturing firm; white-collar workers; telephone company; line workers; bookstore, bookkeepers, and clerks; law firm secretaries; high school teachers; financial trust company employees; and postal clerks. One of the main findings is "employees form global beliefs concerning the extent to which the organization values their contributions and cares about their well-being" (p. 504). In addition, "perceived organizational support is assumed to increase the employee's affective attachment to the organization and his or her expectancy that greater work effort will be rewarded" (p. 504). According to these findings, development of affective attachment to an organization may contribute to job satisfaction and OC which is addressed in Allen & Meyer's work. The 36-item Likert scale survey used by Eisenberger et al. (1986) included questions that addressed the

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employee's thoughts on value to the organization, use of talents, employee's well-being, input on organizational goals and decision to quit. In a later work Eisenberger et al. (1997) found that, "an employee may believe that the organization strongly values his or her contribution and cares about his or her well-being yet have low overall job satisfaction because the employer does not have the resources to prevent unfavorable treatment" (p. 818). This concept will address the potential need for additional nursing faculty lines related to increased teaching workloads, but the inability of the institution to provide for these lines due to budgetary constraints or administrative support.

Rhoades, Eisenberger and Armeli (2001) joined Allen and Meyer's work with their constructs of POS to explore the affective nature of OC in three combined studies. This study presents three views of the interaction of POS and AC. The authors addressed the following:

> Specifically, we considered (a) the mediating role of POS in the association between favorable work experiences and AC (Study 1); (b) the causal direction of the association between POS and AC (Study 2); and (c) the mediating role of AC in the association of POS with voluntary employee turnover (Study 3). (p. 826)

"Results suggest that employee's beliefs that the organization values their contributions and cares about their well-being increases AC which in turn, reduces turnover (Rhoades, Eisenberger & Armeli, 2001, p. 834). The use of OC and POS theories that are intertwined and developed over time creates a conceptual framework that addresses not only the personal needs of the employee, but the types of commitment that the employee might feel towards an organization which recognizes and respect the level of work offered.

CHAPTER 3

METHODOLOGY

Introduction

The purpose of this study was to explore the impact of didactic and clinical

teaching assignments and whether faculty members feel they receive adequate

acknowledgement of their workload and, in addition, whether workload affects career

satisfaction. This chapter will provide an overview of the research design, instruments,

validity and reliability, and methods of data collection.

Research Design

A pragmatic approach guided this study. Described by Creswell (2014), the

pragmatic study is a process whereby:

> the researcher bases the inquiry on the assumption that collecting diverse types of
> data best provides a more complete understanding of a research problem than
> either quantitative or qualitative data alone. The study begins with a broad survey
> in order to generalize results to a population and then, in a second phase, focuses
> on qualitative, open-ended interviews to collect detailed views form participants
> to help explain the initial quantitative survey. (p. 19)

More specifically, this study is an explanatory sequential mixed methods design

(Creswell, 2014), with an initial survey to collect demographic and career related

information followed by interviews to collect participants' thoughts on initial survey

findings and obtain more individualistic feelings on the work of the nursing educator.

This design resulted in both quantitative and qualitative components to this study, which

will add to the richness of data available for analysis. The survey included items from

the *Survey of Perceived Organizational Support* (SPOS) (Eisenberger, Huntington,

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Hutchison & Sowa, 1986) (see Appendix A) and additional role-specific questions developed by the researcher to address the research topic. The interviews were fashioned to complement the findings of the survey and allowed for additional supportive information on the survey findings.

Research Questions

Research questions were formatted to directly analyze the issues central to the premise of the study and responses from quantitative and qualitative data will address specific components of the questions below. Reliability and validity will be analyzed using various statistical and research methodologies appropriate for each type of data.

RQ1: Do nurse educators report receiving adequate credit for clinical and didactic teaching assignments?

RQ2: Do nurse educators report overall job satisfaction with their current teaching assignments?

RQ3: Given the opportunity to start again, would nursing faculty choose to pursue this career or would they choose a different career?

RQ4: If faculty were to leave academe, why would that be? and

RQ5: Is there a statistical relationship between tenure, rank and job satisfaction?

Retention of qualified faculty is a core issue in the nursing shortage. Identification of issues that may work against retention as seen through the eyes of a full-time nursing educator is of utmost importance in curbing the loss of qualified faculty over time and will add to administrative strategic planning for retention of faculty.

Background and Role of Researcher

The researcher has a vested interest in this topic as a registered nurse in the state of Georgia for 22 years and a nurse educator for six. Currently working at a four-year comprehensive institution in Georgia, the researcher is responsible for administrative leadership of a clinical course and oversees two full-time faculty, two-part time faculty, and 60 nursing students per semester. Responsibilities include didactic and clinical teaching, clinical placement of students in hospital and community clinical agencies, management of clinical adjunct faculty and intervention in student issues as they arise. Additional responsibilities include service to department and university committees, ad hoc committees, student advisement, scholarship and research. As the researcher, I use the data obtained in this study to form a more strategic response to the management of a nursing academic unit and beyond. While I am deeply interested in this topic, I am able to remain impartial and strive to report the data as it is shared in an unbiased and cogent manner.

Study Population

Nursing educators from all two-year and four-year nursing programs in the state of Georgia were identified as potential participants for this study. Targeted participants must work full-time and teach both didactic and clinical courses. Forty-eight accredited programs were identified via the Georgia Board of Nursing web site (Georgia Board of Nursing, n.d.) including all sectors. Institutional web sites were then reviewed to identify the dean or director of the nursing program and the initial invitation for participation was then made via email (see Appendix B). If no response was received from an institution's

dean or director, a follow-up email was sent a week later. If no response was received after the second attempt, the school was excluded from the study.

Self-reported administrators were excluded based on their work role which would most likely pull them from clinical teaching assignments but would also offer a different perspective to the study, one which was not part of the design. In addition, if a respondent did not carry didactic and clinical teaching assignments they were not included.

Data Collection Procedures

A two-step data collection procedure guided this study. After development of the survey instrument and approval of the researcher's committee and the Institutional Review Board at The University of Georgia, a field-test survey was given to three nurse educators to glean feedback on flow and content. Upon completion of this test and review of feedback, the initial formal study survey was distributed in the spring of 2015 with follow up interviews occurring in early fall of the same year. The survey was administered in two formats based on the preference of the dean or director of the respective schools of nursing, face-to-face or online. In the face-to-face offering, presentation of the survey was given at a pre-scheduled faculty meeting by the primary researcher. This delivery format increased response rates and also decreased additional time that would otherwise be required to schedule faculty meetings specifically for data collection. In addition to the paper survey, a separate form was offered to solicit volunteers for follow up interviews (see Appendix C). This form collected personal contact information and since the survey was anonymous, protection of this information was paramount. Interview volunteer forms were collected separately in order to decrease

the likelihood that the contact information could identify the survey participant if turned in together. At no point in the process did an administrator from the participating institution view or handle the completed paper surveys or interview volunteer forms.

For the online survey format, a Qualtrics link was distributed to the dean or director of the participating school. The link was not specific to the institution, but fed into the general results to summarize data in toto and prevent identification of individual respondents or determination of responses per institution. The online survey opened to the consent form (see Appendix D) and participants were required to sign consent before the actual survey content opened for completion. At survey completion, an additional link to a second Qualtrics form was offered for the interview volunteer form. This separated the survey responses and contact information much like the two-step paper format. Protection of privacy was clearly stated in the consent and all processes were designed to maintain anonymity for the participants.

Follow up interviews were scheduled via the preferred contact method of the participant offered on the interview volunteer forms. With interviews, the identity of the participant is known, therefore a separate consent form to record and participate was required (see Appendix E). Data that might reveal the participant's or institutional identity was not included in the results or summation which allowed for full responses to the interview questions. During the course of the interview, additional open-ended questions were used to clarify or expound upon points made by the educators. All questions were offered to each participant, however the flow of the conversation determined the order once initiated. Participants were made aware that the results would be reported in summative form and their individual responses would not be directly

identifiable. This allowed for more in depth personal responses including situational recounts of events related to teaching assignments, workloads, and organizational support.

Settings

> **Survey.** Settings for the survey occurred in two environments. In the face-to-face setting, the participant remained at their home institution, within known surroundings and completed the paper survey (see Appendix F). This occurred in a group format in classrooms where faculty meetings are typically held with the researcher present to administer the paper survey and answer questions. For the online responses, participants were encouraged not to complete these surveys on work issued computers but whether the participants complied cannot be ascertained.

> **Interviews**. Individual interviews were scheduled at a mutually agreed upon location; participant's institution or to the participant's home if preferred. Interviews took place in quiet areas away from other individuals, serving to decrease possible influence of external factors on the question responses. Most occurred in the respondent's institutional office with the door closed. Although face-to face interviews were preferred, geographic limitations and schedules necessitated three phone interviews. All phone interviews were administered by the researcher from her home and participants stated they were in their home or office and alone during the process.

> Individual interviews were selected over a focus-group format in order for the participant to feel free to share thoughts on their personal career as well as feelings on organizational and administrative leadership. Interviewees were encouraged to give examples and if a personal name or institution name was spoken, the information was

removed or a pseudonym was used in the final transcript to protect anonymity. This was a crucial component to the interviews and resulted in much more detailed data than might be possible with a focus group. Also, this decreased the possibility of peer relationships interfering with verbal responses in a group setting.

Interviews were audio recorded after consent was obtained and the audio files were sent to a transcriptionist electronically. The interviews varied in length from 30-60 minutes depending on the length of responses. The resultant transcript was hand-coded by the researcher and themes were analyzed within. It was beneficial to have a nurse educator collect data due to the familiarity of nursing education and terminology used in this health care field. For summative purposes, thematic qualitative data will be presented and supported by quotations from the interviews.

Three different institution types were included in the study; associate, baccalaureate and graduate. Educators from public and private institutions were included to identify differences between these subtypes if present. For-profit and research institutions were excluded due to the potential differences in available funding structures for maintaining faculty lines as compared to two-year and four-year non-profit programs. All ranks were included as are all tenure statuses with the caveat that participants must teach didactic and clinical courses. By including a diverse population, the study addresses program resource availability with regards to university program size and should serve to determine differences between workloads in different sectors if present. Based on the above criteria, nurse educators in 35 programs were identified and were sent the quantitative survey.

Instruments

Data were obtained using a two-step process including a survey and follow up interviews. This format of two instruments not only aided the collection of varied information including demographics, career description, and organizational support responses through the initial survey, but also informed the subsequent interviews by supplying more detailed personal responses on career satisfaction and perceptions of organizational support.

Survey. Organizational support theory is used as the basis for instrument selection. This theory "supposes that to determine the organization's readiness to reward increased work effort and to meet socioemotional needs, employees develop global beliefs concerning the extent to which the organization values their contributions and cares about their well-being" (Rhodes & Eisenberger, 2002, p. 698). Eisenberger, Huntington, Hutchison and Sowa's *Survey of Perceived Organizational Support* (SPOS) (1986), is used as the foundation for the study instrument. Permission was obtained from Dr. Robert Eisenberger (see Appendix G) and the survey is also available via his institutional web site at the University of Houston. Eisenberger has published extensively on the topic of Perceived Organizational Support and is recognized as a leader in this field. The initial instrument consisted of 36 questions in a Likert format with responses ranging from 0-7, strongly disagree to strongly agree respectively. Initially, a 36-item instrument, the SPOS returned "a reliability coefficient (Cronbach's alpha) of .97 with item-total correlations ranging from .42 to .83. The mean and median item-total correlations were .67 and .66 respectively" (Eisenberger, Huntington, Hutchison & Sowa, 1986, p. 503). From this initial 36-item instrument Eisenberger et al.

(1986) reduced the tool to 17 items which returned high eigenvalues and related to

"statements referring to evaluative judgments attributed to the organization" (p. 501).

Later studies reduced the tool to the eight-item instrument which was used in this study.

Rhodes and Eisenberger (2002) found "because the original scale is unidimensional and

has high internal reliability, the use of shorter versions does not appear problematic" (p.

699). Previous studies have found the SPOS to be related to job satisfaction (Aquino &

Griffeth, 1999; Eisenberger et al., 1997; Shore & Tetrick, 1991) with Cronbach's alpha

results between .90 and .95 for all studies referenced. In summation, "the POS is a

distinctive construct that the SPOS measures with high reliability" (Rhodes and

Eisenberger, 2002, p. 699).

Questions for the eight-item tool used in the present study were related to the area

of evaluative judgements and categorized by Eisenberger et al. (1986) as employee

performance, appreciation of the employee's extra effort, responses to the employee's

possible complaints, employee's well-being, improved performance, and employee's

satisfaction on the job. One alteration was made to the SPOS in this study and that was

the removal of the neutral response to all items. This resulted in a scale of 1-6 for the

survey instrument that included the following responses; 'strongly disagree,' 'moderately

disagree,' 'slightly disagree,' 'slightly agree,' 'moderately agree' and 'strongly agree.' In

this study, 10 questions were added to specifically address the nurse educator; these items

were interspersed with the SPOS items. On the study survey these questions are

numbered 1-7 and 16-18. The resultant survey is titled the *Nurse Educator Career*

Satisfaction Survey (NECS), and is included in Appendix F.

Interviews. Following analysis of the survey, 13 questions were developed for

the semi-structured interviews (see Appendix H). Guided by the conceptual framework

for this study, interview questions were developed using data from the survey responses

and literature review. The interviews enabled the researcher to more clearly understand

personal reflections regarding the workload and job satisfaction of the nurse educator in

different sectors of higher education. This format also allowed for analysis of individual

perceptions of career differences between tenure and rank.

Validity and Reliability

Overall validity of the study was supported by the use of triangulation. Patton

(2001) states "triangulation strengthens a study by combining methods. This can mean

using several kinds of methods or data, including using both quantitative and qualitative

approaches" (p. 247). Multiple methods of data collection were in the research design

and took the form of an initial survey followed by interviews for survey participants to

review survey results and offer additional insight. In addition, the survey and interviews

took place approximately four months apart covering two academic terms of workload

assignments. During the interview, ideas and comments were clarified for content and

applicability to the study and participants were encouraged to reflect upon the interview

and offer additional thoughts after completion if so desired. A few participants sent

additional information in subsequent email messages and this information was added to

their interview data.

The relationships between qualitative data and the constructs of validity and

reliability are addressed by Lincoln and Guba (1985) stating, "since there can be no

validity without reliability, a demonstration of the former is sufficient to establish the

latter" (p. 316). Respondent validation was also used in this study. By gathering initial

survey data and coupling with follow up interviews, Maxwell (2005) states this method

is:

> the single most important way of ruling out the possibility of misinterpreting the
> meaning of what participants say and do and the perspective they have on what is
> going on, as well as being an important way of identifying your own biases and
> misunderstanding of what you observed. (p. 111)

Researcher's position is a consideration in qualitative research and may affect data

collection if not addressed. This is also termed reflexivity or "the process of reflecting

critically on the self as researcher; the 'human as instrument'" (Lincoln & Guba, 2000, p.

183). Although the researcher is an active nurse educator, the study was approached in

an objective manner with inquiry presented in this form. Personal experiences drove the

research topic and questions, however, during the data collection process, objectivity was

maintained so as not to affect study results and to obtain genuine results.

Reliability is more difficult in qualitative research methods since this human

aspect is a critical element of the process. According to Merriam (2009):

> Traditionally, reliability is the extent to which research findings can be
> replicated…and the connection between reliability and internal validity from a
> traditional perspective rests for some on the assumption that a study is more valid
> if repeated observations in the same study or replications of the entire study
> produce the same results. (p. 221)

Although replication of the study in toto is not available for discussion, a saturation of

interview responses was achieved and the repeated similar observations aid in the

reliability of this data and study design.

Data Analysis Procedures

Survey. The NECS contains two parts; a demographic section which identifies personal and career attributes such as length of career, academic rank and tenure status, and the survey itself combining the SPOS with the ten newly developed questions regarding the nurse educator role. Responses from the paper surveys were entered into Qualtrics by the researcher to summarize all data in one common tool. Online responses fed directly into the Qualtrics system. Results from the survey were analyzed using GRETL statistical software. For the paper survey data, the paper responses will serve as the original data verification once entered into Qualtrics for analysis.

Interviews. After completion of the interview, transcripts were printed and reviewed using the original audiotapes for verification and completeness. Omissions by the transcriptionists were corrected and any incorrect words or statements were corrected as well. After editing, the interviews were coded by hand noting thematic threads. The transcripts were reviewed multiple times on different days to allow for a fresh look at the responses and confirmation of emerging themes. Each interviewee was assigned an alias to protect anonymity.

In summary, the explanatory sequential research design was formatted to elicit generalized and then more individualized responses to questions on career satisfaction based on an organizational support theory. Both quantitative and qualitative formats were used and data was collected at different times in order to validate responses.

CHAPTER 4

STUDY RESULTS

Introduction

The purpose of this study was to analyze didactic and clinical teaching

assignments and whether faculty members perceive these assignments as an adequate

representation of their actual workload, and in addition, whether this may impact their

intent to remain in nursing education. Data were collected in a two-step process utilizing

the NECS and follow-up interviews to more precisely analyze individual responses on the

study variables.

This chapter addresses the findings of the NECS and the subsequent interviews.

Results will be presented in two sections addressing each component of the study design,

survey and interview. Each section will include demographic data using aliases where

appropriate while discussing qualitative data. The study design mandated an anonymous

presentation of responses to maintain protection of the participants. This chapter

concludes with an analysis of survey and interview data to directly address each research

study question.

Nurse Educator Career Satisfaction Survey

Demographics. After an initial email invitation, eight deans or directors agreed to

participate in the study. Data collection occurred in person at two schools and online at

six others. Within the eight schools, a potential of 187 faculty members were offered the

chance to participate. Of 82 respondents to the survey, nine were eliminated due to lack

of concurrent classroom and clinical teaching assignments, and seven were eliminated due to self-reported institutional administrative roles. The survey resulted in 66 respondents that qualified to continue within the constructs of the study target population, however, two did not complete the survey. This resulted in 64 completed surveys and a 78% completion rate of those that met study criteria and began the survey. With 64 completed surveys out of the potential 187, a final overall response rate of 34% was obtained.

Deans at two schools agreed to a face-to-face presentation of the study and administration of the survey; one a doctorate-granting university, and one a baccalaureate. The responses were higher for these two sectors due to the presence of the researcher and the immediate administration and collection of the survey. With the restriction on administrative positions and the inclusion of educators that teach both didactic and clinical, a very limited number of full professors were not eligible to participate in the study. Remaining participating programs included one at a two-year, two at graduate granting, and three at doctorate granting institutions. Participants in all settings teach in either a two-year or four-year nursing program as mandated by the study criteria.

Initial analyses of the NECS survey data were performed to obtain the demographic overview of study participants. Descriptive statistics for this area can be found in Table 1 and are presented respondents' rank, tenure, and institution type. The largest institutional sector represented is baccalaureate programs (n = 24, 38%) with doctorate-granting a close second (n = 23, 35%). The majority of respondents were assistant (n = 23, 36%), or associate professors (n = 22, 34%), and hold a Master's of

Science in Nursing degree (n = 38, 59%). Also, the majority of respondents were in a

non-tenure track position (n = 36, 56%). For service in the area of education, the average

length of full-time teaching was 7.8 years, with the minimum of six months and a

maximum of 41 years. The most common length of service was 0-5 years (n = 28), with

6-10 years (n = 15), and 11-15 years (n = 13) closely following. Remaining respondents

have reported years worked of 16-20 (n = 2); 21-25 (n = 2); 36-40 (n = 3); and one

reported 41 years of service.

Table 1

Academic Rank and Tenure Status by Institution Type

| | Institution Type | | | | |
Demographic	Associate or Technical	Baccalaureate	Master's	Doctorate-Granting	Total Sample
Academic Rank					
Lecturer	0	1	0	2	3 (5%)
Instructor	4	6	1	1	12 (19%)
Assistant Professor	6	8	3	6	23 (36%)
Associate Professor	2	8	0	12	22 (34%)
Professor	0	1	1	2	4 (6%)
Total	12 (19%)	24 (38%)	5 (8%)	23 (35%)	64 (100%)
Tenure Status					
Non-Tenure Track	5	12	2	17	36 (56%)
Tenure Track	7	8	2	2	19 (30%)
Tenured	0	4	1	4	9 (14%)
Total	12 (19%)	24 (38%)	5 (8%)	23 (35%)	64 (100%)

Distribution of workload. Information on workload was collected on two

venues of instruction common to nursing programs, classroom and clinical agencies, as

well as a third area for additional activities. Examples of activities were offered for all

three areas explored: didactic activities included classroom hours, classroom preparation and, teaching and grading activities; clinical hours included teaching in health care agencies, grading care plans and, administrative oversight of the clinical group; and additional activities included committee appointments, personal scholarship, and research.

A wide distribution of hours worked was reported in all areas. Weekly averages across all ranks and sectors were 21.3 hours for the classroom (range 5-70), 16.7 (range 2-36) for clinical and 10.3 (range 2-30) for additional activities. The average reported total weekly workload in hours was 48.4. This aligns with previous studies that nursing faculty carry a heavier perceived workload and work more than 40 hours per week on average (Hoffer & Grigorian, 2005; Roughton, 2013). For discussion, the distribution of hours based on rank in Table 2 and tenure included in Table 3.

Table 2

Workload - Weekly Hours Distribution by Rank

	Lecturer	Instructor	Assistant Professor	Associate Professor	Professor
Activities					
Classroom	14.7	27.8	22.9	19	22
Clinical	14	16.2	17.6	15.3	23
Additional	1	12.7	7.6	12.5	10.5
Total Hours	29.7	56.7	48.1	46.8	55.5

Survey responses revealed that instructors carry more classroom hours at 27.8, while professors carry the most hours for clinical instruction at 23. In this study, two out of the four professors stated they spend an average of 30 hours per week with activities

surrounding clinical teaching. Whether this high number of hours is assigned or a personal decision to remain in the clinical setting at the full professor rank is unknown. These two responses elevated the average of the four professors participating.

Table 3

Workload - Weekly Hours Distribution by Tenure

	Non-Tenure Track	Tenure Track	Tenured
Activities			
Classroom	22.7	19.3	19.8
Clinical	17.3	16.3	15.6
Additional	9.7	9.3	15.2
Total Hours	49.7	44.9	50.6

With regard to tenure status, non-tenure track educators reported the highest classroom workload spending 22.7 hours per week with didactic activities. Tenure-track educators reported 19.3 hours and tenured reported 19.8 hours. All three areas of tenure are close in average hourly workload. The non-tenure track did have a few individuals reporting more than 40 hours per week devoted to didactic activities only. One respondent reported 70 hours of classroom activities per week with a total workload of 110 hours per week as an instructor at a four-year program. Although this level of workload tops the data, it is not so far out of range from other responses that it should be excluded from consideration.

For overall clinical hours, averages decreased as tenure level increased (see Table 3). As shown, tenured faculty focus time on other endeavors and generally have a lesser presence in clinical teaching. Although decreasing, this analysis reveals all tenure

statuses are close to average in clinical workload. Data on additional activities supports

previously known distributions with tenured faculty carrying the highest average at 15.2

weekly with non-tenure and tenure track at 9.7 and 9.3, respectively.

Table 4 reveals the distribution of workload by academic rank and supports the

previous finding that instructors carry the highest average workload in this population.

There are a number of new educators in the field of respondents and the initial

development of class material may account for the increased hours reported in this subset

of the study population.

Table 4

Frequency Table - Workload in Hours by Academic Rank

	Lecturer	Instructor	Assistant Professor	Associate Professor	Professor	Total by Workload
Total Hours						
20-30	1	1	2	2	-	6
31-40	1	2	6	5	-	14
41-50	1	2	10	8	2	23
51-60	-	2	1	5	1	9
61-70	-	1	3	2	-	6
71-80	-	-	1	-	1	2
81-90	-	2	-	-	-	2
90-100	-	1	-	-	-	1
101 +	-	1	-	-	-	1
Total	3	12	23	22	4	64

Note: (-) indicates no responses for defined criteria

Based on tenure status and for total weekly workload reported, tenured faculty

carry 50.6 hours, non-tenured at 49.7 and tenure track at 44.9. Most respondents work

between 41 and 50 hours per week. Over two-thirds of the respondents (n = 44) reported

working more than 40 hours per week on average, a total which is consistently above the

generally accepted 40 hour full-time work week standard. This finding supports previous

literature in that nurse educators work more than other sectors of higher education and

other professions (Hoffer & Grigorian, 2005; Roughton, 2013).

Table 5

Frequency Table - Workload in Hours by Tenure Status

	Non-Tenure	Tenure Track	Tenured	Total by Workload
Total Hours				
20-30	5	1	-	6
31-40	8	6	1	15
41-50	10	10	4	24
51-60	4	-	4	8
61-70	5	1	-	6
71-80	2	1	-	3
81-90	1	-	-	1
90-100	-	-	-	-
101 +	1	-	-	1
Total	36	19	9	64

Note: (-) indicates no responses for this area

Survey reliability. The SPOS has shown reliability (Eisenberger, Huntington,

Hutchinson & Sowa, 1986), however the additional questions developed for this study

have not previously been tested, therefore I performed a reliability test for the unique

instrument used in this study. For reliability, Cronbach's alpha was implemented. Using

the data on all 18 variables of the NECS, a Cronbach's alpha of .89 was returned. For the

new variables alone, a reliability of .79 was returned. With .7 or higher as the commonly

acceptable level of reliability and .8 or higher as a level of good reliability the instrument

used in the study is sound. A complete summary of NECS survey responses may be

found in Appendix I.

　　　　After completion of a factor analysis (see Appendix J), a principle components

analysis was conducted with varimax rotation assuming independence across factors (see

Table 6).

Table 6

Principle Component Analysis

Component	Initial Eigenvalues			Rotation Sums of Squared Loadings		
	Total	% of variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.11	39.50	39.50	4.38	24.34	24.34
2	1.96	10.89	50.38	3.39	18.86	43.20
3	1.42	7..91	58.29	1.47	8.19	51.39
4	1.21	6.74	65.03	1.33	7.39	58.78
5	1.03	5.73	70.76	2.16	11.98	70.76
6	.88	4.87	75.63			
7	.77	4.60	79.93			
8	.64	3.55	83.49			
9	.58	3.24	86.73			
10	.45	2.48	89.21			
11	.41	2.27	91.48			
12	.36	2.00	93.47			
13	.28	1.57	95.05			
14	.24	1.36	96.41			
15	.23	1.30	97.71			
16	.17	.93	98.64			
17	.14	.8	99.44			
18	.10	.56	100.00			

The analysis revealed five components with eigenvalues above 1.0 that collectively

account for 70.76% of variance. The five factors can be summarized as: 1) positive

perception of organizational support; 2) satisfaction with workload distribution and

career; 3) enjoyment of clinical teaching; 4) enjoyment of and adequate credit for

classroom teaching; and 5) positive perception of organizational support for wellbeing.

Results from this analysis show that items on the unique instrument I created (that

included the SPOS as well as new items) was an appropriate measure of work satisfaction

for nursing educators.

A correlation matrix was completed to further examine relationships between

tenure, rank, and job satisfaction and to answer research question four, I completed a

correlation matrix. Table 7 shows the correlations between key variables included in the

final model.

Table 7

Correlation Among Variables of Interest

Career Satisfaction	Rank	Tenure	
1	-0.1383***	-0.1948***	Career Satisfaction
	1	0.4254	Rank
		1	Tenure

*** p<0.001

Note that rank and job satisfaction are negatively and significantly correlated. This is

also true for tenure and job satisfaction. Therefore, as rank and tenure increase, career

satisfaction decreases. In addition, rank and tenure are positively correlated although not

at a statistically significant level. Caution should be taken in strict interpretation of this

data based on the unequal distribution across tenure and rank categories for survey participants.

Qualitative Interviews

Demographics. Volunteers for follow-up interviews were solicited at the time of survey distribution. Twenty-three educators from five participating institutions volunteered for the interviews. One was eliminated due to an administrative role self-disclosed on the paper form. About 10 weeks after completion of the survey, all 22 volunteers were contacted via method of their choice and 10 interviews were completed. Interview participants represented each of the institutional sectors identified for this study, with one interviewee from an associates program, six from baccalaureate programs, two from graduate programs, and one from a doctoral institution. All respondents said they teach in a either a two-year or four-year program which fits the criteria of the study, however, the institution type is included in the table below to account for the level of nursing program and environment in which the faculty member works. Ranks represented include one professor, five associate professors, three assistant professors and one instructor. Length of service in full-time nursing education ranged from 1 to 17 years. For tenure status, five were tenured, two were on tenure track and three are non-tenured. For discussion herein, participants are assigned a random alias which does not correlate to any interview or survey participant. Table 8 lists the alias with institutional sector, rank, and length of full-time service.

Table 8

Interviewee Demographic Information

Alias	Institutional Sector	Rank	Tenure	Length of Service (years)
Abbey	Graduate	Assistant Professor	Tenure Track	12
Barbara	Baccalaureate	Assistant Professor	Non-Tenure	3
Carey	Baccalaureate	Associate Professor	Tenured	14
Claire	Doctoral	Professor	Tenured	14
Evelyn	Associate	Associate Professor	Tenure Track	17
Grace	Baccalaureate	Associate Professor	Tenured	11
Lindsey	Graduate	Instructor	Non-Tenure	1
Marie	Baccalaureate	Assistant Professor	Non-Tenure	3
Minnie	Baccalaureate	Associate Professor	Tenured	14
Reba	Baccalaureate	Associate Professor	Tenured	10

Interview themes and sub-themes. Responses to the interview questions were

analyzed and major themes and subthemes were categorized. Thematic relationships are

shown in Figure 1. Although the impact of workload on career longevity is the main area

of inquiry for this study, additional themes evolved in the interview process and are

included in analysis as all themes impact the career of the nurse educator. Some themes

and sub-themes cross-over and can be assigned to various categories and this will be

discussed with the presentation of data. For instance, the move from bedside nursing into

academia would apply to both the career choice theme as well as the affective response

theme if in fact the decision to change was based on an emotional desire.

Career Choice	Career Satisfaction / Dissatisfaction	Career Affective Response
• Entry into Teaching • Stressors Initiatiating Change	• Workload • Finances • Organizational Factors	• Teaching • Nursing Profession

Figure 4.1 - Major Themes with Sub-theme Threads

Career choice– entry into teaching. A nursing degree opens doors into numerous career pathways at the graduate level, some of which are education, informatics, practitioner and clinical nurse specialist. All of these areas draw upon the foundational knowledge of nursing obtained in the initial degree whether that has been acquired through an associates, bachelors or previous hospital-based diploma program. Based on interview comments, participants' the entry into teaching was not always a direct path, and in fact, many fell into education somewhat haphazardly and in response to numerous personal needs.

Lindsey is a new educator with one year of experience. She recounted her entry first into clinical education and subsequently into higher education:

> I had been a nurse for probably ten years and had worked in the ER and was getting very burned out and was getting very tired. I had a friend who said, 'I know the director at [General Hospital]. She's looking for an educator.' I never thought I would get the job but I did go and interview. We clicked. We had great ideas and she hired me despite the fact that I had no education experience, no formal educator experience, I loved it. I love teaching classes. I love that whole role of new grads and precepting and classes and everything that I was exposed to. Obviously, the next step was to go back to school. I went back to school and got my MSN in education. I met some wonderful people who really encouraged

me and said you should do this, you like it, you're good at it. That's in essence how I ended up where I am.

Lindsey obtained a part-time adjunct position during her last year in graduate school then progressed to a full-time position upon graduation. Physical and emotional stress that lead to burnout prompted the need for change. Education was not presented as an initial career goal for her, but was offered by a friend as a way out of the demands of clinical nursing.

The career path for another interviewee, Barbara, was also indirect. At the time of our interview, she was a 3rd year educator, associate professor at a baccalaureate program. After her nursing degree and working as a nurse, she chose to pursue an additional degree that would take her out of nursing but still allow her to be involved with health care.

> I've been a nurse for 13 years. I actually graduated from the institution that where I currently teach. I started out as an ER nurse and then became a public health nurse and while I was a public health nurse, I decided to get my bachelors and my masters with hopes of going into a different field. My masters is in health administration and leadership with an emphasis on that. I was really hoping to get a job with the CDC and do some global health work. I had applied there. I applied at several different places and I applied here as well and they called me back first, so I came here.

This type of entry into a formal educator's role is not uncommon in nursing. Often nursing educators are hired with little to no formal teaching experience.   This places additional stress on the individual in not only changing positions from a clinically-based emphasis to one of academia, but also entering a brand new field, often with little to no foundation in education.

Career choice – stressors. Lindsey's entry into education came as a result of burnout as a staff nurse in the ER. Not only do on-the-job stressors exist, but additional

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stressors on the educator were voiced which occurred before and after taking positions in academia.

Claire, a 14-year veteran at a doctoral institution, recounts her decision to enter education instead of clinical practice early in her career.

> I was probably 30, in my early to mid 30's when I got my bachelors degree. Then after a couple years out I thought I'd go on to get a masters degree. When I finished my masters as a clinical nurse specialist and I did not sit for that exam at that time because they called for 400 hours clinical in the program and 400 hours clinical outside of that which would have been in addition to my normal workload.

This requirement and her current working status prevented her from completing the certification for her chosen position at that time.

Reba has resisted the return to full-time clinical nursing because the schedule of academe works better for her family. Although her husband has questioned remaining in her current educator role, Reba discussed the need for long hours away from family and the need for extra support in the way of child care to manage the longer hours of a clinical nurse position.

Career satisfaction / dissatisfaction – workload. Initial data on workload in hours was obtained in the NECS demographic section of the survey and overall respondents reported being satisfied with their teaching assignment (mean of 4.38 in range of 1-6), however, the balance of workload between clinical and classroom was lower at a mean of 3.81. Here, qualitative data will be analyzed in relation to the quantitative findings. Interview questions which resulted in this sub-theme included workload distribution, the one area which demands the most of the educator's time during the week, and the difference between the workloads of junior and senior faculty.

Abbey, a 12-year educator at a baccalaureate program, was asked about her weekly workload distribution and she responded she consistently works more than 40 hours per week.

> Easily more than forty. Some weeks, probably sixty plus. Because in clinical, let's say my hours were 6:45 a.m. to 1:45 p.m. You have to get there early, you have to be there before the students get there, and then you never leave on time. You're always there an extra hour or so getting paperwork done, getting your charting done or whatever. Even though it's only supposed to be a six-hour day, it usually ends up being an eight-hour day. Or if you have eight hours days, usually those end up being nine or ten hour days. Then you have to grade care plans, too. You don't get credit for any of that. To get caught up I bring work home on evenings and weekends.

This is a consistent finding regarding workload. Evelyn, a 17th year educator at an associates program describes her workload history.

> Consistently I would say 60 to 70 hours a week consistently for years, yeah I could say that was pretty much my average week. I keep track sometimes and I was up to 90 hours which…well, I was exploiting me. If I'm going to have a husband which is my plan, I can't keep working 60, 70, 80 hours a week and not have a life because he actually said 'I'm tired of looking at you by the glow of computer light', because there's always a computer in my lap. I'm in the car and there's a computer, at the airport there's a computer, I'm on a flight and there's a computer…and then with watching TV just to keep company with him. He will watch TV and my computer is on my lap.

This statement reflects a similar comment from many of the interviewees' on their work ethos. Evening and weekend work is the norm and typically not accounted for in credit for workload assigned. One method that is consistently used to measure the workload of the nurse educator is the contact hour. The use and definition of the contact hour varies widely between institutions and no standard for the use of the contact hour was discovered amongst institutions in this study. Carey, a 14-year educator at a baccalaureate program, explained her institution's contact hour requirement:

They [administration] want you to have 15 hours of face-to-face time or I forget what they call it, contact hours a week. They won't take into account the advisements that we do. They don't take into account the computer time that we do…and consequently it's very hard for us to get 15 hours. They don't even have a way to designate online course hours. I pick up as many additional hours as I can from the associates program.

Carey disclosed discrepancies in hours and working more than 15 hours, however, some activities, such as checking on external clinical sites, is not counted as part of her contact hour requirement. Therefore, she admits to entering in a lower amount so administration will accept it although it is not an actual reflection of her true workload.

Evelyn expressed her feelings on the use of the contact hour format and the system as a whole.

I think the whole contact hours system is a crock. Why is three hours of clinical teaching not equal to three hours of [classroom] teaching? That's a joke. Excuse me, but this skill set I use in the clinical area is probably greater than what I use in the classroom setting. Whoever did that and sold it to nurses who are still buying it was a genius. Nurses are idiots for still doing it.

Grace, a tenured associate professor with over 10 years teaching experience at a baccalaureate program echoes some of the same concerns as Evelyn with regard to the contact hour system.

Workload is a huge issue, I mean across the state of Georgia…and nobody knows. There's no set formula, there's no standard…everyone's doing what they want to do…and doing it a different way and so workload is very much not reflected in this little workload documentation we turn in.

Continuing the discussion on workload, another discrepancy was revealed between faculty assignments in general. Junior and senior faculty in institutions may have different requirements and expectations. In some institutions, senior faculty members are

charged with grant management or research activities for example. Abbey was asked about workload in general then equality of workload between junior and senior faculty.

> Honestly, I do not know how credit is assigned. With team teaching if it's a three-hour course and we're sharing, I'll only get one hour. We get very little time for coordinating which takes a lot of time. There is a very big difference between junior and senior faculty. Junior faculty are kind of like the workhorses, and senior faculty are more of the people that get the opportunities to publish, and travel, and go to conferences and stuff. Junior faculty don't get opportunities like that. We're too busy teaching, and working, and grading papers while other faculty are able to do those types of things. We don't get travel money, we don't get help. We're not on the committees that publish, we're not on the grants committees that publish. It's very, very difficult. Even though it's expected, it's still very difficult if not impossible. There's a lot of animosity between junior level and senior level faculty. The senior level faculty and the administration are oblivious to that, so it doesn't really matter. We've had a lot of turnover in the past three years. People are up and leaving. People that want to do a good job, and people that are really hard workers are leaving because they're tired of not getting recognized for what they do. A lot of junior faculty have left. Senior faculty have it made. They're not leaving. They have it made, they don't want to leave. Their workload is totally different, they're getting credit for graduate courses that are breezes while others of us have really a hard workload. Graduate courses get counted almost double, not quite double, and you have less students. When I asked about that to the department chair, I was basically told to stop complaining. I get four hours for an online graduate course, and I have five students in the course. When I had seventy students in a three hour course, I got an hour and a half.

The discrepancy in workload and the animosity it creates at this institution places additional environmental stress on the employees. As clearly seen in Abbey's description, there is a distinct difference in assignments at her institution. Upon further discussion with her, faculty across all ranks and tenure at this institution are required to participate on college and university committees and in community service. Those two attributes of the role held the same for junior and senior faculty. Other attributes may

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affect this also, however, this appears to be a present threat to workplace cohesion. The frustration Abbey expressed while discussing this topic was palpable.

Burnout from teaching was also mentioned as an example of a perceived difference between junior and senior faculty workloads. Interviewee Claire described a strategic curriculum development to assist senior faculty out of the clinical arena and into a more controlled environment.

> I was becoming increasingly dissatisfied teaching medical surgical nursing because I was not practicing medical surgical nursing. I was practicing psych. I'm in my 50s and I physically cannot take students on a hospital floor for 10 hours anymore. I just can't do that. I don't have the patience with them, I just cannot do that physically and mentally. I developed a patient simulation which is carrying throughout in order to get me out of the hospital environment and we were actually developing that culture and as our faculty age, we are getting older, that we can move out of those difficult clinicals on the floor and into something that's not as physical and mental and that some of the junior faculty take over that aspect. I think that's working. We're all working towards that. We've got a plan.

Shifting the perceived tougher clinical teaching to junior faculty could also be adding to the stress of their workload and impacting career longevity. Increased workload in the early years may be a contributing factor in the loss of qualified faculty mid-career which directly addresses the nursing retention crisis we are experiencing.

Claire described the assigned workload at her doctoral institution and stated that all faculty members were expected to carry 12 teaching hours per semester. These hours can be split across multiple courses and clinical groups. The issue of tenure requirements including pressure to publish annually is added to the discussion.

> Well, we just recently had a culture change. So with the previous administration, yes, we were all expected to be on committees and at one point when I was promoted I was on 12 committees that year and actually chaired three of them and was secretary on the senate. It was crazy but it did count into my promotion. Now our new provost decided she wants us to start publishing once a year with no

reduction in teaching load. However, when you look at research universities, we're not a research university, we are teaching university, research universities get a reduction in teaching loads down from anywhere from 6 to 9 hours in order to do that research and get those publications out. Our provost has decided they want us to publish so there's a big, huge going on on campus right now. There's a committee looking at promotion and tenure throughout the whole university. Pretty much we been told if we don't publish we won't be promoted.

Responses regarding workload on the survey were positive, however, the face-to-face interview conversations allowed more detailed data to be elucidated. When Minnie, a 10-year veteran, was asked if she was happy with her teaching assignments, her response reflected the positive data from the survey but also added qualifying information.

> Researcher: Looking at your current assignment are you satisfied with what you have right now as far as your teaching load?
>
> Minnie: That's funny. I guess I would say yes I'm okay, I wouldn't say extremely excited, but I will say I'm okay.

She goes on to explain one reason for her response is that she is not currently teaching in her area of clinical expertise. In addition, she has just transitioned to a position that requires more time in the development and implementation of campus clinical simulations. Due to this change in her responsibilities, she admits that at least five to 10 hours per week of additional work are not accounted for in workload recognition.

Interviewees reveal that additional requirements also increase workloads. When asked which of her activities takes up most of her work week, Claire describes her participation with committee service activities and the emphasis this has at her institution.

> The committee work takes up the majority of the time, especially if I find myself on a university committee. Fortunately, I have not found myself on one now but have been in the past and that takes up quite a bit of time and then teaching…even though we are a teaching university it doesn't feel that way. It feels like the committee work takes precedence over the teaching and it does. You need to put that in there because everyone knows this. Yeah, it's like we really focus on

teaching [sarcastically]. No, we don't. It's all the committee work that we have to do.

Scholarship, teaching and community work constitute the promotion and tenure standard trio of mandates for institutions and this is common across disciplines. The community component, although not specifically addressed in the study criteria, is a part of the overall picture of the educator. Marie explained some of the activities she has participated in this past academic year and they include two nursing conferences, volunteering at a community clinic, attending a six-week test writing workshop and assisting with blood drives. In addition she is studying for her Nurse Educator Certification offered through the National League of Nursing. While all of these activities count towards promotion and tenure, they are typically not considered in the overall workload of the position. Activities such as these are expected without accommodation for time.

Career satisfaction / dissatisfaction – finances. Current literature has clearly documented the pay discrepancy between nurses with equal educational levels practicing in different specialties and educators with similar educational levels but teaching in different disciplines (AACN, 2015a; Roughton, 2013). Salary has also been found to impact intent to leave academia (Bittner & O'Conner, 2012). Specific to nursing, while both require a master's degree, salary for a nurse practitioner in private practice far exceeds that of the nurse educator, and depending on the specialty, could be more than double. In addition, nursing educators in academe make less than that of equal counterparts in other disciplines. Many interviewees mentioned the pay discrepancy in discussion and as a source of their dissatisfaction. Abbey shared her concern with pay but also the emotional reason she stays:

I'm here for the students, so that's where I get my satisfaction from. The students that I have here at this university, when they graduate and when they go on, it really makes a difference in their life, which touches my heart, and that's why I'm here. Of course I'm not here for the money, that's a joke. I'm here for the students.

Reba has been a nurse for 22 years and a nurse educator for 10. She, too, is experiencing financial concerns with her position at a baccalaureate institution. When asked if she is satisfied in her career as a nurse educator she stated:

Reba: For the most part, yes. 90% of the time I am.
Researcher: What is the other 10%?
Reba: Money...having a hard time making ends meet. If I ever consider leaving it's over money. I've got three children, we all have our own demons I guess, if you call it that. But just making ends meet and we don't live lavishly. You know, I don't drive a new car, and I don't have a brand new house but we have our regular bills and to put the two kids through college and thinking about scholarships and sports and well you know. I have more than once thought I need to leave teaching so I can make more money because I am masters prepared and I can go work in a clinical and make probably $20-30,000 more per year in private practice.

The pay variance is not trivial by any means as evident by the possible pay increase available to Reba were she to switch to a clinical private practice position. Before her transition into education, Reba was the director of a community health care center that specialized in pediatric care. She stated the "responsibility in that position was overwhelming" due to the fact she was also pursuing a graduate degree concurrently. At that time, someone called her searching for clinical adjunct faculty. She took the teaching job as a better fit for her personal life and family but admitted "I don't know that I ever sought out teaching, so teaching found me." A very disturbing statement was made on the time it took her to recover from the annual loss experienced between the for-profit center she directed to full-time teaching.

I took a huge pay cut. Humongous pay cut. But I'm just now getting back to where I was when I left the job. It's taken me 10 years to get back on track.

Not only is the pay less than private practice in general but, in this instance, she experienced a significant amount of time to return to her previous wage level. It is worth noting that the state of Georgia experienced a freeze in merit-based raises for a total of seven years in the mid to late-2000s which is part of Reba's ten-year period discussed.

Attempts to equilibrate salaries for many nurse educators comes in the form of second jobs. Considering the weekly hours worked which was disclosed in the initial survey data, consistently more than 40 hours per week upwards of 80 in some cases, adding a second job on an already heavy workload would add to the stress of the position and affect work life balance of the employee. One of the interview questions allowed the educators who were interviewed to speculate on things they felt were missing in their career and offered insight on what would increase their happiness. Carey responded:

I would love more money, I mean, I really would. We do not make a lot of money. Consequently, I work a part-time job, too. And I really wish I didn't have to, but I've gotten so used to eating and having shelter and running water. I'm not willing to give those things up so I work every other weekend as a supervisor in a clinical agency.

For some, it comes down to providing basic necessities for their family and this drives the educator to seek additional employment to compensate for lower wages.

Additional benefits of academe are considered by some interviewees. Marie, a 3rd year educator at a baccalaureate program, has plans to complete her terminal degree. The state of Georgia offers a Tuition Assistance Program (TAP) to full-time educators that includes supplemental financial support to attend a state institution to (University System of Georgia, 2015). Marie mentions this benefit as point of satisfaction in her career.

I feel like if I'm getting TAP to go back to school for me I am satisfied with what I'm making. I'm working as a staff nurse in the summer. I would have gone back and finished my doctorate by now but I did not want to take any more loans.

Although TAP will not directly affect Marie's salary initially, she disclosed the benefits of reduced tuition and nearly free degree is an equalizing point for her currently.

Career satisfaction / dissatisfaction– organizational factors. New educators experience a transitional period just as any other new employee. In nursing education, a formal advanced degree in education is desired but not required in academe. Although clinical experts, the aspects of the faculty role are not generally offered in other specialties such as a nurse practitioner specialty. Without significant mentoring and instruction, a new educator may become quickly overwhelmed with tasks such as lecture development, test item development, and course content analysis. When Barbara was asked if she ever thought of leaving academe, she stated:

I did every day for the first year I was here. I didn't even unpack my box or anything in my office because I didn't want to have to pack it back up. I was really overwhelmed, and even though we have mentors, everybody is so stressed. I feel like we had a skeleton crew at the time I started and it was hard…you know nurses are good at giving patient education, but we're not inherent educators so I had to learn. Well, I'm still learning.

The source of the stress is reveled in her background and present teaching assignment. Barbara came from a background as a staff nurse in the ER and as a public health nurse prior to entering academia. As previously stated she holds a master's degree in health administration so she does not have formalized training in education of any kind. On the job stress especially with brand new educators was a common finding in this study. Considering the stress on the entire national system of nursing education, the lack of sufficient support to aid her transition into the role of an educator played a direct part in

her satisfaction during the first year. In addition to the stress of being a new educator,

she was also assigned to a course that is outside her clinical area of expertise.

> I was never a med-surg nurse to begin with. I did work in the ER, but it's different. I don't really feel comfortable. It takes me a lot of time to prepare for lectures because I feel like I'm a student as well, as opposed to if I could teach something in my specialty.

Barbara was asked how she feels now after three years in this role with her current

teaching assignment.

> I'm feeling more comfortable. I'm not as…I don't think I'm very confident but it makes me feel better when I get the student evaluations at the end of the year, so I know I'm doing a good job based on that.

> Effective administrative feedback may be reflective of overall administrative

acknowledgement. An employee in any profession requires feedback that is well thought

out, relevant to the job, and inclusive of items that will help the employee grow. Abbey,

a 12th year educator at a graduate institution recounts her experiences with her personal

evaluations.

> It would make me happier if administration listened to everyone and not just senior faculty. It would make me happy if I got recognized for doing a job well done, or going above and beyond, which absolutely never happens, even in my evaluation. It's more of, "Hey, keep up the good work, all right, sign here. Thanks."…and that's it. I will tell you that you will get feedback if the students start complaining about you, which I, knock on wood, have not had that happen to me. I've seen it with other people, that's the only time they will get feedback is when students start complaining, because students really have more power than faculty. If it's there, the feedback we get is negative. There is rarely positive feedback.

Minnie was asked about something that would make her happier in her position and she

commented on recognition for her performance.

> Respect. Acknowledgement of the work that goes go into it. The work that you put in. The standards you have, because sometimes I don't think that that's

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always done and I don't think it's on a…not that they mean to do that but sometimes you don't feel that what you're doing is just good enough or you shouldn't have done it that way when you had the standard and nobody else did. I definitely know at the university level sometimes they do not understand what nursing faculty do and why we have the standards that we do. We're trying to educate people to take care of people.

There is a commonly discussed disconnect between nursing programs and other university departments. The clinical aspect of any nursing program is much different than most other disciplines found on campuses and pay discrepancy is known to exist between departments based on similarly assigned workloads. Burnout is a common thread and will continue without changes to this system of assignment and or without administrative acknowledgement of work as Minnie suggests.

Career affective response – teaching. As discovered with Lindsey, she had a positive experience moving into clinical teaching with no previous educator experience and recounting her statement:

I loved it. I love teaching classes. I love that whole role of new grads and precepting and classes and everything that I was exposed to. Obviously the next step was to go back to school. I went back to school and got my MSN in education. I met some wonderful people who really encouraged me and said you should do this, you like it, you're good at it. That's I essence how I ended up where I am.

Although Lindsey's intent was not to move into clinical education or academia, a positive experience with her first educator position in the clinical area fueled her desire to continue and pursue a degree in education. The need for this move stemmed from the burnout and frustration she was feeling as a staff nurse.

Marie explained that she has obtained multiple levels of nursing education and is currently contemplating a terminal degree. She began her career as a nursing assistant in home health, then completed training as a licensed practical nurse. She then sought her

associates degree, bachelors, and masters. Marie completed all of these programs as a

single parent enlisting the help of friends and family to assist her along the way. She

began teaching while still a student tutoring international students in her own bachelors

program.

> I realized the problem…they were brilliant students and we did well in clinicals.
> But for some reason they were failing and you couldn't afford to fail this
> program. So I just started tutoring on my own. Then the dean came to me and
> asked me, 'if we pay you $10 per hour would you continue tutoring?' I said,
> 'sure". I wanted to reach out and help my friends who were not passing. So it
> was really in my blood and I started from there and I said, 'when I graduate I am
> going to pursue an educator role.'

All 32 students in Marie's cohort graduated and she reflects on the happiness she felt at

that time. Her love of teaching continues in her current role in a baccalaureate program.

When asked if she was satisfied with her current teaching assignment she immediately

responded:

> I love it! Ooh, I love it. It is where I want to be. I said nurses teach, they
> teach…I want to do a doctorate in education because the teaching is where I feel
> like I will make the most impact on students. I love my students…and I teach at
> the hospital all the time so it never stops.

Minnie also shares some of the same feelings regarding teaching. Her entry was not

necessarily planned however she is happy with the result.

> We ended up in this spot in Georgia and I was trying to balance my children and
> working and all that kind of stuff. A friend of mine gave me the number to teach
> and I was like, 'Wow, I can't do that.' It was actually for an LPN program. It
> ended up that when I called the number it was for the actual ASN program. I did
> that and fell in love with it. I've been teaching ever since. That was nine years
> ago.

These statements support the overall satisfaction that some respondents articulate

regarding teaching and support the NECS findings. As seen in previous responses, the

issues are parallel to teaching but have a very heavy impact upon the person.

Career affective response – nursing profession. Nursing educators remain

nurses despite the shift into full-time teaching. They are required to maintain their

nursing license, function as a nurse in the clinical setting, and some also continue to work

in secondary positions as nurses. Therefore, the responsibility profession itself adds

weight to the overall career of the educator. Carey offered very poignant comments on

her career path and whether she would choose to be a nurse educator again if she had her

career to begin again.

> I would not be a nurse. I would go into some sort of science field, may be like a
> health physicist. When I started out in nursing I loved it. I really, really loved it
> and I mean there was just nothing like it. I worked in an emergency room. I
> thrived on it. But then as the years went by, there was such a change in health
> care and such a change in nursing that it's just not fun anymore.

She experienced a change in affect during her transition between working as a staff nurse

in a teaching hospital and moving to a smaller hospital. She added her thoughts on

teaching nursing students and her personal experiences:

> I dreaded it. I hated going in. It was definitely not something I would ever want
> to do. I felt almost hypocritical at times, um, teaching people to go out into a field
> that is…well, a large portion of the places they're just not treated with respect.
> Their ideas aren't even valued. And patients, a lot of patients have no respect for
> the nurses. And then go to the community hospital, where you just really didn't
> get much respect from patients or doctors.

Statements such as these from long-term educators should be devastating not only to

health care but to nursing education. If educators feel they are beyond being advocates

for the profession, then there may be something amiss in the system as a whole. Whether

this stems from lack of respect for the bedside nurse or just a shift of manners in the

general population, effects such as this can be detrimental on the passion and drive to

remain in nursing education for a full career. The effects of the health care system

overall may very easily impact the affective response to the position. Carey also

expresses a concern for her students entering the profession.

> I think the students have changed a lot, too. A lot of students, I think, are getting into nursing for the wrong reason. I think they're getting into nursing because it is, um, a job where they know they are going to have a job. But that's not enough to keep you as a nurse. I think that's part of why we're seeing students that are new and dissatisfied already.

Despite the feelings about the profession when asked if she had ever thought of leaving

academe, she responded:

> Uh, no. I'm in my 60s and I have put an enormous amount of time in education to be where I am…and I love this job. You know…this job is great so I probably won't leave.

While it seems there is a disconnect between these two sentiments, these statements show

the personal commitment and dedication to the educator role, to the nursing profession,

and the willingness to remain in the role despite the hardships experienced. Survey

responses indicated educators would pursue a career in nursing education if they had to

start again and resulted in a mean of 4.78 (range of 1-6). Only four educators out of 64

strongly or moderately disagreed with pursuing nursing education again.

Limitations of Study

Because survey and interview information was collected from a small and

nonrandom sample, this study is limited in its generalizability. Because responses were

received from a range of nursing faculty across two-year and four-year institutions,

results may reflect those of nurse educators working in the state of Georgia at two-year

and four-year institutions, but do not generalize beyond this population. Although the results of this study are not generalizable due to geographic and population limitations in the research design, valuable insights and rich personal responses gained are extremely valuable in the understanding of the current career satisfaction of the nurse educator

Deans and directors were the main contact point for each target institution and were asked to either distribute or allow the researcher access to a pre-scheduled faculty meeting in order to present the study and administer the survey. If for any reason the dean or director did not forward the study information, the number of potential respondents may have unknowingly decreased. The extent of application to other geographic areas was limited by the study population in that some regions may contain nursing unions or have other types of state supported funding structures which may impact results. Replication of the study could easily be performed on a regional level if these issues are considered and like populations are targeted.

Survey responses were based on self-reported estimates of total workload. Reliance on accurate reporting is a concern for any survey-based research. To quantify exact hours, a subsequent longitudinal study would add to the data collected in this design and offer verification of exact hours worked for all activities.

Data collected during the interviews reached a point of saturation with congruent thoughts expressed consistently on acknowledgement and workload. The data collected richly supported the research topic and will add to the overall body of knowledge in areas lacking data.

Specific to the interview component, 100% of the participants were female. This was not due to research design but the result of volunteer respondents that met study

criteria, volunteered and followed through on completion of the interview. Most recent

data place males educators at 0.05% of total Georgia nurse educators (Southern Regional

Education Board, 2012), and results herein are limited in not reflecting comments from

male nurse educators. This could be the focus of the next study to add to the overall

discussion of job satisfaction.

Research Questions - Findings

Research questions guided this study from conception to completion. The

conclusion of this chapter will be organized using each question as a format for data

discussion and analysis.

RQ1: Do nurse educators report receiving adequate credit for clinical and

didactic teaching assignments? NECS survey data indicated that two-thirds of the

respondents worked more than 40 hours per week (n = 44). This finding was corroborated

in interview responses that detailed extra activities such as committee work, community

service, and teaching preparation that were not typically acknowledged by administrators.

Regarding the overtime required for work assignments, some educators became visibly

upset, recounting the amount of evening and weekend work that is required to maintain

the teaching assignments. For example, one interviewee described her husband's

frustration with her constant work, at times more than 90 hours per week. She disclosed

his request that she retire simply so they could spend more time with each other.

Survey and interview data also indicated a discrepancy in some institutions with

the distribution of workload between junior and senior faculty members. One

interviewee described a lack of support for junior faculty in both extra activities such as

travel funds, grant development and collaboration on publications. These activities are

among common requirements for promotion and tenure so preventing junior faculty from participating could result in much longer time to tenure and increase frustration. This individual also described the junior faculty as the "workhorses" of her program while senior faculty receive more credit for teaching far less students.

University acknowledgement of the work within the nursing program was also commonly mentioned as an area of concern. Workloads of other disciplines without clinical components are not equal to that of nursing per the interview data. In addition, at all participating institutions, there is no defined measurement for online teaching. Research has shown that instructional time requirements for online offerings is actually more than for seated courses (Tombei, 2006), and with a strong push to offer programs outside of the brick and mortar environment, a system for accurate quantification of these hours should be addressed.

Specific to clinical teaching it was common that only hours in the clinical agency were acknowledged and not additional time for grading, preparing assignments, or completing paperwork required by clinical agencies. Some participants are course coordinators and much of the planning for clinical activities rests with them. In addition, coordinators are responsible for developing and managing the course content, adjunct faculty, and all student clinical assignments with little additional time acknowledgement for these activities. They do not, however, carry an administrative role within nursing programs that participated in this study.

Due to the illness of an adjunct faculty member that occurred just before courses began for the academic year, one course coordinator doubled her own workload, carrying the role of the coordinator, teaching, committee work, and overseeing two clinical groups

per week.   Regarding teaching two clinical groups and serving as coordinator she stated, "This was just something I had to do."

RQ2: Do nurse educators report overall job satisfaction with their current teaching assignments? Findings from the NECS revealed that educators appear to be satisfied. A direct question appeared on the survey and responses were positive overall with a mean response of 4.33 (range of 1-6). The third survey question is phrased, "I am satisfied with my current teaching assignment." Data from the interviews however, appears to contradict the survey finding. By speaking with the educators in a face-to-face format, open conversation allowed them to expand upon their personal feelings of satisfaction. Recounting the examples given of not being assigned to a class in one's specialty, feeling like a student, and struggling with teaching across multiple courses, gave the overall impression of dissatisfaction in these individuals. Emotions were visible on these topics and respondents were passionate about their needs and organizational issues.

Although one interviewee expressed excitement for teaching, she struggled with the balance of multiple roles and activities that are required of her. Another interviewee stated that she's put too much time and effort into her education to do anything else at this point and a third interviewee responded hesitantly with, "I'm just okay." Most are content with their placement and not seeking other positions currently, however, any excitement expressed was solely surrounding the act of teaching and student success. Overwhelmingly, discontent with workload and acknowledgement of work pervaded the interview responses. From the presence of non-verbal responses such as placing head in

hands, sighing, and hesitation when asked about overall satisfaction, this group was not satisfied.

   RQ3: Given the opportunity to start again, would nursing faculty choose to pursue this career or would they choose a different career? As mentioned above, the survey findings and interview responses support each other. In the survey, participants were directly asked if they would choose nursing again. NECS question 18 is phrased, "I would pursue a career as a nurse educator if I had to begin again." This item scored high with a mean of 4.78 (range 1-6) and the most of the interviewees agree they would be in nursing, however, some would not be in nursing education. With a more lucrative option of private practice, those that had proper credentials have thought about returning to this area instead of academe. There was only one outlier who stated she would not be in nursing at all if she were to choose her career again. Her reflection on her entire career is one of significant change in the profession, mainly centered on experiencing decreased respect for nurses overall. She also verbalized feeling like a hypocrite at times because she is teaching students to go into a profession that she would not choose again for herself.

   Sub-thematic threads including pay disparities and difficulty with administrative acknowledgement of work are other common concerns. Although pay is a known factor in the nursing faculty shortage, the need for acknowledgement of work was a strong presence throughout the interviews. Interviewees suggested that more formalized feedback would be beneficial during the faculty evaluation process and that small verbal acknowledgements of a job well done would be appreciated. In a major issue such as the

national nursing shortage, it is interesting that simple positive verbal support from administration would

RQ4: *If faculty were to leave academe, why would that be?* Research question four shares some commonalities in qualitative data with research question three that states, given the opportunity to start again, would nursing faculty choose to pursue this career or would they choose a different career? These two questions analyze the choice of nursing as a career and if there are thoughts on intent to leave their position as a nursing educator. Most interviewees stated that they would stay in the field, but there are changes they would like to see. An open-ended question on the NECS reveals the details for this question. Exactly half (n = 32) of the survey respondents answered this question: If you have considered leaving academe, what specific factors have influenced your feelings? Some offered one word and others a paragraph. Responses are categorized into themes to show the scope of issues that are influencing the educator. Responses below are verbatim from the survey and each response comes from separate surveys.

Workload

Workload and work-life balance. Unequal distribution of workload. Inability to pursue scholarly activities to achieve promotion.

I have worked in nursing administration in the past. Nursing administration has long hours but could make $20,000+ more than what I make in education.

The work load is so overwhelming.

Demands in nursing education are high, multi-faceted and inconsistent with demands in other disciplines. Our clinical demands are not adequately credited when compared to expectations of faculty in other disciplines.

Salary

The salary is poor. I have no desire to pursue a doctoral degree.

The biggest factor has been financial. It is very hard to make ends meet with my current salary as a nurse educator. I do not hold a second job, like many of us do and so at times I have considered leaving.

Administrative or Organizational

Administrators who are unprepared to lead or not devoted to academic teaching. Grants and publications are more valued than any teaching ability. Opportunities allotted by cronyism and favoritism, in some cases a transactional leadership style. Lack of support for excellence in teaching, the need for publications means effort is focused on research, which is very time consuming. Excellence in teaching, which includes mastering the flipped classroom and concept based teaching, plus mastering technology, keeping up with educational theory, and working to make the material understood, is a full time job. But it is not rewarded. The smart educator is a mediocre teacher and a great researcher and grants man.

Promotion is difficult and is based on politics many times. Students disrespect faculty and there is no consequence. There is much incivility among faculty.

Factors that have influenced me leaving academia are as follows: Inadequate pay. Constant unsuccessful changes in curriculum and policies. Morale among coworkers – unpleasant attitudes, negativity, and constant complaining. Lack of true teamwork. Inconsistency among faculty professionalism and student interaction.

Lack of peer support and collegiality; lack of mentoring and faculty development

No ability to determine the courses I am teaching. Tenure process.

The constant change - especially right now with new curriculum - it feels very frustrating to feel like you are completely redoing what has already been done.

While all of the above responses are negative, the question asked for feelings on leaving their position so this was expected. There were two positive responses regarding this question and both of these address a change or event in the personal life or department.

If I had completed this form 3 years ago I would have answered many questions differently because salary was not equal to hours worked. The institution had a drastic change in leadership 2 years ago. This has made the institution much better to work at and feel appreciated.

No consideration to leave at this time. I am fairly a new educator and still learning both the classroom and clinical settings.

These responses are very personal and evoke an overall feeling of an academic culture that is not supporting nursing faculty. The claims made by these statements are present in the literature and have been discussed in what has been deemed a saturation of this subject without little movement towards a sweeping policy for change.

RQ5: Is there a statistical relationship between tenure, rank and job satisfaction? This question is answered by the negative statistical correlation between job satisfaction, tenure, and rank. In this study I found that as tenure and rank increased, job satisfaction decreased. The numbers are not overwhelmingly negative, however, the results are statistically significant so this relationship cannot be discounted (see Table 7). As seen in the survey results educators are satisfied with their current teaching assignments, and overall workload is mentioned frequently in the final open-ended survey question a reason to leave.

Interview responses on career satisfaction were equivalent across academic rank and tenure status and both tenured and non-tenured faculty expressed concerns over distribution and acknowledgement of workload. One interviewee recounted a decade of working to attain previous pay levels before the move to nursing education, stating it took ten years to regain the salary level she attained at the pediatric care clinic.

Summary

Although some discrepancies exist between the survey results and the interview responses concerning satisfaction, the results offer clarity on the feelings related to workload and organizational support. Workload emphasis may shift as the novice educator grows into the expert professor however, strains from the multiple streams of required activities are affecting the individual's perception of the role. A new educator may spend most of their time on course content development and learning the aspects of academia. A seasoned professor may spend time with research and grants although in this study some are still active with clinical teaching. The hours individuals are spending can be excessive as seen from the data and this would not only affect the educator's perception of the role but would affects social aspects of their life.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The overall focus of this study centered on issues that may impact job satisfaction and career longevity of nurse educators in Georgia. Findings from this study are relevant to nurse educators, those interested in entering nursing education, program administrators, and institutional leadership. In addition, due to the national health care crisis, this study is also relevant to stakeholders in the health care system including all interested consumers, providers, and corporate entities.

It is the expectation that this data will foster conversations on administrative strategic recruitment and retention of faculty in an attempt to alleviate the critical nurse educator shortage and ultimately aid the nursing shortage. Study findings reveal common threads between individuals and institutions and the summary of data was presented in Chapter 4. Conclusions and implications of this study are summarized in this chapter by overall findings and also by thematic threads discovered in the qualitative data analysis. Recommendations for action will be offered in each thematic area and this chapter will conclude with recommendations for research and overall study summation.

Study Conclusions

Statistical analysis supported the overall reliability of the NECS and further supported the SPOS as a new instrument used in this specific population. Survey results from the NECS revealed five overarching factors from respondents summarized as: 1)

positive perception of organizational support; 2) satisfaction with workload distribution and career; 3) enjoyment of clinical teaching; 4) enjoyment of and adequate credit for classroom teaching; and 5) positive perception of organizational support for wellbeing. These positive results were promising, however, upon further analysis of issues using the qualitative interview data, findings surfaced that contradicted the NECS in some areas. The interview results do not categorically contradict the NECS results, but should be viewed as a deeper analysis of the many facets nurse educators must manage in their position.

Thematic Conclusions

  Career choice - entry into teaching. Interview findings show entry into nursing education was not necessarily a career goal and most found their way into academe due to other circumstances. Physical and mental burnout in the clinical area was offered as an impetus for change from a full-time clinical position into education and ultimately this decision sparked a love of teaching for one respondent. Personal or social influences on career choice also became apparent in the interviews such as seeking better hours for families. External influences on career choice played a significant role for the participants. From analysis of interviewee career progression, adjunct positions were commonly used as entry stepping stones into academe.

  Recommendations for action. Stress of a clinical nursing position can be demanding and in many cases is something that cannot be altered, therefore, recommendation for action in this thread lies in the transition from clinician to educator. Because the need for competent clinical instructors is high, structured development of the adjunct role should be explored as a possible platform to entice nurses into full-time

education. Purposefully developed programs to assist in teaching adjuncts foundational educational principles should be implemented by administrators. Qualified nurses that show interest in clinical teaching may only require a structured transitional period to move them into full-time nursing education. Equipping adjuncts with sound educational leadership and providing a seasoned mentor for support may aid institutions in developing a consistent pipeline of qualified nurses for open faculty lines.

Career choice - stressors initiating change. Both internal and external stressors discovered during the study served as the impetus for a career move into academe. Burnout, physical exhaustion, and work-life balance were the main points disclosed in the interviews. The impact of all types of stressors on the nurse educator must be included in the overarching discussion of job satisfaction.   Personal, familial, and social influences have a great impact on the career path of the participants. Geographic relocation, the desire for decreased work during summers and holidays, and more control over the workday were specific issues that influenced the participants to change their career focus to education.

External stressors were also mentioned as a reason for remaining in education. Work days in clinical nursing can be 12 hours or more and this would necessitate an undesirable shift in family responsibilities for some educators. Despite the heavy average workload reported, academe was more desirable for some than returning to the schedule of a clinician.

Recommendations for action. Nursing programs must attempt to assign workload in way that complements the common reasons for entry into this profession. Evening and weekends were common times that educators reported using to catch up on

work and consist use of this time impacts the educator's social system. For many, working these additional hours were not by choice but a necessity of their teaching assignment. If time off during summers, weekends and holidays is a strong impetus for entry into education as this study suggests, administrators should take into account this extra time that was notably not acknowledged at any participating institution. Administrators should meet with each faculty member to determine their level of professional and personal needs. Stages of life and career path may mandate different requirements and support can be altered depending on the needs of faculty with a long-term retention goal in mind. For example, course delivery methods vary greatly with current technology; perhaps a temporary shift from a face-to-face to an online teaching format is necessary to assist an educator for an academic term as curriculum allows. Variations in teaching formats should be considered especially if the alternative is the loss of qualified faculty. Although this may require an administrate paradigm shift from current practices, the key to this recommendation is understanding and acknowledging the needs of each faculty member.

Career satisfaction/dissatisfaction – workload. Study findings related to workload contrast between the survey and interviews. Although positive in the NECS data, in the interviews the response to workload variables was overwhelmingly negative. It is unknown if the responses to the survey were a result of the respondent's perception of a socially appropriate response to the variables, however, this may explain the difference in findings between the two research methods. Study findings should be interpreted with respect to the number of participants for each component of the study with 64 NECS respondents and 10 interview participants.

The majority of respondents reported working more than 40 hours a week with many routinely over 60. "Overwhelmed", "uncomfortable", and "always behind" were some of the terms used by the interviewees to describe how they feel about their workload. The use of contact hours as a measurement of workload was consistently seen in a negative light and many educators did not fully understand the use of this system. Face-to-face instructional time is the basis for the contact hour measurement, however, this was not the method used in study programs. Clinical teaching did not carry a 1-to-1 hour ratio and classroom team-teaching was employed that reduced the documented workload per educator. In fact, some educators reported receiving less overall credit for clinical teaching than classroom teaching despite the increased intensity of clinical instruction.

Online teaching in nursing education is widespread and was used by the educators in this study. A common thread from all interview participants was that school or university acknowledgement of online teaching is essentially absent. Most were unaware if any formal measurement structure for online instruction existed in their institution. The same hours were given for online as seated courses with no account for additional screen time in course development or maintenance despite research that found the online environment demands more of the educator's time (Tomei, 2006).

Nursing is a physically demanding position. Some individuals entered education to reduce to physical labor, however, clinical teaching requires that instructors work alongside the staff in the clinical agency, so a thread of physicality remains. Aging of current faculty is a concern for the discipline's longevity and measures to keep these educators engaged for longer periods of time is a critical element in the faculty shortage.

Promotion and tenure activities demanded additional unacknowledged time. While this is not an area specific to nursing education, the level of requirement was an issue discussed at non-research institutions. Institutional publication requirements were impacting nurse educators and according to results, increased publication requirements did not accompany a reduction in workload. Research institutions were not included in this study, therefore, the mandate to publish is occurring at nursing programs in teaching-centric sectors of higher education. These activities are essential to the career path of the educator and will directly impact their rank and salary over time. Community service as a promotion and tenure area was reported as an occasional to weekly activity and although this endeavor ultimately supported career growth, immediate acknowledgement was notably absent.

Recommendations for action. As the focus of this study the recommendations in this area are numerous. Accurate acknowledgement of workload is essential to increase overall job satisfaction in nursing education. A standardized system for measurement of workload in clinically based programs has not been established and should be a topic of consideration in the shortage of nursing faculty. Actions to support identification of accurate measuring systems will include concerted efforts from program administrators to account for time in all areas of education.

Program administrators should meet with each faculty member and encourage the recording of weekly activities over an academic year. Educator workflow changes throughout terms so viewing this complete entity is essential to determine patterns of greatest demand. While this is a self-reporting activity, patterns in work flow could be identified within courses, rank, and tenure statuses if collected over an academic year.

After determination of actual workload is made, demands of classroom, clinical and additional activities may be averaged and accurate measurement made based on this scientific data. Specific consideration for increased acknowledgement of clinical and online teaching is essential and is a key component missing at all study institutions.

Immediate implementation of accurate measurements using the contact hour system would be detrimental to most programs as there would not be adequate faculty to absorb the redistribution of hours. A more feasible solution would include the use of adjunct clinical faculty to lessen the overall load on full-time faculty during a period of restructuring. With proper mentoring as discussed previously in this chapter, clinical adjuncts would be assets to programs implementing a new teaching assignment system. It must be noted that reduction of actual teaching hours was not the overarching issue with workload in the study, accurate measurement and recognition for total hours of work was strongly desired according to the qualitative findings.

Impact of distance education and online teaching environments on workload must be acknowledged by nursing programs and at the institutional level. For all institutions, no specific defined measurement for online teaching workload existed. Determination of actual workload for online instruction is critical and could be easily analyzed by recording of online hours and activities that support online instruction. Arguably, the needs of each online course may differ depending on content and level. Electives may not demand as much time as discipline-specific courses for example, and these differences can be determined with accurate notation of hours.

Methods to reduce physical demands on aging faculty should be considered. Assessment of faculty needs and teaching interests would address this area and identify

educators desiring to leave the clinical setting to decrease physical stressors. Creativity with teaching strategies, such as the use of simulation courses to address aging faculty needs, came as a parallel finding to this study and should be explored as a means to retain faculty for additional years of service. Alternative settings may decrease objectionable components of the role such as physical demands, and allow the educator to remain engaged in the teaching environment for a longer period of time. Although simulation is being used as an adjunct teaching strategy in nursing education, current systems and software do not have the full capability to replace human interaction found in traditional hospital-based nursing clinical education. Therefore, while the use of simulation may decrease physical demands, caution should be used with extensive replacement using this strategy in place of traditional bedside nursing education.

Promotion and tenure activities should be supported as a part of, not in addition to, the assigned workload. Consistent scheduling of scholarship days as part of the work week could alleviate some of the stress of promotion and tenure requirements and allow time for both research and service activities. Programs that use a team-teaching approach should offer one day per week for non-teaching activities.

Career satisfaction/dissatisfaction – finances. Results from this study affirms a continuing salary disparity between private practice and academe. The monetary benefit of private practice outweighs that of academe, but while the decrease in summer, holiday, and weekend requirements were stated benefits for the educator role, the option of more lucrative positions are tempting for some. The annual salary differences suggested by respondents in the study are significant, upwards of $20,000-30,000 per year or more. Interview respondents mentioned the possibility of returning to clinical positions if the

hours as an educator become too much or if they become too overwhelmed without

recognition or acknowledgement. The lack of clinical nurses at all levels and increased

projected need in coming years offers the educator viable and lucrative alternatives to

academe. Salary disparities will continue to be a top issue for administrators and one

area in which higher education may not be able to compete.

Recommendations for action. Balancing salaries between private practice and

academe is a recurring issue in nursing education and one without a solution. Cyclical

reductions in federal and state support have shown that this line of funding is not reliable

long-term and alternative methods must be explored. Blending of community

stakeholders with higher education institutions to support nursing faculty should be an

area of inquiry. Corporate partnerships are not new to higher education, and universities

should foster these relationships for external support if state or institutional support is

unable to equalize salaries and meet demands. Funding of faculty lines by external

sources require the input of additional institutional entities such as offices of institutional

advancement. Larger gifts and long-term annual offerings could support endowed

positions, and once established, are perpetually funded. This would decrease the long-

term financial expenditure of the institution while increasing longevity of faculty lines. It

is not proposed that financial or corporate partnerships are easy to develop or are readily

available. Endeavors such as this will take a concerted effort by multiple institutional

departments with the end goal of long-term retention of faculty.

Federal funding must be addressed in light of the additional influx of clients due

to the Affordable Care Act. Changes in funding to Title VIII programs have decreased

the overall number of spaces for nursing students and reduced faculty lines that

previously relied on this support as discussed in Chapter 2. Provision for faculty lines and increase in salaries to entice qualified clinicians into education is a proposition of national importance. Nursing education requires an increase in sustainable federal funding to address the expected deficit of nurses during this decade.

       Career satisfaction/dissatisfaction – organizational factors. Lack of recognition for work performed was a common thread amongst interview respondents and this finding is consistent with the work of Hagedorn (2000) in that the "most highly predictive motivators were the work itself, salary, relationships with administration, student quality and relationship, and institutional climate and culture" (p. 13). While some administrators in this study were seen as highly supportive in general, attention to personal contribution to the department was not present. One interviewee felt as though her dean did not even know her, and therefore, did not have any idea of her contribution to the program or her workload. The personal relationship between faculty member and program leadership was seen as very important. Personal support and recognition for achievements or a job well done were desired, but too often not given according to the findings.

       Differences between junior and senior faculty assignments existed in all but one of the study institutions. Although rank and tenure may dictate changes in responsibility, perceived significant discrepancies between faculty assignments were prevalent in some institutions and seen as a source of incivility and animosity. This additional environmental stressor added to the dissatisfaction of the educator and was seen as a lack of recognition from administrators.

Recommendations for action. Administrative acknowledgment of workload via thoughtful evaluation is essential in the support of nurse educators. Negative feedback was much more common than positive and the need for some form of positive acknowledgement was clear from study participants. The degree of acknowledgement suggested varied from simple verbal support to formalized documentation on annual reviews. Compared to other recommendations, this is a simple change that would take the least strategic effort to implement, however for some institutions, this will take a culture shift from current evaluation practices.

Responsibilities between junior and senior level faculty may differ, however, if the perceived difference becomes a source of stress that impacts the workplace environment, administrators should attempt to alleviate this issue. Contributions by all faculty members should be acknowledged and all should be seen as equally important members of the program with different foci. It would be beneficial to develop and support faculty mentoring programs to aid in the understanding between junior and senior faculty responsibilities within a program since unknown changes in expectations could fuel incorrect perceptions on input. A well-planned mentoring program would also support various stages in the career of the nurse educator such as maneuvering through the promotion and tenure process.

Career affective response – teaching. In both the survey and individual interviews, nurse educators' love of teaching was omnipresent. Describing student completion of the nursing program and watching the beginning of a career elicited visual emotional responses on teaching. These nurse educators valued their part in that process and mentioned this is one of the reasons they stay in higher education. This stated love of

teaching and pride in students did not equate to a direct commitment to the organization. Based on the study results, affective attachment to teaching, not necessarily to the organization, aids in keeping the educator in academe. Allen and Meyer (1990) discussed three areas of organizational commitment that were presented in Chapter 2 and included: 1) affective commitment (AC), which reflects emotional ties to an organization; 2) normative commitment (NC), addressed perceived obligation; and 3) continuance commitment (CC), which is commitment related to perceived costs to the individual to leave the organization. This study did not find educators were committed to their organization in the first two areas of AC and NC. Educators were committed to teaching and students, but also discussed availability of other viable career options outside of their organization. Common responses in the third area of CC, included the potential increase in holiday and weekend hours if they returned to clinical practice and loss of benefits such as the TAP program in Georgia if they left the state system. These were reasons educators were compelled to stay in their current position as educator, however, benefits discussed were not organization specific.

   Recommendations for action. It was evident in this study that participating nursing educators love to teach. They are not committed to a single organization and through the nursing career have options to move within higher education or back to clinical practice if so desired. Program and institutional administrators must recognize the portability of the nurse educator and formulate specific strategies to make the position appeal to the teacher. Emotional attachment to the act of teaching was apparent and should be fostered for educators that simply desire to teach. This recommendation covers

not only affective response but includes aspects of workload and organizational factors as well.

Higher education's triad of teaching, scholarship and service may not appeal to all nursing educators. Removing perceived stressors such as publication requirements and emphasizing teaching excellence is an area that should be explored in nursing programs. Teaching as the main focus of the position appealed to some interviewees and the additional workload stress of meeting undesired administrative requirements such as mandatory publication was clearly voiced. Implementation of specialized faculty lines would allow educators options on which areas to pursue. Splitting the characteristics of the role into subsets such a research intensive track or teaching track would offer more flexibility on career path.

Many respondents admitted to feeling additional stress due to teaching courses outside of their clinical specialty. Faculty were hired to fill a vacant line and not necessarily in a position that complemented their clinical expertise. As a result, the educator became a student spending time to relearn material that perhaps has not been used in many years. Matching clinicians to areas of expertise in higher education would maximize return for the university and decrease significant educator preparation in reviewing content.

Career affective response – nursing profession. A commitment to the discipline of nursing and the seriousness nature of nursing education pervaded the responses. Respondents described their entry into the nursing profession as a desire to care for others and the need to pursue a stable career with multiple possibilities for future

growth. Most stated they would choose nursing again, however, some shared thoughts on reasons they would not.

Incivility toward nurses in clinical agencies and the lack of respect from students are areas discussed and are very difficult to address. While not necessarily expressed as dissatisfaction and intent to leave academe, these sentiments are reflective upon a lifetime of work and lived experiences from the profession. Perceived incivility as described in the data was not measurable or comparable between participants and was a corollary finding that impacted the interviewees reflection on the nursing profession overall.

Recommendations for action. Interaction with clients in a clinical agency is not an area under direct institutional administration. Working with the public in highly emotional situations is an attribute of nursing that is not applicable to many other disciplines. In the clinical setting, facility administrators should work to safeguard nurse educators and students while present in that environment much like safeguarding their own employees. Provision for security and policies that detail procedures to address client-nurse interactions must be in place and enforced. Institutional administrators should provide a supportive environment on campus and offer services to educators that feel they have been mistreated while teaching. Most campuses have counseling departments that would be a valuable resource for faculty in response to incivility if desired.

Recommendations for Future Research

Specifically addressing the workload of the educator, a more extensive longitudinal study on actual work hours over the course of the entire academic year would be extremely beneficial in determining fluctuating demands on the educator. This

research design will offer program administrators greater insight into periods of high

pressure or stress on nursing educators and determine additional unaccounted evening,

weekend and holiday hours worked. The needs of faculty vary with the type of degrees

offered and using specific institutional data will provide the best workload measurement

related to the specific attributes of that program.

Gender disparity is a topic that was not specifically addressed in this study

however, upon reflection, it is an area that should be explored in this population. In the

COACHE study (2008), general faculty satisfaction was analyzed and gender differences

surfaced that addressed workload and work-life balance with detailed findings discussed

in Chapter 2. In summation, COACHE results indicated females were less satisfied with

workload and work-life balance than male counterparts. Also, in review:

> At colleges, females reported significantly less agreement than males with two of
> the work/home statements—that their institution does what it can to make raising
> children and the tenure-track compatible, and that their colleagues are respectful
> of their efforts to balance work and home responsibilities—and significantly less
> satisfaction with the balance between home and work. (p. 7)

The results of this present study echo the findings of the COACHE results. In the current

study, all interviewees were female, therefore this is the only perspective analyzed.

Additional research on the male nurse educator perspective would offer additional

insights to determine variance of satisfaction based on this variable.

Specific to state funded benefits, a longitudinal study that analyzes the career

satisfaction of the educator who participated in state tuition programs would be of great

benefit. It would be worthwhile to determine if the post-benefit satisfaction is as high as

the anticipation of receiving the benefit or while receiving the benefit.

Expansion of this study to more institutions in Georgia encompassing all sectors of higher education will aid in the generalization of results. In addition, broad-based regional analysis of workload should be considered although characteristics of regional differences must be addressed in the design. Unionization of educators, variance of funding structures, and research emphasis should be addressed since these were not attributes of the current study design or population.

Conclusion

Multiple aspects of nursing education set this profession apart from most other disciplines in higher education. The direct impact on human life is something shared only by a few select programs and the intensity of commitment required by nursing educators must be acknowledged. In addition to didactic teaching activities, clinical components add to the complexity of this career by placing the nurse educator in the clinical agency participating in direct client care. Burnout and emotional strain were evident in the findings and should be recognized within the profession as a potential impact to career longevity.

Workload of the nurse educator may be excessive and, as seen, often without perceived accurate acknowledgement by institutions. Measures must be taken to improve the overall appeal of the educator's position to aid in recruitment and retention. One component is acknowledgment of work. The lack of holiday and weekend work requirements is a huge benefit to educators, however, this benefit is lost if this time is spent catching up on teaching activities or additional activities such as research. The use of personal time is not accounted for in any program included in this study and this not

only impacted thoughts on career, but evoked strong feelings about loss of family time and missed social commitments with additional evening and weekend hours.

It would be a simple conclusion to say that additional funding is needed to support nursing education, but that is a premise that has saturated the literature for more than a generation without any resultant long-term viable plan for implementation. In the study, positive responses to job satisfaction regarding teaching assignments and the enjoyment of teaching in general are variables upon which solutions can be built. A paradigm shift from current practices should address reduction of average weekly work hours and increased acknowledgement for direct teaching activities.

A proposal for a standardized measurement of workload is not included in this conclusion. Although use of the contact hour was present in all institutions, the determination of what constitutes a credit hour varied. Despite this common unit of measure, implementation of this system was determined by the institution and not a result of standardized practice. It was determined by the findings that attributes of programs varied to the degree that a standard form of measurement may not be appropriate for each institution. Specific data collection in each program is advised so that a measurement suitable to the focus of the program may be attained. Overall, it is advised that a reduction in workload be addressed and in a manner that supports the desired career focus of the educator. Providing options to focus on teaching excellence and not on other areas that are personally deemed undesirable will offer flexibility to the position and potentially extend the career of educators. Moving educators into positions within their clinical area of expertise was also a consistent need voiced during the interviews.

This issue should not be looked upon as one that wholly resides in higher education and the overall well-being of the nation should be included in this discussion. This moves the correction squarely into the realm of public interest. The NECS and interview findings reveal nurse educators enjoy teaching and are consistently working more than standard full-time hours to meet institutional and course demands. Demands of the US population on nursing education programs will only increase in coming years and higher education must act in concert with external constituents to curb negative repercussions from a deficit in qualified nursing workforce.

Results of this study support previous research presented in the literature review regarding the amount of weekly hours incurred by nursing faculty. Findings specific to acknowledgement for clinical teaching hours adds to the body of research as this was previously identified as an area lacking data. A decrease in satisfaction amongst higher rank and tenure status brings specific implications to light with regards to length of career.

Overall, nurse educators that participated in this study would be more satisfied if they received adequate acknowledgment and appreciation for the work they already perform. This study should serve as an impetus for conversation amongst institutional administrators and external stakeholders on reshaping the workload expectations of educators in clinically-based programs. Reformation of workload measurement and corrective responses proposed herein will take years to fully implement as this is a highly complex issue, and one that will rely on entities external to higher education in order to solve.

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FORMAT FOR THE 8-ITEM SURVEY OF
PERCEIVED ORGANIZATIONAL SUPPORT
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Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working at _____. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about _____. Please choose from the following answers:

0	1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Moderately Agree	Strongly Agree

1. The organization values my contribution to its well-being.

2. The organization fails to appreciate any extra effort from me. (R)

3. The organization would ignore any complaint from me. (R)

4. The organization really cares about my well-being.

5. Even if I did the best job possible, the organization would fail to notice. (R)

6. The organization cares about my general satisfaction at work.

7. The organization shows very little concern for me. (R)

8. The organization takes pride in my accomplishments at work

APPENDIX B

RECRUITMENT EMAIL FOR DEANS AND DIRECTORS

Greetings!

I am a doctoral student at the Institute of Higher Education at the University of Georgia and I have also been a registered nurse for 20+ years and now a nurse educator. I would like to invite your faculty to participate in a research study as nurse educators in the state of Georgia. Participants will include full-time non-administrative nurse educators that teach in both clinical and classroom settings. This study will be used in my dissertation and is under the supervision of Dr. Karen Webber at the Institute of Higher Education at the University of Georgia.

The purpose of this study is to determine the impact of teaching assignments on nursing faculty which teach in both clinical and classroom settings, and the part assignments play in overall job satisfaction and career longevity. Data on organizational support and acknowledgement will also be obtained. Retention of qualified nurse educators has been identified as a core issue in the nursing shortage and this specific breakdown of workload and personal response is one area lacking in the literature. The results of this study will contribute to the analysis of clinical and didactic assignment impacts on the educator's satisfaction. The collected data will be reported in aggregate form and will not identify your institution or department. This study has been reviewed and approved by the IRB at the University of Georgia.

I would respectfully like to request attendance at a regularly scheduled faculty meeting to administer the survey. If you are planning an end of the year retreat this would be a perfect opportunity! I understand how valuable your time is and would greatly welcome your faculty's contribution to this area of research. Participation consists of a brief paper survey which is approximately 10-15 minutes in length. Paper surveys will be anonymous. Participation in a volunteer follow up interview will be offered and contact information will be collected separate from the survey. Participants may choose to withdraw from the study at any time.

If you would like to opt out of further contact about this study, please respond to this email directly.

If you have any questions about the research study, please feel free to contact me at dina2@uga.edu or at 678-466-4986 or Dr. Karen Webber at kwebber@uga.edu or 706-542-6831.

Thank you so much for your consideration and your time!
Dina

APPENDIX C

NURSE EDUCATOR CAREER SATISFACTION SURVEY
FOLLOW-UP INTERVIEW CONTACT INFORMATION

Volunteer interviews will be conducted as part of this research study at the completion of data analysis. The purpose of the interview is to discuss your response to the overall findings of the study.

Completion of this form only implies interest in the follow-up interviews. An additional signed consent form will be required before interviews take place. You may withdraw your participation at any time.

Your contact information will not be linked to your survey responses in any way.

The interviews will occur over the summer months. If you are not teaching this summer, please consider this when providing your information below.

Name	
Address	
Address 2	
City	
State	
Postal Code	
Phone	
Email	
Preferred method of contact	
If by phone – best day and time to call	

Thank you for your continued interest in the study!

APPENDIX D

ONLIINE SURVEY CONSENT FORM

Nurse Educator Career Satisfaction Survey

The purpose of this study is to analyze the perception of clinical and didactic teaching assignment workloads on nursing faculty and how this affects job satisfaction and career longevity. This is a study being conducted by Dina Swearngin MSN RN, a doctoral candidate under the supervision of Dr. Karen Webber in conjunction with the Institute of Higher Education at the University of Georgia.

You are invited to participate in this research project as a nurse educator in the State of Georgia. Your participation in this research study is voluntary. Your input consists of a survey approximately 5-10 minutes in length. Your responses will be confidential and no identifying information will be collected as part of the survey. If you are interested in participating in follow up interviews once the data is collected, a second form will be provided for your contact information. This will in no way link to your responses in the study survey.

Survey results will remain with the researcher and will not be individually identifiable. The results of this study will be used for scholarly purposes only and may be shared with the University of Georgia representatives. If you have any questions about the research study, please contact Dina Swearngin at dina2@uga.edu. This research has been approved by the University of Georgia's Human Subjects Institutional Review Board.

CONSENT: Please select your choice below. Selecting "agree" below indicates that:

• I have read the above information and received a copy of the consent information

• I voluntarily agree to participate

❍ Agree
❍ Disagree

APPENDIX E

INTERVIEW CONSENT FORM

UNIVERSITY OF GEORGIA
CONSENT FORM

Impact of Nursing Faculty Clinical Teaching Assignments on
Job Satisfaction and Career Longevity: A Study of Nurse Educators at
Two and Four-Year Nursing Programs in Georgia

Researcher's Statement
I am asking you to take part in a research study. Before you decide to participate in this
study interview, it is important that you understand why the research is being done and
what it will involve. This form is designed to give you the information about the study so
you can decide whether to be in the study or not. Please take the time to read the
following information carefully. Please ask the researcher if there is anything that is not
clear or if you need more information. When all your questions have been answered, you
can decide if you will participate in the study.

Principal Investigator:	Dr. Karen Webber
	Institute of Higher Education – University of Georgia
	706-542-6831
	kwebber@uga.edu
Doctoral Student:	Dina M. Swearngin MSN RN
	Institute of Higher Education – University of Georgia
	678-466-4986
	dina2@uga.edu

Purpose of the Study
The purpose of the study is to analyze nurse educator's perception of their teaching
assignments and if the workload might impact job satisfaction or cause them to consider
leaving their educator role. Nurse educators which completed the initial survey were
asked to volunteer to participate in follow up interviews.

Study Procedures
If you agree to participate, you will be asked to …

- Participate in an audio recorded interview to answer questions about your role as a
  nurse educator and offer your thoughts on the survey results.

- Interviews will be approximately 60 minutes in length but you will be offered additional time if needed to explain your thoughts and responses fully.

- You have been selected for the interview because you provided your personal contact information at the conclusion of the research survey. Participation in the interviews and disclosure of personal contact information is voluntary.

- No personally identifiable information will be collected during the interview.

- Hand-written notes will be taken during the interview. The audio interviews will be transcribed and reviewed for thematic codes which will be summarized.

- These are the questions that will be asked:
    - Tell me about your nursing career and your decision to become a nurse educator.
    - How long have you been teaching? In which type of program do you teach?
    - Describe how your department assigns didactic and clinical assignments.
    - Describe the input faculty have on the courses they teach.
    - Think of a typical week during the semester and describe your responsibilities.
    - Which aspect of your position demands the most time: didactic (all aspects including planning, lectures and student meetings), clinicals (actual agency time and paperwork/planning) or additional activities (scholarship or committee work)?
    - Are you satisfied with your current teaching assignment?
    - Do you feel that you receive adequate contact/credit hours for clinical and didactic teaching assignments?
    - How does the teaching workload compare between junior and senior faculty at your institution?
    - Are you satisfied with your career? What would make you happier in your career?
    - Would you choose to become a nurse educator if you had the decision to make again?
    - Have you thought about leaving academe and if so, why?
    - After reviewing the initial survey findings – What are your thoughts on the results of the survey?

Risks and discomforts
During the interview personal feelings concerning your career will be addressed and emotional responses whether positive or negative may occur. Interviews will be conducted in a comfortable environment and you will be allowed time to fully explore all responses if desired. At no point will your specific responses be disclosed to your employer.

Benefits
While the results of this study will not immediately impact your career, the results will add to the discussion of an acceptable teaching assignment workload from the educator's perspective. This in turn will aid in strategies to retain nurse educators and potentially impact the nurse educator shortage.

Incentives for participation
There are no monetary incentives for participation.

Audio/Video Recording
Interviews will be audio recorded. The recordings will be used to transcribe your responses. The recordings will only be used in this study and will be heard only by the Principal Investigator, Doctoral Student and transcriptionist. Recordings will be kept for approximately two years after the study is completed. Results from the transcribed interviews may be used in publications with no personal information disclosed.

Please provide initials below if you agree to have this interview audio recorded or not. You may still participate in this study even if you are not willing to have the interview recorded.

        I do not want to have this interview recorded.

        I am willing to have this interview recorded.

Privacy/Confidentiality
No personal information will be collected during the interview. Audio files and handwritten notes will only be available to the Principal Investigator, Doctoral Student and transcriptionist. The files and notes will be secured on password protected hard drives and notes will be kept under lock and key only accessible by the research team.

Taking part is voluntary
Your involvement in the study is voluntary, and you may choose not to participate or to stop at any time without penalty. If you decide to stop or withdraw from the study, the information/data collected from you up to the point of your withdrawal will be kept as part of the study and may continue to be analyzed.

If you have questions
The main researcher conducting this study is Dr. Karen Webber a Professor at the Institute for Higher Education at the University of Georgia, and Dina M. Swearngin a doctoral student at the Institute of Higher Education at the University of Georgia. Please ask any questions you have now. If you have questions later, you may contact Dr. Webber at kwebber@uga.edu or 706-542-6831. If you have any questions or concerns regarding your rights as a research participant in this study, you may contact the Institutional Review Board (IRB) Chairperson at 706.542.3199 or irb@uga.edu.

Research Subject's Consent to Participate in Research:
To voluntarily agree to take part in this study, you must sign on the line below. Your signature below indicates that you have read or had read to you this entire consent form, and have had all of your questions answered.

_____   _____
Name of Researcher   Signature   Date

_____   _____
Name of Participant   Signature   Date

Please sign both copies, keep one and return one to the researcher.

APPENDIX F

NURSE EDUCATOR CAREER SATISFACTION SURVEY

The purpose of this study is to analyze the perception of clinical and didactic teaching assignment workloads on nursing faculty and how this affects job satisfaction and career longevity. This is a study being conducted by Dina Swearngin MSN RN, a doctoral candidate under the supervision of Dr. Karen Webber in conjunction with the Institute of Higher Education at the University of Georgia.

You are invited to participate in this research project as a nurse educator in the State of Georgia. Your participation in this research study is voluntary. Your input consists of a survey approximately 5-10 minutes in length. Your responses will be confidential and no identifying information will be collected as part of the survey. If you are interested in participating in follow up interviews once the data is collected, a second form will be provided for your contact information. This will in no way link to your responses in the study survey.

Survey results will remain with the researcher and will not be individually identifiable. The results of this study will be used for scholarly purposes only and may be shared with the University of Georgia representatives. If you have any questions about the research study, please contact Dina Swearngin at dina2@uga.edu. This research has been approved by the University of Georgia's Human Subjects Institutional Review Board.

CONSENT: Please select your choice below. Selecting "agree" below indicates that:

• I have read the above information and received a copy of the consent information

• I voluntarily agree to participate

o   Agree
o   Disagree

I teach in both the classroom and in the clinical setting.

❍   Yes
❍   No

I currently work full time in nursing education.

❍   Yes
❍   No

I have a departmental or institutional administrative appointment such as department or program chair, assistant dean or dean.

❍   Yes
❍   No

Please select the type of institution in which you work.

❍   Associate or Technical
❍   Baccalaureate
❍   Master's
❍   Doctorate-granting
❍   Research

Please select the type of nursing program in which you currently teach. You may select more than one.

❑   ASN
❑   BSN
❑   RN-BSN
❑   Graduate

What is the highest degree you hold?

❍   ASN
❍   BSN
❍   MSN
❍   PhD
❍   EdD
❍   DNP
❍   ND
❍   DSN/DNS
❍   Other _____

How many years have you been a full-time nurse educator?

_____years

What is your current rank?

- ❍   Lecturer
- ❍   Instructor
- ❍   Assistant Professor
- ❍   Associate Professor
- ❍   Professor

What is your tenure status?

- ❍   Non-tenure track
- ❍   Tenure-track
- ❍   Tenured

In a typical work week how many hours do you devote to classroom teaching? Include as relevant: Class preparation, lecturing, grading, etc.

_____ Hours

In a typical work week how many hours do you devote to clinical teaching? Include as relevant: Clinical teaching in health care agencies, grading care plans and case studies, administrative oversight of the clinical group, etc.

_____ Hours

In a typical work week how many hours are spent in activities outside of clinical or classroom teaching? Include as relevant: Committee appointments, personal scholarship and research.

_____ Hours

Listed below are statements that represent possible opinions that YOU may have about working at your institution / organization. Please indicate the degree of your agreement or disagreement with each statement by selecting the circle that best represents your point of view about your institution.

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
1. I receive adequate credit for clinical teaching.	○	○	○	○	○	○
2. I receive adequate credit for didactic/classroom teaching.	○	○	○	○	○	○
3. I am satisfied with my teaching assignment.	○	○	○	○	○	○
4. My workload is balanced between clinical and didactic teaching.	○	○	○	○	○	○
5. I frequently feel behind in my work.	○	○	○	○	○	○
6. I enjoy clinical teaching.	○	○	○	○	○	○
7. I enjoy teaching in the classroom.	○	○	○	○	○	○
8. My organization values my contribution to its well-being.	○	○	○	○	○	○
9. My organization fails to appreciate any extra effort from me.	○	○	○	○	○	○

	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
10. My organization would ignore any complaint from me.	❍	❍	❍	❍	❍	❍
11. My organization really cares about my well-being.	❍	❍	❍	❍	❍	❍
12. Even if I did the best job possible, my organization would fail to notice.	❍	❍	❍	❍	❍	❍
13 My organization cares about my general satisfaction at work.	❍	❍	❍	❍	❍	❍
14. My organization shows very little concern for me.	❍	❍	❍	❍	❍	❍
15. My organization takes pride in my accomplishments at work.	❍	❍	❍	❍	❍	❍
16. I am satisfied with my career as a nurse educator.	❍	❍	❍	❍	❍	❍
17. I have considered leaving academe.	❍	❍	❍	❍	❍	❍
18. I would pursue a career as a nurse educator if I had to begin again.	❍	❍	❍	❍	❍	❍

If you have considered leaving academe, what specific factors

have influenced your feelings?

(May leave blank if not applicable)

Thank you for your participation!

Your input is vital to this study!

APPENDIX G

PERMISSION TO USE SURVEY OF PERCEIVED

ORGANIZATIONAL SUPPORT

From: Eisenberger, Robert W [mailto:reisenbe@Central.UH.EDU]
Sent: Saturday, February 28, 2015 12:43 PM
To: Dina Marie Swearngin; reisenberger2@uh.edu
Subject: RE: Permission to use POS 8 instrument

Dear Dina,
I am very happy to hear you are studying this important issue. I am very happy to give you permission to use the POS scale. Could you please send me your findings when you are finished?
Thanks.
Cordially,
Bob
Robert Eisenberger
Professor of Psychology
College of Liberal Arts & Soc. Sciences
Professor of Management
C. T. Bauer College of Business
University of Houston
reisenberger2@uh.edu
(302)353-8151

From: Dina Marie Swearngin [dina2@uga.edu]
Sent: Saturday, February 28, 2015 10:03 AM
To: reisenberger2@uh.edu
Subject: Permission to use POS 8 instrument

Greetings Dr. Eisenberger,

I am a doctoral student under the direction of Dr. Karen Webber at the Institute for Higher Education at the University of Georgia. As a registered nurse for 21 years and now nurse educator for the past 5, I am focusing my research on job satisfaction of clinical nursing faculty as it relates to teaching assignment workload. Identification of issues that may decrease job satisfaction could potentially lessen the career longevity of

the nurse educator. Lack of and decreased retention of qualified nursing faculty has been identified as a core causative issue in the national nursing shortage.

The intent of my study is to determine the nurse educator's perception of their teaching assignments (clinical and classroom), if they feel their workload is adequately recognized by administrators, and the impact this might have on job satisfaction/career longevity. This is a specific area that is all but absent in the literature.

Although available on your website, I would like to obtain permission to use your Perceived Organizational Support eight item survey as the basis for this study. I would couple your instrument with additional demographic questions and specific questions related to the nurse educator's workload.

Thank you for your time. I would be happy to answer any questions you might have.
Dina

APPENDIX H

INTERVIEW QUESTIONS

1. Tell me about your nursing career and your decision to become a nurse educator.

2. How long have you been a nurse? How long have you been teaching?

3. What are your personal career goals? What is your plan to obtain those goals?

4. Describe how your department assigns didactic and clinical assignments.

5. Describe the input faculty have on the courses they teach.

6. Are you teaching courses that you prefer, or that you selected?

7. Think of a typical week during the semester and describe your responsibilities.

8. Which aspect of your position demands the most time: didactic (all aspects including planning, lectures and student meetings), clinicals (actual agency time and paperwork/planning) or additional activities (scholarship or committee work)?

9. Are you satisfied with your teaching assignment?

10. Do you feel that you receive adequate contact/credit hours for clinical and didactic teaching assignments?

11. How does the teaching workload compare between junior and senior faculty at your institution?

12. Are you satisfied with your career? What would make you happier in your career?

13. Would you choose to become a nurse educator if you had the decision to make again?

14. Have you thought about leaving academe and if so, why?

15. After offering the survey findings – What are your thoughts on the results of the survey?

APPENDIX I

NURSE EDUCATOR CAREER SATISFACTION SURVEY SUMMARY DATA

NECS Question	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree	Mean
1. I receive adequate credit for clinical teaching.	10	6	8	12	23	5	3.73
2. I receive adequate credit for didactic/classroom teaching.	4	2	8	18	25	7	4.23
3. I am satisfied with my teaching assignment.	1	7	6	18	20	12	4.33
4. My workload is balanced between clinical and didactic teaching.	6	11	9	10	19	9	3.81
5. I frequently feel behind in my work. (R)	23	17	15	4	3	2	3.20
6. I enjoy clinical teaching	4	5	1	9	23	22	4.69
7. I enjoy teaching in the classroom.	0	0	1	4	21	38	5.5
8. *The organization values my contribution to its well-being.	1	6	7	11	27	12	4.45
9. *The organization fails to appreciate any extra effort from me. (R)	6	8	17	11	14	8	3.67
10. *The organization would ignore any complaint from me. (R)	3	8	12	14	14	13	4.05
11. *The organization really cares about my well-being.	2	9	5	27	17	4	3.94
12. *Even if I did the best job possible, the organization would fail to notice. (R)	3	8	11	13	20	9	4.03
13. *The organization cares about my general satisfaction at work.	1	8	12	22	15	6	3.94
14. *The organization shows very little concern for me. (R)	1	3	8	17	22	13	4.84
15. *The organization takes pride in my accomplishments at work.	2	4	7	20	27	4	4.22
16. I am satisfied with my career as a nurse educator.	1	1	5	16	22	19	4.78
17. I have considered leaving academe. (R)	9	10	10	9	10	16	3.77
18. I would pursue a career as a nurse educator if I had to begin again.	2	2	7	11	17	25	4.78

Note = * indicates original SPOS item

n=64

FACTOR ANALYSIS

Survey Question	Component				
	1	2	3	4	5
1. I receive adequate credit for clinical teaching.	0.15	0.77	0.22	-0.10	0.20
2. I receive adequate credit for didactic/classroom teaching.	0.02	0.62	0.01	-0.22	0.45
3. I am satisfied with my teaching assignment.	0.14	0.76	-0.06	0.30	0.16
4. My workload is balanced between clinical and didactic teaching	0.17	0.80	0.25	0.00	0.14
5. I frequently feel behind in my work. (R)	0.15	0.11	0.77	0.02	-0.11
6. I enjoy clinical teaching	-0.01	0.09	0.80	0.14	0.19
7. I enjoy teaching in the classroom.	-0.01	-0.03	0.15	0.86	0.08
8. My organization values my contribution to its well-being.	0.56	0.46	0.10	0.05	0.40
9. My organization fails to appreciate any extra effort from me. (R)	0.76	-0.02	0.01	0.17	0.18
10. My organization would ignore any complaint from me (R)	0.79	0.10	0.22	-0.10	0.13
11. My organization really cares about my well-being.	0.19	0.18	0.09	0.18	0.80
12. Even if I did the best job possible, my organization would fail to notice. (R)	0.81	0.13	0.06	0.00	0.23
13 My organization cares about my general satisfaction at work.	0.35	0.32	0.04	0.21	0.61
14. My organization shows very little concern for me. (R)	0.82	0.03	0.08	-0.04	0.34
15. My organization takes pride in my accomplishments at work.	0.39	0.43	-0.07	-0.21	0.58
16. I am satisfied with my career as a nurse educator.	0.46	0.49	-0.05	0.46	0.28
17. I have considered leaving academe. (R)	0.65	0.38	0.00	-0.02	-0.05
18. I would pursue a career as a nurse educator if I had to begin again.	0.71	0.47	-0.15	0.20	-0.07

Notes – (R) indicates item is reverse scored