The Transition from Clinical Practice to Academic Citizenship in Nursing Faculty

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THE TRANSITION FROM CLINICAL PRACTICE TO ACADEMIC CITIZENSHIP IN NURSING FACULTY

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This dissertation is dedicated to my husband Keith for his tremendous support through this long but fulfilling process. Thank you for being my technology expert and providing 24 hour help desk support. To my children, Stephen, Katie and son-in-law Jonathan, it has been especially rewarding to see what you have accomplished during this time. Since starting this journey all three of you have graduated from college, Stephen with a budding career, Katie and Jonathan following your dream of becoming doctors. Between three graduations, a wedding, a new career, and medical school we have been very busy, but you never let me lose sight of my goal and for that I am eternally grateful.
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ABSTRACT

The purpose of this phenomenological study was to explore the experience of female registered nurses who transitioned from clinical practice to a faculty role in a baccalaureate program of nursing as experienced by the study participants. An improved understanding of the experience of registered nurses who transition from clinical practice to academic citizenship in an academic community will fill a gap in the literature and assist administrators of schools of nursing in planning faculty orientation and development programs to facilitate a successful transition of new nursing faculty members into academic citizenship in an academic community. Most nursing faculty members begin their nursing careers in clinical practice or staff development roles. While many of the competencies developed in clinical practice transfer well into academia, nursing faculty members may have had less experience with scholarly writing and publishing. This study was conducted using individual semi-structured interviews followed by focus groups, of four nursing faculty members who are currently teaching in a baccalaureate program in one of four schools of nursing in a gulf coast state. Data from individual interviews and focus groups revealed ten themes which helped describe the experiences of registered nurses as they transitioned from a clinical practice role to academic citizenship within an academic community. These ten themes included: The easiest part, growth and fulfillment in the faculty role, hardest part, expert to novice, educational preparation, faculty scholarship, involvement in the broader university, culture shift, mentoring, and the full faculty role. Data analysis of participant’s sense of primary identity as nurse or educator revealed one overarching theme, identity nurse or educator. Subthemes which emerged related to participant’s sense of primary identity were identity as nurse, educator, blended nurse and educator, role confusion, and nurse faculty.
CHAPTER 1 INTRODUCTION

Unlike disciplines in the humanities with educational roots firmly entrenched in academic institutions, nursing education has spent the majority of its early years associated with health care institutions. A short review of the history of nursing education and its relationship to the development of nursing as a profession, still struggling with issues of identity and hierarchy, helps to explain why registered nurses with clinical practice backgrounds face a significant transition when taking on a faculty role in an academic institution. Born in an era of subservience to the male dominated fields of medicine and hospital administration, nursing has fought to expand its image from strictly a practice discipline to one with a unique theoretical knowledge base (Walker & Holmes, 2008). However, with three educational levels of entry into practice and difficulty articulating its unique identity among other health care professionals, nursing remains a profession in transition, during a time of rapid change in the healthcare environment that is going to require greater levels of educational preparation of registered nurses than ever before (Orsolini-Hain, & Waters, 2009).

The evolution of nursing education is significant for understanding the transition of registered nurses with a clinical practice background to the role of nursing faculty member in an academic institution. The culture of the profession of nursing that grew as a result of the structure of early nursing educational programs and the position of nurses within a gendered hierarchy resulting in a profession that values experience over theoretical knowledge serves as the historical foundation for this transition (Walker & Holmes, 2008). The experience of transitioning from clinical practice to academic citizenship was examined from the perspective of nursing faculty members who have made the transition from a clinical practice role to academic citizenship in a baccalaureate school of nursing. This overview established the rationale for this
phenomenological study and situates it within the literature. Within this introduction the researcher will attempt to provide the reader with any a priori perspectives and biases that are a result of personal and professional experiences as a registered nurse who has made the transition from clinical practice to academic citizenship within an academic community.

**Background on Nursing Education**

Registered nurse education and entry into practice is possible through three avenues: hospital-based diploma education, two year associate degree education in a community college, and four year baccalaureate degree education situated within institutions of higher education (Orsolini-Hain, & Waters, 2009). The move of nursing education into institutions of higher education is relatively recent. Despite 50 years of challenging the three levels of entry into practice for the registered nurse by two of the most influential nursing organizations in existence today, the American Nurse Association (ANA) and the American Association of Colleges of Nursing (AACN), the three levels of entry into practice are still in existence (Orsolini-Hain, & Waters, 2009).

The earliest registered nursing education programs from the beginning of the 1900s to the 1950s were predominately hospital-based diploma programs (Orsolini-Hain, & Waters, 2009). These diploma programs existed within healthcare institutions with the curriculum developed and taught by physicians. Students in hospital-based diploma programs were treated as free labor for hospitals and lived on site in student housing. Extensive clinical practice was highly valued over theoretical knowledge and critical reasoning skills (Walker & Holmes, 2008). Textbooks were written by physicians for nurses in a manner that nurses could understand. These physician educators insisted that instruction specific to psychomotor skills be provided by other nurses. The belief was that only registered nurses performing those physical skills were capable of
teaching them to student nurses (Walker & Holmes, 2008). This reinforced the dominant thinking that the work of registered nurses was of the hands and physicians’ work involved more of the mind. Baccalaureate education programs existed at this time; however the curriculum was controlled by hospitals instead of nursing faculty, so these early programs did not resemble current baccalaureate nursing programs where the curriculum is developed and delivered by nursing faculty. Because of the popularity of hospital-based diploma nursing programs and the value placed on clinical practice as the best way to educate nurses, by 1950 only 15 percent of registered nurses were graduating from baccalaureate programs (Orsolini-Hain, & Waters, 2009).

In the 1950s, in response to a changing health care environment Mildred Montag proposed a new level of registered nurse education, the Associate of Science in Nursing (ASN). A primary reason for the initial success of the ASN program was the shortened length of the program. Completion in two years from an ASN program was more attractive to some potential students than the Bachelor of Science in Nursing (BSN) program which required four years of study (Orsolini-Hain, & Waters, 2009). Associate of Science in Nursing programs were located primarily in community colleges and attracted students mostly from nearby communities. The curriculum was consistent with the medical model with courses offered in fundamentals, medical surgical nursing, women’s health, pediatrics, and mental health nursing. Montag’s vision was that the registered nurse graduate from an ASN program would function as a technical or practical nurse and the BSN educated nurse would function in leadership roles.

Baccalaureate nursing programs offered a broader scope of courses such as management courses preparing the graduate for positions in nursing leadership positions (Orsolini-Hain, & Waters, 2009). Competencies expected of the BSN graduate included the ability to use nursing theory to guide decision making, critical thinking in the face of complex patient problems,
leadership skills, collaboration skills, evaluating research for its applicability to practice, and identifying and implementing changes designed to improve delivery of health care (Blaney, 1986).

Political events, societal shifts, and an increasing nursing shortage during the 1940s and 1950s propelled Montag’s proposal for the development of an ASN program forward. Congress passed the Hill-Burton Act of 1946 which funded the construction of many hospitals across the United States, worsening an existing nursing shortage (Orsolini-Hain, & Waters, 2009). As a direct result of the nursing shortage, unlicensed personnel were being used to perform nursing duties. Nursing leaders were greatly concerned over this new trend and the encroachment into nursing’s scope of practice by unlicensed personnel. In addition, an important historical event that impacted registered nurse education during the middle of the 20th century was the end of World War II. This event marked an important shift for women who began to attend college in greater numbers and seek employment opportunities outside of the home. The Serviceman’s Readjustment Act of 1944 provided the opportunity for a college education to returning service men from World War II (Orsolini-Hain, & Waters, 2009).

The ASN program became an attractive degree option for nontraditional students such as women with families for whom taking up residence in a hospital-based diploma program was not an option. Other groups sought out ASN programs because they were ineligible for traditional hospital-based diploma programs because of age, ethnicity, race, gender, and status as a single mother (Orsolini & Water, 2009). The success of the ASN program became evident as programs sprang up across the nation in community colleges. The political climate of the time supported the expansion of community colleges. President Harry S. Truman appointed a commission to
encourage the development of community colleges to increase semiprofessional and technical careers (Orsolini & Water, 2009).

Montag’s vision of registered nurse education at the associate degree level providing care at the bedside as a technical nurse fit with this new vision. In 1952, 92 percent of nurses graduated from hospital-based diploma programs. The shift of registered nurse education programs into institutions of higher education was obvious by 2001 when only three percent of registered nurse graduated from hospital-based diploma programs. By 2001, 61 percent of registered nurses graduated from ASN programs and 36 percent graduated from BSN programs (Aiken, Clarke, Cheung, Sloane, & Silber, J. H., 2003). This shift in nursing education from hospital-based diploma programs to ASN programs marked a significant advancement in nursing as a profession whose educational preparation became grounded in institutions of higher education.

**Nursing Education Moves into Higher Education**

Development of the ASN program had a positive effect on nursing education by moving it into degree granting academic institutions; primarily community colleges (Orsolini-Hain, & Waters, 2009). The curriculum was developed and instructed by registered nurse faculty instead of physicians. However, the persistent nursing shortage and hospital administrator’s satisfaction with the performance of ASN graduates created a two tiered system for nursing education that has become firmly entrenched despite 50 years of attempts by nursing leaders to move the educational preparation of registered nurse entry into practice to a single level, the baccalaureate degree (Orsolini-Hain, & Waters, 2009). In 1965, the American Nurses Association (ANA) published a position statement recommending the Bachelor of Science in Nursing as the minimal level of education for entry into practice as a registered nurse (Orsolini-Hain, & Waters, 2009).
The National League for Nursing (NLN) and the American Association of Colleges of Nursing (AACN) both endorsed the ANA’s position statement on entry into practice (Blaney, 1986). Administrators declared that educational preparation really didn’t matter as long as the nurse was competent and caring (Orsolini-Hain, & Waters, 2009). Recently, research has demonstrated that registered nurses educated at the baccalaureate level provide better patient care as measured by improved mortality and decreased failure to rescue events. A failure to rescue event refers to the development of complications that increase length of stay, cost, and mortality. Aiken and colleagues (2003) conducted a landmark study that examined the relationship between a nurse’s educational level and patient outcomes of mortality and failure to rescue rates. This study of outcome data from 232,342 patients across 168 hospitals in Pennsylvania reported that as much as 77 percent of the nurses in direct care positions held a baccalaureate degree. Results indicated that a ten percent increase in nurses holding a baccalaureate degree resulted in a five percent reduction in mortality and failure to rescue events (Aiken et al., 2003). These statistics clearly support the rationale for adopting the Bachelor of Science in Nursing as the entry into practice for the registered nurse.

Higher Education in a Gulf Coast State

The development of higher education in the gulf coast state that will be the focus of this research was unique because of political and social changes occurring in the early 20th century. Decades of over involvement of the Governor from 1928 through 1944, in higher education, greatly influenced the development of the state’s flagship university. In an article in December of 1934 by the New York Times, the governor was referred to as the “dictator of the state”. The governor of this gulf coast state hired and fired presidents of the university, football coaches, and was even known to lead the marching band at football games (as cited in Manning, 2006).
Regional colleges sprang up across the state often in response to the needs of individual communities to spur educational and economic development in their communities. However, the expansion of regional colleges lacked a cohesive plan (Manning, 2006). A brief discussion of the history of the development of higher education and particularly regional colleges in this gulf coast state will help explain the researcher’s rationale for selection of the four schools of nursing from the four universities selected for participation in this study.

Two of the universities included in this study were established as a result of the Morrill Act of 1862 and 1891, and were among the first universities in the state. The Morrill Act of 1862 and 1891 provided land grants to states for the development of colleges to teach “agriculture, mechanic arts, and military tactics” (Manning, 2006, p. 40). The two phases of the Morrill Act served to establish the dual system of education in the state by establishing a seminary of learning for Caucasians in 1862, and then a seminary of learning for African Americans in 1891. The seminary of learning for Caucasians eventually became the flagship university of the state. The segregation of education at the time resulted in the development of a dual system of education in the state creating two universities in one city, ten miles apart, separated by race - a system that still exists today. The schools of nursing in both of these universities were selected for inclusion in this study because of the size of their schools of nursing and prestige of their respective BSN programs. Prestige among the nursing community was determined by having been selected several times to receive the honor of School of Nursing of the Year awarded by the State Nurses Association.

The period between 1920 and 1945 was marked by an increasing demand for a college education among a broader segment of the population (Manning, 2006; Thelin, 2004). Prior to this time a college education was considered a luxury for the elite who traveled out of state to
achieve their educational goals. This resulted in many of the brightest and best educated citizens moving permanently out of state, perpetuating an existing problem of low literacy rates and poor economic development. The increasing demand for a college education resulted in a period of rapid expansion of regional colleges and the expansion of programs in existing colleges and universities. Many regional colleges developed in response to grass roots movements of individual communities that felt the need to address the economic development of their communities (Manning, 2006). Existing colleges and universities added professional programs such as the medical school added in 1930 by the flagship university of the state (Thelin, 2004). A result of developing colleges based on individual community needs created a system of higher education that lacked a cohesive plan for the development and expansion of higher education in the state (Manning, 2006). In addition, the level of involvement of the governor in the daily operations of the university which eventually became the flagship university was unprecedented (Manning, 2006).

Nationally, in the 1950s and 1960s, after World War II, the demand of a college education for a broader segment of the population continued to increase. This was fueled by the availability of tuition funding provided by the Serviceman’s Readjustment Act of 1944, referred to as the G.I. Bill. In this state, the demand for a college education was less pronounced because the two major economies were agriculture and the oil and gas industry; neither requiring a college education (Manning, 2006). Regional colleges continued to attract large student enrollments from their communities and today are universities offering undergraduate and graduate degrees in a variety of disciplines. The primary distinction between the flagship university and the regional universities was level of research and scholarship and numbers of masters and doctoral degrees awarded (Thelin, 2004). The concept of university reflects the
German ideal of “advanced scholarship, professors as experts, doctoral programs with graduate students and a hierarchy of study” (Thelin, 2004, p. 104). Two regional colleges were selected for participation in this research because of the size of their BSN programs and the prestige of their respective schools of nursing. Both schools of nursing from the two regional universities selected for participation have been the recipients of the honor of School of Nursing of the Year awarded by the State Nurses Association.

**Faculty Role and Academic Citizenship**

Most nursing faculty members began their nursing careers in clinical practice or staff development roles and have the cultures of nursing and health care institutions ingrained in them as they move forward into faculty roles in academic institutions. The mission, purpose, and culture of an institution of higher education is different from that of a healthcare organization which only adds to the complexity of the transition from clinical practice to academic citizenship within an academic community. The culture of an academic community is unique and the competencies needed by nursing faculty are different from the competencies valued in clinical practice. Clinical competence, program development, program implementation, organizational skills, managing large budgets, managing staff, navigating accreditation, and developing policies are valuable skills for a clinical practitioner (Danna, Schaubhut & Jones, 2008). While many of these skills transfer well into academia, nursing faculty may have had less experience with scholarly writing and publishing, presenting locally and nationally, performing research, and disseminating new knowledge. According to the president of a small college with a large ASN program, “I think the biggest thing that clinicians need when they enter academia is the research and scholarship piece. I think they have not necessarily been trained in academic writing and that
is a discipline in and of itself” (College President, personal communication, November 22, 2011).

Macfarlane (2007) introduced the term academic citizenship to describe the responsibilities of the faculty role to the academic community they serve. Faculty members’ professional responsibilities toward the student and the academic community go beyond preparing for classes, teaching classes, and evaluating student learning (Siler & Kleiner, 2001). The expectations of the faculty role include service to the institution by assisting with strategic planning, serving on college or university committees, developing curriculum, assessing courses, assessing programs, and participating in research and scholarship (Macfarlane, 2007). Adjusting to a new culture with a new language and organizational structure is difficult for novice educators (Penn, Wilson, & Rosseter, 2011; Siler & Kleiner, 2001). Faculty members who have developed considerable expertise as clinicians may find themselves novices in an academic culture where they must now establish a research program, develop and disseminate new knowledge, and provide leadership in professional organizations (Zambroski, & Holbrook Freeman, 2004).

Becoming familiar with the mission, institutional purpose, and goals of the academic institution can assist with this transition. The institution’s expectations of nursing faculty members in terms of teaching, scholarly activity, service to the college and community, and faculty practice may be different from clinical practice. Registered nurse education at the associate and baccalaureate degree levels differs in many ways that reflect the differences of the academic institutions of which they are a part. These institutions vary in their admission standards, levels of degrees awarded by the institution, and missions related to research and service. Nursing faculty in an academic institution hold a minimum of a master’s degree in
nursing but the focus of their graduate study may have been clinical practice or administration instead of nursing education. Students in a Master of Science in Nursing program may be pursuing a clinical tract as a nurse practitioner, clinical nurse specialist, or nurse administrator. In all of these cases the healthcare environment as experienced in healthcare organizations or in the community remains the focus of their graduate study. Of the variety of program specializations at the master’s level in nursing education, only the nursing educator track is specifically designed to develop the competencies needed to facilitate a successful transition into academic citizenship (Siler & Kleiner, 2001).

Nursing faculty members teaching in baccalaureate programs in universities are required to hold a Master’s in Nursing (MSN/MN) or a doctoral degree. These doctoral degrees may be the Doctor of Philosophy (Ph.D.) in nursing, Doctor of Philosophy (Ph.D.) in education, Doctor of Nursing Science (DNS), Doctor of Nursing Practice (DNP), Doctor of Education (Ed.D.), and Doctor of Health Education (D.H.ED.). In a personal interview the President of a college, with a large ASN program, reflected on the experience of working with nursing faculty who are transitioning from clinical practice to nursing faculty. She explained that she has seen the greatest and most successful transitions of nursing faculty into academic citizenship from nursing faculty who are completing their doctorates. “Somewhere between the middle and end of their doctorate programs, it just sort of clicks for them, and they start understanding the college and university better than they did before. They understand how to navigate in higher education” (College President, personal communication, November 22, 2011).

**Purpose Statement**

The focus of this phenomenological study was to explore the experience of registered nurses who have transitioned from clinical practice to academic citizenship in a baccalaureate
program in nursing as experienced by the study participants. An improved understanding of the experience of registered nurses who transition from clinical practice to academic citizenship in an academic community will fill an existing gap in the literature and assist administrators of schools of nursing in planning faculty orientation and development programs to facilitate a successful transition of new nursing faculty members into the academic community.

**Problem Statement**

This descriptive phenomenological study explored the experience of registered nurses who transitioned from clinical practice to academic citizenship in an academic community. The understanding of the phenomenon of transition was examined from the perspective of nursing faculty members who hold a Master’s in Nursing or a Ph.D. in nursing or education and are faculty members in a baccalaureate school of nursing. To guide this study the following research questions were posited:

1. What are the experiences of registered nurses as they transition from a clinical practice role to academic citizenship within an academic community?

2. In what ways do registered nurses experience their sense of identity as they transition from clinical practice to academic citizenship within an academic community?

**Definition of Terms**

1. Nurse educator was defined as a registered nurse faculty member in a baccalaureate school of nursing within a university who holds a Master’s in Nursing or a Doctor of Philosophy in nursing or education.

2. Clinical practice was defined as a primary area of practice focused on care delivery within a healthcare organization.
3. Academic citizenship within an academic community was defined as a registered nurse faculty within a baccalaureate school of nursing whose role includes service to the institution, developing curriculum, assessing courses and programs, and participating in research and scholarship (Macfarlane, 2007).

**Rationale for Qualitative Research Methodology**

A qualitative approach was chosen for this study because the researcher was interested in exploring the meaning of the phenomenon of transition in registered nurses who transitioned from clinical practice to academic citizenship in an academic institution. A gap in the literature exists for explaining this phenomenon. Nurses, although large in number, are often silent or underrepresented in the media. A qualitative approach was selected to allow the voices of nurse educators to explain the phenomenon of their transition from clinical practice to academic citizenship within the context of their own experience. As a predominately female group, nursing faculty members have been marginalized within the predominately male academic administration and faculty culture.

Qualitative research designs are most effective when the investigator becomes aware of a need to understand a lived experience from the perspective of those who are best able to give meaning to the experience. Qualitative methods are chosen when the experience or problem has been poorly defined by existing theories, under studied, or when the researcher requires a more complex understanding that can only be achieved by studying the phenomenon as it is experienced, in its natural environment, by the people who are experiencing the phenomenon (Creswell, 2007; Speziale & Carpenter, 2007). The researcher may become aware of the need for a deeper understanding of a phenomenon through the literature and may have had personal
experiences with the phenomenon under study but must put aside all preconceived ideas when listening to the voices of the participants (Creswell, 2007).

The tradition of inquiry chosen in this qualitative study was descriptive phenomenology. Introduced by Edmund Husserl to describe human experiences, descriptive phenomenology attempts to understand a life experience by interviewing an individual participant for the purpose of learning more about that experience, not to learn more about the person in isolation of others who may have had a similar experience (Applebaum, 2012). Husserlian phenomenology requires the researcher to “respect what is given” over any assumptions the researcher already has on the subject or any theories that may be widely accepted (Applebaum, 2011, p. 523).

The literature is clear that nursing faculty face a difficult transition when entering academia. The culture of the academic institution with its unique organizational structure and faculty involvement in governance differs significantly from the bureaucratic organizations common in healthcare. The competencies required of a faculty member in a collegiate environment involve a different skill set from those of a clinical practitioner. The requirements of teaching and evaluating learning, service to the college, service to the community, research, and productive scholarship are different than those of excellence in clinical practice respected in the healthcare organization. The President of Gulf State College illuminated the complexity of transitioning not only in the role from clinical practice to academic citizenship, but also in the transition from one organizational culture to another. She described the competencies that nursing faculty bring to academia as an appreciation for organization.

Nursing faculty are very organized and understand the importance of documentation and assessment. If you ask a nursing faculty what happened in a particular case, it will be documented and broken down more so than with a faculty from humanities (President Gulf State College, Personal Communication, November 22, 2011).
In an interview with the President of Gulf State College the concepts of power and gender were discussed in the context of the culture of healthcare organizations and how registered nurse faculty members are impacted by that gendered history. She remarked that she had observed a tension between physicians and nurses in the healthcare environment. To her, this seemed to be an environment that seemed to only care about the needs of physicians, and this seemed to spill over into the culture of the academic community.

When you have the nursing dynamic where, and again this is speaking from a non-nurse perspective, you are already in a tension with the physicians. Therefore there is a lot of gender stuff that seems to emerge from that dynamic and then when nurses come over to an academic area sometimes they bring that with them without thinking about it (President Gulf State College, personal communication, November 22, 2011).

Perhaps nurses are accustomed to operating within adversarial environments and just naturally see these relationships in other aspects of the academic environment such as their ability to work effectively with college administration and with other disciplines. This is an area for further research exploration.

**Reflexivity Statement**

This study was informed by the results of a pilot study conducted in the spring of 2012, at Gulf State College. An overview of the pilot study is located in Chapter 3 of this document. It is important to recognize that this prior work has served to clarify the research questions and has created the potential for preconceived ideas. It will be important for this researcher to bracket this experience for the purpose of this study. The faculty participants in the pilot study were teaching predominantly in an ASN program and a Registered Nurse Bachelor of Science (RN-BSN) completion program. Participants in this study were nursing faculty members currently teaching in baccalaureate nursing programs. Faculty members teaching in a Baccalaureate of Science in Nursing program were selected because the researcher wanted to examine the
experience of nursing faculty in the full faculty role which includes participation in research and scholarship. Nursing faculty members teaching in ASN programs are more often located in community colleges where the expectations of the faculty role would emphasize teaching over research and scholarship.

This author shared a similar experience with the faculty participating in the pilot study. I began my career as a registered nurse in clinical practice and after 14 years, transitioned into the role of nursing faculty member in an academic setting. I identified with the faculty in the pilot study who felt that the transition from clinical practice to the faculty role within an academic community was a process that took many years and involved a shift in identity. I mention this in order to reveal my own perspective and biases. As a nursing faculty member I feel that I have transitioned from a primary identity of nurse to one of educator. For me this transition was a gradual process that occurred over perhaps as many as ten years.

**Limitations of the Study**

This phenomenological study was limited to female registered nurse faculty members with a Master of Science in Nursing degree or Ph.D. in nursing or education currently teaching in a BSN program in a research or regional university in a gulf coast state. Most of the registered nurse faculty members in the state where the research is being conducted are female, so selecting female faculty members for the study became a necessary limitation. However, the perspective of male nursing faculty members would be a valuable addition to the literature. This researcher limited study participants to nursing faculty members with Masters of Science in Nursing or Ph.D. in higher education, curriculum and instruction, adult education, and nursing because of the academic focus of these programs of study. Participants were limited to nursing faculty teaching in BSN programs. The perspective of nursing faculty teaching in hospital-based
diploma nursing programs and ASN programs will not be examined. A potential limitation of the study was the degree to which the study participants were forthcoming in their responses since the researcher is also a registered nurse faculty member. However, the researcher did not conduct the study in the institution where she is currently employed as a registered nurse faculty member. There is a possibility that the researcher and study participants have met or have prior knowledge of each other. This could have affected participants’ ability to feel comfortable expressing their opinions freely.

Summary

Chapter 1 describes the evolution of registered nurse education from primarily hospital-based diploma programs to baccalaureate degree programs in academic institutions. A brief description of the history of higher education and particularly the formation of regional universities in a gulf coast state is included to provide the reader with some context of the educational institutions chosen for participation. The faculty role described as academic citizenship inclusive of teaching, service, and scholarship is introduced.

This descriptive phenomenological study explored the experience of registered nurses who transition from clinical practice to a faculty role in a BSN program as experienced by the study participants. This research will fill an existing gap in the literature and assist administrators of schools of nursing in planning faculty orientation and development programs to facilitate a successful transition of new nursing faculty members into the academic community. The researcher acknowledged her role as a registered nurse faculty member who transitioned from a clinical practice setting to the faculty role in an academic institution and recognized the importance of bracketing this experience to hear the voices of the participants. Research questions have been informed by results of a pilot study which is described in Chapter 3.
CHAPTER 2 LITERATURE REVIEW

In reviewing the literature the researcher examined scholarly peer reviewed articles on the registered nurse transition from clinical practice to faculty role in academic institutions. A search of Ebsco Host database revealed 14 articles from January 2000 through October 2014 on the transition from a clinical practice role to the role of nurse faculty in an institution of higher education. Most of these articles focused on learning to teach in the classroom and clinical environment. Only five articles discussed the transition from nurse educator to academic citizenship within an academic community (Danna, Schaubhut, & Jones, 2008). Therefore a gap in the literature exists regarding the transition of nursing faculty into academic citizenship within an institution of higher education. In addition, the literature on transition theories, identity theories, the faculty role, registered nurse education, and identity development in nurse educators will be reviewed in this chapter.

**Transition From Clinical Practice to Faculty Role**

Danna and colleagues (2008) described the transition of three nurse educators from clinical practice to the faculty role. The authors described the competencies that nurse administrators bring to the academic role such as managing large budgets, understanding regulatory and accreditation standards, chairing interdisciplinary committees, program development, and managing a large staff. The three nursing faculty members interviewed in the article described needing assistance with learning how to teach in the classroom and clinical environment. Culleiton and Shellenbarger (2007) described the transition from clinical practice to nurse educator by emphasizing the demands of the role in terms of learning how to teach and evaluate student learning in the classroom and clinical setting. Culleiton and Shellenbarger (2007) alluded to the difference in organizational cultures between the corporate healthcare
environment and the academic institution when they explained that nursing faculty needed to develop curriculum vitae in place of a resume. Kost, Chalko, and Vinten (2004) designed an orientation program for new nursing faculty to socialize them into the teaching role. This program focused on instructional technologies for a diverse student population within a rapidly changing health care environment. The majority of articles found on this subject were focused on learning to teach in the classroom and clinical setting. Most articles did not address socialization to the faculty role in its broader context of service, research, and scholarship. McDonald (2009) explored her transition from clinical practice to nursing faculty and credited her clinical expertise, master’s preparation in nursing education, and mentoring from others as invaluable to her successful transition. McDonald (2009) also only addressed the transition into teaching nursing not academic citizenship.

Cleary, Horsfall, and Jackson (2011) described the experience of transitioning from clinical practice to a faculty role for mental health registered nurses. Clinical practitioners who have achieved competence in clinical practice still need assistance with the transition into an academic setting. Curriculum development, evaluating students, developing competence in instructional technologies, and understanding the culture of the faculty and students is paramount to a successful transition. Published mission statements and philosophies may be helpful but the novice faculty may need mentoring to understand how these values are operationalized in the academic institution (Cleary, Horsfall, & Jackson, 2011).

Zambroski and Holbrook Freeman (2004) described the challenges faced by nursing faculty who transition between academic settings such as from teaching at the associate degree level to the baccalaureate degree level. Academic institutions at the community college and university level differ significantly in mission and culture (Zambroski & Holbrook Freeman,
2004). While both shared similar concerns such as serving students from diverse populations, promoting excellence in instruction, being good stewards of students’ tuition dollars, and promoting the economic development of the communities impacted by the institution; differences existed. These differences included the level of preparation of students, which was reflected in admission standards, level of degrees granted especially graduate degrees, amount of faculty student collaboration related to research, and scholarship (Zambroski & Holbrook Freeman, 2004). Beres (2004) described her transition from staff development educator in critical care to a faculty role in a school of nursing. Her teaching experience in staff education and formal education at the post-master’s level in nursing education were invaluable to her successful transition.

Penn, Wilson, and Rosseter (2011) described the faculty role for nurse educators. They described tenure versus non-tenure tracks in academic positions. Tenure tracks require substantial years of experience, academic rank, and scholarly research. Non-tenure tracks are in many cases clinical tracks in practice settings or research positions. Penn and colleagues (2011) explained that academic institutions prefer nurse educators to hold the doctoral degree and have advanced expertise in the content areas where they will be providing instruction.

Schriner (2007) examined the cultural differences between the nursing profession, academic discipline of nursing, and the nursing professorate and the effects of these differences on the transition of nurses from clinical practice to the faculty role. This qualitative phenomenological ethnographic design was conducted with nursing faculty teaching in a college of nursing in a large Midwestern university. Six themes emerged from the data: “(1) stressors and facilitators of transition, (2) deficient role preparation, (3) changing student culture, (4) realities of clinical teaching and practice, (5) hierarchy and reward, and (6) cultural expectations
versus cultural realities” (Schriner, 2007, p. 149). Nursing faculty members who were not educationally prepared in graduate programs expressed feelings of self-doubt; therefore the authors concluded that educational preparation was vital for a successful transition into the faculty role.

Cranford (2013) examined role strain in nursing faculty and their intent to stay in academia. Cranford (2013) surveyed 246 nursing faculty in the Southeastern United States to determine which variables were most predictive of role strain in nursing faculty members. Results indicated that role ambiguity, interpersonal support, and self-assessed instructional competence were most predictive of role strain and intent to leave academia. Age, years of clinical experience and highest level of educational achievement were not predictive of role strain and decisions to leave academia (Cranford, 2013). Faculty participants were then asked to rank in order of importance faculty development topics related to the faculty role. Items ranked as most important faculty development topics were related to teaching students. The topics ranked as least important were writing for publication and conducting nursing research. These results raise the question of how nursing faculty are being socialized into the faculty role and expectations of scholarship in an academic role.

**Identity Transitions in Nurse Educators**

Anne Schoening (2013) developed the Nurse Educator Transition Model as a result of a grounded theory study on the transition from nurse to nurse educator. Schoening (2013) identified four stages of transition from nurse to educator: anticipation/expectation, disorientation, information seeking, and identity formation. In the anticipation phase the novice nurse is excited about the potential to influence the next generation of nurses. Shortly after the novice faculty enters the disorientation phase where they are confronted by the differences
between the healthcare and academic culture and the lack of preparation for the role. During the third phase of information seeking the novice faculty seeks information about teaching and mentors. The fourth phase is identity formation where the novice faculty integrates the two identities of nurse and educator into a successful identity as nurse educator. Adams (2010) examined the tensions and complexities of the nurse educator role that results from the combining of the roles and removing the concrete identities of each. A role crisis results as the novice nurse moves between both worlds.

**Registered Nurse Educators**

One of the most recent, and best received, books on nursing education to emerge in recent years is Patricia Benner’s (2010) work entitled *Educating Nurses: A Call for Radical Reform*. Referred to as landmark work by some, again we find another excellent resource for registered nursing faculty learning to become better nurse educators. This work was based on a series of studies sponsored by the Carnegie Foundation for the Advancement of Teaching on educating for the professions (Benner, 2010). The professions included in the series of studies were medicine, law, clergy, engineering, and nursing. The purpose of the series of studies was to investigate the “signature pedagogies of professional education, compare and contrast educational methods, and determine how to educate for both competence and integrity, how to educate for professional judgment, and how to teach complex skills (Benner, 2010, p. 231). The study on nursing was an ethnographic, interpretive, and evaluative study that included interviews, direct observation in classroom and clinical, and syllabus review for two major courses in the program. Results were a call for radical reform of nursing education from admission standards to degree requirement for entry into practice to changes in pedagogy toward integrative learning and critical analysis.
Benner (2010) explained the multifactorial problem of the shortage of nursing faculty in the United States. Nursing faculty members holding a doctorate are aging and facing retirement, and nurses are not entering academia because salaries in clinical practice and advanced practice roles have outpaced salaries of nursing faculty. Faculty members who graduate from masters and doctoral programs may have had no teaching experience because of the shift in focus in graduate education to research and developing nurse scholars (Benner, 2010). Benner (2010) emphasized the need to refocus on the scholarship of teaching to improve the educational preparation of nurses for an increasingly complex health care environment. The public’s perception of a nurse as a female, compassionate but relatively unskilled caregiver is outdated, but also difficult to overcome without major reforms to nursing education. Benner (2010) called for increased funding to support the scholarship of teaching and learning. Benner (2010) recognized the importance of teacher education in master’s and doctoral programs for nursing faculty members, however her focus was on improving teaching methods, not on preparing faculty for academic citizenship.

The National League for Nursing (NLN), the national organization for nursing education, addressed this aspect of the role in two of their competencies for nurse educators. The NLN Competencies for Nurse Educators (2005) provides excellent guidelines for registered nurse educators who are new to the faculty role. The NLN Competencies for Nurse Educators includes:

- Facilitate learning,
- Facilitate learner development and socialization,
- Use assessment and evaluation strategies,
- Participate in curriculum design and evaluation of program outcomes,
- Function as a change agent and leader,
• Pursue continuous quality improvement in the nurse educator role,
• Engage in scholarship,
• Function within the educational environment (NLN, 2005).

When reviewing the NLN Competencies for Nurse Educators (2005), the focus on teaching and learning in a rapidly changing healthcare environment instead of the transition of nursing faculty into the faculty role within an academic institution was apparent. The NLN competencies provided evidence of the need to develop academic citizenship in an academic community in competency seven and eight. Competency seven: Engage in scholarship, “nurse educators acknowledge that scholarship is an integral component of the faculty role”, speaks to the faculty role involved in productive scholarship, but adds the caveat that “teaching itself is a scholarly activity” (NLN, 2005, para 7). Competency eight: function within the educational environment, “assumes a leadership role in various levels of institutional governance” speaks to academic citizenship as a member of an academic community (NLN, 2005, para.8).

**Transition Theory**

William Bridges (2004) described transitions as much more than the process of change. According to Bridges (2004) change is situational but transition is the psychological adjustment to the change that is much more complex and often involves a reorientation to who we are and how we see our identity. Transitions involve a process that takes time to complete and individuals in transition progress through identifiable stages. These stages were identified by Bridges (2004) as an ending, a neutral zone, and a new beginning. Bridges (2004) described the first phase of transition as “the ending.” The initial period of ending involves letting go of the familiar. It is not until we stop doing the work in which we remain so heavily invested that an individual can see opportunities for growth. The stage of “letting go” is followed by a period of
disorientation known as the “neutral zone.” Time in the neutral zone is important to the reorientation of our identities. It is a very uncomfortable and often is a confusing time that most individuals will try to hurry through. Bridges (2004) recommended spending time in the neutral zone to disengage from a past identity in order to adopt a new identity. This is particularly difficult with career and role transitions where titles are an important part of an individual’s identity. The stage of the “neutral zone” is followed by a period of reorientation known as the “new beginning.” In the “new beginning” an individual emerges from the neutral zone with a new sense of self and what is possible. Bridges (2004) explained his personal career transition from academic faculty to writer and consultant:

I had shed my shell of my old identity like a lobster, and I was staying close to the rocks because I was still soft and vulnerable. I’d have a new and better fitting identity in time, but for now I’d have to go a little slowly (p.117).

It is when the endings and the neutral zone are complete that an individual remerges with greater clarity and greater sense of purpose (Bridges, 2004).

Afaf Meleis’ (2010) Theory of Transitions in Nursing was reviewed because of its focus on situational transitions in nursing. Meleis (2010) addressed organizational transitions and identified three universal properties of transitions that were congruent with the findings of this author from prior work as outlined in the pilot study. Meleis (2010) Theory of Transitions in Nursing was informed by Bridges’ (2004) work on transitions. Meleis (2010) identified three primary types of transitions in nursing: developmental, situational, and health illness. Developmental transitions were described as life changes such as motherhood, fatherhood, pregnancy, and the postpartum period until the child is 18 months of age. Situational transitions included changes in family structure such as widowhood, entrance into a nursing home, homelessness, and immigration. Illness related transition referred to major interruptions in health
including myocardial infarction, HIV infection, and spinal cord injury. A forth transition emerged during Meleis (2010) period of theory development that she referred to as organizational transition. The concept of organizational transition included changes in leadership of the organization, or other organizational changes that could be perceived as environmental transitions. Environmental transitions were considered as they existed within the larger context of the social, political, and economic environment and the structure and dynamics of the organization itself (Meleis, 2010). Meleis (2010) explained that transitions may be more difficult for marginalized people. Problems may result from not being able to separate from past identities and ways of knowing and functioning. As a result of decades of research, Meleis (2010) described three universal properties of transitions:

- Transitions are processes that occur over time
- Transitions are processes that involve development or movement from one state to another.
- The nature of the change involves a change in identity, roles, relationships, abilities, and patterns of behavior.

Nancy Schlossberg’s (2008) transition theory is an adult development theory that was important to examine because it addressed gender differences in work roles (Anderson, Goodman, & Schlossberg, 2012). Anderson and colleagues (2012) considered these differences in relation to female socialization patterns. Girls from a young age are taught to be “passive, dependent, and nurturing whereas boys are brought up to be active, independent, and aggressive” (Anderson et al., 2012, p. 190). Women tend to commit to the career ten years later than men and identify most closely with the work and achievement of the significant men in their lives instead of their own work roles (Anderson et al., 2012). Men measure their achievement and success by
their ability to provide financially for the family. Women may devalue their work roles and instead see themselves as wife, mother, and homemaker. Women spend more time in the parenting role and are more likely to relocate for their spouse’s career. Women place greater importance on work relationships in their ability to be successful on the job. Men who have participated in team sports since childhood are comfortable working with people they may not personally like. According to Anderson and colleagues (2010) gender differences are critical to understanding work transitions but are rarely included in adult development theories.

Schlossberg’s (2008) theory of transitions contributed to the existing literature by discussing the types and phases of the process of transitioning. Schlossberg (2008) defined transitions as “the good or bad, expected or unexpected that unsettle us” (p. 21). According to Schlossberg (2008), even positive transitions can be unsettling if they alter an individual’s roles, relationships, routines, and assumptions. Transitions that result in changes to roles, relationships, routines, and assumptions are major transitions even if they result in positive gains for the individual. Schlossberg (2008) defined assumptions as an individual’s definition of self. According to Schlossberg (2008), transitions that result in a change in an individual’s self-concept can be the most difficult because self-concept is pivotal to an individual’s perception of the difficulty of the transition and their ability to successfully navigate the transition.

According to Schlossberg (2008) transitions can be events or nonevents. Events are situations that occur that change an individual’s life. Events can be a career change, marriage, graduation, or starting a family. These are examples of transitions that are expected in society and to which some feel pressured to conform. Nonevents are events that are expected or hoped for but don’t materialize. Examples of nonevents are the promotion not actualized or the pregnancy that doesn’t occur. Only the individuals involved can determine the extent to which an
event or nonevent has disrupted their lives and their capacity to cope effectively through the transition. Anderson and colleagues (2012) stressed the difference between change and transition as relying heavily on the perception of the individual undergoing the change or transition. If the change is not perceived as important by the individual affected it will not result in a significant transition. The type of transition event or nonevent, context, and impact of the transition greatly impact the individual’s ability to adapt, but in all cases adaptation is a process that occurs over time.

Schlossberg (2008) described the period of adjustment to transition loosely in phases that mirror Bridges’ (2004) stages of transition. In phase one, “moving in,” the individual faced with a major transition becomes preoccupied with the situation and talks about it excessively. This coincides with Bridges (2004) phase of “letting go,” where the individual must recognize that the present situation is ending before they can move forward. According to Bridges (2004) recognizing that the present situation is ending is important in allowing new opportunities to present themselves. Schlossberg’s (2008) phase two, “moving through,” describes a period of disruption characterized by vulnerability and disorientation. This phase coincides with Bridges’ (2004) phase of entering the “neutral zone.” By entering the neutral zone the individual feels uncomfortable and vulnerable as they are adjusting to a change. For registered nurses who have developed competence in clinical practice, entering academia represents a transition where they are once again a novice dealing with unfamiliar territory. The amount of support received during this period by colleagues who recognize the difficulty of transition could affect novice nurse educators’ abilities to successfully navigate the neutral zone. In Schlossberg’s (2008) third phase of transition, “moving out,” the change becomes integrated into an individual’s lifestyle. Bridges (2004) called this phase “new beginning.” This phase involves a reorientation to the situation and
a new sense of self. There is agreement that transitions take time and there is value in spending time in each of the phases because there is something to be achieved in each phase of transition (Schlossberg, 2008; Bridges, 2004). Schlossberg’s (2008) and Bridges’ (2004) theories of transition are congruent with Meleis (2010) who identified that transitions occur over time, and involve changes in identity, roles, relationships, abilities, and patterns of behavior. Schlossberg (2008) identified the ability of the individual to cope as depending on three variables: the individual’s perception of the transition as positive or negative, characteristics of the environment before and after the transition, and personal characteristics of the individual.

**Identity Development**

Theories of identity development can be centered on psychosocial, racial, sexual, intellectual, ethnic, gender, and spiritual development. For this research, theories of psychosocial identity development were reviewed. The concept of identity development was described by Ruthellen Josselson (1996) as “the ultimate act of creativity – it is what we make of ourselves. In forming and sustaining our identity we build a bridge between who we feel ourselves to be internally and who we are recognized as being by our social world” (p. 44). Josselson (1996) stressed the emergent nature of identity development as a continuous process that evolves over time. It is contextually based on societal norms of the time and decisions made throughout our lives. Josselson (1996) explained the emergent nature of identity development by stating “Identity links the past, the present, and the social world into a narrative that makes sense” (p. 476). As a psychologist Josselson’s (1996) work built on the research of James Marcia who was heavily influenced by Erik Erikson’s Theory of Identity Development. Erikson’s stages of identity development did not include women; in fact Erikson assumed that results on men could easily be generalized to women. James Marcia and colleagues (1993) expanded on Erikson’s
work by describing identity formation in adolescents who were in Erikson’s stage of identity versus identity diffusion. Josselson (1996) expanded on Marcia and colleagues’ (1993) work by studying a group of women over a 25 year span. Josselson (1996) believed that women revised their identity throughout their lives, so she expanded her original work on college-aged women and followed a subset of women longitudinally into their third and fourth decades. While Erikson provides a theory that identified stages in the lifespan it does not take women’s unique perspectives into account; specifically how women value and navigate relationships.

Society in recent history has sent a strong message to women about the need to marry and have children. A women’s identity has been defined by her husband and children. Carol Gilligan (1982) was instrumental in research on how women construct their identity not as defined by their relationships but in conjunction with relationships. Women accomplish this by valuing connections in personal and work relationships (Gilligan, 1982).

Marcia and colleagues (1993) described the two critical variables of exploration and commitment as important in decision making. To Marcia and colleagues (1993), exploration was synonymous with crisis, a situation that caused an individual to question the values and goals that had been defined by parents. Marcia and colleagues (1993) found that this period of exploration or crisis often led to an individual reevaluating their decisions. Commitment involved reflection upon values and goals with the individual affirming with confidence ownership of these values and goals. Commitment involved acting in a way that was consistent with values and goals. Whether the individual was faced with political, religious, or occupational decision making, the variables of exploration and commitment greatly influenced the individual’s ability to move forward with a decision and to feel confident that this decision was
congruent with their self-concept. In his later work with women, Marcia and colleagues (1993) added sexual decisions to his theory of identity development.

Marcia and colleagues (1993) identified four stages of identity development: Foreclosure, Moratorium, Identity Achievement, and Diffusion. In Marcia and colleagues’ (1993) first stage of identity development, Foreclosure, individuals accepted the values of their parents with little questioning. They had often lived in a homogenous society where these values were not seriously questioned and the individuals had not engaged in critical analysis of their worldview. Stage two of Marcia and colleagues’ (1993) theory of identity development Moratorium represented the first stage of crisis. In Moratorium, an individual was actively engaged in questioning parental values and in exploring their own values and goals. It was a time of indefcisiveness shifting between conformity to what was expected and individuality or risk taking. Stage three of Marcia and colleagues’ (1993) theory of identity development was called Identity Achievement. In Identity Achievement, the individual remained in crisis as they began to explore values and goals from a position of confidence. They began to listen to their internal voice instead of external influences. Risk taking was greatest at this time because of a newfound confidence and understanding of their self-concept. Stage four, Diffusion, represented a time of indecision where the individual had not experienced crisis and had not firmly committed to their values and goals. They were mostly influenced by outside voices and could be easily manipulated by these external influences (Marcia, Waterman, Mattson, Archer, & Orlofski, 1993).

In her original research, Josselson (1996) interviewed 60 women who were college-aged to understand how their identity developed as individuals apart from the expectations of society. After a period of ten years she became interested in how women revise their identity over time.
This renewed interest led to a follow-up study conducted with 30 of the original participants as they entered their third and fourth decades of life. In the follow-up interviews, Josselson (1996) hoped to better understand how these women revised their identity as they matured into adulthood. For many of the participants the greatest revisions in their identities occurred in their fourth decade. “What I have found out about women? That they are enormously complicated and, even if they have superficial similarity, they are astonishingly diverse. Behind each face is an intricate story -- a tale of becoming, and then revising, herself” (Josselson, 1996, p. 37).

This is consistent with Schlossberg (2008) who found that the greatest change in identity development did not occur until thirty years of age. Josselson’s (1996) longitudinal study of identity development is also consistent with Meleis’s (2010) transitions theory which stated that transitions involve shifts in identity that occur over time.

Josselson (1996, 2005) classified her participants by type related to their pathway to identity development. These pathways to identity development in women coincided with the stages of Marcia and colleagues’ (1993) identity development. The first was called the Guardians. Guardians coincided with Marcia and colleagues’ (1993) stage of Foreclosure. Participants had made commitments based on previous, perhaps parental, values and goals without considering other options. They purposefully avoided crisis and hoped that their adulthood would be merely a continuation of their childhood. When considering how their identity had undergone revision, Josselson (1996) found that the Guardians had changed the most. The most prominent change occurred between their third and fourth decades of life. Guardians who were over 40 years of age reported being more open to exploration and taking risk as a result in increased self-awareness and a more highly integrated self-concept.
Josselson (1996) identified a second group as the Pathmakers who coincide with Marcia and colleagues’ (1993) stage two Moratorium. Pathmakers had experienced exploration as they realized that their childhood values and goals were not the only options. They made a commitment while considering internal and external forces. Their identity was congruent with their internal voice. Pathmakers in their fourth decade of life often questioned or acted against social convention, particularly in intimate relationships. They realized that many options were available and that their choices might not be right for everyone. Pathmakers recognized that decisions they had made had taken them to where they were. They had gained flexibility and insight into who they were. The joys that came from working were not as much from the work as from the relationships they had established through work. Secure in their self-concept they sought close adult relationships with their parents.

A third type was referred to by Josselson (1996) as the Searchers. The Searchers coincided with Marcia and colleagues’ (1993) stage of Identity Achievement. The Searchers were women who were actively exploring at the time and hadn’t made a commitment. They were exploring new possibilities and could be seen as confused or directionless. In their fourth decade of life, Searchers often moved through identity development in a cyclical pattern of questioning followed by decisions interspersed with further questioning. They had a tendency toward self-doubt. Revising their identity had focused around acceptance and learning to accept themselves as less than perfect.

The fourth type of women identified by Josselson (1996) were the Drifters. The Drifters coincided with Marcia and colleagues’ (1993) stage of Diffusion. The Drifters were not struggling with exploration and had not as yet made commitments. They avoided decision making and any decisions made were short term and spur of the moment. They lacked direction
or goals and their values changed frequently. By the fourth decade the Drifters lives were more settled but they were still waiting for “life to begin” (Josselson, 1996, p. 2271). They still lived their lives with little to no planning and seemed to have little insight into how they arrived at their present state. Many returned home for structure that they were unable to create in their own lives. They were intelligent and artistic, often seeing life from a different perspective.

Identity revisions continued from adolescence into adulthood building on past experiences and values but shaped by society and relationships. Identities were not fixed structures but were evolving processes and products (Josselson, 1996).

Although composed of discrete, conscious elements, identity is bound and organized internally and unconsciously and cannot be easily contained in words. In forming a core of who we are identity weaves together all the aspects of ourselves and our various locations of ourselves with others; the world is imbued with self: my project, my husband, my cause (Josselson, 1996, p. 453).

Marcia Baxter Magolda (2001) identified the concept of self-authorship as “the internal capacity to define one’s beliefs, identity, and social relationships” (p. xvi). Baxter Magolda (2001) conducted a longitudinal study in which she identified four stages in the path to developing self-authorship. Phase one is known as Following Formulas where young adults relied on the ideas of external sources to guide how they should think and act. These ways of thinking were incorporated into the young adult’s self-concept. The young adult in phase one of self-authorship might choose a career path that would be expected by external authorities and society. In phase two, Crossroads, young adults felt dissatisfied by the choices they made during phase one or questioned their self-identity. They sought greater authenticity in their work life and relationships. Phase three was known as Becoming the Author of One’s Life. In phase three, the young adult chose their own beliefs and was willing to stand up to external challenges of their beliefs. Young adults became compelled to live more authentically in alliance with their
beliefs. This phase marked the increasing development of a strong self-concept. In Phase four Internal Foundation, young adults were firmly grounded in their self-concept and belief system. Life and career decisions were made based on this well-grounded self-concept. Elements of self-authorship identified by participants of Baxter Magolda’s (1992) longitudinal study expressed growing confidence in their internal voice in personal and work decisions and relationships. Making decisions that are congruent with their authentic self-concept became very comfortable and natural.

The development of self-authorship involved three dimensions; the epistemological dimension, the intrapersonal dimension, and the interpersonal dimension. The epistemological dimension involved “how we know,” the intrapersonal dimension “how we view ourselves,” and the interpersonal dimension “how we construct relationships” (Baxter Magolda, 2001, P. xix). A sense of self or identity represented the intrapersonal dimension of self-authorship. In the earlier stages of self-authorship decisions were primarily shaped by outside forces without questioning whether they fit with a person’s authentic self. A person’s identity was developed by external expectations that were socially constructed. For female nurses who begin their careers in healthcare organizations immediately after college, this first identity as a nurse is contextually layered with expectations of a nurse’s place in a gendered hierarchy that includes not only physicians but also administrators. According to Baxter-Magolda (2001) in the interpersonal dimension of self-authorship an externally constructed self-concept shifts the focus away from what the self needs toward the needs of others in relationships. As the person develops toward self-authorship, the needs of the self are more easily realized. For a nurse who has been socialized to meet the needs of patients, self-authorship might be interpreted as self-centered.

Baxter Magolda (2001) makes the distinction between self-authorship and self-centeredness by
comparing self-authorship to self-in-context. The person understands the context or the external forces at work but can make decisions based on their authentic self instead of on socially constructed meanings or ambiguous social roles. Baxtor Magolda (1992) discovered that self-authorship does not occur before age thirty. Anderson and colleagues’ (2012) findings that women tend to commit to a career ten years later than men also supports the idea that registered nurses who are transitioning from clinical practice to academic citizenship, and its unique culture, may experience a shift in identity or self-concept that may take years to complete.

**Summary**

The literature was examined for findings on the experience of transition from clinical practice to academic citizenship in nursing faculty. Studies that discussed the transition of registered nurse faculty into the academic role focused primarily on the challenge of learning to teach in the classroom and in the clinical environment. Few studies discussed the faculty role in the broader context of academic citizenship especially the expectations of scholarship. The NLN competencies for registered the nurse educator mentions the word scholarship once in the list of competencies.

Theories of transition developed by William Bridges (2004), Afaf Meleis (2010), and Nancy Schlossberg (2008) informed the study. Bridges (2004) provided a clear definition of transitions. Change is situational, but transition is the psychological adjustment to the change that is much more complex and often involves a reorientation to who we are and how we see our identity (Bridges, 2004). Meleis (2010) identified three primary types of transitions in nursing: developmental, situational, and health illness. Meleis (2010) explained that transitions may be more difficult for marginalized people. Problems may result from not being able to separate from past identities and ways of knowing and
functioning. Schlossberg’s (2008) theory of transitions contributed to the existing literature by discussing the types and phases of the process of transitioning including events and nonevents. According to Schlossberg (2008) major transitions are those that alter an individual’s roles, relationships, routines, and assumptions. There is agreement among Bridges (2004), Meleis (2010), and Schlossberg (2008) that transitions occur over time and involve a shift in identity.

Theories of psychosocial identity development examined here include James Marcia and colleagues (1993), Ruthellen Josselson (1996), and Marcia Baxter Magolda (1992). Josselson (1996) expanded both Marcia and colleagues (1993) and Erikson’s work by examining the identity formation of women over the course of three decades from college age to their fourth decade of life. She focused on how women revise their identities throughout their lives. Overlap between transitions theory and theories of identity development are apparent and an area for further study.
CHAPTER 3 METHODOLOGY

Descriptive phenomenology provided the framework for the study of the experience of registered nurses’ transition from clinical practice to academic citizenship in a baccalaureate school of nursing. Selecting a qualitative methodology allowed the voices of the participants to tell the story of this experience. The researcher became aware of the need for a deeper understanding of this phenomenon through the literature and had personal experiences with the phenomenon under study but understood the importance of putting aside all preconceived ideas when listening to the voices of the participants (Creswell, 2007).

Research Tradition

Qualitative research methods were chosen to investigate this research question because of the inductive methodology used to examine the meaning of the experience to the participants. Qualitative research follows a pattern of logic that is inductive or that emerges from the data instead of being deducted from some preexisting theories or assumptions (Creswell, 2007). The researcher conducted the study in the school of nursing of each participant because according to Creswell (2007), the environment in which the participants live or work is contextually important to the story of the participants. The researcher assigned pseudonyms to the participants and told their stories using participants’ actual words. In these ways the researcher adopted a stance toward the nature of ontology, epistemology, values, language used to tell the story, and methods used (Creswell, 2007).

The researcher adopted a postmodern world view in conducting this study. A postmodern world view recognizes how knowledge is positioned in the world today in respect to power hierarchies related to race, class, or gender (Creswell, 2007). A study involving the experience of registered nurses’ transition from clinical practice to academic citizenship must be considered
within the context of gender hierarchies that exist in healthcare and academic institutions today. The researcher recognized that all experiences expressed by participants would be viewed through a philosophical lens that is shaped by the researcher’s experiences and social context. By adopting a postmodern world view this author acknowledged that a viewpoint or theoretical lens is at play here. Postmodernism challenges the social institutions of modern times especially institutionalized forms of power. Best and Kellner (1991) described postmodernism as “a shift from the modern Cartesian world view to a new universe of patterns” (p.7). By this he meant a shift from the linear structured thinking of the institutions of the past to a new societal structure brought about by changes in technology and advances in education. Postmodernism represents a break from the old institutions of modernism toward new social and cultural situations requiring new theories (Best & Kellner, 1991).

**Phenomenology**

Descriptive phenomenology is the study of the life world experiences of others as they see them, pre-reflectively, or before the researcher has reflected on them or theorized about them (Giorgi, 2011; Givens, 2008). Originally a major philosophical movement in Europe in the 20th century, later phenomenology expanded as a research tradition in the disciplines of education, health sciences, clinical psychology, and law (Giorgi, 2011). Edmund Husserl (1931, 2012), considered the founder of phenomenology received his formal education in Germany in 1878 as a mathematician. In 1884 he began attending the lectures of Franz Brentano, one of the founders of experimental psychology. Brentano introduced Husserl to the concept of intentionality, the belief that “every mental experience is directed at some object”; which led Husserl to develop the research methodology of descriptive phenomenology (Husserl, 1931, 2012, p. xv).
In 1905, Husserl revised descriptive phenomenology to include the concept of reduction and began to refer to this methodology as transcendental phenomenology. Reduction demands that the researcher bracket past experiences and assumptions to allow the phenomenon to present itself as it is experienced not conceptualized by the researcher (Givens, 2008). By 1913 Husserl published his seminal work *Ideas* which contained the concepts of intentionality and reduction in a method stripped of “everything empirical or reference to factual existence” to understand the life-world (Husserl, 1931, 2012, p. xvi). Husserl defined life-world experiences as world experiences in the natural state, before critical or theoretical reflection (Givens, 2008).

Consciousness is a central concept to Husserl’s (1931, 2012) phenomenology. In order to describe an experience it must be available to consciousness and consciousness must be acknowledged as instrumental in the individual’s interpretation of the experience. Phenomenology requires that the researcher recognize what is given as consciousness but also recognizes that it is as it appears (Giorgi, 2012). A large part of phenomenology is descriptive; however the interpretation which is also part of phenomenology requires the use of reflection (Giorgi, 2012). According to Adams and van Manen (2008) the distinction between descriptive and interpretive phenomenology is unclear because all descriptions are also interpretive. Husserl (1931, 2012) made a distinction between experience and intuition that is significant for research in the health sciences. Experience refers to objects of which we are consciously aware. Intuition refers to the broader context of the meanings of those objects in the physical world. Research in the social and health sciences might not have an object as their focus but would be interested in the human response to an object or the meaning of the object to an individual (Giorgi, 2013).

A second concept central to phenomenology is the concept of intentionality. Husserl (1931, 2012) introduced the term intentionality to describe the relationship between object and
subjectivity. No object is known to consciousness that does not have a subjective relationship to this consciousness. In order for consciousness to exist it must be related to an object. Therefore, an important relationship exists between object and subjectivity (Giorgi, 2013).

According to Husserl (2012), reduction in phenomenological research requires the researcher to treat the data as present to consciousness. The phenomenon acts as the given and the consciousness or awareness is known as intuition (Giorgi, 1997). In phenomenology consciousness cannot be avoided because it is not possible to explain an experience or the meaning of an experience to a person without first having some awareness of that experience (Giorgi, 1997). Consciousness also assumes that there is an intentional relationship to an object either abstract or specific. For example, when a person has specific knowledge or understanding there is an implied relationship between the phenomenon of knowing or understanding and what is known or understood (Giorgi, 1997).

Phenomenology as Method

The phenomenological method consists of three steps: reduction, description, and identification of essences. As a research method phenomenology relies heavily on the concept of reduction. Reduction is the bracketing of the researcher’s experience or assumptions that allows the life-world to present itself in its fullest (Givens, 2008; Giorgi 2013). The researcher hears and accepts the participants’ expressions of the phenomenon as it is given (Giorgi, 2012) and through the process of reduction begins to identify themes that emerge from the accounts of the participants. The researcher then uses reduction to categorize themes into more abstract and complex understandings that help explain the phenomenon. Description refers to the expression, through language, of the object of consciousness as the object presents and is presented by the individual and within the phenomenological reduction (Giorgi, 2013). The identification of
essences is the philosophical understanding that emerges from the data analysis. The researcher determines what is most important to their discipline and recognizes the contextual nature of the essence (Giorgi, 2013).

Phenomenology as a methodology progresses through organized steps. In step one data is collected through observation or interview. Interview questions are broad and open ended to encourage thorough expression of the participant’s viewpoint. Step two is a reading of the complete data set to get a feeling for the data. Once all data is collected, the researcher attempts to get a global sense of the data while making no attempt to identify themes. In step three the researcher rereads the data set and marks each transition in meaning. At this point the meaning units are still in the words of the participant. Unlike quantitative research where the criteria are established beforehand, and the researcher looks for criteria to emerge during data analysis, in phenomenology, the researcher remains open for meanings to emerge from the data (Giorgi, 2012; Giorgi, 2007). According to Applebaum (2012), “phenomenological research operates in a mode of discovery, not a mode of verification” (p. 48). In step four the data is organized into themes or meaning units. Meaning units are described and analyzed using intuition based on sensitivity to the discipline involved. In step five the researcher transforms the data into language that expresses the meaning of the data. The participants’ words will be in everyday language so the researcher transforms the meaning units after analysis into the language of their discipline (Giorgi, 2012; Giorgi, 2007).

**Trustworthiness**

Lincoln and Guba described rigorous procedures in qualitative research methods that are as important as those used in quantitative methods. Credibility, authenticity, transferability, dependability, and confirmability are ways to increase the rigor of the procedures in qualitative
research. Trustworthiness and credibility can be established through triangulation of the data. Transferability can be enhanced through thick descriptions of the data. Rigorous procedures that can be replicated assure dependability and confirmability (Creswell, 2007).

Reliability will be ensured using several methods: recorded sessions transcribed verbatim, member checking, and inter-rater reliability. Recording sessions and transcribing data verbatim will increase the accuracy of the data analysis. Member checking is used to verify the accuracy of the researcher’s interpretations. In member checking, participants are presented with themes that emerge from the data and asked to validate the accuracy of the analysis. In inter-rater reliability a second researcher is asked to code a percentage of the transcripts in order to establish inter-rater reliability in data analysis (Creswell, 2007).

Research Design

This phenomenological study was designed to explore the experiences of nursing faculty who had transitioned from clinical practice to academic citizenship within an academic community. Faculty participants were selected based on the following criterion: held a Master in Nursing, or a Ph.D. in nursing or education, primary teaching assignment was in a BSN program, worked in clinical practice prior to first teaching appointment, and were currently employed in one of four Schools of Nursing in this gulf coast state. The research was conducted using individual semi-structured interviews and a follow-up focus group. The researcher interviewed four nursing faculty from four identified Schools of Nursing. Faculty participants and the universities where the schools of nursing reside were given pseudonyms to protect confidentiality. A second interview was conducted using a focus group consisting of the original four faculty members from each School of Nursing. The purpose of the second interview was to triangulate the original data and increase the richness of the analysis. Triangulation is the attempt
by the researcher to collect data from a different method to corroborate findings or perspectives (Creswell, 2007). The format of individual semi-structured interviews followed by a focus group was chosen because of a gap in the literature. According to Creswell (2007), the focus group format may be more effective in stimulating deeper responses by members as they interact in the group. During the focus groups faculty participants were asked to tell their personal stories of transition and identity.

The four universities where the research was conducted were referred to as Cypress University, River Bend University, Stately Oaks University, and Tall Pines University. A brief description of each university, academic rank, and highest earned degree of faculty in the Schools of Nursing in each university where the research was conducted is presented below.

**Brief Descriptions of Universities**

**Cypress University**

Cypress University is a research university which started out as an agricultural college in a small city in this gulf coast state. The School of Nursing was founded with a focus on infectious disease and later community health nursing. Of the 52 nursing faculty members teaching full time in the School of Nursing two hold the rank of professor, four hold the rank of associate professor, 11 hold the rank of assistant professor, and 35 hold the rank of instructor.

**River Bend University**

River Bend University is located in a picturesque area on the outskirts of an urban city. It is a comprehensive university with four campuses throughout this gulf coast state. Of the 24 full time nursing faculty members teaching in the School of Nursing, five hold the rank of professor, one holds the rank of associate professor, 16 hold the rank of assistant professor, and two hold the rank of director or coordinator.
**Stately Oaks University**

Stately Oaks University is located in an urban area of a large city in this gulf coast state. It is a branch of a large research university that focuses on degrees in the health sciences. Of the 66 full time nursing faculty members teaching in the School of Nursing five hold the rank of professor, three hold the rank of associate professor, 18 hold the rank of assistant professor, and 40 hold the rank of instructor.

**Tall Pines University**

Tall Pines University is located in a small town in this gulf coast state. Tall Pines University is the third largest university in this gulf coast state but maintains a small college feel. Of the 46 full time nursing faculty members teaching in the School of Nursing three hold the rank of professor, five hold the rank of associate professor, 11 hold the rank of assistant professor, and 27 hold the rank of instructor. Table 1 illustrates the academic rank of nursing faculty members currently teaching in the BSN programs of the four Schools of Nursing participating in this study.

Table 1: Academic Rank of Nursing Faculty at Four Participating Universities

<table>
<thead>
<tr>
<th>Academic Rank by University</th>
<th>Instructor</th>
<th>Assistant Professor</th>
<th>Associate Professor</th>
<th>Professor</th>
<th>Director/Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cypress</td>
<td>35</td>
<td>11</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>River Bend</td>
<td>0</td>
<td>16</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Stately Oaks</td>
<td>40</td>
<td>18</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Tall Pines</td>
<td>27</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>102</strong></td>
<td><strong>56</strong></td>
<td><strong>13</strong></td>
<td><strong>15</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>
Nursing faculty members in the four Schools of Nursing hold the following as their highest earned degree: Master’s in Nursing (MSN/MN), Doctor of Philosophy (Ph.D.), Doctor of Nursing Science (DNS), Doctor of Nursing Practice (DNP), Doctor of Education (Ed.D.), Doctor of Health Education (D.H.ED.), Master of Public Health (MPH), and Bachelor of Science in Nursing (BSN). Table 2 illustrates the highest degree earned by general nursing faculty members in the four Schools of Nursing in the study.

Table 2: Highest Degree Earned General Nursing Faculty at Participating Universities

<table>
<thead>
<tr>
<th>University</th>
<th>Ph.D.</th>
<th>DNS</th>
<th>DNP</th>
<th>Ed.D.</th>
<th>D.H.ED.</th>
<th>MSN</th>
<th>MPH</th>
<th>BSN</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cypress</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td></td>
<td>33</td>
<td>4</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>River Bend</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>16</td>
<td>1</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>Stately Oaks</td>
<td>9</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td></td>
<td>44</td>
<td>1</td>
<td>1</td>
<td>68</td>
</tr>
<tr>
<td>Tall Pines</td>
<td>11</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td></td>
<td>27</td>
<td>0</td>
<td>0</td>
<td>46</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>29</strong></td>
<td><strong>22</strong></td>
<td><strong>9</strong></td>
<td><strong>1</strong></td>
<td><strong>2</strong></td>
<td><strong>120</strong></td>
<td><strong>2</strong></td>
<td><strong>5</strong></td>
<td><strong>190</strong></td>
</tr>
</tbody>
</table>

Approval to conduct research on human subjects was obtained through the Institutional Review Board (IRB) of Louisiana State University. The Deans of the four Schools of Nursing where the study was conducted were contacted by email and asked for permission to conduct research with nursing faculty members on their respective campuses. A copy of the research proposal and Institutional Review Board (IRB) approval was attached to the email. Three of the Deans approved the research after conferring with their respective IRBs and one university required the researcher to submit a full application with a brief proposal for IRB approval. The researcher received approval from the Deans of the Schools of Nursing and IRBs of all four
universities prior to beginning data collection. IRB approval documents from the researcher’s institution are included in Appendix A.

Written informed consent was obtained from each participant prior to data collection. The Consent Form is included in Appendix B. Prior to each interview or focus group the purpose of the study was explained and the researcher’s position as a nursing faculty was disclosed. Procedures used to ensure confidentiality during data analysis and reporting were reviewed. Participants’ identities and the identities of the universities were kept confidential and only referred to by a pseudonym selected by the researcher. Only the researcher had access to the participant’s identities and pseudonyms. Participants were ensured that they could discontinue their participation in the study at any time without fear of retribution.

Participants were asked to complete a one page Demographic Survey to collect information on educational preparation, faculty rank, age, gender, race/ethnicity, type of faculty appointment, years of teaching experience, program of primary teaching appointment, primary teaching assignment face to face or online, and additional administrative responsibilities. The Demographic Survey is included in Appendix C.

A semi-structured interview was conducted with each participant using a predetermined process and list of interview questions. The interview process and list of questions are located in Appendix D. Each interview was conducted either in the faculty member’s office or in a conference room in the respective schools of nursing suggested by the participant. All of the interviews were conducted by the researcher and audio recorded using two recorders. The researcher requested an area that was appropriate in size, quiet, and allowed for audio recording. Audio recordings were transcribed verbatim within one week of the interview.
Following completion of the four individual interviews at each School of Nursing, participants were contacted by email to schedule the focus group. Four participants from Tall Pines University, three from Stately Oaks University, three from Cypress University, and four from River Bend University participated in a focus group at their respective universities. Two faculty members from the original participant group did not respond to repeated email and phone request to schedule the focus group. All interviews and focus groups were held to one hour each. Two of the focus groups were held in conference rooms suggested and reserved by one of the participants within the respective Schools of Nursing. One focus group was held in a faculty member’s office which was large enough to house a conference table that accommodated five people comfortably. The focus groups were conducted by the researcher and recorded for accuracy. One focus group was conducted at a neutral location as suggested by the participants who happened to be on site for a meeting or lived in close proximity to the suggested location. This neutral location was adequate for space, privacy, and quietness of the environment for conducting the focus group.

Each focus group followed a predetermined process using a predetermined set of prompts. Participants were asked to focus on telling their stories about their transitions. To encourage more open sharing the researcher placed colorful cards with prompts typed on them in the center of the table. Participants were asked to pick up a card when they wanted to speak as prompted by the statement, “Tell us a story about”:

- The Best Time
- The Worse Time
- How it felt to be a novice again
- Who are you today nurse or educator
• A time when you knew this was where you were supposed to be
• A time when you had doubts that you had made the right decision
• How it felt to leave clinical practice
• What excites you about your future as an educator

The focus group process and prompts are located in Appendix E.

The semi-structured interviews and focus groups were conducted over a six month period. All individual interviews at each university were completed before the focus group was scheduled. Audio recordings of the individual interviews and focus groups were transcribed by the researcher within one week of the data collection.

**Sampling**

The sampling methods used were criterion sampling and snow ball sampling. In criterion sampling the researcher selects the participants and the sites that will be included in the study. In this way the researcher determines the participants or sites that might best be able to answer the research questions (Creswell, 2009). The researcher obtained a list of current faculty from the websites of the four universities where the research would be conducted and filtered out faculty from other disciplines. This created a current list of nursing faculty in each of the respective Schools of Nursing. The list of nursing faculty members was scanned for primary teaching assignment in the baccalaureate program, academic rank, and highest degree earned. Through this method of criterion sampling the researcher was able to create a list of nursing faculty members with Master’s in Nursing and Ph.D. degrees in nursing or education to consider for participation. The researcher also relied on snow ball sampling as several faculty participants made suggestions to the researcher of other faculty who met the criteria for participation. In
several cases these participants introduced the researcher to the potential participant who agreed to participate in the study.

Four nursing faculty who met the criterion for participation in the study from each university were contacted by email with a letter of introduction and an explanation of the study. One faculty from Stately Oaks University and Cypress University responded that they were in strictly administrative positions and declined to participate. One faculty from Stately Oaks University and one faculty from Cypress University also expressed concern that they had been in the faculty role for a long period of time and didn’t know whether they could contribute anything of value since their transition to academia had occurred 30 years prior. The researcher reassured them that their participation was desired because of the perspective that could result from this passage of time. This decision was based on the theories of transitions expressed by Meleis (2010) that transitions are processes that occur over time and may take longer for marginalized people. It could be argued that nurses with their gendered history could be a marginalized group. Schlossberg (2008) discovered that the greatest change in identity development occurred for women after age 30. This was consistent with the findings of Baxtor Magolda (1992) who described self-authorship as a developmental process occurring after age 30 and Anderson and Colleagues’ (2012) findings that women tend to commit to their careers ten years later than men. These findings support choosing nurse faculty with a variety of years of experience since the transition from clinical practice to academic citizenship for female nursing faculty is a process that may take many years to complete and may involve a significant identity shift. After expressing their concerns these late career faculty agreed to participate.

Four nursing faculty members from each of the four universities selected agreed to participate in the study. The researcher explained that the study would involve a one hour
interview with the researcher and a follow up focus group consisting of the four faculty members from their respective Schools of Nursing. Participants were made aware of the researcher’s position as a nursing faculty member in a baccalaureate nursing program in another institution. Participants were informed that their results would be reported using pseudonyms and that the researcher would be the only person with access to the participants’ actual identities. Participants from each university would, however, be present together for the focus group.

**Data Analysis**

Data were analyzed using the procedure described by Colaizzi as methodology for a phenomenological approach. Responses of the participants were recorded and transcribed verbatim by the researcher. All transcripts were read several times to obtain a general feel for the responses. Each transcript was analyzed separately for significant statements and meanings were developed for each significant statement (Creswell, 2007). Data from transcribed interviews were considered to have equal value. Moustakas (1994) referred to this process of initial review of the data as horizontalizing (p. 118). Transcripts were coded and analyzed for themes and patterns. The researcher performed member checking to verify interpretations with the participants and ask further questions that may have emerged during the data collection or analysis process. In member checking, the researcher solicits participants’ views of the credibility of the findings (Creswell, 2007, p. 208).

Sixteen faculty participants were included in the individual interviews and 14 faculty members participated in one of the focus groups. Individual interview and focus group responses of the participants were analyzed using Colaizzi’s methodology for a phenomenological approach (Speziale & Carpenter, 2007). All transcripts were read several times for overview. This coincides with Husserl’s first step of the analysis, the *reduction*, using a descriptive
phenomenological approach. In the *reduction* the researcher acknowledges prior experience and potential biases of the experience being studied. By bracketing these experiences the researcher is able to hear the experience of the participants, as it was experienced by the participants, and before any attempt is made to describe the experience. By reading each transcript several times before beginning the analysis the researcher was able to get a feel for the meaning of the experience of transition from clinical practice to academic citizenship as it was experienced by each faculty member. After reading all of the transcripts several times for overview the researcher read each transcript more closely with the intent of identifying significant statements from each. All significant statements from the original transcripts were considered to have equal value. The researcher made notes in the margins of the transcription that later became initial codes. This reflects step two of Husserl’s descriptive phenomenology the *interpretation* where the researcher begins to search for meaning in the significant statements of the participants.

A code book was established with each code and identifiers listed. A list of identifiers helped the researcher classify participants’ statements into initial codes. Next the researcher reviewed each transcript and identified significant statements from each interview. Significant statements were coded and analyzed for themes. The initial codes were analyzed for patterns and clustered into meanings and themes that were more abstract and complex that helped explain the essence of the phenomenon of the transition from clinical practice to academic citizenship (Creswell, 2009).

After all of the individual interviews had been coded using the initial codes the transcripts from the focus groups were reviewed. Each transcript was read in its entirety for overview. On second reading notes were made in margins that in most cases were consistent with the initial codes identified from the individual interviews. In some cases identifiers were expanded for
some of the codes to capture data from the focus groups. For the code “hardest part” identifiers were expanded to include fear of violence. Data from the focus groups expanded the ideas that emerged in the individual interviews. Significant statements from each participant were emailed to that participant for their verification that their meaning had been correctly interpreted. The significant statements were coded so the participant could verify correct interpretation of their statements. The final code book was used for this process. One participant sent back corrections to the grammar in her significant statements.

**Inter-rater Reliability Coefficient**

A second researcher reviewed and coded 25 percent of the individual interview transcripts. Twenty-five percent of the sample of individual interviews was chosen because it represented one interview from each school of nursing included in the research. The code book containing nine themes along with identifying criteria was supplied to the second researcher before the process of second coding began. Inter-rater reliability was measured using Cohen’s Kappa Coefficient (Cohen, 1960) measurement of reliability. Cohen’s Kappa Coefficient was chosen as the method of inter-rater reliability over simple agreement percentages because it factors into account the possibility of chance agreement in coding. Simple percentage of agreement calculations can overestimate the degree of inter-rater reliability (Hruschka, Schwartz, St. John, Picone-Decaro, Jenkins, Carey, 2004; Creswell, 2009). Cohen’s Kappa Coefficient was calculated at 69.86% agreement in coding. According to Viera and Garrett (2005) a Cohen’s Kappa Coefficient of 0.61-0.80 represents substantial agreement, whereas a Cohen’s Kappa Coefficient of 0.80-0.99 represents almost perfect agreement. Calculations of Cohen’s Kappa Coefficient are located in Appendix E.
Several adjustments were made to the code book as a result of analyzing the inter-rater reliability. First, initial codes did not allow for easy coding of statements regarding the full faculty role and significant statements made by participants regarding the full faculty role were often coded as culture shifts. The researcher decided to add a code for full faculty role to better capture this data. Secondly, the greatest area of inter-rater disagreement existed between the codes “novice to expert” and “culture shift” leading the researcher to better define these codes in a second iteration of the code book. Transcripts from individual interviews and focus groups were reevaluated and coded using the revised code book.

Pilot Study

A pilot study conducted in the spring of 2012, at a school of nursing in a small college in a gulf coast state informed the research questions in this study (Schluter, 2012). For the purposes of this paper the college will be referred to as Gulf State College. Gulf State College is a four year college that focuses on the education of students for health professions. It is located in an urban setting in a medical corridor and has a student enrollment of 1800 students. The student population is primarily nontraditional students with a mean age of 26 years. Three focus groups were conducted with nursing faculty who had primary teaching roles in an ASN program or a Registered Nurse to Bachelor of Science completion (RN-BSN) program. Faculty participants were selected for the study from three stages of career development defined by length of teaching experience (Schluter, 2012). The purpose of the pilot study was to explore faculty development needs in order to determine whether there were similarities in faculty development needs among faculty in similar stages of career development. Each group consisted of four to five faculty members who were in the same stage of career development. Faculty considered to be in the early stage of career development had less than five years of teaching experience.
Faculty in the middle stage of career development had five to ten years of teaching experience and faculty in the late stage of career development had over ten years of teaching experience (Schluter, 2012). The four faculty members in the early and middle stages of career development all held Master’s in Nursing degrees (MSN). Of the five faculty members in the late career group, two held Ph.D. degrees, one in nursing and one in higher education with a focus on curriculum and development. Three others held MSN degrees. Prior to the pilot study, an interview was conducted with the President of Gulf Coast College.

Results of the pilot study indicated that faculty in the early stage of career development had similar experiences of feeling that the process of transitioning from clinical practice to academic citizenship had been a difficult one with very little guidance. They described this process as gradual and taking a considerable amount of time. Faculty in the early career group shared a common theme of “trial by fire.” Middle career faculty explained how they were just feeling comfortable with their teaching and were beginning to seek involvement in the broader academic community by serving on college level committees. They explained that this was very rewarding and helped them to see the broader perspective of the academic role (Schluter, 2012).

Faculty described their successful transition from clinical practice to academic citizenship as a gradual change that occurred over about ten years. One faculty member with over 30 years of teaching remarked, “I think I’m still transitioning. There is something new every day and I don’t think you can stop learning”. Another participant from the late career faculty group commented, “It was the big picture that I don’t think you get when you first begin as faculty. I think you have to be mentored into that a little bit and it is a process. It is a process that you don’t get right away”.

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The concept of identity development described in Meleis (2010) Theory of Transitions was evident in the faculty participating in the faculty focus groups. The identity shift described by the nursing faculty in middle and late career development consisted of a shift from their primary identity as a nurse to their primary identity as educator. Faculty in their early careers did not experience this shift in identity but instead felt their primary identity remained as that of a registered nurse (Schluter, 2012). A middle career focus group participant reported identifying with being a nurse over an educator. Faculty with over 20 years of teaching experience described a transition in professional identity from nurse to educator. One participant commented, “I see myself really as an educator; an educator who happens to teach nursing.” Another participant explained her transition this way:

I was clearly a nurse for a decade; I would have identified with being a nurse. But it has definitely changed. It [education] is the focus of everything I read and what I want to learn to do better. The nursing part is basic to me. I’m still a nurse and I wouldn’t want that identity taken away from me. It’s very important… It was probably ten years before I started seeing the bigger responsibility. I’ll tell you when I started noticing that it had changed. When I would go into the classroom and what would be on my mind was all the nursing stuff I was going to teach and then I realized that I was more of an educator when I started thinking about how I was going to make a connection with them. What questions could I ask that will make them think about this? When the focus changed from the content to how I was going to teach it, I realized I had changed.

Faculty consistently expressed that the identity transition from nurse to educator was for them a gradual process that occurred over many years. These results are congruent with Meleis’s (2010) findings that transitions occur over time and involve a shift in identity. A participant from the late career faculty focus group discussed the competencies that registered nurse faculty bring to the academic community.

The only thing I have noticed is that when nurse educators are on committees, and some of the major committees like SACs reports, most other faculty members in the College are very impressed with the fact that nurses can do all that and do it easily because we’ve been doing all of that for a while.
Participating in College level planning and major accreditation projects seemed to facilitate registered nurses’ transition from clinical practice to academic citizenship in an academic community. Nursing faculty in the middle career focus group also expressed the importance of formal education both at the master’s level with courses in education and at the doctoral level through courses in mentoring as instrumental in their transition.

Summary

This phenomenological study examined the transition of registered nurses from clinical practice to academic citizenship in an academic community. This descriptive phenomenological study was based on Husserl’s descriptive phenomenology. Reduction, consciousness, and intentionality were central tenants of Husserl’s phenomenology. Phenomenology as a qualitative research method provided a structure or framework that assured scientific rigor. This study was conducted in four schools of nursing in a gulf coast state. Four nursing faculty from each university participated in individual interviews followed by a focus group of the original four participants. Data was analyzed using the procedure described by Colaizzi as methodology for a phenomenological approach. Data analysis and discussion of the results is described in Chapter four.
CHAPTER 4 RESULTS AND DISCUSSION

This phenomenological study examined the experiences of registered nurse faculty members who transitioned from clinical practice to academic citizenship within an academic community. Sixteen female nursing faculty members currently teaching in one of four Bachelor of Science in Nursing programs in a gulf coast state participated in the study. Sixteen nurse faculty members completed the Demographic Survey and the individual interview. Fourteen of the original sixteen nurse faculty members participated in the follow-up focus group. This chapter presents the results of the Demographic Survey the individual interviews and follow-up focus groups. Results of the Demographic Survey are presented using descriptive statistics. Data from interviews and focus groups will be presented by research question and themes.

Results of Demographic Survey

The Demographic Survey was administered to study participants in order to collect information on highest degree earned, faculty rank, age, gender, race/ethnicity, type of faculty appointment, years of teaching experience, program of primary teaching appointment, primary teaching assignment face to face or online, and additional administrative responsibilities. Sixteen participants (n=16) were included in the analysis of data from the Demographic Survey.

Participants were asked to report their highest earned degree. Results indicated that 31.25 percent of participants currently held a Ph.D. in nursing, 18.75 percent held a Ph.D. in education, and 50 percent held a Master’s in Nursing as their highest earned degree. Two participants who reported their highest earned degree as the Master’s in Nursing are also certified Nurse Practitioners and one is currently enrolled in a doctoral program for the Doctor of Nursing Practice degree. Table 3 illustrates the number of participants reporting the Master’s in Nursing or Ph.D. in nursing or education as their highest earned degree.
Table 3: Participant’s Highest Earned Degree

<table>
<thead>
<tr>
<th>Highest Degree Earned</th>
<th>n_a</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN/MN</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Ph.D. in Nursing</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Ph.D. in Education</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

\*Two faculty holding a Master’s in Nursing are also certified Nurse Practitioners

Participants were asked to indicate their academic rank as instructor, assistant professor, associate professor or professor. Results indicated that 31.25 percent of participants held the academic rank of instructor, 56.25 percent were assistant professors, 6.25 percent were associate professors, and 6.25 percent were professors. Table 4 illustrates participant’s academic rank.

Table 4: Participant’s Academic Rank

<table>
<thead>
<tr>
<th>Academic Rank</th>
<th>n</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructor</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Assistant Professor</td>
<td>9</td>
<td>56.25</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Professor</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>
The ages of participants ranged from 41 years of age to 63 years of age. The median age of participants was 55, and the mean age was 53.7. One participant did not report age. This data is consistent with the literature that shows the aging of the nursing faculty. Benner’s (2010) ethnographic, interpretive, and evaluative study of nursing education explained that nursing faculty holding a doctorate are aging and facing retirement and nurses are not entering academia in as great a number as they are entering other advanced practice roles such as the nurse practitioner. The decrease in registered nurses entering academia is believed to be related to salaries in clinical practice and advanced practice roles outpacing salaries of nursing faculty. Table 5 illustrates percentages of participants by age.

Table 5 Participants by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>n_a</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>41-45</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>46-50</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>51-55</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>56-60</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>61-65</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Totals</td>
<td>15</td>
<td>100</td>
</tr>
</tbody>
</table>

a One participant did not disclose age.

Participants reported their race/ethnicity on the Demographics Survey. Seven participants reported their race/ethnicity as African American, Eight participants reported their race/ethnicity as Caucasian non-Hispanic, and one reported race/ethnicity as Latino. Table 6 reports percentages of participants by race/ethnicity.
Table 6 Participants by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>n</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>Caucasian Non-Hispanic</td>
<td>8</td>
<td>50</td>
</tr>
<tr>
<td>Latino</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Five of the faculty participants held full time 12 month appointments, and 11 were classified as full time nine or ten month appointments. The four faculty members from Stately Oaks University all held 12 month appointments. Table 7 illustrates faculty participants by percentage holding full time 12 month versus nine or ten month appointments.

Table 7 Faculty Appointments

<table>
<thead>
<tr>
<th>Faculty Appointments</th>
<th>n</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time 9-10 months</td>
<td>11</td>
<td>68.75</td>
</tr>
<tr>
<td>Full time 12 months</td>
<td>5</td>
<td>31.25</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>

Twelve participants reported teaching primarily face to face and three reported teaching primarily online. Three participants reported teaching 50 percent face to face and 50 percent online. Sixteen participants were teaching in a baccalaureate nursing program, seven were also teaching some classes at the master’s level, and two taught across three programs baccalaureate,
masters and doctoral level. Seven participants reported that they had some administrative responsibilities in addition to teaching. Three participants were course coordinators, one was chair of the undergraduate program, one was the campus coordinator, and one was a program director.

Participants represented a variety of years of teaching experience from early career, defined as one to five years of teaching experience; middle career, defined as five to 20 years of teaching experience; or late career, defined as greater than 20 years of teaching experience. Years of teaching experience ranged from two years to 33 years with a median of 14.5 years and a mean of 15.3 years. Four participants were classified by the researcher as early career (1-5 years), six were classified as middle career (6-20 years), and six were classified as late career (20 years and above). Table 8 demonstrates participants’ years of teaching experience.

Table 8 Years of Teaching Experience

<table>
<thead>
<tr>
<th>Years of Teaching Experience</th>
<th>n</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-5</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>6-10</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>11-15</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>16-20</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>21-25</td>
<td>3</td>
<td>18.75</td>
</tr>
<tr>
<td>26-30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30+</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>
Participants received their baccalaureate degrees in nursing from ten different universities. Seven of those universities were in the gulf coast state where they were currently teaching, two were in a different state, and one was outside of the United States. Participants held Master’s in Nursing degrees from eight different universities, five from this gulf coast state and three from other states. Four faculty participants had an earned Ph.D. in nursing from three different universities in this gulf coast state. Three participants held an earned Ph.D. in education from two different universities. One participant reported a second bachelor’s degree in a related field. Participants’ range of clinical experience prior to their first faculty position ranged from two to 30 years with most reporting between six and ten years of experience prior to entering academia. Table 9 illustrates participants’ years of clinical practice experience prior to entering academia.

Table 9: Years of Clinical Practice Experience Prior to Faculty Position

<table>
<thead>
<tr>
<th>Years of clinical Practice</th>
<th>n</th>
<th>Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>6-10</td>
<td>7</td>
<td>43.75</td>
</tr>
<tr>
<td>11-15</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>16-20</td>
<td>2</td>
<td>12.5</td>
</tr>
<tr>
<td>21-25</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>26-30</td>
<td>1</td>
<td>6.25</td>
</tr>
<tr>
<td>Totals</td>
<td>16</td>
<td>100</td>
</tr>
</tbody>
</table>
Transitional Experiences

After analyzing data from the Demographic Survey, the researcher began the process of analyzing the transcripts from the individual interviews and focus groups. Research question one focused on describing the experiences of registered nurses who had transitioned from clinical practice to nursing faculty within an academic community. Analysis of the transcripts of 16 individual interviews and four focus groups of faculty participants resulted in ten themes: the easiest part, growth and fulfillment, hardest part, expert to novice, culture shift, educational preparation, faculty scholarship, involvement in the broader university, mentoring, and the full faculty role. Results of research question one will be presented according to themes.

Easiest part

Participants were asked to reflect on the easiest part of the transition from clinical practice to academic citizenship as nurse faculty. Participants mentioned several factors that eased the transition from clinical practice to academic citizenship. An initial faculty assignment in a clinical facility, teaching basic nursing skills in a laboratory setting, prior teaching experience in a staff educator role, serving as a preceptor for students, and faculty camaraderie were important for easing the transition from clinical practice to the faculty role. Participants reported that an initial teaching assignment in clinical or teaching basic nursing skills in a laboratory setting facilitated their transition into the faculty role because it allowed new faculty to rely on prior experience and existing knowledge in an area where they were most comfortable. Twelve of the sixteen participants had over five years of practice experience in a clinical setting before entering a faculty position and considered themselves experts in their fields. Patient teaching is an important component of nursing practice so teaching skills developed in clinical practice transferred well into a beginning faculty position in an academic setting. Sarah, a middle
career faculty from Tall Pines University remarked, “The first semester I was here I was working in the skills lab which is a great place to start because it is stuff you already know how to do. You can demo a skill. That’s easy”. Patrice, a middle career faculty from River Bend University explained that an initial teaching assignment in clinical eased her transition into the faculty role. “The easiest part was the clinical piece because I have always been clinically focused. I have always tried to maintain clinical practice so that part probably came easier for me”.

Even though registered nurses were entering a new role as faculty in an academic institution they were still focused on the clinical part of nursing. Clinical nursing was the part of the role that they were most familiar with and where their skill set was the strongest. Melanie, a late career faculty from Tall Pines University stated,

If you like nursing then you are teaching about something you like to do and you are bringing people up into the profession and you feel like if you train them right you are going to make a difference on the back end so the one on one clinical education was fairly natural.

Three participants from Cypress University explained that their prior experience of serving as preceptors for students from the baccalaureate nursing program and their clinical practice in the facility, where they were now teaching students, made the transition easier because they were already very familiar with the clinical facility and the baccalaureate nursing program. Mary, an early career faculty from Cypress University expressed it as,

The easiest part of the transition was teaching students because that is what I did. I had precepted a lot of students from this program so I was familiar with the expectations of the program and what they needed to know.

Participants from Stately Oaks University, Cypress University, and River Bend University agreed that the camaraderie that existed among the faculty and especially within their courses was very important for an easy transition into academia. Relationships among faculty provided support for difficult decisions and eased tensions during times of heavy workloads.
Colleagues with similar interest could support each other with the growing emphasis on the requirement for scholarship as part of the faculty role. Margaret, a late career faculty from Stately Oaks University explained the importance of faculty camaraderie to her transition,

> When I came here I liked it better because I was at least with colleagues with common interest and expertise as I did. After working together about ten years we began to do research together. We grew together…that was one of the strongest things that helped me.

Stately Oaks University focus group participants expressed how important camaraderie was in their successful transition. According to Katie, a late career faculty from Stately Oaks University,

> I can say that one of my best times was back in my early days when we had the Associate Degree Nursing program here and we had about 14 or 16 faculty on staff and we ate together, we shared meals, we shared stories, we shared jokes… it was the camaraderie; the open communication. It was just the sharing of the workload.

Prior teaching experience in the clinical practice role either in research, staff development, or as a preceptor facilitated the transition into the faculty role in an academic institution. Participants who had teaching responsibilities prior to entering academia felt that the skills developed in their clinical teaching role transferred well to the academic setting. Lois, a middle career faculty from Stately Oaks University explained how her experience with teaching as part of her research role facilitated her transition to the faculty role.

> The easiest part for me was I knew how to teach because I came from a research background where I did a lot of teaching. I did a lot of patient teaching. I was always doing a lot of in-services for physicians…so I was comfortable in the role of teaching.

**Growth and Fulfillment in the Faculty Role**

Participants from all four universities agreed that their feelings of fulfillment came from the personal and professional growth they had experienced through the faculty role. In an individual interview, Janet, a middle career faculty from Stately Oaks University described her
growth in the faculty role as being exponential when she was forced to continue the Bachelor of Science in Nursing (BSN) program while being displaced after a major natural disaster. She described this experience as the best and worst of times. She and her students were forced to evacuate to a neighboring community after a major natural disaster struck the city where the university was located. This natural disaster virtually closed down the city eliminating all university resources. She found herself starting over trying to continue the nursing program with eager students but no classrooms, textbooks, clinical facilities, or community partners. Several students were actually sleeping in their cars during this time until housing could be obtained. Families were scattered throughout this gulf coast state and beyond. She obtained loner textbooks, utilized evacuation shelters for student’s clinical experiences and created other community opportunities such as performing health teaching on college campuses. In the end, the group persevered and graduated. Janet explained the affect this experience had on her professional growth in the faculty role.

It was the worst of times because it was the most stressful time personally for me throughout my teaching career but I learned I can do anything with nothing… It was also some of the best clinical experiences we have had. We learned so much... that was when I truly transitioned into an educator.

In the focus group with faculty participants from Stately Oaks University Janet explained further how she had grown in the educator role through this experience. When the security of the structure of the nursing program, with its clinical and community partners, was removed Janet had to rely on her creativity and problem solving ability to meet the needs of students.

It changed me personally as well as professionally I’d say. But that was just my experience because you have to be creative. Day to day is also a good time because there are always some new challenges. So you are never bored. No day is ever the same as the next. That’s my story; a big story.
Participants in the Stately Oaks University focus group responded to Janet’s story by describing how important professional growth was to their sense of fulfillment in the faculty role. Margaret explained how professional growth, which resulted from challenges and the ability to be creative in meeting those challenges, was fundamental to her sense of fulfillment in the faculty role.

I’d say one of my best times was when I left teaching after I had been teaching about 15 years. When I left what I knew and the way I was being in the world as a faculty member and went back to doctoral school and it opened my eyes. I came back and was able to work with faculty to create a whole new world. We created a whole new course. We presented from California to New York City and we did publications and we changed the whole [milieu]…So to me having the freedom to create is what makes the faculty role. If you want to have everything preset and everything in a routine then education is not the place to be.

Margaret went on to explain the importance of the ability to change and be creative to remain fulfilled in the faculty role. “The world is changing, the healthcare system is changing, and the students change. So you have to be constantly changing and you have to be OK with that. You have to enjoy that.” Joan, a late career faculty from River Bend University described a need for continual growth in order to remain fulfilled in the faculty role. “Without growth, not for me”.

Interestingly, initial teaching assignments in clinical settings and teaching basic nursing skills in a skills laboratory made the transition into academic citizenship easier, however experienced faculty needed greater challenges and opportunities to feel fulfilled in their faculty role. Margaret described the importance of continual growth in the faculty role. “I could still take students to clinical one or two days a week if I needed to do that. Staying in the clinical role would not stimulate me very long. As long as I’m growing, and learning, and moving forward then I feel OK”.

Faculty felt that teaching students in an academic setting was more rewarding than teaching in a staff development role in a hospital. They saw staff development as training staff in
competencies. What was missing was the challenge of seeing true growth in a student and at the same time experiencing professional growth through their scholarship. Melanie from Tall Pines University described leaving her position as nurse faculty briefly to return to staff development in a busy emergency department. She realized after returning to staff development that the skill set she had developed in the faculty role was very different than the competency based education required for staff development. She found the competency based training less rewarding than working with students in an academic setting. “The job wasn’t the education I had developed into. It was chasing competencies. It just wasn’t gratifying in so many ways”. Melanie described how the faculty role in an academic institution provided more opportunities for creativity which promoted personal and professional growth leading to increased feelings of fulfillment.

Well it’s totally different I mean working with staff nurses in that sort of environment it is a different focus. You don’t feel valued as a staff educator as the immediate value you feel from students. I just was like a lost little puppy and it was real stressful and I didn’t feel like I got a sense of accomplishment for a lot of things I was doing whereas here you get a lot of sense of accomplishment working at the bedside with students. Seeing them succeed with certain things. That was gratifying. It really didn’t cross over like you think it would. It’s not the same.

Participants described feelings of satisfaction and fulfillment related to student learning. They were proud of their graduates’ accomplishments and the positive reputations their programs had in the community. Francine, a late career faculty from Cypress University felt that being an educator gave her some credibility in the community especially if the program was well respected.

I think one thing that really excites me is the outcome for the student and what we produce. I think we are really respected in the community particularly as educators and nurse educators. So I think the outcome the students that we produce. I think that is what keeps you going sometimes.
Hardest Part

Faculty participants were asked to discuss the most difficult part of the transition from clinical practice to academic citizenship. Participants from all four universities agreed that they were least comfortable with the components of the faculty role that required an additional skill set beyond clinical expertise. Participants felt that they were not well prepared for the faculty role especially the scope of the role beyond classroom and clinical teaching. According to Francine, “I felt comfortable with the clinical component of nursing but when you get in front of the classroom…frightening. It was quite frightening”. Participants described struggling with developing skill sets that were unique to the faculty role. Preparing lectures, writing exam items, and evaluating students in the clinical setting were significant challenges for faculty participants. Feelings of being overwhelmed with the workload, frightened, and alone were mentioned frequently in response to the most difficult part of the transition. Evaluation and test item writing were mentioned frequently as two of the most difficult parts of the transition into the academic role. Melanie described the most challenging part of the transition to the faculty role.

Learning how to do a lecture I would say was very challenging. I guess even harder or more challenging than lecturing was evaluation. It’s still a struggle for me. How do I evaluate people? That’s the hardest part. I still don’t feel like I’m good at test construction.

Participants from Cypress University and Tall Pines University felt that having to fail a student was an especially challenging aspect of the faculty role. Participants took their role in student evaluation seriously and saw having to fail a student as something that would have a great impact on a student’s ability to move forward with their professional career goals. Early career faculty needed support in making a decision to fail a student. Sarah an early career faculty from Tall Pines University described failing a student as an action that had the potential to upend a student’s life but didn’t see the parallel with the immense responsibility of making life and
death decisions while caring for a patient in a hospital. She was accomplished as a registered nurse working in a healthcare environment but was just developing competency as an educator. Sarah explained it this way. “The first semester I had clinical I had to fail a student. That was tough. I don’t think that student looked at me for the rest of the semester. As a nurse in the hospital you don’t do something that up-ends somebody’s life”.

In a focus group, participants from Tall Pines University expanded on their discomfort in failing a student. Having to fail a student was one of the most difficult parts of the transition to the faculty role and two participants also expressed their fear of violence from students who might be mentally unbalanced or angry about failing a course. Karen, an early career faculty from Tall Pines University described her fear of failing one student in particular,

She had failed before. She had made several weird comments. When she was counseled that semester she told the dean, ‘I think my classmates think I’m just going to come in here with a gun one day.’ Yes that kind of comment you can imagine how I felt being brand new and telling her you are not going to pass my class.

In the focus group with participants from Tall Pines University Melanie agreed with Karen and questioned whether she had the skill set necessary to deal with a violent student.

It’s scary. I had one experience where a student of mine, he was in clinical, I really don’t recall if he did horrible or anything. He ended up having a drug problem and getting fired and everything… I’m not a mental health professional. I want to be therapeutic for the patient’s sake but I don’t want my tires to be slashed.

Participants from all four schools of nursing described the workload as very challenging. Patrice explained, “I think the workload is one of the things that makes it very challenging…I think a lot of people don’t realize the amount of time we spend in the faculty role.” Participants from focus groups held at Tall Pines University and Stately Oaks University both mentioned current fiscal constraints imposed by the legislature on state universities in this gulf coast state as
creating difficulties for the faculty. Margaret a late career faculty from Stately Oaks University described the increased workload of nursing faculty as directly related to budget issues.

Because we need to keep our revenue going so we need to keep the large undergraduate program going and the doctoral programs going … there are a lot more teaching demands on people and because in the undergraduate program we have to take them to clinical so we are constantly hiring new faculty at the novice level and bringing them into the programs. We rarely recruit and hire anyone at the associate level.

In a focus group with participants from Stately Oaks University Katie agreed with Margaret and added,

I think a lot of it is the finances. I think the way it was described to me once upon a time. At one time they described it as 30 percent of the operating budget came from tuition and 70 percent was from the state legislature and now it is flipped. You have that many tuition dollars coming in and you have that many students.

**Expert to Novice**

Participants agreed that it was a challenge to go from clinical practice where they were considered experts in their fields to the academic community where they were novices once again. During their clinical practice many of the participants were preceptors for undergraduate and graduate students and even had some managerial responsibilities on their units. Patrice explained that she was the resource person on the unit who was known and respected for her clinical expertise.

I was in an administrative position as a charge nurse and then moving into this role when I initially started teaching. I was co-teacher in a course and there was someone else coordinating the course so I almost became a baby again and was more in a novice position as an educator compared to being seen as an expert in the clinical setting.

Mary explained how it felt to leave a clinical practice where she functioned as a Nurse Practitioner seeing patients in an outpatient clinic setting. As an advance practice nurse she was an expert in her field presenting locally and nationally on the care of patients with diabetes.
I have been here four semesters now and nobody ask my advice on anything on how to teach someone. Nobody considers me an expert on teaching students still. And they shouldn’t consider me an expert because I’m not. I have no education on how to be a teacher, except what I’ve gotten here, and I’ve had wonderful mentors who have helped me.

Participants struggled with finding themselves in the position of learning a new skill set required in the faculty role. They had experienced a level of competence in their clinical practice where nursing had become natural for them and they had credibility with their peers. Melanie explained, “It was odd being in that role and not having experience with something and not just knowing how to do it”. Lois described how it felt to be a novice again when entering academia. “It didn’t take long to learn that it [the faculty role] was more than just teaching. It was counseling, advising, reading and keeping up. Because I didn’t have teaching experience it almost felt like I was back in school again learning a new subject.” One participant’s concerns about her credibility with students and faculty peers were reinforced by discussions that emerged during the focus group. In the focus group from Tall Pines University, Sarah described feeling a lack of confidence in her abilities on her first day in the classroom when she experienced technical difficulties with a computer disk. Participants felt that being able to perform efficiently in the classroom and clinical setting was important to their credibility with students.

The first time I ever taught a class, theory class, I go in and I’m ready and I have my power point on a CD and I put it into the laptop and it makes this terrible noise, and it eats my CD and I’m standing there. One of the students pipes up and says. You posted the power point on Black Board you could get to it that way. I was like, that is a great idea. I remember thinking this is my first class and I just ruined it. They are going to hate me the rest of the semester. These things are so funny looking back but at the time I was mortified. I felt very much the novice teacher I was.

Transitioning into academia made participants who were expert nurses feel like novices again. This marked a time of transition that can be very uncomfortable. Francine described her
experience of leaving a setting where she was comfortable and had credibility for the uncertainty and confusion of academia.

I was comfortable there [hospital], I knew people and people knew me. I could move things there. I was a novice. I was a baby in education. It was different from the hospital. They had new rules and concepts. What the devil is this? Because this is surely a different animal than I’m accustomed to; and the language was different in academia from the clinical world.

Having clinical in an area where they were familiar and known to staff helped them maintain credibility in the faculty role. Francine described her experience of relocating to a new city and taking a position as a faculty member there. Even though she brought teaching experience with her, she still felt like a novice again because she was in a new environment where she was establishing her credibility as a nurse and educator. She felt that her students’ performances were also tied to her credibility.

So you get that fuzzy feeling, that stroking. You are in clinical and I think that is one reason that a lot of us like clinical especially if we are working in the same place we worked before because we know. And we are no longer novices there. I’m an expert there…But if you take me out of that setting and I come here and I don’t know anybody. I’m establishing. I’m meeting people and I’m saying well I’m a good teacher but I have to prove it. And the students have to come showing and telling my story.

**Culture Shift**

Participants described the difficulty of moving from the culture of a healthcare organization to an academic community. The most positive aspect of the culture shift expressed by participants was the flexible schedule in academia. Patrice described the flexibility of the faculty role over the schedule of a hospital nurse.

If I’m working in the hospital on a 12 hour shift, I can’t leave the hospital from 6:30 am to 7:30 pm. But here I can run out if I need to go to my child’s school or something as
long as it doesn’t interfere with a meeting or an appointment so I feel that I have the flexibility I need.

Challenges in the transition between the culture of a health care organization and academia were related to learning new policies and for some felt like a new language. Participants knew how to navigate in the health care system and knew how to get things done there. Navigating in the university system was foreign to them. Sarah described the difficulty she experienced when she first had to respond to a student’s grade appeal.

When I first started I didn’t know what to do as far as paperwork. I didn’t understand the whole appeals process. You don’t do stuff like that as a hospital nurse. The whole structure of a state university. There are policies and so many hoops. The first time a student appealed a grade, I was told I had so many days to answer them. What do you mean answer them? They failed! How do I say you failed nicely?

In the focus group with faculty from Cypress University Mary explained her culture shock like this,

The first few weeks here I grabbed the friend who told me to apply here and said, What have you done? Because I was completely overwhelmed. I was given an undergraduate clinical group and a graduate clinical group. I was given all of this stuff and I said I don’t even know what you are talking about.

A concept that one participant found most challenging between the culture of a healthcare organization and an academic institution was faculty promotion in rank and tenure. Participants from Stately Oaks University and Cypress University recognized the value that nurse practitioners with the Doctor of Nursing Practice (DNP) degree brought to the faculty. Nurse practitioners bring clinical expertise that is greatly valued by nurse faculty; however Margaret from Stately Oaks University questioned whether the current requirements for scholarship in order to achieve promotion in rank and tenure would recognize faculty whose scholarship was focused on clinical practice. Margaret explained that it might be more difficult for faculty hires who had earned the DNP degree to advance in faculty rank because of the degree’s clinical
focus. She felt that criteria for faculty promotion based on scholarship might have to be broadened to include the scholarship of teaching and that this perspective could be different depending upon the university where the DNP credentialed faculty was currently employed. Margaret expressed her concerns as:

Well in the intermix of all of this is the whole issue of promotion and tenure in the academic setting and how that is different in practice and what is valued and not valued and how you are recognized by your peers and how you get promotions. Things like that are totally different and can be overwhelming. Here the first step is you don’t get promoted until you have your PhD. Now for the DNP faculty perhaps there will be some openings [promotions] for people getting degrees. In a setting like this where there is room for faculty practice and the scholarship of practice a bit more, it might be easier for them here than in a liberal arts university… where promotion is a campus wide committee.

Educational Preparation

Participants with a Master’s in Nursing as their highest earned degree felt that their educational preparation, helped tremendously with the transition from clinical practice to the faculty role. Participants felt that the Masters in Nursing with a focus in education was more helpful than the masters in nursing with a different specialization. Margaret explained that for her the Ph.D. in nursing was more effective than the Master's in Nursing degree in transitioning into the full faculty role especially in understanding the scholarship required of a faculty member at her university.

My masters was more focused on the clinical expertise… but the Ph.D. was more focused on research and it was that role of being a researcher and the dissemination, writing and scholarship that goes along with that is more in line with what a university position is. I
think when we first get out of nursing we still think of ourselves as nurses, not academic faculty.

One participant from River Bend University recognized the value of the Ph.D. in creating new opportunities or providing credibility in the faculty role. According to Francine, “My Ph.D. just gave me leverage for promotion”. “I want to get ready for the next level. My next adventure because that is hopefully what the Ph.D. will do because it gives credibility”. One participant from Tall Pines University felt that the Ph.D. was the most important influence in facilitating her transition from clinical practice to the faculty role. Sarah explained the importance of the Ph.D. on her growth in the faculty role. “I think every degree I’ve gotten and I started with an associate’s degree has broadened my perspective. But I think the Ph.D. got me there quicker than I would have gotten there on my own”. Janet from Stately Oaks University explained the influence of achieving the Ph.D. on her transition into the faculty role as.

My Ph.D. definitely helped me understand the role. Although I was functioning in the role before I got my Ph.D., after my Ph.D. I was really able to understand and transition into what I feel an educator needs to be. You do all of the parts but it took me an enormous amount of time to feel comfortable doing that.

Sarah from Tall Pines University commented that obtaining the Ph.D. increased her competency in conducting research and scholarship which are necessary for promotion in rank at her university.

The Ph.D. has really made a difference because I feel like I’m more prepared. I just worked on a research project with another friend here using the tool she developed in her dissertation and I felt so much better prepared. I knew the steps to take from doing the dissertation. I understood the process much better. But that was exciting to think of myself as a researcher now.

For Sarah the Ph.D. gave her the knowledge and the confidence to take on a leadership role with her peers in pursuing scholarship. “I started writing an article with some faculty here. I took the
lead on it because I realized I knew how to do that now. Before, I wouldn’t have been sure how
to start. They have master’s degrees. I feel like I can lead that team now.”

Sarah related the value of the Ph.D. in her transition from clinical practice to academic
citizenship as having developed the tools for scholarship and the credibility for the faculty role,

I think that the things I learned in my Ph.D. helped me feel more comfortable being an
educator. It helped me to feel smarter if you will. I think I was trying to prove something
to myself. But it makes me feel like I have the tools to help make those changes and that
gets me excited about the future. I find myself thinking about nursing in a broader
way…what can I do to help students to be better and that to me is intellectually
challenging.

For one participant from Cypress University entering the faculty role created a reason for
pursuing doctoral education. She didn’t feel the value of doctoral education in the clinical
practice setting and could enter academia with a Master’s in Nursing degree but soon saw the
value of doctoral study in helping her in the academic role. According to Mary “When I was in
clinical practice I had no intention of going for the doctor of nursing practice degree because it
would not change my practice at all. But it will change my practice as an educator.

**Faculty Scholarship**

Preparation at the Ph.D. level was seen as vital to fulfilling the role of faculty scholar. For
all of the universities in the study obtaining the doctorate was encouraged and faculty from
Stately Oaks University explained that it was an expectation of the faculty role. Janet explained,
“We bring that up even when we interview for faculty positions. We tell people it [scholarship]
is an expectation. The expectation is to advance the profession with scholarly endeavors whether
it is through publishing, grants, or research”. Participants all expressed that they would like to be
more involved with scholarship but time constraints and heavy teaching loads were an obstacle
to faculty scholarship. Faculty members with a Master’s in Nursing were hired in at the academic
rank of instructor and had heavy teaching loads in clinical and the skills laboratory. Karen from Tall Pines University stated,

The Ph.D. is hanging over my head… Here the Ph.D. [faculty], not that they have release time for it, but they have a lot more opportunities for that. We are teaching more skills labs and they are three hours long. One hour before and after to set up and take down your stuff. The people with a Ph.D. don’t have to do that. We don’t have as much time.

Margaret, a late career faculty from Stately Oaks University agreed,

Yes, day to day they have a very hard workload here. Beginning faculty do. I don’t know if I would have survived. More asked of people, more programs, different types of students, and more students. And a lot of it has to do with our time constraints. The state has turned us over basically with constraint, fiscal constraint. And we are doing so much more with less and less with more demands on us so we don’t have the time for people to really do the scholarly things.

Janet from Stately Oaks University voiced similar concerns about the effect of higher workloads on faculty scholarship and felt that teaching loads for nursing faculty have increased making it more difficult to fulfill expectations of scholarship.

We would give people time off to publish or a lessor workload to work on a research study. I’m on two grants right now. I have a full teaching load and I’m a program director of two departments. So how am I supposed to have the time to do that scholarly stuff and to publish… it’s the environment that we have been forced to be in and it’s no one’s fault within this environment. It’s just the cards we were dealt so to speak.

**Involvement in the Broader University**

Participants from the four schools of nursing agreed that they felt isolated from the rest of the campus. The school of nursing was seen as an island with a different culture and course structure than other disciplines within the university. River Bend University School of Nursing and Cypress University School of Nursing are physically located on the main university campus. Stately Oaks University and Tall Pines University are located separate from the main university campus. Participants felt that this isolation was limiting to their professional growth although one of the schools of nursing located on a distance campus was part of a large health science center.
with close access to faculty and students from other disciplines in the health sciences. One participant from a school of nursing in a large health science center expressed it this way, “You can live in this building if you want to and some faculty do that very well.” One participant from River Bend University explained, “We don’t get out of this building much. For nursing students and for nursing faculty we tend to center a lot of our day around this building. We don’t get out and intermingle with other faculty enough.” One participant from River Bend University and Cypress University recognized the value in interacting with faculty from the broader university and how it might stimulate their professional growth. Joan was a great proponent of nursing faculty interacting with faculty in other disciplines across the university. “Initially we were an island within the university system because nursing does nursing. I think faculty should venture out into the university and get to know other faculty on campus and what they can bring to your professional development.”

One participant from Tall Pines University expressed that nursing is unique because of team teaching and with courses that are structured differently because of clinical and laboratory requirements. She felt that faculty from other disciplines did not understand the structure of the nursing curriculum or courses. According Melanie whose program was on a distance campus,

As chair of the curriculum committee I do have to go to the University Curriculum Council if I have to bring something forward and that has been illuminating because they are not a bunch of nurses. It is my only real connection to people who are not in nursing. It’s been interesting. They really don’t understand what nurses do or what our courses are like.

Lois from Stately Oaks University discussed the difference in cultures between the school of nursing and the main campus when she talked about specific expectations for students’ appearances related to learning and adopting the norms of the profession of nursing.

Well for me I feel as though we are our own entity because the school of nursing pretty much, in my opinion, is separate from the university for the students. Because when
students come from the main campus they come to a totally different culture here. We teach them how to dress, how to wear your uniform, how to put your hair up, wear earrings, cut those fingernails. You can’t come here with a mini skirt on. So it is a completely different environment as opposed to the main campus.

One participant from Cypress University saw involvement in the broader university as something that would come with time and experience. Carla, an early career faculty from Cypress University explained,

> We are in our little nursing department. We are all nurses so that helps. We all think alike and do things alike. When we venture into the bigger university the culture is different. I think when you get involved in more university committees and you meet more people and I definitely think that the people who have been here longer are much more involved in university committee.

This reinforced the finding in the pilot study that middle career faculty felt that they were ready to expand their involvement to the broader institution. In the pilot study, faculty expressed that when they were in their early careers they did not feel that they were able to contribute effectively to institution wide committees or initiatives; however as middle career faculty they enjoyed branching out into the broader academic community and grew professionally as a result of this experience.

**Mentoring**

Participants felt that having a mentor was very important to their transition. Lois explained, “I needed mentoring because at first you don’t know what to do and not knowing exactly the specific role of an instructor you say it’s not just teaching. It is more than teaching” Participants from all four universities mentioned the importance of a collegial faculty who shared similar goals and were available for assistance. Sarah stated, “I knew how to be a nurse but I wasn’t really sure about this whole teaching thing”. Joan shared similar feelings about mentoring. “I had a great mentor who helped me navigate through what academia is all about.” Janet went on to say, “We have a faculty who are very willing to share. Everybody’s door is
open from the Dean on down. Everybody has a wealth of experience here, so the hard part is just finding out who to tap into”.

All participants from Tall Pines University expressed concern about the decrease in faculty time spent on campus. Middle and late career faculty remarked that when they entered academia faculty members were physically on campus much more than they are today. Presently, faculty members are working from home, advising over email, or teaching online limiting the amount of mentoring that occurs through informal interactions among faculty. Middle and late career participants voiced concern about the socialization of new faculty members in the absence of this informal mentoring. Melanie explained how teaching online and technology had drastically changed the day to day operations in the school of nursing. “With the way education is going online we really don’t have office hours anymore…our building has become more of a ghost town so there isn’t as much faculty casually interacting and just talking about things. The whole online thing has blown everything up.” Participants from Tall Pines University expressed concern for the transition of new faculty into the faculty role in the absence of this informal mentoring. This concern was reinforced by faculty participants from Stately Oaks University. Margaret explained, “There is a lot less informal interaction. I think part of it is everybody is so busy and overloaded. They don’t have time to be leisurely. There used to be more relationships among faculty than there are now”.

The office arrangement for nursing faculty at Cypress University consists of a modular design with three faculty offices per unit connected by walls that are open at the top. This design seemed to facilitate faculty interaction within each unit. Faculty participants from Cypress University explained that they often rely on faculty in offices nearby when they have questions and have developed closer working relationships with faculty within their immediate office area.
Participants from Cypress University felt that the support and interaction between faculty members for informal mentoring was adequate. Faculty participants from River Bend University stated the expectation from nursing administration was that they were on campus every day, so they did not perceive a lack of informal mentoring due to faculty absence from the building.

Participants from Stately Oaks University and Tall Pines University expressed concern over the loss of informal mentoring especially for novice faculty. Janet from Stately Oaks University stated,

I feel too that we have lost. I’m thinking way back when. We have lost the time to have that camaraderie. We are in silos now because everybody is so busy and you have to take care of your responsibility. Not to say it is little because nobody’s here is little. But it is in silos and you miss the day to day interaction. You miss the lunch times together. …We are losing that personal interaction for professional growth.

The camaraderie that faculty participants felt also spilled over into mentoring. Faculty felt that most faculty members were willing to help them with difficult situations and it was a matter of tapping into the person with the specialized expertise.

It was also important for novice faculty to feel support from expert faculty when making difficult decisions about failing students. Mary from Cypress University explained how important faculty support was in getting through a difficult time in her first semester teaching when she had to fail a student. The student blamed her for his failure stating that she had singled him out from the first day. She found herself questioning whether she had in fact done this and wondered if she was doing the right thing.

Finally my office mate who had been an educator for quite a while she told me quit beating yourself up. This is your job. You are doing your job... not a single member of the faculty told me you need to think about this again. There wasn’t one person who told me I was doing the wrong thing. They told me this is the hardest part of teaching but this is what you have to do.
Full Faculty Role

Participants from all four universities agreed that they were unprepared for the full faculty role. Course work in their Master’s in Nursing programs helped to prepare faculty for curriculum development and learning to teach in the classroom and clinical setting however faculty did not fully appreciate all aspects of the faculty role. According to Janet, “I thought I would be learning to teach. I never thought I would be doing what I’m doing now.” Joan explained, “Even though I had course work it could not have prepared me for what was expected of me as a faculty member. Totally different from the clinical piece.” Lois stated it this way, “I learned pretty much that first semester. It didn’t take me long to learn that it was more than just teaching. It was counseling. It was advising, it was reading and keeping up. It was I felt almost like I was back in school.” Melanie stated, “There is no book for the faculty role. You get bare bones in school but you step into it and here is a book. Go teach this class.” Participants described their understanding of the full faculty role as evolving over time and with experience.

Margaret from Stately Oaks University stated it this way,

When you first look at coming out of clinical practice that is your whole focus, clinical practice, and you want to teach that. You like to bring that to another generation. So I think that is kind of the focus as you start teaching. I knew I had enough course work in curriculum theory but I also knew it was about planning the educational strategies and having objectives. Now there is a little more emphasis on scholarship, doing presentations, writing, and getting involved in research.

Sarah from Tall Pines University explained how years of experience in the faculty role enhanced her understanding of all aspects of the role.

I wanted to understand more about nursing education and not just the nuts and bolts about how to teach but the bigger picture…it’s like as you grow older you see the world from a broader perspective. The longer you are in academia and any job you start to see it from the bigger picture.
**Identity Nurse or Educator**

Research question two, explored the ways participants experienced their sense of identity as they transitioned from clinical practice to the faculty role in an academic community. Participants were asked to reflect on whether they considered their identity today primarily as nurse or educator. In examining the individual interview and focus group transcripts one overarching theme emerged; identity nurse or educator. Within the overarching theme of identity as nurse or educator, several subthemes related to identity emerged: nurse, educator, blended nurse and educator, role confusion, and nurse faculty. Responses were analyzed according to number of participants with each primary sense of identity, their classification as early, middle, or late career faculty, and whether they were still working as a registered nurse in a healthcare organization.

One middle career faculty who was still practicing as a registered nurse in a hospital clearly sensed her primary identity as nurse. Six participants from a variety of years of experience reported their sense of identity as clearly educator. Four of these six participants were middle career faculty; one was an early career faculty and one was a late career faculty. None of the six faculty members who reported their sense of identity as educator were working as registered nurses in a healthcare setting.

A primary sense of identity as blended nurse and educator was reported by six of the 16 participants. Of the six participants reporting their primary identity as blended nurse and educator, two were currently practicing as a registered nurse in a hospital and five were not currently practicing. Participants who reported their identity as blended nurse and educator were from a variety of years of experience; two were in their early careers, one was categorized as middle career, and four were late career faculty.
One early career faculty participant who was still practicing as a registered nurse in a healthcare setting described her identity as role confusion between nurse and educator. Perhaps these early career faculty participants are in the process of identity transition and are struggling with the neutral zone as explained by Bridges’ (2004) transition theory as a time of unrest and confusion where identities that are tied to titles are disrupted by change. Results will be presented by subtheme.

**Primary Identity as Nurse**

One middle career participant reported her sense of identity stronger as nurse than educator. She was currently working as a registered nurse in a healthcare organization in addition to her academic role as nurse faculty. She felt that continuing to work as a staff nurse in a hospital helped maintain her nursing skills and gave her more credibility as an educator. This feeling of needing to practice to maintain clinical skills to be more effective as an educator was common among faculty participants. Two participants in the focus group from Cypress University expressed similar fears of losing their identity as a nurse and some of the skills they had worked hard to develop. Carla an early career faculty from Cypress University described how she struggled with the fear of losing her skills and perhaps her identity as she transitioned from nurse to educator.

Well I think I’m transitioning to be an educator. I really still think I am both a nurse and an educator. I still practice. And one of the things that concerned me when I came into academia was that I would lose those skills and not be as efficient. I would not be able to do those things…but I think as things go I am transitioning more to that educator role and less and less to that practice role. And it’s taking me a while and I don’t do anything quick…I think that now I feel more predominately an educator than a nurse. But I do think I’m both.

Faculty who continued to hold positions as staff nurses felt that their identity as a nurse was very important to them and didn’t want to lose it. Francine, a late career faculty from
Cypress University explained the fear of losing her identity of a nurse if she gave up her second job working as a staff nurse in a hospital stated, “I’m still working in the hospital. Still keeping my position in the hospital and teaching. I’m scared to let go.”

**Primary Identity as Educator**

Four participants felt they had undergone a transition in identity development from nurse to educator and that this transition was complete and had occurred gradually over a considerable period of time. Melanie a late career faculty from Tall Pines University described her transition in identity from nurse to educator as “Primarily as an educator at this point... And I don’t know when that shift occurred. Maybe around my tenth year, if I had to put a number on it. I definitely think I’ve transitioned for sure.” One participant felt that she had transitioned from nurse to educator felt that the transition occurred when she took on additional responsibilities of the faculty role besides classroom or clinical teaching. Janet a middle career faculty from Stately Oaks University expressed that she had clearly made the transition in identity from nurse to educator. “Educator absolutely, I’m a program director now so I don’t do clinical anymore other than lab is the closest I get to clinical. But I’m an educator first. I’m comfortable with that. I think it happened when I started taking on more leadership responsibilities.” One participant from Tall Pines University who had completed a Ph.D. program felt that the identity shift happened while she was working on her Ph.D. Francine a late career faculty struggled with her identity but recognized the effect the Ph.D. had on her identity development as an educator. “I see myself as both nurse and educator. I think more of an educator yes, not a nurse. I never want to give up my nurse though, but I guess I do see myself more as an educator. I think it happened when I got my Ph.D. Even when I was working on my Ph.D.” The Ph.D. helped faculty make the transition and to allow faculty to feel comfortable and credible in their role. Sarah a middle
career faculty from Tall Pines University explained how she grappled with her identity as nurse or educator for many years as she tried to maintain a staff nurse position while teaching nursing.

I want to address how it felt to leave clinical practice. I did that last fall but it took me probably three years of thinking about it to actually be OK with it. And over time I was thinking about it I realized how much my identity was wrapped up in being a bedside nurse. I didn’t realize how much of my identity was wrapped up in that until I got really tired and was in my Ph.D. program … it was a transition. Finally, how I reconciled it for myself was I can always go back if I want to. As nurses we can have more than one job. It’s so tempting for the money and because my identity is so wrapped up in that.

Sarah a middle career faculty from Tall Pines University explained her struggle with identity,

I just quit my second job, my nursing job last fall. I don’t know how many years I thought about that before I did that. I finally realized the biggest barrier was I was not comfortable not saying I am a bedside nurse. That was a huge part of my identity. I think I’ve made an identity shift... Now I’m OK with saying I’m an educator and knowing that means I’m still a nurse.

Identity Blended Nurse and Educator

Two participants who maintained a strong identity as a nurse within their family or church identified with being a nurse over educator or felt that their identity was blended. Joan a late career faculty from River Bend University explained her blended identity this way,

As a nurse educator because even though I’m not at the bedside I feel like I’m practicing nursing to some degree. In my family I’m always the go to person as it relates to health issues. I can’t separate the two. I see them as one. So when people say what do you do? I say I teach nursing. I can’t just say I’m an educator. I have to put nursing in there because nursing is so much a part of my... I feel naked if I don’t say nurse somewhere.

Francine agreed with Joan that her identity was blended as a nurse and educator. Her strong identity as the nurse at her church helped her maintain a blended identity even though she had been an educator for 25 years. “Nurse or educator, I can’t divide it. That is what I know and that is what I focus on. I couldn’t lose one over the other. That is how I’m recognized at home, at church. I’m the church nurse.”
Identity Confusion

Karen, an early career faculty from Tall Pines University stated, “I feel like I work more than others at the bedside so during the summer I think of myself more as a nurse and in clinical naturally I think of myself as an educator.” In the focus group with faculty from Tall Pines University Karen, an early career faculty explained how her identity confusion affected her feelings of competence in either the educator role or the staff nurse role.

Over the spring break I worked in the hospital and whenever I am in the hospital I don’t feel like a nurse anymore. I do, but it’s just so overwhelming with all of the technology. So I think that when I am in this job [educator] sometimes I feel more like a nurse and when I’m in that job [hospital nurse] sometimes I feel more like an educator. I don’t know. It hones in on my weaknesses. But I’m a good ICU nurse or at least I used to be and I don’t feel like I’m as good as I used to be. So I do have some identity confusion.

Mary an early career faculty from Cypress University explained her role confusion being a nurse practitioner and taking on the faculty role. She struggled with instances where she thought patient care should be implemented differently but felt that her role was teaching students in the clinical setting not correcting what she considered to be inappropriate doctor’s orders. Even as an expert provider in a certain clinical area she did not feel that it was her role to step in and change practice. “The transition from clinical practice also to the first couple of semesters in the hospital. I just really had to bite my tongue to keep from saying, why are they treating this patient this way? This is wrong? What is the doctor thinking? That is not my role.”

Identity as Nurse Faculty

One participant expressed her identity today as nurse faculty. This participant felt that the term educator was too narrow to describe who she felt she was today as a faculty member. She explained that the term educator referred to the teaching component of the role and did not encompass all of the aspects of the faculty role that comes with being a member of an academic community. Margaret a late career faculty from Stately Oaks University explained,
Well I would consider myself as a nurse faculty. More so than an educator, because I see the role as more than just being an educator. There are more things that we do. Education is one of the primary things. A nurse faculty because you are a member of a larger academic institution. You are colleagues with people from other disciplines as well as from this institution. I think that is the downfall of nurses as we come into education we still think of ourselves as nurses. In our own little world. We don’t really think of the bigger role with academic rights and responsibilities and issues that are different that they are in any other environment and we haven’t educated ourselves about that. We haven’t looked at ourselves as faculty. We are employed by an academic institution and we are faculty and there are certain things that are unique to that role than in a hospital.

**Discussion**

All of the faculty participants in the study began their nursing careers in clinical practice before transitioning to the faculty role in an academic institution. All were staff nurses with some administrative responsibilities such as charge nurse or manager of a nursing unit in a hospital. One participant worked in research and one participant was a nurse practitioner in an ambulatory clinic before entering academia. All participants had experienced some form of teaching in their positions in clinical practice, whether it was patient teaching, staff development, or serving as a preceptor for students. Participants felt that their prior expertise in nursing and the teaching that was inherent in their nursing practice transferred well into their early positions in academia as clinical faculty. Participants who had served as a preceptor for the programs in which they were now faculty were comfortable with their initial clinical teaching assignments because they understood the expectations of the program. Participants who had worked in the facility where they were now teaching clinical students from the university also felt comfortable with their
initial assignments as clinical faculty because they had credibility with the hospital staff and knew how to navigate in the hospital system. Participants agreed that initial teaching assignments as clinical faculty or teaching in the skills laboratory eased their transition into the faculty role because this type of teaching required a skill set that was well developed through clinical expertise. In clinical or skills laboratory settings they could teach what they knew and it felt natural to them.

Participants soon began to realize that the faculty role was more complex than they originally thought and would require new skills that would push them beyond the clinical skills that had become so natural for them. Participants did not feel prepared for the different culture of academia often referring to it as a different language. Some entered academia for the hours and the flexibility of the schedule but then were surprised by the amount of time it took to fulfill the role. They found themselves having to develop new skills required in the faculty role such as preparing lectures, developing exam items, and evaluating students in theory and clinical. This was consistent with Culleiton and Shellenbarger (2007) who found that learning to evaluate students in theory and clinical was challenging for novice faculty. Making a decision to fail a student in clinical was very difficult because faculty truly wanted to help students but also recognized their responsibility in assuring student competence.

Learning the culture of academia and the full faculty role led nursing faculty to be novices again where they once had been experts. Cleary, Horsfall, and Jackson (2011) stated that novice faculty needed mentoring to truly understand how to operationalize the policies that are present in academia. Participants felt like they were starting over again like children, or like they were in fact the student. Novice faculty members were dealing with feelings of being overwhelmed, frightened, and alone. Participants were not prepared for the broad scope of the
faculty role. They expected to learn about teaching and many had adequate preparation from their Master’s in Nursing programs, however not all participants pursued an educator track in their graduate course work.

Participants discussed the challenge of developing new competencies required in the faculty role while trying to maintain their clinical skills. Their clinical expertise as nurses was important to their identity and they didn’t want to lose those skills and therefore lose their credibility with the staff nurses and even perhaps with students who valued faculty who were also expert practitioners. As the demands of the faculty role increased, participants found that continuing to practice as a staff nurse to maintain clinical expertise was more of a burden and became less rewarding. Practicing as a staff nurse was referred to as something they could always go back to but it didn’t create the challenge and personal growth that teaching provided.

Participants described developing new methods of teaching old courses, creativity in teaching, scholarly writing, opportunities for research, and presenting their research nationally as intellectually stimulating. For all participants intellectual stimulation was necessary for their continued personal and professional growth. Intellectual stimulation and the opportunity to be creative was closely linked by participants from Stately Oaks University perhaps because they had created many new programs, revamped existing courses in creative new ways, and rebuilt a program from nothing after a natural disaster. One nursing faculty member who left teaching to work in the continuing education department of her school of nursing talked about how she realized she was helping others achieve their goals but she was not growing or achieving any of her professional goals. That was when she decided to return to the faculty role.

Participants’ comfort with the transition to teaching was also enhanced by the camaraderie they felt with other faculty in their courses. Participants from Cypress University
and River Bend University felt the camaraderie within the faculty and particularly within their work groups more strongly than the participants from Tall Pines University and Stately Oaks University. However late career faculty from Stately Oaks University and Tall Pines University remembered a time when faculty were physically on campus much more and the camaraderie was much greater for them as well. This feeling of disconnect among the faculty was attributed to the increase in online courses. Participants from Tall Pines University felt like the school of nursing was on an island separate from the university. They referred to their building as a “ghost town” and missed the mentoring that they used to feel from informal faculty interactions. Participants from Tall Pines University expressed feelings of isolation perpetuated by more faculty members working from home and teaching online and expressed concern for novice faculty who might benefit from support from experienced faculty during what could be a challenging transition.

Novice faculty from Cypress University depended heavily on experienced faculty during their transition into the faculty role for mentoring and support in making difficult decisions. In their extensive years on the faculty of their school of nursing they had seen faculty workloads increase, more faculty teaching online, and less faculty on campus. Participants from Tall Pines University and Stately Oaks University agreed that the increase in online classes and less faculty presence on campus had resulted in decreased faculty interaction and less informal mentoring that occurred naturally when faculty interacted on a day to day basis. They agreed that lack of faculty interaction on campus and the informal mentoring that occurred from these interactions would make the transition more difficult for novice faculty. Participants from Cypress University and River Bend University with a variety of years of experience still felt the camaraderie among faculty in their workgroups mostly from faculty in their immediate office area. At Cypress
University early career, middle career, and late career faculty shared space with excellent lines of communication perhaps increasing opportunities for informal mentoring. Administrators in the School of Nursing at River Bend University had an expectation of nursing faculty members that they would be on campus every day. This expectation could have increased the feelings of camaraderie that was expressed among nursing faculty members from River Bend University.

Participants from Cypress University and Tall Pines University both agreed that failing a student was the most difficult part of the transition to the faculty role. Mentoring from experienced faculty was very important for these novice faculty members when they were faced with difficult decisions about evaluating student performance. Experienced faculty supported novice faculty by assuring them that evaluating student competence was difficult and sometimes the outcome would not be what either the student or faculty desired. Inexperience in evaluating students brought feelings of insecurity in their decision making as educators. For one participant at Cypress University the support she felt from experienced faculty, for her decision to fail a student, was extremely valuable to her professional growth as an educator. Faculty from Tall Timbers University discussed the fear of violence from students who had failed a class. Interestingly one participant stated, “As a nurse in a hospital you don’t do something that up ends somebodies life.” This shows how seriously faculty participants took their responsibility for student evaluation when they felt that life and death decisions made in patient care situations in the hospital had a less dramatic effect on someone’s life than failing a student in a nursing course. They described needing to find a balance between supporting a student and protection of self and others.

Workload challenges and fiscal challenges were seen as interrelated. Participants from Stately Oaks University and Tall Pines University were acutely aware of decreased funding from
the legislature. They explained that they had experienced a shift in revenue toward tuition driven budgets causing schools of nursing to add more programs and more students creating increased workloads for nursing faculty. Participants from the four schools of nursing all agreed that the workload made it difficult for them to engage in scholarship which, for all four schools of nursing, was highly encouraged, an expectation of the faculty role, and a requirement for promotion. Novice faculty had clinical assignments and skills laboratory assignments that required a great deal of time, making scholarship more difficult. Participants from Stately Oaks University and Tall Pines University explained that experienced faculty and faculty with a Ph.D. were better situated whether because of teaching assignment or academic preparation for engaging in scholarship.

Participants with Master’s in Nursing with a focus in nursing education felt that their master’s education had been very helpful in preparing for the faculty role. For one participant the Ph.D. was seen as an avenue for opportunity and gave her credibility. For one participant she was already functioning in the faculty role before the Ph.D., but the Ph.D. helped her understand the broader faculty role. For participants from Stately Oaks University and Tall Pines University the Ph.D. opened their eyes or gave them the skills they needed to handle the more complex aspects of the faculty role. Participants recognized that during the Ph.D. program they developed a skill set that allowed them to take a leadership role on scholarly projects or with scholarly writing groups. For one participant entering academia was the impetus for pursuing the Ph.D. She didn’t see where the doctorate would help her in clinical practice but definitely felt the need for the PhD in the faculty role.

Participants felt that their primary identity was nurse, educator, blended nurse and educator, identity confusion, or nurse faculty. One participant, who felt that her primary identity
was nurse, was a middle career faculty who was still working as a staff nurse in the hospital. She felt that it was important to maintain clinical expertise in order to be a competent educator and that working in a hospital as a staff nurse would help her maintain clinical expertise.

Seven participants described their identity as blended nurse and educator. They explained that teaching is an integral part of nursing so they couldn’t separate the two. This was consistent with Bridges (2004) theory of transitions the first stage of a transition is “the ending”. The ending involves the individual letting go of the familiar. It is during the process of letting go that the individual can see opportunities for growth. Participants saw the value of working in the hospital to maintain clinical expertise, but perhaps this was hindering their ability to completely embrace the faculty role. According to Schlossberg (2008) transitions that involve a change in an individual’s self-concept can be most difficult and create the most stress. Faculty feared losing their nurse identity because being a registered nurse was such an integral part of who they were to their family and friends. Participants who were known as the resource person for family and church members also struggled with losing this identity.

Participants who had transitioned from a primary identity of nurse to educator were comfortable with their identity shift. None of the participants who identified primarily as educator were currently working as registered nurses in a healthcare organization. Participants agreed that the transition in identity from nurse to educator was a gradual process that took many years. Baxtor Magolda’s (1972) research on self-authorship reveals that women do not reach self-authorship before age 30. Anderson and Colleagues (2012) found women tend to commit to their careers ten years later than men. Participants felt that completing the Ph.D. or taking on administrative responsibilities helped them to understand the broader perspective of the faculty role and felt comfortable with their transition from nurse to educator.
One participant described her identity as role confusion feeling that she was in transition between a career as an intensive care nurse and as faculty. She described feeling overwhelmed by the changes in technology that she experienced when working in the hospital. On these occasions she felt more competent as an educator. When teaching she felt like a novice educator and more competent as a hospital nurse. She explained that the transition was exposing her weaknesses. Ruth Adams’ (2010) work on dual professional identities of nurse educators supports this role confusion. She states that as the nurse moves into academia they experience role crisis because combining the roles removes the concrete identity of each. The novice faculty may feel less than competent in each role and experience the type of identity confusion expressed by this participant.

One late career participant described her primary identity as nurse faculty because she had embraced academic citizenship in an academic community and felt that the term nurse faculty more accurately described the full faculty role than the term educator which focused on the classroom and clinical teaching aspect of the role. She found greater fulfillment in the broader aspects of the faculty role and had engaged in scholarship with nurse faculty colleagues and colleagues in other disciplines within the university.

The process used for the focus groups allowed participants to focus on an area that they felt most compelled to share, instead of having to answer in turn each question posed by the researcher. Rich stories emerged from the focus groups that enhanced the data collected in the original interviews. Janet, a middle career faculty from Stately Oaks University described her post natural disaster experience of having to “do something with nothing” as the time that she realized she was truly an educator. She alluded to this important time of transition in her interview but really expanded upon the meaning of the experience in the focus group. Focus
group participants from Stately Oaks University suggested that removing existing barriers and structures actually allowed her to be more creative in planning learning activities for her students.

In the focus group with participants from Tall Pines University fear of failing a student was expanded to fear of violence from failing students who may be mentally unstable. Participants felt unprepared to deal with students who were mentally unstable who were placed in stressful positions such as failing a course or being dismissed from the nursing program. Karen, an early career faculty from Tall Pines University stated, “I knew something was wrong with her [student]…I told my husband we need to take my name out of the phone book. I never thought about that kind of stuff before I realized this girl was unstable.” Having to fail a student was mentioned by faculty from Tall Pines and Cypress Universities as one of the most difficult parts of the faculty position; however the idea of fear of violence from students did not emerge until the faculty focus groups. The fear of violence was coded under the most difficult part of the transition but the identifier was expanded from having to fail a student to the fear of violence from failing students.

Participants from each university agreed that an initial teaching assignment in clinical or teaching basic nursing skills in a laboratory setting was the transition because it felt natural to them. The part of the faculty role that was most challenging to them was the expectation of scholarship that went along with the faculty role. Completing their Ph.D. helped them to develop the skills they needed in this aspect of the faculty role. They found the scholarship more stimulating and growth producing than teaching in clinical or teaching basic nursing skills. The aspect of the faculty role that was at first most challenging became the most growth producing.
and faculty found intellectual stimulation and professional growth vital to feelings of fulfillment in the faculty role.

Summary

In summary, 16 nursing faculty members from four schools of nursing within four universities participated in the study. Faculty participants completed a one page Demographic Survey, an individual semi-structured interview, and attended a focus group conducted by the researcher. Data from the Demographic Survey was analyzed using descriptive statistics. Interview and focus group transcripts were analyzed for themes and meanings. Ten themes emerged that helped describe the experiences of registered nurses as they transitioned from a clinical practice role to academic citizenship within an academic community. These themes included the easiest part, growth and fulfillment, the hardest part, expert to novice, culture shift, educational preparation, faculty scholarship, involvement in the broader university, mentoring, and the full faculty role. The investigator explored participants’ perceptions of their primary identity as nurse or educator since transitioning from clinical practice to the faculty role. One overarching theme which emerged was the theme of identity nurse or educator. This theme contained five subthemes: primary identity as nurse, primary identity as educator, dual identity nurse and educator, identity confusion, and nurse faculty.
CHAPTER 5 CONCLUSION

Conclusion

The purpose of this phenomenological study was to explore the experience of female registered nurses who transitioned from clinical practice to academic citizenship in a baccalaureate program of nursing as experienced by the study participants. Four nurse faculty members from each of four baccalaureate nursing programs in a gulf south state were included in the study. Participants held either a Master’s in Nursing or Ph.D. in nursing or education as their highest earned degree and represented a variety of academic ranks and years of teaching experience. Semi-structured interviews were conducted by the researcher with each of the faculty participants. Upon completion of the individual interviews, focus groups were held that consisted of three or four of the original participants from each School of Nursing. Data from individual interviews and focus groups revealed ten themes which helped describe the experiences of registered nurses as they transitioned from a clinical practice role to academic citizenship within an academic community. These ten themes included: The easiest part, growth and fulfillment in the faculty role, hardest part, expert to novice, educational preparation, faculty scholarship, involvement in the broader university, culture shift, mentoring, and the full faculty role. Data analysis of participants’ sense of primary identity as nurse or educator revealed one overarching theme, identity nurse or educator. Subthemes which emerged related to participants’ sense of primary identity were identity as nurse, educator, blended nurse and educator, and nurse faculty.

Historically nursing faculty members began their careers in clinical practice or staff development roles before embarking on a faculty position in an academic institution. This was also true of our sample of nurse faculty participants. All of the participants in this study held positions in clinical practice before taking on the faculty role. Participants felt that the
competencies developed in clinical practice transferred well into their faculty role especially if their initial assignment was in a clinical or laboratory setting. However, competencies that novice nursing faculty members struggled with were developing lectures, test item writing, and evaluating student competency in theory and clinical. Support from experienced faculty members was important to novice faculty who struggled with student evaluation especially having to assign a failing grade to a student in clinical. Participants felt that collegiality was important to their transition into academia and they expressed concern about the effects that the shift to online classes would have on the socialization of novice nursing faculty.

As faculty gained experience in the faculty role they began to recognize the broader scope of the faculty role which included scholarship. Participants felt that their educational preparation at the master’s level was instrumental to their successful transition to the faculty role, but it was their educational preparation at the Ph.D. level that was most helpful in developing an understanding of the breadth of the faculty role. It was this broader understanding of the faculty role that was most effective in preparing them to engage in faculty scholarship. Participants were least prepared for the requirements of scholarship when entering academia, however it was the scholarly aspects of the faculty role that gave them the greatest sense of growth and fulfillment. Teaching clinical skills was the easiest part of the transition to the faculty role because it felt natural to faculty who were clinical experts. However, faculty felt that teaching basic nursing skills did not provide the professional growth required to feel fulfilled in the faculty role. Participants described the need for intellectual stimulation to remain fulfilled in the faculty role. Intellectual stimulation resulted from developing new methods of teaching old courses, creativity in teaching, scholarly writing, opportunities for research, and presenting their research nationally. Scholarship was highly encouraged and was a requirement for promotion in each of
the universities where the participants were employed as faculty in the schools of nursing, but all participants identified increasing workloads as impediments to developing as scholars.

In the individual interviews and subsequent focus groups participants explored their sense of identity as nurse or educator as they transitioned into the faculty role. Participants described their primary identity as one of the following: nurse, educator, blended nurse and educator, identity confusion, or nursing faculty. One faculty participant who described her primary identity as nurse was currently working in a healthcare setting. As an educator she felt that in order to remain proficient in her nursing skills she needed to remain in clinical practice. Unlike results from the pilot study, length of time in the faculty role was less indicative of a shift in identity than other factors. Continuing to work at the bedside and fear of losing their identity as nurse kept participants from transitioning away from a primary identity of nurse.

Two faculty participants who had strong identities within their families or church groups as nurses continued to express their primary identity as nurse even though they were both late career faculty. One of these participants was also working as a registered nurse at the time of the interview. For six participants who perceived their primary identity as having transitioned to educator, they felt that the transition from nurse to educator was a process that had occurred gradually over many years. Obtaining the Ph.D., or taking on administrative responsibilities had facilitated their transition from nurse to educator. None of these six participants were working as registered nurses in a healthcare setting at the time of the interview.

Seven of the 16 participants felt that their identity was blended nurse and educator. They explained that teaching was an inherent activity of nursing so the two couldn’t be separated. Their identity was strongly associated with being a nurse and they did not want to lose that part of themselves. Anne Schoening’s (2013) grounded theory study of nurse to educator transition
also found that in the later part of the transition faculty took on a dual identity of nurse and educator. Schoening (2013) described this comfort with a dual identity a successful transition.

One early career participant who was currently employed as a registered nurse in a hospital setting described identity confusion. She felt that she was in transition from nurse to educator and that whichever role she was in at the time created a vulnerability to her identity as nurse or as nurse educator. One late career faculty described her primary identity as nurse faculty because she viewed the faculty role in its broadest sense of academic citizenship. She felt that the term educator was too limiting only encompassing the teaching aspects of the faculty role. She wanted to emphasize the scholarship that was inherent in the full faculty role.

As a result of this research the question that remains is what is the best way to prepare registered nurses from clinical practice for citizenship in an academic community? Clinical practitioners need to be mentored and socialized into the faculty role. Differences in culture exists between healthcare organizations and academic institutions that novice faculty describe as a new language. Faculty may experience a transition in their sense of identity after taking on the faculty role. This shift in identity may be gradual and take many years to complete. Letting go of clinical practice may be very difficult for faculty who value clinical skills as being important for excellence in teaching and may threaten their primary identity as a nurse. Moving to a blended identity of nurse and educator may be a natural step in the transition process since there are parallels between nurse and educator. Education is inherent in nursing and the qualities of altruism, vocation, and an appreciation for knowledge are shared attributes of education and nursing (Adams, 2010). Does a blended identity of nurse and educator create a tension and complexity in nursing faculty that needs to be resolved or a sense of comfort in not having to give up a part of themselves in order to achieve future goals?
Limitations

A limitation of the study was that all participants were from four baccalaureate schools of nursing in a single gulf coast state. Sixteen faculty members were interviewed for the study and 14 participated in the follow up focus groups. Because faculty in schools of nursing team teach and have dual roles as course faculty, course coordinators, level coordinators, campus directors, and program directors some participants were in reporting relationships with other participants in the same focus group which could have potentially influenced their responses. The researcher recognizes this bias and would take steps to correct for this in the future by avoiding participants who had direct reporting relationships to each other. One faculty phoned the researcher after the interview and asked for assurance that the researcher would use discretion when reporting her responses. She had some fear of retribution for her more candid responses. One limitation of the study was not including nurse faculty with the Doctor of Nursing Science (DNS) degree. It was revealed to the researcher during one of the interviews that the DNS degree was considered equivalent to the Ph.D. in Nursing. Faculty with the DNS could have been included in the study.

The researcher also recognized the bias that was created by her position as a nurse faculty in the same gulf coast state. There may have been some hesitation to be entirely candid with a person who might be seen as a competitor in the market of nursing education programs. Participants seemed to relax when they realized that the focus of the interview was not on the nursing program but was on their individual experiences of transition.

An additional limitation to the study was the lack of male nursing faculty recruited for the study. There are very few male faculty in the four nursing programs included in the study and the researcher’s postmodern lens examining the experience of female faculty in a historically female dominated profession allowed for this limitation. The investigator was not able to examine the
experience of female nursing faculty who transitioned from a gendered hierarchy of nursing as a female dominated profession in the male dominated healthcare organization to the academic environment. The investigator sought responses to questions about culture shifts but the effects of gender were not forthcoming by the participants. Perhaps the researcher’s presence as a female faculty member negated participants need to discuss gender in this context. The researcher should reevaluate the interview questions to determine whether an additional question could be added to capture this aspect of the phenomenon of transition for female registered nurses who transition from clinical practice to the faculty role.

**Recommendations**

Results of this research study demonstrated ways that registered nurses experienced their transition from clinical practice to the faculty role. Several recommendations for Deans and Directors of Schools of Nursing and novice nursing faculty members are proposed here.

**Nursing Deans and Directors**

Dean and Directors should reevaluate new faculty orientation programs to ensure that novice nurse faculty members are mentored, especially during the initial period of adjustment. In addition to a structured mentoring program, Deans and Directors should provide opportunities for informal socialization of novice faculty. Weekly brown bag luncheons, faculty development programs, or social events should be scheduled to provide informal mentoring and socialization for novice nurse faculty members. Deans and directors of schools of nursing should encourage nursing faculty members with a Master’s in Nursing to pursue doctoral study. Faculty pursuing doctoral studies should be supported with course release time for education and scholarship. Deans and directors should encourage nursing faculty members, especially middle career faculty, to seek opportunities for involvement with faculty from other disciplines and in the broader
university. Developing professional relationships with faculty from other disciplines can create opportunities for scholarship that faculty in this study found growth producing and fulfilling. Deans and directors should cultivate interdisciplinary projects and relationships across campus. Engaging in interdisciplinary scholarship will assist faculty with understanding the broader university and faculty role. The curriculum of the Doctor of Nursing Practice degree should be evaluated for the addition of courses in nursing education to better prepare advanced practice nurses for an academic role.

**Nurse Faculty**

Novice nursing faculty should identify a formal mentor and seek informal mentoring from faculty peers. Novice faculty should explore the strengths of individual faculty members to find opportunities for informal mentoring. Partnering with experienced faculty on scholarly projects or committee projects can establish effective mentoring relationships. Volunteering for campus wide activities or committees can also assist the novice faculty to understand the broader university and faculty role.

**Implications For Further Research**

Future studies on the transition of clinical faculty to academic citizenship should include male nursing faculty. The experience of males entering a historically female dominated profession would be an important contribution to the literature.

Future research should investigate the impact of the increase in nursing faculty who hold the Doctor of Nursing Practice (DNP) on the transition from clinical practice to academic citizenship. DNP programs are increasing and many nurses are pursuing graduate studies in DNP programs instead of Ph.D. programs. The impact of this shift from Ph.D. educated nursing
faculty to increasing numbers of DNP credentialed faculty should be studied for its effect on faculty scholarship, promotion, and tenure.

Future research should explore the effects of transition from clinical practice to academic citizenship on primary sense of identity in nursing faculty. This researcher would reevaluate the interview questions to allow a greater focus on this aspect of the phenomenon. A longitudinal study on transition and sense of identity would be appropriate considering participants’ reports that for them a transition in identity from nurse to educator was a gradual process that occurred over many years. Parallels between nursing and education on nurturing, altruism, and the need for professional growth would underpin a study on blended identity.
REFERENCES


APPENDIX A INSTITUTIONAL REVIEW BOARD APPROVAL

Application for Exemption from Institutional Oversight

Unless qualified as meeting the specific criteria for exemption from Institutional Review Board (IRB) oversight, all LSU research/ projects using living humans as subjects, or samples, or data obtained from humans, directly or indirectly, with or without their consent, must be approved or exempted in advance by the LSU IRB. This Form helps the PI determine if a project may be exempted, and is used to request an exemption.

Applicant. Please fill out the application in its entirety and include the completed application as well as parts A-F. (Note below, when submitting to the IRB. Once the application is completed, please the completed application to the IRB Office or to a member of the Human Subjects Screening Committee. Members of this committee can be found at [http://site/issues/education/health/research/subjects-review-committee].

A Complete Application Includes All of the Following:
(A) A copy of this completed form and a copy of parts B thru F.
(B) A brief project description adequate to evaluate risk to subjects and to explain your responses to Parts 1 & 2.
(C) Copies of all instruments to be used.
(D) If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment materials.
(E) The consent form that you will use in the study (see part 3 for more information).
(F) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: ([https://phrp.nihsites.com/user/login.php](https://phrp.nihsites.com/user/login.php))
(G) IRB Security of Data Agreement: ([https://site/irb/lsu.edu/applications/2013/07/01/security-of-keap-agreement.pdf](https://site/irb/lsu.edu/applications/2013/07/01/security-of-keap-agreement.pdf))

1) Principal Investigator: Valerie Schulte
Dept.: Educational Theory, Policy, & Ed.  Ph: (225) 578-8517
E-mail: vschulte@lolu.edu

2) Co-investigator(s) Please include department, rank, phone, and e-mail for each.
Dr. Roland Mitchell, College of Human Sciences, Associate Professor, (225) 578-2153, rmitchell@lsu.edu.

3) Project Title: Clinical Practitioner to Academic Citizenship in Nursing Faculty

4) Proposal? (yes or no) Yes
If Yes, LSU Proposal Number
Also, if YES, either:
- This application completely matches the scope of work in the grant
- IRB Application will be filed later

5) Subject pool (e.g., Psychology students): Nursing Faculty

- [Check any] vulnerable populations to be used: [children < 18, the mentally impaired, pregnant women, the elderly, etc.]. Projects with incarcerated persons cannot be exempted.

6) PI Signature (Valerie Schulte) Date

** I certify that my responses are accurate and complete. If the project scope or design is later changed, I will resubmit for review. I will obtain written approval from the Authorized Representative of all non-LSU institutions in which the study is conducted. I also understand that it is my responsibility to maintain copies of all consent forms at LSU for three years after completion of the study. If I leave LSU before that time the consent forms should be preserved in the Departmental Office.

Screening Committee Action: Exempted Not Exempted Category/Paragraph

Signed Consent Waived: Yes / No
Reviewer: S. Kim / Reviewers: S. Kim / Reviewers: S. Kim Date: 11/12/2013
APPENDIX B CONSENT FORM

1. **Study Title**: Clinical Practitioner to Academic Citizenship in Nursing Faculty

2. **Performance Site**: Louisiana State University Health Science Center, Southeastern Louisiana University School of Nursing, Southern University Agricultural and Mechanical College School of Nursing, University of Louisiana at Lafayette School of Nursing.

3. **Investigators**: The following investigators are available for questions about this study, M-F, 8:00 a.m. - 4:30 p.m.
   Valerie Schluter (225) 936-8917
   634 High Plains
   Baton Rouge, La. 70810
   vschlute@cox.net

4. **Purpose of the Study**: The purpose of this study is to explore the experience of transitioning from clinical practice to the faculty role for nursing faculty who are currently teaching in a baccalaureate of science in nursing program in a gulf coast state.

5. **Subject Inclusion**: Individuals between the ages of 18 and 65 who are nursing faculty currently teaching primarily in a baccalaureate of science degree program.

6. **Number of subjects**: 16

7. **Study Procedures**: The study will be conducted in two phases. In the first phase, participants will spend approximately 15 minutes completing a demographics questionnaire and one hour in an interview conducted by the principle investigator. In phase two participants who completed phase one will be asked to spend one hour in a focus group consisting of nursing faculty and conducted by the principle investigator.

8. **Benefits**: There are no direct benefits to participants. Results may be used by schools of nursing to help new nursing faculty transition into the faculty role.

9. **Risks**: The only study risk is the inadvertent release of sensitive information found in the interview and focus group transcripts. However, every effort will be made to maintain the confidentiality of your study records. Pseudonyms will be used for all participants and universities. Only the principle investigator will have access to each participant’s identity which will be maintained in a secure locked file cabinet.

10. **Right to Refuse**: Participants may choose not to participate or to withdraw from the study at any time without penalty or loss of any benefit to which they might otherwise be entitled.
11. **Privacy**: Results of the study may be published, but no names or identifying information will be included in the publication. Participant’s identity will remain confidential unless disclosure is required by law.

12. **Alternative procedures** – The interview could be conducted by phone if the participant prefers.

13. **Signatures**:

   The study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about subjects’ rights or other concerns, I can contact Robert C. Mathews, Institutional Review Board, (225) 578-8692, irb@lsu.edu, www.lsu.edu/irb. I agree to participate in the study described above and acknowledge the investigator's obligation to provide me with a signed copy of this consent form.

   **Subject Signature**: ___________________________ **Date**: ___________________________
APPENDIX C DEMOGRAPHICS SURVEY

Name and Credentials: __________________________________________________________

Title/Academic rank: __________________________________________________________

University of current teaching appointment: _____________________________________

Age: _____, Gender: _____, Race/ethnicity: ________

Faculty appointment:

Full time 12 month ______, Full time 9 or 10 month ________, Adjunct ________,

Educational preparation in nursing:

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Years of teaching experience

In this university ________, Total years of teaching experience ________

Years of clinical practice experience prior to faculty role _________________

Degree programs you are currently teaching in:

Baccalaureate _____, Master’s _____, Doctorate ______

Is your teaching assignment mostly face to face ____ or online ______

Do you also have administrative responsibilities? Yes _____, No _____ Explain
APPENDIX D INTERVIEW PROTOCOL

Introduction

I would like to thank you for participating in this study. This study is being conducted with nursing faculty who teach in one of four baccalaureate programs in a gulf state. The purpose of the study is to learn more about your experience of moving from clinical practice into the faculty role. I have some prepared questions, but I want you to feel free to discuss any aspect of this experience that comes to mind. I would like to have your phone number and email so I can contact you and send some of the preliminary data analysis to you for verification that I have interpreted your words and ideas correctly. I will also be asking several of the participants to visit with me a second time in a focus group format.

Notes to researcher

Introduce myself and explain that this is part of a dissertation. Use open ended questions but allow the participant to speak freely without letting the questioning format interrupt the participant’s free expression. Test the recorder before beginning the session by having the participant say their name and playing it back. This also lets the participant know how loudly they need to speak. Have a backup recorder in use. Place a sign on the door that “recording is in progress” to discourage interruptions. Inform the participant that the interview will be held to one hour out of respect for the participant’s time. Reassure the participant that their responses are confidential and that a pseudonym will be used. Participants will not be able to be identified individually or by university. Ask the participant to sign the consent form and fill out the demographics form before beginning.
Interview Questions

1. Tell me about your experience of becoming a nursing faculty member here.

2. As you think back on your transition from clinical practice to the faculty role what stands out for you as the easiest part of the transition for you?

3. What was the most difficult part of the transition?

4. Explain how you coped with the difficult times?

5. In what ways would you like to continue developing in the faculty role?

6. What are your thoughts about how much your formal education at the master’s or doctoral level helped you in your role as faculty?

7. How would you say that you see yourself today, primarily as a nurse or as an educator?

8. Describe your broader involvement in the work of the college, for example providing faculty governance or service.

9. Describe how you are developing as a scholar?

Conclusion

Thank you again for participating in this study. Again, your responses will be kept confidential. Within four weeks I will be sending you a copy of preliminary results for you to verify that my interpretations are accurate. If you are selected to participate in the focus group, I will be in touch with you within three months.
APPENDIX E FOCUS GROUP PROTOCOL

Introduction

I want to thank you for agreeing to participate in this focus group. The purpose of the focus group is to learn more about the experience of registered nurses who transition from clinical practice to the faculty role. Today I’ll be asking you to elaborate on some of the common themes that emerged from my interviews with faculty. But more specifically, I want to hear your stories. Stories about what it was like to become a faculty member. About the best times and the worse times, how it felt to leave a clinical practice where you were an expert and enter a new world as a novice, about your socialization to the faculty role outside of the School of Nursing, and your feelings about who you are today, nurse or teacher.

Notes to researcher

Greet all participants and have them sign consent forms. Ask the group if they have any question and explain that the session will be recorded. Test the recorder by having all participants say their names. Play back the recording to assure that all can be clearly heard. Explain that all responses will be anonymous and faculty responses will not be identified by individual or school of nursing.

Procedure

In order to avoid a setting where the interviewer asks a question and each participant has to answer each question the researcher will encourage interaction by placing word prompts on colorful 5 X 7 laminated index cards and placing them in the middle of the table. Each participants reaches into the middle of the table to pick up a card that prompts their response in each category. Prompts begin with “Tell us a story about”:

1. What it was like to take on a new role
2. The best times
3. The worse times
4. How it felt to leave clinical practice
5. How it felt to be a novice again
6. Your socialization to the larger university community
7. Who you are today nurse or teacher?

Conclusion

Thank you again for participating in this study. Again, your responses will be kept confidential. Within four weeks I will be sending you a copy of preliminary results for you to verify that my interpretations are accurate.
### APPENDIX F COHEN’S KAPPA COEFFICIENT CALCULATION

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Agreement $E_a = 67/94 = 0.7127$ Frequency of guessing $E_{ef} = 11.3494$

$K = \frac{E_a - E_{ef}}{N - E_{ef}} = \frac{67 - 11.3494}{94 - 11.3494} = 0.698$ or 70%

Cohen’s Kappa Coefficient inter-rater reliability acceptable.
VITA

Valerie Schluter, a native of Convent Louisiana received her Bachelor of Science in Nursing from Southeastern Louisiana University in 1980. She received her Master’s in Nursing from Southeastern Louisiana’s Intercollegiate Consortium with a specialization in Psychosocial Nursing as a Clinical Nurse Specialist in 1996. She is a registered nurse with extensive clinical practice experience in intensive care nursing and nursing research. Currently an Assistant Professor of Nursing at Our Lady of the Lake College in Baton Rouge Louisiana she also serves as the Retention Coordinator for Our Lady of the Lake School of Nursing.