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Transition to Nursing Faculty: Exploring the Barriers

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ABSTRACT

The future nursing workforce is dependent upon qualified nursing faculty to teach nursing students. The purpose of this qualitative research study was to explore the perceived barriers to becoming an academic nurse educator by nurses who have graduate degrees. Themes identified include the perception of academic nurse educator role and barriers to becoming an academic nurse educator. Findings have the potential to help stakeholders begin to develop strategies to mitigate the shortage of nursing faculty.

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The shortage of nurses is a well-documented problem, and although some national projections indicate upward trends, various regional influences and confounding factors influence these projections (AACN, 2017). Additionally, the lack of academic nurse educators further exacerbates the problem (AACN, 2017; NACNAP, 2010). The future nursing workforce is dependent upon adequate numbers of qualified nursing faculty who desire to teach nursing students. Research surrounding role transition from clinician to academic nurse educator often refers to barriers experienced by nurses (Anderson, 2009; Schoening, 2013); however, little is reported as to why nurses with a Master of Science in Nursing (MSN) degree choose not to become academic nurse educators. Therefore, the intent of this study was to explore this phenomenon by asking questions about the perceptions of graduate-prepared nurses related to the barriers to becoming an academic nurse educator. The following question guided this study: What perceived barriers prevent registered nurses from transitioning to careers as academic nurse educators?

Literature Review

The following barriers have been identified as contributing to the lack of transition to the academic nurse educator role and to the decreased retention of nurse educators: the need for advanced degrees,

aging of academic faculty members, financial constraints, the academic environment, and transitioning difficulties (McDermid, Peters, Jackson, & Daly, 2012). Deterrents may exist for returning to school to meet graduate degree requirements needed to enter into the academic nurse educator position including concerns about cost of advanced degrees, the time required to complete the degree and the use of online learning for graduate school (Carpenter, 2016). Weidman (2013) described that clinical nurses have expertise that they hope to share to the next generation of nurse however the transition process is stressful, particularly without educational theory to support their new role; and consistent mentoring is helpful. The academic environment may be discouraging to potential academic nurse educators, as it is suggested that the potential of harm may even further reduce the amount of nurse educators due to nursing faculty's vulnerability to psychological, physical, and emotional harm from students, colleagues, and administration (DalPezzo & Jett, 2009). Uncivil encounters with students are identified, yet equally harmful are forms of horizontal violence described by nursing faculty, particularly those without terminal degrees or tenure status. Potential strategies that may mitigate incivility in the academic environment include examples such as clear policies at the institutional and department level that would promote an environment of civility and protect faculty from lateral or horizontal violence (DalPezzo & Jett, 2009).

Strategies for overcoming barriers to increase retention have primarily been focused on mentoring of new faculty to the role (Newman, 2013). Newman (2013) proposed a structured program that includes recruitment techniques, training that starts with a needs assessment for the person transitioning into the new academic

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Table 1
Semi-Structured Interview Guide.

- 1) "Think about your present role. Do you perceive any relationship between an academic nurse educator and your current role?"
- 2) "I would like you to picture in your mind yourself choosing a career as an academic nurse educator. Now tell me how realistic that image (career option) is for you?"
- 3) "A few minutes ago, I asked you to visualize yourself as an academic nurse educator. Put that picture back in your mind and compare it to a picture of yourself in your present role. What differences do you see?"
- 4) "What barriers do you perceive to becoming an academic nurse educator?"

role, and ongoing competencies and role development. Grassley and Lambe (2015) purported that a mentoring program would mitigate the challenges and through their literature review identified three key components that support a successful transition: formal preparation for teaching, guidance navigating the academic culture, and a structured mentoring program.

Methods

Researchers used a qualitative design, guided by a constructivist perspective with construction of meaning from the unique context of each participant's professional, social, and personal environment (Crotty, 2013; Schwandt, 1994). Following institutional review board approval and participant consent, five researchers collected interview data from participants, using a semi-structured interview guide for the one-on-one interviews (Table 1). Audio-recording and observational notes were completed in the local setting of each participant's preference. Pseudonyms were assigned to each participant prior to the start of all interviews, and demographic information was collected. A semi-structured interview included four guiding questions asked of all participants followed by clarifying questions as needed (Table 1).

Participants

The target population included registered nurses over age 18, residing in the United States with a Master's degree in nursing and employed in a nursing role other than a nurse educator in an academic setting. Convenient, purposive sampling was used to recruit participants meeting these criteria, including licensed nurses within the states of Maryland, Virginia, Wisconsin, Nebraska, Utah, and Wyoming. Researchers sought maximum variation, with the aim to include participants from a variety of ethnic backgrounds, ages, and gender when possible (Table 2).

Data Analysis Procedures

Following the collection of stories and experiences from the participants, the researchers conducted several collaborative discussions

using a thematic analysis approach (Braun & Clarke, 2006). As each researcher formulated descriptive notations to accompany the verbatim transcripts, they were collaboratively reviewed for unfolding stories, turning points, contextual factors, and epiphanies that led to decisions or perceptions to not become academic nurse educators (Braun & Clarke, 2006; Creswell, 2013). Descriptive narratives were created to reflect a deeper understanding of the barriers perceived by nurses who, although academically prepared to be nurse educators, had chosen not to pursue academic nursing educator as a career option.

Results

The final sample of 10 participants included three nurses who worked in urban areas, three from suburban areas, and four from rural areas. Participants represented nurses practicing in both hospital and ambulatory settings (see Table 2 for further data). In response to the interview questions, two major themes emerged about the perceived barriers. These included: **perceptions of the academic educator role** and **barriers to becoming a nurse educator**. The perceptions included *comparing and contrasting the academic role with other nursing roles and the benefits of the academic role*. Barriers included *compensation, implications for terminal degrees, and perceived challenges of the academic nurse educator role*.

Perceptions of the Academic Educator Role

As participants discussed their perceptions of the academic nurse educator role, they described several attributes, behaviors, and responsibilities. Half of the sample identified *attributes and behaviors* such as a passion for teaching, inspiring students, and engaging students. One participant described an ideal educator as "a good leader, good hands-on nurse, many roles in one...inspiring, engaging, supportive". Others spoke of their own "value of years of experience to offer" perceived as an attribute supporting the transition to a future contribution in the role of academic educator. "I have a lot of experience and my experience would give me a lot of credibility" commented one person.

Table 2
Demographic Data of Sample.

	Study sample	National nursing faculty data
Average age of participant, range	Average, 46.4 yrs., range 29–73	Entry level nursing faculty average age: 51.1 yrs. Average RN age: 50 yrs
Years as licensed registered nurse	Average, 23 yrs., range 8–51 yrs	
Gender	10 female (100%)	94.3% female nursing faculty
Ethnic Background	Caucasian (7), African American (2), Asian (1) (30% from a racial/minority ethnic group)	14.1% of nursing faculty from a racial/minority ethnic group (AACN, 2015)
Years since completion of Master's degree	Average, 7.3 yrs., range 1–19 yrs.	
Employment settings:	Hospital (clinical educators, analysts, department supervisors, chief nursing officers): 7 participants; Ambulatory (corrections, surgery centers, office managers): 3 participants	

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