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Perceptions of the Nursing Faculty Shortage: A Case Study of One College's Adjunct
Faculty's Perception of Doctoral Education

by
Donna Shaw

An Applied Dissertation Submitted to the
Abraham S. Fischler College of Education
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

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2018

Approval Page

This applied dissertation was submitted by Donna Shaw under the direction of the persons listed below. It was submitted to the Abraham S. Fischler College of Education and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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Statement of Original Work

I declare the following:

I have read the Code of Student Conduct and Academic Responsibility as described in the *Student Handbook* of Nova Southeastern University. This applied dissertation represents my original work, except where I have acknowledged the ideas, words, or material of other authors.

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Donna Shaw

Name

March 26, 2018

Date

Abstract

Perceptions of the Nursing Faculty Shortage: A Case Study of One College's Adjunct Faculty's Perception of Doctoral Education. Donna Shaw, 2018: Applied Dissertation, Nova Southeastern University, Abraham S. Fischler College of Education. Keywords: nurse faculty, nurse educator, adjunct nursing faculty, nurse faculty shortage, strategies to address nurse faculty shortage, nursing shortage, history of nursing education, aging population

The problem addressed in this qualitative case study was the nurse faculty shortage and associated consequences of a shortage of nurses available to care for an aging population with multifaceted healthcare needs in a complex healthcare system. Because of the nurse faculty shortage, numerous qualified applicants are unable to enroll in nursing programs across the country. One of the key reasons for the nurse faculty shortage is a lack of nurse educators with doctorate degrees to fill the vacant positions. Adjunct nursing faculty were interviewed to ascertain their perceptions about the nurse faculty shortage and messages conveyed by full-time nurse educators' about their doctoral educational experience. Based upon their perception of the messages conveyed further exploration ensued as to whether participants were influenced in any manner, in the decision-making process, to personally pursue, or not pursue, a doctorate degree, and if so, potentially seek a full-time position as a nurse educator.

The findings revealed a distinct connection between the decision to pursue a doctorate degree and the perceptions of adjunct faculty regarding messages conveyed by faculty recently graduated from a doctorate program or in doctorate programs. Participants shared many stories that indicated how their perception inspired and encouraged them in their decision to pursue a doctorate degree. The benefit of having a professional mentor was overwhelmingly evident and served as a motivational, influential, and inspirational factor leading to the decision to pursue a doctorate degree, now, or in the future. Influential factors associated with the incentive, along with, an interest in academia as a career path and a driving force in the decision to pursue a doctorate degree were reported.

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Chapter 1: Introduction

Statement of the Problem

The topic. A growing trend in the rise of healthcare demands and the need for competent nursing faculty and well-educated nursing graduates has resulted in what is best described as a vicious cycle. Nursing education is facing a “circular crisis” as students are unable to enroll in nursing programs due to a shortage of qualified nurse educators (Robeznieks, 2015, p. 1). As the delivery of health care becomes increasingly more complex, there is now, more than ever, a vital need for nurse educators to make certain that registered nurses are prepared to meet the challenges of 21st century health care (Kovner, Brewer, Katigbak, Djukic, & Fatehi, 2012). There has been, and continues to be, more of a demand for nurse educators than there is a supply. The problem is largely due to nursing faculty either retiring or leaving the profession for a variety of other reasons (Garbee & Killacky, 2008). Bittner and O’Connor (2012) identified the nurse faculty shortage as a hindrance to nursing programs’ ability to enroll students. Oermann, Lynn, and Agger (2016) conducted a study in response to the nurse faculty shortage and the impediment this poses for the ability of nursing programs to increase student enrollment. The study focused on the hiring intentions of associate and baccalaureate degree nursing program leaders related to nurse educators with doctorate degrees. Although the results specified hiring intentions based upon the type of doctorate degree desired, the study indicated that currently, and into the future, deans and administrators of nursing programs intended to hire faculty with doctorate degrees. Oermann, et al. (2016) pointed out that in spite of the increase in the number of nurses enrolled in doctoral programs; the number graduating still does not meet current demands for nursing faculty.

Because of the inadequate pool of nurse educators with doctorate degrees, attempts to increase the number of registered nurses required for meeting the growing need for nurses and mitigating the anticipated extreme shortage of nurses has become a daunting challenge. Fredrickson and Nickitas (2014) stated, “The problem is compounded by the fact that the overall percentage of nurse faculty with doctoral degrees has decreased over the past decade” (p. 4).

In 2010, the Institute of Medicine (IOM) released a report regarding the future of nursing. The report included nine recommendations critical to the progression of the nursing profession. Two of the recommendations related to nursing education. Of the two, the fifth recommendation addressed the need for an increased number of nurses with doctorate degrees. In an effort, “to add to the cadre of nurse faculty” (IOM, 2010, p. 4), the report by the IOM recommended that college and university nursing programs, with the support of various individuals and groups, should double the number of nurses with a doctorate by 2020. Additional recommendations for nursing programs included: (a) ongoing monitoring ensuring that a minimum of 10% of students graduating from all baccalaureate nursing programs are entering into a master’s or doctoral program no later than 5 years after graduating; (b) increasing monies for programs providing graduate and doctoral education; and (c) offering competitive salaries and benefits, thereby, enhancing recruiting and retaining efforts of qualified nurse educators.

The research problem. A shortage of nurse educators with doctorate degrees available to fill vacant positions has resulted in a variety of consequences associated with the deficiency. Although, the number of nurses graduating with higher degrees is increasing, the demand for filling vacant positions is continuing to the present day

(Adams, 2016). Undergraduate and graduate nursing programs are confronted with the challenge of finding qualified faculty to meet the educational needs of the rising number of students interested in pursuing a career in nursing (Berent & Anderko, 2011; Feldman, Greenberg, Jaffee-Ruiz, Cignarale, & Kaufman, 2015; McDermid, Peters, Jackson, & Daly, 2012; Yucha, Smyer, & Strano-Perry, 2014).

Based upon data from the American Association of Colleges of Nursing (AACN), admission to nursing programs is primarily restricted due to the limited number of qualified nurses with a doctorate degree and the noncompetitive salary scale offered for those candidates with a doctorate degree (AACN, 2014). Berent and Anderko (2011), along with Vogelsang (2014), confirmed the AACN's findings regarding the limited number of qualified nurses with a doctorate degree as a chief factor influencing the ability to fill vacant faculty positions. Vogelsang (2014) reported that consistent with the literature, the availability of qualified educators is one of the central factors contributing to the nurse faculty shortage. In addition, research indicates that nurse educators are aging and are on average more than 50 years of age, thereby nearing the time over the next 10 years when they will encounter decisions relating to retirement (Falk, 2014; McDermid et al., 2012). Smeltzer et al. (2014) reported a significant number of experienced nurse educators are beginning to retire and nursing programs are faced with an inadequate supply of doctorally prepared nurses who are entering academia and able to supplant those who have or will soon retire.

Nursing programs typically have a large pool of adjunct faculty; the number who seek a doctorate degree and full-time academic positions is quite small. Cusson (2014) described the majority of nursing programs in the United States consisting of a

comparatively few number of full-time faculty with a terminal degree complimented by a large number of adjunct faculty who possess a master's degree primarily teaching in the clinical setting. The composition of full-time and adjunct faculty raise a variety of questions. For example, why are so few adjunct nursing faculty seeking a doctorate degree? In addition, why are more adjunct faculty not seeking a doctorate degree and then pursuing full-time faculty positions in order to fill the void currently experienced in nursing education? Finally, how does an adjunct faculty's perception of doctoral education influence their decision in regard to obtaining a doctorate degree?

Cusson (2014) cited a different approach in the recruitment of full-time nursing faculty. The author stated, "Savvy nursing school administrators identify the best adjunct faculty and encourage them to consider a full-time career as nursing school educators (para. 5). In addition, colleges and universities also provide incentives in the form of decreased tuition for graduate level courses in an effort to further the adjunct faculty professors' careers, which can then be a source of motivation to pursue a terminal degree.

Along with encouraging nurses in the field to pursue doctorate degrees, Feldman et al. (2015) described one nursing program's creative approach to address the nurse faculty shortage. The program capitalized on their already large pool of adjunct faculty working with students in the clinical setting. The program determined that adjunct faculty who worked in the role of a clinical faculty member was more motivated to continue their education. The program discovered that a significant number of clinical adjuncts were either working on, or had completed, research doctorates with the prospect of securing full-time faculty positions in the future.

While there are a number of reasons for the shortage of nurse educators, the

problem is compounded by the fact that qualified candidates are not only being turned away from undergraduate nursing programs, but also from masters and doctoral programs. In a report by the AACN (2016a) for the academic year 2014-2015, 68,936 eligible applicants to nursing programs were turned away. Of the total number, 15,288 were applicants to master's and doctoral programs. The main reasons for turning away potential students were due to "insufficient clinical teaching sites, a lack of qualified faculty, limited classroom space, insufficient preceptors, and budget cuts" (para. 17). Because of this, the ability to educate future nursing faculty is hampered by the lack of nursing faculty available to teach them. This, in turn, contributes to the nursing shortage and ability to meet the needs of and provide care for the aging population.

Phenomenon of interest. The phenomenon of interest is the nurse faculty shortage through the reflective lens of adjunct nursing faculty members. Adjunct faculty's perception of the nursing shortage and the experience of faculty in or recently graduated from doctoral programs will be explored. Finally, how the messages conveyed by full-time faculty about their experience in a doctorate program which is the degree of choice for nurse educators, may influence an adjunct's decision to pursue a doctoral degree and potentially seek a full-time faculty position to assist in filling the high vacancy rate.

Background and justification. The 680 nursing programs that responded to the American Association of Colleges of Nursing's (AACN, n.d.) "Special Survey on Vacant Faculty Positions for Academic Year 2013-2014" reported a nationwide vacancy rate of 8.3% for full-time nursing faculty. Survey results indicated the number one reason (31.3%) reported as a barrier to recruitment efforts was the limited availability of nurse

educators with a doctorate degree. In the same survey for the academic year 2014-2015, while the national vacancy rate decreased to 6.9%, the results indicated a sharp rise in the response rate from the previous 31.3% to 68.2% of the 714 nursing programs that again reported a lack of nurse educators with a terminal degree as the primary impediment in the recruitment process aimed toward filling the full-time vacant positions (Li & Fang, 2015). There was little change in the survey results for the academic year 2015-2016. Of the 741 schools responding, the overall vacancy rate was 7.1%. The primary reason for vacancies was due to noncompetitive salaries at 30.5% and the second most frequently reported reason was due to an inadequate supply of nurse educators with a doctorate degree at 29.6% (Li, Stauffer, & Fang, 2016). The Robert Wood Johnson Foundation (2014) reported that “Fewer than 30,000 (or 1%) of the nation’s more than 3 million nurses have doctoral degrees in nursing or a related field” (para. 5).

Data from the Health Resources and Services Administration (HRSA) indicated that between 2007 and 2011 there were 24,311 nursing graduates from master’s programs and 2,196 from doctoral programs (HRSA, 2013). While there are many important roles these nurses are needed to fill, one of the most crucial roles is in the academic setting and the provision of education for upcoming nursing graduates (HRSA, 2013). Furthermore, it has been clearly established that there is an intrinsic association between the nursing shortage and the nursing faculty shortage (Graves et al., 2013; Nickitas & Feeg, 2011; Shipman & Hooten, 2008; & Yordy, 2006).

Wakefield (2010) and the AACN’s (2014) report specified that schools of nursing must limit the number of qualified applicants accepted due to a lack of competent nursing faculty. “Schools of nursing have long had shortages of doctoral-level faculty, and faculty

shortages are the primary reason that more than 50,000 qualified nursing applicants are turned away each year" (Wakefield, 2010, p. 11). Correspondingly, Yordy (2006) identified budgetary restraints as one of the factors contributing to the faculty shortage. Both of these issues hold true for the setting of this study. Vacant faculty positions and budgetary constraints still contribute to the inability to matriculate and graduate otherwise qualified applicants to the entry-level baccalaureate program. Historically, and currently, there have been far more eligible applicants than the actual number of prospective students who are able to be admitted.

These statistics raise two important questions: (a) Why aren't more master's prepared nursing faculty employed as didactic and clinical adjuncts not seeking doctoral degrees, and (b) What messages are being conveyed about the experience nursing faculty have who are currently in or who have recently completed a doctoral program? Yordy (2006) summarized the literature and data that has been published addressing a variety of issues relating to the nursing faculty shortage. Yordy (2006) discussed the nursing faculty shortage in relationship to a supply and demand problem, the need for an increased number of nursing faculty with doctorate degrees, and issues related to faculty productivity. Factors contributing to the nursing faculty shortage were reported as: (a) a lack of desire to enter into a faculty role; (b) an extended length of time spent as a nurse in the clinical setting, thus putting off entering the field of academia; (c) inconsistent matriculation in nursing programs; (d) low and non-competitive salaries; (e) the financial burden of higher education; (f) an unsatisfactory academic career leading to attrition; and (g) budgetary restraints to allow additional positions to be added. More recently, McDermid et al. (2012) reviewed the literature regarding contributing factors to the nurse

faculty shortage and found the following: “the ageing of current nurse faculty, and an undersupply of doctorally prepared nurses to take their place” (p. 565).

In a study conducted by Taylor, Terhaar, Mark, and McNelis (2014), additional barriers in the pursuit of doctoral education in nursing were identified. The most frequent reason given by participants in the study was related to the financial burden that would be incurred. Other deterrents included in the order of significance:

time; lack of focus area; family balance; life commitments/lifestyle; intimidation/fear (not smart enough); relevance/how will it help my practice; not sure about PhD or DNP; having to take the GRE; support of peers, colleagues or family; preparedness (professionally); and length of program. (p. 14)

History of Doctoral Education in Nursing

A brief overview of the development of nursing education will provide a better understanding of the current state of doctoral education in nursing. In addition, the historical background and advancement to graduate and doctorate nursing education will be explored. Rich and Nugent (2010) described nursing education in America as an ever changing, complex, and fluid environment due to the interrelationship between nursing education and nursing practice in a complex health care delivery system.

Allen, Allison, and Stevens (2006) reported the findings of early studies regarding the evolution of nursing education. The studies indicated that the field of nursing as a whole was found to place a strong emphasis on education and to focus on the vital role of life-long learning. As a result, and in an effort to establish a professional identity, nursing has progressed from providing education to nursing students in hospital settings, to providing education in institutes of higher learning. In 1901, Fenwick, the President of

the International Council of Nurses made a speech appealing for financial and social support of the advancement of nursing education and stated, “The time has come when nurses need their educational centres, their endowed colleges, their chairs of nursing, their university degrees” (p. 6).

Scheckel (2009) provided an in-depth description of nursing education in relationship to the past, the present, and the future. The author reported that not only Fenwick, but various others as well, advocated for the expansion of diploma-degree nursing programs that solely provided education in hospital settings. The desire was to expand nursing education outside of the hospital setting and into the realm of higher education.

Baccalaureate degree nursing education. In 1909, encouraged by Dr. Beard, a physician and an avid supporter of nursing education, the University of Minnesota agreed to allow him to start the university’s first nursing program which today continues to be looked upon as the initial 4-year baccalaureate nursing program. This new and advanced curriculum resulted in students obtaining a bachelor of science in nursing (BSN). Several schools then began to continue the University of Minnesota’s lead in the development of BSN programs which provided additional courses that enhanced diploma education. In 1917, Teachers College at Columbia University opened what was considered at the time to be the most progressive program of its type. In a study by Krampitz (1983) regarding the development of baccalaureate nursing education in institutions of higher education in the United States, the author reported that “The movement of nursing into colleges and universities in the late 1920’s and the reorganization of university-affiliated programs in the 1930’s was consistent with similar movements made by other emerging professions

during the period” (p. 374). Currently, the BSN is the desired degree for nurses in many healthcare organizations. Of the nine recommendations made by the IOM (2010) regarding the future of nursing, the fourth recommendation made focuses upon raising the number of nurses prepared at a baccalaureate level. The recommendation also addresses the need to increase the diversity of nursing students in baccalaureate programs in order “to create a workforce prepared to meet the demands of diverse populations across the lifespan” (p. 3). The recommendation is explicit in stating the need to “Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020” (p. 3).

Based upon Dr. Beard’s efforts, in 1917, in an attempt to augment the curriculum, nursing students were offered additional courses to supplement the previous diploma degree that consisted mainly of hands-on training in hospital settings. The diploma degree was considered an apprenticeship model with students learning while simultaneously providing service to patients. Diploma programs continued to grow during the middle of the 20th century in terms of the addition of courses in the sciences and opportunities for students to work with a more diverse patient population. In spite of the continued expansion of diploma programs and the promotion of higher academic standards, trends in health care necessitated a new approach to nursing education be undertaken. It was at this time that Melosh described nursing education as entering a new era because of technology developing at a rapid rate, along with, an increasing body of knowledge regarding treatment modalities requiring nurses to be prepared theoretically (as cited in Scheckel, 2009). Because of these changes, a new face of nursing education emerged as reflected by education that took place mainly in colleges and universities.

This transition was corroborated in 2011, with the AACN reporting that “The number of diploma programs has declined steadily -- to less than 10 percent of all basic RN education programs -- as nursing education has shifted from hospital-operated instruction into the college and university system” (para. 7).

Associate degree nursing education. In response to a shortage of nurses during the World War II era, nursing schools started to create an alternative nursing degree option that would enable registered nurses to complete their education in a two-year program. This was the beginning of the associate degree in nursing (ADN) with the first program opening in 1952 (Bender, n.d.). While there was much controversy at the time, with many opposed to this option, Hassenplug (1965) described some of the benefits of the ADN. Because these programs were predominantly offered at community colleges, many students who were unable to access baccalaureate programs now had the opportunity to become registered nurses. Not only did this open the door to a wide array of students, but these programs minimized the financial burden as they were more affordable.

Master’s degree nursing education. Bullough, Bullough, and Soukup (as cited in Scheckel, 2009) described the continued desire by nurses to seek further education beyond their undergraduate studies. As a result, a variety of programs began to offer additional education in the form of specialties in particular areas of nursing. This advanced education existed primarily through “internships in areas such as pediatrics and infection control, practicum experiences in midwifery and anesthesia, or theoretical preparation in public health and nursing education” (p. 40). Graduate education continued to progress and in the 1950’s nurses were finally able to obtain a master’s degree in

nursing with a specialty in psychiatric nursing. Shortly thereafter, additional programs became available and master's degrees in nursing were provided in many of the same specialized areas previously seen in the postgraduate education programs (Scheckel, 2009). In the 1960's the role of nurses with a master's degree expanded when the first programs offering advanced nursing practice degrees emerged (Keeling, 2015). As described by Ford and Silver (1967), the role of the advanced nurse practitioner was envisioned as the nurse practitioner working in conjunction with, rather than as a substitute for, a physician as reflected in a joint and collegial relationship. Scheckel (2009) stated that in today's health care environment, the need for nurses who are educated beyond the baccalaureate level is required more than ever as is evident in the following statement:

The complexity of the healthcare system, the critical shortage of nurse educators, and the need for advanced practice nurses to deliver cost-effective, evidence-based patient care are just three of the driving forces that require nurses be prepared beyond the baccalaureate level to provide leadership in nursing administration, education, and practice. (p. 42)

To emphasize the point of the critical role nurse educators will be expected to play in the future, the following study will identify the practice area as one in which these nurses will play a greater role of importance. Petterson, Liaw, Tran, and Bazemore (2015) conducted a study to determine the anticipated shortage of primary care physicians, the number of and composition of the growth in residents required to meet the growing need for healthcare as physicians' approach retirement age, the general population increases, people grow older, and more individuals have access to health

insurance. The results of the study found that due to changes in demographics and the rise in the number of individuals seeking health care services because of greater access related to insurance coverage, an additional 44,430 primary care physicians or an increase from 228,547 to 272,887 will be required by the year 2035. As previously noted, this is a similar phenomenon that is occurring with the nursing faculty shortage and the contributing factor of nurse educators retiring and leaving academia, thereby, exacerbating the problem. Petterson et al. (2015) further projected that regardless of the current rate that primary care physicians are entering the workforce, the supply and demand will still result in a shortage by the year 2035. The authors reported that by 2035 a shortage of 33,283 primary care physicians is anticipated due to retirement of physicians who practice primary medicine. In spite of the production of new primary care physicians, the new graduates will not meet the need to prevent a shortage.

Consequently, it is predicted that before long, adults in America will experience a transformation in the manner in which they had previously received primary health care services. Bodenheimer and Bauer (2016) described what the future might look like in terms of what America's primary health care system may come to resemble as evidenced by the author's having stated "In the primary care practice of the future, the physician's role will increasingly be played by nurse practitioners (NPs)" (p. 1015). Although this was projected to be the future course of events, Naylor and Kurtzman (2010) also reported the same scenario as already transpiring. For example, the challenges being faced by changes impacting the healthcare system, along with the shortage of primary care physicians has created a situation where advanced practice nurses are the principal group delivering primary care in the United States.

Doctoral degree nursing education. Finally, Scheckel (2009) described the evolution of doctoral education in nursing. Although, as early as the 1920's, nurses were afforded the opportunity to obtain a doctorate degree, but the only degrees available were outside of the nursing profession. These degrees were primarily in administration and education where nurses were prepared to fulfill roles in these areas. It was only at the end of the 20th century, as a result of identifying the need for nursing as a profession to be based upon research and a theoretical foundation, did doctorate degrees in nursing emerge. Subsequently, these programs grew significantly in number and provided nurses with opportunities to engage in research and theory development specifically in the field of nursing. Over the years, doctoral education in nursing has continued to expand in various directions. As a result, today there are a number of choices for nurses who are considering obtaining a doctorate degree.

All Star Directories, Inc., on their website AllNursingSchools (2016), described the following with regards to doctorate degrees offered in nursing:

There are four different types of nursing doctorate degrees to choose from and each one is specific to a certain path in the nursing field. (a) Doctor of Nursing Practice (DNP): Emphasis on clinical practice-oriented leadership training, (b) Doctor of Nursing (ND): Focus is on developing advanced specialist skills, (c) Doctor of Nursing Science (DNSc): Focus is on investigative and research skills, and Doctor of Nursing Philosophy (PhD): Emphasizes scholarly research and inquiry. (para. 4)

One can see, with so many options there may also be consequences. Kirkman, Thompson, Watson, and Stewart (2007) discussed the ongoing controversy surrounding

the variety of doctorate degrees available to nurses. With options that include the traditional doctorate in philosophy (PhD) and four different doctorates in nursing science the authors described the following potential issue that might arise as a result: “The traditional PhD is seen by many as the gold standard doctorate and there is a danger that diversity in doctoral preparation may result in confusion” (p. 66).

While in support of all nursing degrees, the National League for Nursing (NLN, 2007) suggested that nurses considering advanced degrees should be cautious and take into consideration their personal educational and professional goals when choosing their degree and program. In 2007, the NLN issued a position statement regarding the DNP; one of the four doctorate degree options in nursing. The nurse faculty shortage has prompted the urgent need for nurses with doctorate degrees to enter the academic setting. The American Academy of Colleges of Nursing (2006) reported, “In some instances, individuals who acquire the DNP will seek to fill roles as educators and will use their considerable practice expertise to educate the next generation of nurses” (p. 7). In response, the NLN (2007) expressed the following concern regarding nurses with DNP degrees as nurse educators:

. . . foundational essentials for DNP curriculum design do not include courses related to pedagogy, evaluation, academic role issues and elements, and educational theory, and the NLN fears that graduates of such programs will lack the complex and specialized knowledge intrinsic to the advanced practice role of nurse educator. (para. 2)

In 2007, the NLN proposed the following recommendation based upon their position and concerns surrounding the preparation of nurses with a DNP or PhD in the

role of a nurse educator: “The PhD and the DNP will not necessarily include courses in pedagogy. Thus, a post-masters certificate in pedagogy may be desirable for those individuals wishing to assume or advance in an academic educator role” (para. 6). In general, and in response to the complexity of the rapidly changing times, the NLN is concerned with the nurse faculty shortage that is prompting the need for substantial transformation in the provision of nursing education. The NLN recommended that “Nurses with the specialized knowledge fundamental to the advanced practice role of nurse educator, and who have formal doctorates that are acknowledged across all disciplines and professions, are needed” (para. 9).

Deficiencies in the Evidence

Although there is abundant evidence from various sources as to the reasons nurses and nursing faculty are not seeking doctorate degrees, there is a gap in the evidence as to the effects nursing faculty have on adjunct nursing faculty’s decision to seek a doctorate degree. There is a lack of evidence as to what impact the messages that are being conveyed by nursing faculty, who are doctoral students, have on motivating or deterring adjunct faculty from pursuing a doctorate degree. By exploring the impact of the messages conveyed by doctoral students in the decision-making process to seek further education by master’s prepared nursing faculty, much can be learned.

Audience

Adjunct nursing faculty with a master’s degree, full-time nurse educators, nursing program administrators, colleges and universities, and other arenas providing nursing programs will benefit by an increased understanding of the messages being imparted by nurse educators seeking or recently completing a doctorate degree. The positive or

negative influences these messages may have on the choice to pursue a doctorate degree may significantly impact the shortage of nurse educators with doctorate degrees in either direction. Positive messages may ultimately result in an increase in the number of nursing faculty to meet the recruitment efforts to address the critical shortage and vacancy rate facing nursing programs, while negative messages may exacerbate the problem. Nursing faculty enrolled in, along with, recent graduates of doctoral programs will have an opportunity to gain a heightened level of awareness of how their portrayal of their experience may influence the decision of others.

Definition of Terms

For the purposes of this study, the following terms are defined in order to clarify and provide a more comprehensive understanding of this study's content.

Adjunct faculty includes those who teach and evaluate students in the classroom and/or clinical setting, but may not have duties outside of these areas (Penn, Wilson, & Rosseter, 2008).

Casual faculty includes those employed on an as needed basis (John Hopkins University, 2017).

Doctoral program comprises education resulting in a terminal degree either in research-focused or practice-focused curricula (Lenz, 2011).

Doctoral student includes all nursing faculty who are currently enrolled in or who were students that completed a doctorate degree in the past 5 years.

Nursing faculty involves those with or without a doctorate degree who teach in class and clinical settings with additional responsibilities including, but not limited to student advisement, committee membership, and scholarship (Penn et al., 2008).

Purpose of the Study

The purpose of this qualitative case study was to explore adjunct faculty's perceptions of the nurse faculty shortage in an entry-level baccalaureate nursing program. The perceptions of adjunct faculty about the messages conveyed by nurse educators enrolled in a doctoral program, or by those who have recently completed their doctorate degree in the past 5 years, were investigated, and how these messages have influenced adjunct faculty decisions to seek doctorate degrees and full-time nurse educator positions were explored.

Setting of the Study

The study was conducted in one entry-level baccalaureate nursing program offered on three separate campuses of a large, private, not-for-profit university in the southeast. There are approximately 400 nursing students enrolled in the program, 7 full-time faculty, and 86 adjunct faculty. Of the seven full-time faculty, six hold a doctorate degree in nursing or a related field. There are seven adjunct faculty with a doctorate degree and eight enrolled in a doctoral program.

Researcher's Role

The researcher is a full-time faculty member of the university with responsibilities related to education in the classroom and clinical setting, student advising, service, and scholarship. Additionally, the researcher is a nursing faculty member enrolled in a doctoral program. Academic and employment history in the field of nursing dates back to 1975. The researcher graduated from a baccalaureate nursing program and immediately became employed in the capacity of a graduate nurse and then a registered nurse (RN) approximately 6 months later after successful completion of the national licensing exam

for registered nurses. From 1975 through 1998, the researcher worked as a RN in a variety of healthcare settings and in capacities ranging from a staff nurse to a member of a healthcare organization's executive administrative team. For the next 10 years, the researcher was engaged as an independent consultant with a focus on accreditation and regulatory compliance. Throughout much of the above time, and specifically from the early 1980's, the researcher simultaneously worked as an adjunct faculty predominately supervising nursing students in the clinical setting. In 2006, the researcher accepted a full-time nurse educator position and remains in this role at the present time.

Chapter 2: Literature Review

This chapter offers (a) an introduction to the section; (b) a discussion of the theoretical framework that guided the basis for this study; (c) the aging population, an increase in the complexity of medical conditions, and the associated rise in the need for health care services by knowledgeable and competent nurses; (d) the nursing shortage; (e) the shortage of nurse educators; and (f) strategies implemented to address the nurse educator shortage. In the literature, there is a great deal of focus on the above topics and the widespread impact that the nurse faculty shortage has on these issues, but there is a gap in the research that has been conducted that focuses on the faculty shortage from the perspective of adjunct faculty and their perception of doctoral education as a prerequisite for a full-time faculty position. The topics focused upon are relevant because of the interrelationship and reciprocal effect these individual areas have upon each other.

Theoretical Framework

Social cognitive theory will provide the foundation for understanding how perception may influence one's decisions and subsequent actions, thus illustrating why it is relevant to this study. This theory, originally developed by Albert Bandura in 1986, was primarily used to study how people function based upon the influence of a dynamic interchange between personal, behavioral, and environmental factors (Pajares, 2002). Social cognitive theory, as with other social cognition models, is grounded in the supposition that the behavior of an individual "is best understood in terms of his or her perceptions of the social environment" (Luszczynska & Schwarzer, 2005, p. xi). Bodenhausen and Hugenberg (2011) in Figure 1 provided a schematic that illustrates the fundamental basis of social cognitive theory as it relates to this study.

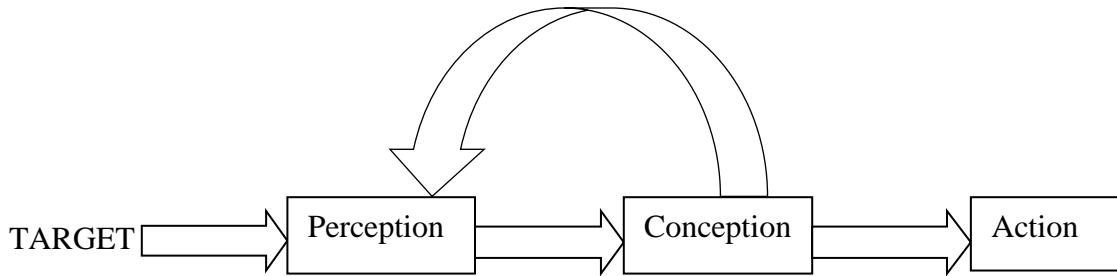


Figure 1. Depiction of social cognitive theory (Bodenhausen & Hugenberg, 2011).

Grusec (1992) provided an in-depth view and historical perspective of Bandura's social learning theory and subsequent revision of Bandura's original theory to his later revised version. In 1986, Bandura renamed his theory of social learning theory, to cognitive learning theory, in order to clarify his thoughts and position on the topic. In addition to social cognitive theory recognizing the interrelationship between the individual, the environment, and behavior, Bandura (1986) described the concept of reciprocal determinism in which he argued "that behavior, the environment, and cognition as well as other personal factors operate as interacting determinants that have a bidirectional influence on each other" (as cited in Grusec, 1992, p. 782). Various aspects of the environment, such as "modeling, instruction, and social persuasion affect the person, and the person in turn evokes different reactions from the environment depending on his or her personality and physical features" (Grusec, 1992, pp. 782-783).

Finally, Bandura (2011) discussed the use of symbols as an influential means possessed by human beings to assist in comprehending and managing their environment. Bandura (2011) described this process in the following manner:

Most external influences affect behavior through cognitive processes. Cognitive factors partly determine which environmental events will be observed, what meaning will be conferred on them, whether they leave any lasting effects, what

emotional impact and motivating power they will have, and how the information they convey will be organized for future use. People process and transform passing experiences by means of verbal, imaginal and other symbols into cognitive models of reality that serve as guides for judgment and action. (p. 9)

Essentially, individuals process what they perceive in their personal experiences and in relationship to a variety of social and environmental factors. In turn, they are then influenced and motivated to take action. Because of this, adjunct faculty too, will take their personal experiences, along with, their perception of additional factors including messages conveyed by full-time faculty regarding the pursuit of doctoral education, cognitively process the information, and choose a course of action. Adjunct faculty may be positively or negatively influenced in their decision to pursue a doctorate degree and then potentially a full-time position as a nurse educator to meet the increased needs associated with caring for a rapidly growing older population.

The Aging Population

The aging population is creating a growing demand for the provision of health care. Dall et al. (2013) discussed the intense repercussions anticipated for the future health care system due to a rise in the occurrence of chronic disease and multifaceted medical conditions of an aging population in the United States. Increasing the nursing workforce is more critical than ever in meeting the specialized needs and multifaceted medical conditions of the older population (Berent & Anderko, 2011; Buchan, Duffield, & Jordan, 2015; Sherman, Chiang-Hanisko, & Koszalinski, 2013; National Advisory Council on Nurse Educators and Practice, 2010; United Nations, 2013). Simultaneously, the nursing workforce is aging as well (Duvall & Andrews, 2010; Sherman et al., 2013;

U.S. Department of Health and Human Services, 2014). In the United States, one third of registered nurses (RNs), or roughly 850,000 RNs are between 50 and 64 years of age (Buerhaus, Auerbach, Staiger, & Muench, 2013). Approximately 40% of RNs are more than 50 years of age (Auerbach, Buerhaus, & Staiger, 2015) and “although many are retiring later than expected, nearly all of the baby boomer RNs will retire by 2030” (p. 850).

In accordance, Harrington and Heidkamp (2013) reported that in the nation, presently nurses are an average of 50 years of age and by the year 2020, approximately 50% of registered nurses will approach the customary age of retirement. Phillips and Miltner (2015) discussed the consequences associated with a significant number of nurses who will be reaching retirement age. Of particular concern is whether there will be an sufficient supply of nurses with enough knowledge and clinical proficiency to provide care for an older population. Therefore, the need to educate an adequate number of new nurses to accommodate the growing population in need of health care will necessitate practical methods to address one of the leading causes of the nursing shortage; the nurse faculty shortage (Yedidia, 2016).

The Nursing Shortage

The U.S. Department of Health and Human Services (2014) reported, “Nationally, the change in RN supply between 2012 and 2025 is projected to outpace demand” (p. 2). A variety of issues were identified that will have an ongoing impact on the supply and demand of the nursing workforce. These issues included: (a) population growth, (b) the aging of the population nationwide, (c) general economic circumstances, (d) an aging nursing workforce, and (e) changes in reimbursement in the health care system. Snavely

(2016) concurred with and supported these issues while adding an additional area believed to be contributing to the need for more nurses and the importance of warding off a crisis. The author added that an increase in the management of chronic care places further demand on the nursing workforce. Johnson (2015) maintained that it is vital to promote efforts aimed toward retaining the present nursing workforce by creating supportive environments, meeting the needs of aging nurses, addressing work-life balance issues, providing work settings minimizing the physical demands of the job, and offering programs endorsing illness prevention and wellness.

Currently, the number of programs in the country offering higher degrees in nursing include 289 DNP programs with 128 new DNP programs in the planning process (AACN, 2016b). Doctoral nursing programs, such as the PhD and DNSc, predominately focused on research have grown significantly and in 2015 totaled 134 in number across the country (AACN, 2015). Finally, in the ongoing effort to provide the opportunity of educating more nurses at a doctorate level, 85 schools are offering accelerated programs that allow for a student to progress from a baccalaureate to a research-focused doctorate degree (AACN, 2016b).

Evans (2013) stated that there would be a need for a 30% increase in the number of new graduate nurses in the next 10 years in order to meet the mounting requirement of registered nurses in the nation. Taking a global view of the nursing shortage, Littlejohn, Campbell, Collins-McNeil, and Khayile (2012) conducted a literature review that consisted of three countries, one of which included the U.S. The purpose of the review was to provide information that would enhance the understanding of the global factors that have an impact on the nursing shortage, to describe the meaning of the shortage in

each country, to better understand the nursing shortage, to illustrate strategies that have been implemented to address the shortage in each country, and to discuss what must be done to alleviate the worldwide nursing shortage. Based upon their conclusions, one of the recommendations the authors presented was that “The U.S. must develop incentives to increase the number of nursing faculty to accommodate the existing high demands for nursing enrollment” (Littlejohn et al., 2012, p. 26). Because the nursing shortage is clearly a significant problem, the need for more nurse educators has risen and is more critical now than it ever has been. The American Nurses Association reported that “the U.S. will need to produce 1.1 million new registered nurses (RNs) by 2022 to fill newly created jobs and replace a legion of soon-to-be-retirees” (p. 1).

The Nursing Faculty Shortage

An additional factor contributing to the difficulty in expanding the nursing workforce and meeting the challenges of a changing and more demanding population seeking health care is a shortage of nursing faculty. Allen (2008) clearly pointed out the cycle that has emerged and the subsequent ramifications of an inadequate number of nurse faculty to educate and augment the growing need, in particular, for registered nurses prepared at a baccalaureate level. A shortage of faculty to educate new nurses leads to a shortage of nurses in the workforce, which then results in a negative effect on the quality of care provided to patients. If left unresolved, the shortage of nursing faculty will result in a significantly negative effect on the overall health care system, those seeking care, and the providers of care (Gerolamo, Overcash, McGovern, Roemer, & Bakewell-Sachs, 2014; Nardi & Gyurko, 2013). Fang and Bednash (2014) reinforced the consistent findings that the shortage of qualified faculty is a “major barrier impeding

acceptance of all qualified applicants into nursing programs” (p. 164). As a result, it is more important than ever to augment the number of qualified and competent nurse educators (Yedidia, 2016). Klocko, Kirby, Hoffman, and Pehrsson (2015) emphasized, in general, the necessity for institutions of higher education to recruit and invest in quality faculty.

Zhang and Liu (2010) conducted a study regarding the challenges associated with the employment of faculty in 4-year colleges and universities. The authors emphasized the complex nature of employing qualified nurse educators in colleges and universities due to problems with supply and demand and alternative and attractive employment opportunities in areas outside of academia. In addition to the importance of preparing and recruiting competent and qualified nursing educators, it is of equal importance to retain nurse educators. Therefore, Fang and Bednash (2014) conducted a study to analyze the findings as reported in the American Association of Colleges of Nursing’s 2010 and 2011 Annual Survey of Baccalaureate and Graduate Programs in Nursing (AACN, 2012) related to nursing faculty attrition. The purpose of the study was to ascertain the reasons for, and characteristics of, nursing faculty who were employed on a full-time basis in 2010 and who left their full-time positions to pursue nonacademic nursing roles in 2011. During this period of time, the national attrition rate for full-time nursing faculty was 11.8%. The study revealed the following data regarding attrition of full-time nursing faculty: (a) almost half of the total attrition rate, or 5.7% of full-time faculty left for positions outside of the academic setting; (b) 20%, or 2.4% reflected those faculty members who left their positions due to retirement; approximately 20%, or 2.2% left for administrative positions or full-time faculty positions in a different school of nursing; and

(c) the remaining 10%, or 1.3% left to enter into part-time faculty roles. Among the findings, it was also determined that those faculty holding a doctorate degree were less likely to leave full-time nurse educator positions than faculty who were not prepared at a doctoral level and left for nonacademic nursing positions. On the other hand, and in spite of this finding, adding to the already present problem of a lack of qualified nurse educators prepared at a doctoral level, Fang and Bednash (2014) also determined that:

A significant percentage of faculty members who left held doctoral degrees. For example, of the faculty members who left for part-time faculty positions and for nonacademic positions, 38% and 29%, respectively, had a doctoral degree. Nonetheless, they made the decision to seek employment, at least partially, outside of an academic environment. Given the significant investment on these individuals by the doctoral programs where they were educated and the nursing schools where they were employed, their departures represent a great loss to the nursing education community. (p. 172)

The 2015-2016 AACN academic year report on vacant faculty positions provided a broad picture and wide array of data on various aspects of the faculty shortage issue. With 741 schools responding, Li et al. (2016) reported the following data related to vacant faculty positions:

(a) Total Number of Full-Time Budgeted Positions: 18,511, (b) Total Number of Full-Time Vacancies: 1,328 (7.1%), (c) Total Number of Filled Full-Time Positions: 17,183 (92.9%), (d) Mean Number of Full-Time Vacancies: 3.1 per school, (e) Range of Number of Full-Time Vacancies: 1 to 26, Number of Schools with No Full-Time Vacancies, But NEED Additional Faculty: 130, and Number

of Schools with No Full-Time Vacancies, That Do NOT Need Additional Faculty:

182. (p. 2)

Of significance, 429 or 57.9% schools reported having vacant full-time positions.

According to the Carnegie classifications of institutional degree levels, the following vacancy rates were reported: (a) 13.6% Baccalaureate, (b) 10% Master's, (c) 8.3% Doctoral, (d) 8.3% Medical/Other Health Care, and 22.1% Other" (Li et al., 2016, p. 7).

Data regarding degree requirements for consideration as a candidate to fill a vacant full-time position which were of particular relevance to the problem identified in this paper included the following minimum requirements: (a) 8.4% requiring a minimum of a master's degree in nursing; (b) 31.8% a master's degree in nursing; 58.9%, or the highest percentage, an earned doctorate (in nursing or related field); and 0.9% had other unspecified minimum requirements. Furthermore, the problem is underscored with a 33.5%, the highest percentage of vacant full-time positions, being in baccalaureate nursing programs (Li et al., 2016).

Westphal, Marnocha, and Chapin (2016) completed a descriptive research study on job satisfaction among nurse educators to explore issues in the workforce for nurse educators and the effect these issues have on recruitment of new faculty and the retention of present faculty based upon job satisfaction. The results indicated that the majority of respondents ranged from being somewhat satisfied to very satisfied with their job, but not with their salary, adding that they would depart the academic setting for an increase in financial compensation. Li et al. (2016) also reported the data associated with the uppermost issues affecting nurse faculty recruitment in the 2015-2016 academic year.

The results were as follows:

(a) Limited pool of doctorally prepared faculty (67.6%), (b) Finding faculty with the right specialty mix (63.8%), (c) Noncompetitive salaries (60.1%), (d) Finding faculty willing/able to teach clinical courses (27.8%), (e) High faculty workload (26.2%), and (f) Finding faculty willing/able to conduct research (22.4%). (p. 14)

In comparison to the data reported in the 2014-2015 academic year of the same report, it was noted that there was very little difference between the results that included the following findings hampering recruitment efforts as reported by Li and Fang (2015):

(a) Limited pool of doctorally prepared faculty (68.2%), (b) Finding faculty with the right specialty mix (63.0%), (c) Noncompetitive salaries (59.7%), (d) Finding faculty willing/able to teach clinical courses (30.4%), (e) High faculty workload (25.6%), and (f) Finding faculty willing/able to conduct research (20.0%). (p. 14)

Once again, there was only a very small difference in the results from academic year 2015-2016 and 2014-2015 in regard to what were considered the most critical factors reported by schools limiting their ability to recruit full-time nursing faculty. The results for 2015-2016 versus 2014-2015 were as follows:

(a) Noncompetitive salaries (30.5% versus 32.1%), (b) Limited pool of doctorally prepared faculty (29.6% versus 28.6%), (c) Finding faculty with the right specialty mix (20.8% versus 20.6%), (d) Finding faculty willing/able to conduct research (5.0% versus 5.3%), (e) Finding faculty willing/able to teach clinical courses (3.9% versus 4.5%), and (f) High faculty workload (2.4% versus 2.9%).

(Li & Fang, 2015, p. 15; Li et al., 2016, p. 15)

Yedidia (2016) summarized the findings of five studies supported by a national program entitled Evaluating Innovations in Nursing Education (EIN). The program was

established to support and promote research aimed toward enhancing and improving the knowledge base regarding the factors at the core of the nurse faculty shortage and to provide evidence of effective interventions. Yoynt and Kimball (2008) completed one of the studies summarized. The authors reported their intent to offer a succinct, yet extensive understanding of the complex problem faced by nursing programs related to meeting the growing need of educating a greater number of nurses in a more efficient way. Nursing experts and government analysts predict a significant shortage of nurses in the coming decades, thus, compelling programs to increase their student capacity. The authors also pointed out the numerous inventive measures that were being established at the time to assist in meeting the challenge nursing programs are facing in being capable of educating an increased number of nursing students. Furthermore, Yoynt and Kimball (2008) expressed the hope that the study results would inspire novel thinking that would promote groups consisting of a variety of stakeholders to work together to cultivate and implement innovative strategies to solve the problem of an insufficient nursing education capacity. In addition, Yoynt and Kimball (2008) reported that “One of the most significant factors limiting nursing school capacity is the insufficient number of nurse faculty to teach the growing number of interested nursing school students” (p. 8). Other findings included the fact that nurses who are attracted to and seek faculty positions do so at an older age than other health professionals. Joynt and Kimball (2008) suggested that a greater challenge rests in the seeming absence of interest nurses have when it comes to becoming a nurse educator. The authors posed two questions pertaining to this challenge: “1) why aren’t more individuals choosing to pursue higher education necessary to become nurse faculty, and among those who do complete a graduate degree and 2) why

do a significant number choose clinical practice over academia?" (p. 9).

In the study by Berlin and Sechrist (2002), the researchers focused upon the extreme problem of the nurse faculty shortage in relationship to the fact that nurse educators with doctorate degrees are rapidly aging and advancing toward retirement while there continues to be a shrinking pool of younger faculty. Yedidia, Chou, Brownlee, Flynn, and Tanner (2014) explored the contributing factors leading to nursing faculty making the decision to retire at a preretirement age. The authors reported the following concern: "The rate of intent to leave academic nursing among those faculty who were of preretirement age is alarming, given the shortage in nurse faculty supply and the implications of that shortage for meeting the nation's health care needs" (p. 575). In addition, approximately one third of current faculty members aged 51 to 60 years and one fifth of those 50 years or younger reported planning to leave academic nursing within 5 years. Several factors were found to be significant predictors of a faculty member's likelihood to leave the academic nursing setting within an upcoming period of 5 years. The most common factors were those faculty whose current age was within 5 years of retirement, faculty whose highest degree was a bachelors or masters in nursing and did not hold tenure in an institution that offers tenure, the number of years in a full-time faculty position with each additional year leading to an increase in intent to leave, faculty who were not seeking an advanced degree, those who were certified advanced practice nurses, faculty experiencing a high degree of emotional exhaustion, and dissatisfaction with various aspects of the faculty role and treatment by administration (Yedidia et al., 2014). Finally, the results of the study by McHugh, Kutney-Lee, Cimiotti, Sloane, and Aiken (2011) indicated that as compared to nurses practicing in clinical settings, those

who are employed as nurse educators experienced an increased level of exhaustion.

The situation has remained grave since the time this study was published as confirmed by the AACN (2015) report on the nursing faculty shortage. The report indicated the following two significant issues contributing to, and, anticipated to continue to contribute to the faculty shortage in nursing programs: “Faculty age continues to climb, narrowing the number of productive years nurse educators can teach and a wave of faculty retirements is expected across the US over the next decade” (paras. 7-8).

Nehls, Barber, and Rice (2016) presented a study aimed toward comparing the experience of nurses enrolled in early-entry PhD programs with those enrolled in traditional PhD programs. The authors discussed the importance of recruiting and preparing future nurse educators at a younger age in order to counterbalance the loss of nursing faculty as they age and retire from academia. Broome (2012) responded to the Institute of Medicine’s recommendation that the number of nurses with doctorate degrees should be doubled by the year 2020 with some strategies to achieve this goal (IOM, 2010). The author suggested that the nursing profession ask some very pointed questions such as: “. . . why are there so few doctorally prepared nurses who want to teach and conduct research and so many master’s prepared nurses who do not want to pursue a doctorate?” (p. 111). Broome also strongly emphasized, as a priority, doctorally prepared nurse educators must support the goal of doubling the number of nurses with doctorate degrees by sharing their fervor and passion for what they do with young students and potential future educators. Although Broome focused much of her attention on young students as future nurse educators, the following statement would apply to both undergraduate nursing students and master’s prepared adjunct nursing faculty:

Every doctorally prepared nurse academic was, at one time, tapped on the shoulder by a mentor who was impressed by their bright, inquisitive mind and assertive approach to the world of nursing. They were told ‘You should go back to graduate school—go get a doctorate.’ (p.113)

In alignment with this concept, Cohen (2011) supported this idea and further stated that it is imperative for nurses to identify and encourage peers, earlier in their careers, who may be motivated to pursue a doctorate degree. Broome (2012) focused on the importance of reaching the overall goal of doubling the number of nurses with a doctorate degree by the year 2020 to ensure the nursing profession consists of nurses poised to assume roles in leadership, research, and academia.

Strategies to Address the Nurse Faculty Shortage

Nationally, a key contributor to the shortage of nurses is the critical shortage of nursing faculty. While there is an assortment of other factors involved in the nursing shortage, the faculty shortage has garnered the majority of attention. As early as 2005, the AACN issued a report on the faculty shortage and outlined several strategies to increase the supply of nurse educators. Some of the approaches to address the problem included:

- (a) encouraging nursing faculty with master’s degrees to remain in academia while supporting them in furthering their education and obtaining a doctorate degree,
- (b) communicating a positive message regarding higher education and a career in academia,
- (c) inspiring younger nurses to consider teaching as a desirable option, and
- (d) enhancing financial assistance for nurses seeking graduate degrees.

This heightened level of attention is largely due to the ominous forecasts related to the anticipated retirement of experienced nurse educators in conjunction with a scarcity

of new faculty entering academia (Fontaine & Dracup, 2007). As previously noted by several sources, the nursing faculty shortage is being fueled, in part, by the expectation that nurse educators, particularly in baccalaureate and graduate nursing programs, be educated at a doctoral level and the reality of a simultaneous shortage of nurses with doctorate degrees. Again, this particular fact requires nursing programs, policy makers, stakeholders, and communities to identify and implement creative and innovative strategies to address the crisis.

In describing data on doctoral education completion in nursing, Fontaine and Dracup (2007) described the data provided by the AACN (2005) in an updated report on the faculty shortage in baccalaureate and graduate nursing programs that focused upon the magnitude of the problem and strategies to expand the supply of educators. The authors stated that “One of the nursing profession’s appalling secrets is that doctoral education can take individuals more than 8 years to complete, more than twice as long as other health science professions” (pp. 159-160). Because of this alarming statistic, a partnership was formed between a foundation and a school of nursing with the goal of graduating 42 new PhD nurse educators in a 3-year accelerated doctoral program. The students would be provided with a generous stipend in order to attend school on a full-time basis without the need to work during this period of time and in-turn commit to teach for a minimum of 3 years in one of five nursing programs in the local area. Although, there were various concerns voiced by both the students and the community, the program was determined to be a successful strategy to address the shortage (Fontaine & Dracup, 2007; Scherzer, Stotts, & Fontaine, 2010).

A similar study described a generously funded program from a philanthropic

foundation that was implemented in one state to alleviate the nurse faculty shortage. Through a grant, nurses were offered the opportunity to complete either a master's or a doctorate degree with the hope that they would then pursue a faculty position. The effectiveness of the program was evaluated and consisted of several sources of data. The data "included (1) scholar surveys, (2) semi-structured interviews with faculty and project directors, (3) focus groups with scholars, and (4) grantee reports. Scholar surveys were administered to each cohort of scholars upon entrance to and exit from the program" (Gerolamo et al., 2014, p. 276). The results indicated that programs that incorporate substantial financial assistance help graduates assimilate and acclimate to the role of a nurse educator; and prescribed educational courses yield graduates who are prepared to undertake an educator role on at least a part-time basis.

Fitzpatrick (2014) discussed the need for succession planning in nursing academia and pointed out that there are frequently conversations about the value of mentoring new faculty, but not about succession planning. In other words, the author questioned whether current faculty, on a daily basis, are individually and collectively acting like positive role models to inspire others to enter academia. Jackson, Peters, Andrew, Salamonson, and Halcomb (2010) as part of a larger Australian study and the nurse educator shortage focused on sessional or adjunct nursing faculty in baccalaureate nursing education and the impediment posed by the requirement to obtain a doctorate degree in order to pursue a full-time academic position. The study raised a number of important questions including how the nursing profession plans to address the need for an adequate number of faculty to meet the future needs of academia in light of the aging workforce, how to encourage nurse academics to seek doctoral training, and the widespread employment of

casual or adjunct faculty versus full-time faculty in nursing. Among the recommendations made by Jackson et al. (2010), is the need for nursing programs to actively recruit adjunct faculty who are determined to be both high in quality, but also inherently driven toward professional development. The authors also stated “Harnessing talented casual staff and providing intensive mentoring and appropriate pathways to doctoral training is essential to ensure an adequate workforce to provide high quality nursing education for future generations of nurses” (Jackson et al., 2010, p. 344).

Forbes, Hickey, and White (2011) also acknowledged that adjunct nurse faculty are crucial to nursing programs in the effort to educate the future nursing workforce. The authors conducted a review of the literature related to the development of adjunct faculty and concluded that “The nursing literature offered little in the way of the specific needs of, or strategies for, the development of adjunct faculty as a unique group of educators” (p. 116). Santisteban and Egues (2014) supported the need to foster adjunct faculty and completed a comprehensive review of the existing literature to determine what is being done to cultivate adjunct faculty to assist in addressing the nurse faculty shortage. The authors determined that there was a meagre amount of information in the literature that addressed issues related to adjunct nursing faculty and the development of this group into the role of educators. Santisteban and Egues (2014) described adjunct faculty as “critical to the strength and survival of nursing programs” (p. 157) and further stated that “Academic institutions may benefit from nurturing loyalty and satisfaction of their adjunct or part-time faculty” (p. 157). Based upon the findings in the literature review a number of recommendations were made to promote the cultivation of adjunct faculty into the role of a nurse educator. The recommendations were categorized into three areas

covering educational venues, practice settings, and research settings. Recommendations included (a) developing inventive methods to support adjunct faculty that stretch further than the basic orientation process, (b) providing the provision of educational opportunities and professional development within the academic setting, (c) encouraging nurse educators in practice settings to incorporate learning activities for nurses that center around the complexities related to teaching, and (d) promoting research into various aspects of the experience of being an adjunct nurse faculty member. Santisteban and Egues (2014) concluded with the following statement “It is through the asking and the telling of how to cultivate adjunct faculty as nurse educators that the profession may gain a surer footing as to providing the best education possible for all involved” (p. 158).

Gaps in the Literature

In spite of the copious information available from a variety of studies and other interested stakeholders as to the reasons nurses and nursing faculty are not seeking doctoral degrees, as noted previously, there is a gap in the evidence as to the perception of adjunct faculty on the nurse faculty shortage and the subsequent influence nurse educators have on adjunct nursing faculty in relationship to making the decision to seek a doctorate degree and a full-time faculty position. Again, as described earlier, Forbes et al. (2011), following the completion of a literature review on the subject of developing adjunct faculty with the aim of meeting the growing need for nurse educators, noted this critical research was sorely lacking.

Research Questions

A sample of entry-level adjunct faculty was surveyed using a case study as the strategy for collecting and analyzing data. The following questions guided this study.

1. How do adjunct faculty perceive the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years?
2. How do adjunct faculty perceive the messages being conveyed by nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years?
3. How does an adjunct faculty's perception of the messages conveyed by, and the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years influence their decision to pursue a doctoral degree?

Chapter 3: Methodology

Aim of the Study

The aim of this case study was to explore adjunct faculty's perceptions of the nurse faculty shortage. Because the shortage is due, largely in part, to an inadequate number of nurse educators with doctorate degrees, the focus was on the perception of adjunct faculty regarding the messages conveyed by nursing educators enrolled in a doctoral program, or by those who have recently completed their doctorate degree in the past 5 years. The study was conducted utilizing a qualitative research design. In this chapter, the research approach, the participants, the data collection tool, data collection procedures, and data analysis process will be described. In addition, ethical considerations, validity and reliability, researcher bias, and limitations of the research design of the study that may have bearing on the results will be addressed.

Qualitative Research Approach

Strauss and Corbin (1990) described qualitative research as research that results in findings that are not obtained statistically or through other quantifiable means. Some of the areas that qualitative research may explore include personal lives and experiences, actions, and emotional or psychological matters. Additionally, Strauss and Corbin (1990) discussed the value of qualitative research when attempting to elicit complex details, for instance, emotional states and cognitive processes, as opposed to more traditional methods of research. Houser (2015) described qualitative methods as a way to center one's attention on the perspective of an individual to gain a better understanding of the significance of an experience from their viewpoint. Lastly, Starman (2013) provided a description of qualitative research as being "... characterized by an interpretative

paradigm, which emphasizes subjective experiences and the meanings they have for an individual” (p. 30).

This study was conducted utilizing a qualitative case study approach. Powers and Knapp (2006) defined a case study as “an investigation of a single subject or single unit, which could be a small number of individuals who seem to be representative of a larger group or very different from it” (p. 15). Polit and Beck (2017) described case studies as “in-depth investigations of a single entity (or small number of entities) . . .” (p. 476) with the goal of attaining information that is comprised of a significant amount of meaningful material. Case studies have a particular phenomenon, variable, or set of variables as a central emphasis of investigation where the actual case itself is the principal focus. The authors explained that “the focus of case studies is typically on understanding why an individual thinks, behaves, or develops in a particular manner . . .” (p. 476). Furthermore, Polit and Beck (2017) asserted that “Case studies provide researchers with opportunities of having an intimate knowledge of a person’s condition, thoughts, actions (past and present), intentions, and environment” (p. 476). While the ability to ascertain in-depth and detailed information is a strong point associated with case study as a methodology, there is also a concern related to a possible weakness with this method of study. Uncertainty as to the ability of the researcher to be objective has been raised as a concern due to the level of familiarity the researcher may have with the individual or group being studied.

While case studies may be conducted using qualitative, quantitative, or mixed-method designs de Vaus (2001) stated that case studies “are often seen as prime examples of qualitative research - which adopts an interpretive approach to data, studies things’

within their context and considers the subjective meanings that people bring to their situation" (de Vaus, 2001, p. 11). When seeking to reach an understanding of an intricate topic or object, Soy (1997) stated that case study research surpasses other methods available. In addition, case studies are able to expand upon research and experiences, thereby strengthening what is previously known. Case studies highlight an in depth analysis of the relationship between a small number of events or situations within their context and have been utilized on a widespread basis particularly by those in the social sciences.

Background of case study research design. Mills, Durepos, and Wiebe (2010) reported that case studies, as a research design, have a long history. In an attempt to better understand what influences human behavior and to develop clinical procedures, case studies have been a valuable research design in the field of psychology as far back as the middle of the 19th century and in the field of social work, as early as 1920, when they were originally called case works. Looking back in history, Healy (1947) described what is thought to be the original introduction of case study as a research approach in the social sciences when Le Play studied family budgets while he lived in the home of a miner family in 1829. Mills, Durepos, and Wiebe (2010) concurred with de Vaus (2001) with their description of case studies as being extensively linked to qualitative research stemming from case studies relying on deeply examining the lived experiences of the case which may be an individual, individuals, or groups. Flyvbjerg (2006) outlined and corrected five myths associated with case study research and reported that the original beliefs and thoughts of many have altered over time in regard to case study research. For example, Flyvbjerg provided a quote from Hans Eysenck (1976), a psychologist who

studied a wide variety of psychological phenomena and is one who changed their viewpoint about case study research. As described by Flyvbjerg (2006), Eysenck (2013), who originally regarded the case study as nothing more than a means of generating narratives, is one of the many who changed his initial thoughts about case studies as evidenced by the following statement published in a revival of his original work in 1976: “sometimes we simply have to keep our eyes open and look carefully at individual cases—not in the hope of proving anything, but rather in the hope of learning something!” (p. 9).

Therefore, a case study was an appropriate strategy for this study as an in-depth understanding of the perspectives and experiences of adjunct faculty was being sought. Yin (2014) emphasized that case study research has a unique advantage when “A ‘how’ or ‘why’ question is being asked about a contemporary set of events, over which a researcher has little or no control” (p. 14). As pointed out by many, the three most typical forms of data collection in case study research are interviews, observations, and/or documents (Baxter & Jack, 2008; Legard, Keegan, & Ward; Lodico, Spaulding, & Voegtle, 2010; Merriam, 2002). To best answer the questions in this study, interviews, one of the three forms of data collection commonly used in qualitative research, were the source of data. Specifically, narrative interviews were the type of interview approach undertaken. Finally, the intended outcome for utilizing a case study as the strategy of inquiry was to gain a deeper understanding of the perception of adjunct faculty in relationship to issues associated with the nurse faculty shortage.

Participants

Powers and Knapp (2006) described sampling as the procedure involved in

choosing a subsection of entities from a larger group or population of entities. Lodico et al. (2010) stated that participants are chosen by qualitative researchers based upon certain characteristics and knowledge associated with the research questions being explored. The authors also stated that “The researchers’ primary concern is to explore individuals in their natural context, and they have little interest in generalizing the results beyond the participants in the study” (p. 140). Additionally, the authors reported that the most frequent form of sampling in qualitative research is purposeful sampling. Similarly, Patton (1990) described a purposeful sample as consisting of individuals with particular knowledge about the research topic being studied.

The participants in this study were a purposeful sample of adjunct nursing faculty who are employed in the entry-level baccalaureate program on one of three campuses of a non-profit, private university in the southeast. Robinson (2014) described a four-point approach to sampling. The process includes identifying the target population, the actual sample, and specifying inclusionary and exclusionary criteria. The sample universe consists of all adjunct faculty employed in the nursing program on the campus of the study. In order to be included in the study, and to meet the inclusion criteria, the participant must have been 25 years of age or older, employed as an adjunct nursing faculty at the university and on the campus that the study was conducted, have a master’s degree in nursing, and may or may not have been enrolled in a doctoral program. The exclusionary criteria included adjunct faculty who have been employed at the university for less than three months, those who have not been observed to have spent time and interacted with full-time faculty on the campus that the study will be conducted, and adjunct faculty who completed a doctorate degree prior to employment.

Based upon the purpose of this study, which was to explore adjunct nurse educator's perception of the nurse faculty shortage; the messages conveyed by faculty about their doctoral program experience; and how these messages may influence an adjunct's decision to seek a doctorate degree and potentially a full-time faculty position, the participants and setting were appropriate. As described by Patton (1990) and consistent with case study samples, the participants were a purposeful sample, small in number, and specifically chosen based upon their ability to provide meaningful information. The total sample included five participants who were primarily female with one participant being a male, due to the overall characteristics of the demographics of the entire pool of adjunct faculty. Other than gender, the faculty is diverse in nature and the sample included adjunct faculty in the 25-35 age range through the 58-67 range with racial/ethnic backgrounds that included: (a) African American, (b) Caucasian, and (c) Asian Caucasian.

Interview Strategy

Grant, Rohr, and Grant (2012) reported that although the style an interview may take can vary greatly, all interviews share in common "a defining characteristic of using questions to understand the thoughts, feelings, beliefs, and behavior of people" (p. 231). The data for this study will be collected in the form of one-on-one narrative telephone interviews with the study participants.

Stuckey (2013) described narratives as "... stories that are based on the unfolding of events or actions from the perspective of a participant's life experience" (p. 58). One of the benefits of narrative interviews is that the participant drives the direction of the interview. Because of this, it is possible to ascertain information that might otherwise not

have been offered or predicted. “Narrative interviews are unstructured and typically begin with a wide open-ended question about a participant experience, where the participant is rarely interrupted in the telling of their story” (Stuckey, 2013, p. 58).

Alshenqeeti (2014) stated that a one-on-one interview is the most customary form of qualitative interview and Rangahau (n.d.) supported this and suggested that narrative interviews, in particular, be conducted individually. In a further description, a narrative interview was characterized as being unstructured and in-depth in nature (Muylaert, Sarrubi, Gallo, & Neto, 2014; Rangahau, n.d.). Lodico et al. (2010) described an unstructured or non-structured interview as the most flexible format that might appear to be more of a dialogue or conversation between the interviewer and participant or participants.

While a narrative interview is generally unstructured, an interview protocol with an initial opening central topic and a preliminary list of interview questions and follow-up questions was developed to ensure that relevant data was obtained to answer the research questions. As a result of the flexibility inherent in qualitative interviews, Lodico et al. (2010) conveyed that the questions simply serve the purpose of providing a starting point. To promote, as much as possible, eliciting honest and comprehensive information, open-ended questions of a neutral nature were asked.

Data Collection Tools

Lodico et al. (2010) emphasized a crucial part of being able to conduct a quality interview is to develop and follow an interview protocol. An interview protocol was developed based upon the elements identified by the Institutional Review Board (IRB) of Nova Southeastern University and as described by Bauer (1996). In addition, two

university faculty members at the College of Education reviewed and approved the data collection instrument. The protocol guided the following aspects of the interview and contained: (a) a brief explanation of the purpose of the study, (b) the plan for documenting the data and background information of the interviewee, (c) an initial central topic to initiate the narrative, (d) interview questions, and (e) potential follow-up questions (see Appendix A). In addition, each interviewee completed the demographic data form (Appendix B) to better understand the particular characteristics of the study participants. Salkind (2010) described the importance of demographic information as it provides data regarding research participants and is required to determine whether the participants in the study are representative of the target population for generalization purposes.

Pilot test. The interview questions were piloted with two adjunct faculty from the research site who agreed to participate in the piloting of the interview questions. Each adjunct faculty member was met with individually for approximately 40 minutes. Feedback was provided regarding the need to revise some of the questions to elicit desired information. Additionally, questions that were found to be redundant were deleted from the list of interview questions. Also, additional questions were formulated based upon some of the responses provided by the pilot study participants. Finally, an analysis of the results of the pilot interview question revisions was completed and the interview protocol was updated.

Procedures

Prior to conducting the study, approval was obtained from Nova Southeastern University's Institutional Review Board and the college. Once these two entities granted

approval, participants were recruited from a purposeful sample. Participants who agreed to participate in the study and who met the study inclusion criteria were provided with an informed consent form that had been approved for use. Signatures were obtained from each participant prior to beginning data collection and in advance of each interview. The consent forms described the purpose of the study; the participant's role; the interview process and audio recording; the risks and benefits; methods to ensure confidentiality, privacy, security of data; and the participant's rights regarding voluntary participation in the study and ability to withdraw from participation at any time (U.S. Department of Health & Human Services, 2009). The participants were provided with an opportunity to ask and have questions answered about the study, as well as, being provided with contact information if additional clarification or information was needed before consenting to participate in the study. Informed consent was obtained prior to the research being conducted.

Additionally, the participants were informed that a pseudonym was going to be utilized, names or other forms of identifiers would not be used, and that all paper documents containing data would be maintained in a locked file cabinet in the home of the researcher. Electronic data will be protected, password encrypted, and all data will be destroyed 36 months following the final approval of the study dissertation. Participants were informed that they will be requested to be involved in the analysis of the data through the process of member checking to ensure the accuracy and validity of the data (Guba, 1981).

After informed consent was obtained, appointments were arranged for convening with the participants to conduct the interviews. The interviews were conducted by

telephone on a date and time determined by the participants that met the requirements of being convenient, comfortable, safe, and distraction free; all of which are critical as described by Doody and Noonan (2013). Interviews were audio-recorded utilizing NoNotes, which is a specialized technology that included transcription capability to ensure no details were missed. Finally, the participants were informed that they may tell the researcher to stop audio-recording the interview during any phase of the interview process or choose not to answer a question.

Adjunct faculty who were part of the purposeful sample, who had consented to participate in the study, and who met the inclusion criteria were interviewed by the researcher in one-on-one narrative telephone interviews. The duration of the interviews were approximately 30-60 minutes per session. Each participant was allotted ample time to answer the principal opening central topic and fully tell their story, and provided time to answer additional questions that arose.

Prior to beginning each individual interview, the researcher welcomed and thanked the participant, verified informed consent, reviewed again any risks and benefits associated with the study, and had the interviewee complete the demographic data form (Appendix B) to provide a better understanding of the particular characteristics of the study participants. Additionally, at this time, the purpose of the study, the interview process, the method utilized to audio record the interview, the ability to withdraw from the study at any time or request audio recording be stopped, and the process to ensure confidentiality was again briefly reviewed with the participant; utilizing the Interview Protocol (Appendix A). Lastly, prior to beginning the data analysis, member checking was conducted to verify and ensure the accuracy, the interpretation, and the reporting of

the data collected. The researcher compared the audio recordings to the transcriptions, which were automatically provided by NoNotes for verification. Corrections of the transcription was completed as necessary based upon any discrepancies in the comparison of the audio recording and the transcription. A follow-up session was scheduled with each participant to have him or her review the transcribed recordings to ensure the accuracy of the data. The data is presented in Chapter 4 as an explanation and interpretation of the themes as they relate to the research questions. Interview data was both summarized and direct quotes were also included to support the conclusions reached.

Data Analysis

There is widespread agreement in the literature that analyzing qualitative case study data is not well defined or developed and does not follow a single process. Of the various options available to analyze data, Jovchelovitch and Bauer (2000) described the narrative interview as a method of engendering stories and being open when it comes to the analytical procedures that transpire after the data is collected. The authors provided a brief description of three diverse tactics for the analysis of data from narrative interviews. Of the three, the thematic analysis process was utilized for analyzing the data collected in this study. This method included transcription of the interview data and a progressive reduction of the data until the meaning moved from general ideas to a condensed meaning.

The analysis followed the reduction process as described by Jovchelovitch and Bauer (2000). Initially, three columns were created with the transcribed text in column one, the first reduction in column two, and keywords in column three. Categories were

then developed for each narrative interview and then organized across all interviews in the study to establish final categories and to develop the narrative. In the end, a collective interpretation and meaning of the findings occurred. The data is presented in the form of summaries and direct quotes from the interviews. For the purposes of this qualitative case study, the goal was to describe the perceptions of adjunct faculty in greater detail (Flick, 2013). In this qualitative case study, the data collected and analyzed was the subjective experiences, perspectives, and perceptions of individuals.

Ethical Considerations

Yin (2014) discussed the broad set of values that encompass the topic of ethics in research. He identified bias as only one aspect of a larger group of issues associated with research ethics and emphasized that it is incumbent upon a good researcher to endeavor to meet the highest ethical standards when conducting a research study. To conduct research in an ethical manner, and to meet the highest level of standards, Yin (2014) stated the following about what ethical standards are:

These include having a responsibility to scholarship, such as neither plagiarizing nor falsifying information, as well as being honest, avoiding deception, and accepting responsibility for one's own work. These also include maintaining a strong professional competence that includes keeping up with related research, ensuring accuracy, striving for credibility, and understanding and divulging the needed methodological qualifiers and limitations to one's work. (pp. 76-77)

Research that involves human study participants raise particular ethical concerns (Yin, 2014). Because of this, and to protect the human subjects, prior to the commencement of data collection a plan must be developed and approved. The author

specifically points out that the majority of case studies are concerning human matters, thus, requiring human subject protection.

The body responsible for approving the plan and ensuring human subjects are going to be protected is the Institutional Review Board (IRB) of the institution where the study was conducted. Essentially, the purpose of the IRB is the protection of human participants (Boswell & Cannon, 2014; Creswell, 2013, Yin, 2014). Some of the areas included in the plan as outlined by Yin (2014) were: how interactions with the participants occurred; what data collection tool or tools were utilized; how informed consent, the avoidance of doing harm, and the maintenance of privacy and confidentiality of the participants were accomplished. Therefore, prior to conducting this study, a plan was submitted and approved by the university's IRB.

Once the approval from IRB was obtained and the interview questions piloted, the study and data collection began. At that time, the participants were informed of the purpose of the study and that participation in the study was exclusively on a voluntary basis. Participants were informed of the steps to be taken to ensure confidentiality and anonymity such as name, age, ethnicity or race. Finally, the participants were educated regarding the plan for safekeeping and ultimately discarding the data obtained during the interviews. The data will be kept in a locked file cabinet for a period of 3 years and on the researcher's password-protected computer, both of which are in the home of the researcher. At the end of the 3-year period, all data collection tools, transcribed materials, data analysis documents, and any study items containing study information will be shredded. Lastly, all files that are on a computer or recording device will be destroyed.

Trustworthiness

A variety of measures were undertaken to ensure the trustworthiness of this qualitative case study. As recommended by Shenton (2004) the following strategies could be utilized to ensure study trustworthiness and credibility: adopting a research method widely accepted in conducting qualitative studies and becoming familiar with the culture of the organization prior to beginning data collection activities. Another means of ensuring the trustworthiness and credibility of the study is to promote honest responses by the participants during the interview process. Shenton (2004) discussed having only willing and interested study participants who are prepared to provide data willingly and openly as one method of fostering participant honesty. An additional method of ensuring trustworthiness is member checking described by Guba (1981) as “. . . the single most important action inquirers can take, for it goes to the heart of the credibility criterion” (p. 85). Member checks allowed for the verification and accuracy of the researcher’s interpretation and reporting of the data. Lastly, one of many methods offered by Shelton (2004) is that the researcher includes a narrative that is rich in detail about the phenomenon being studied so as to create a picture of the genuine circumstances under investigation and, to some degree, the surrounding context.

Of the above methods, this researcher utilized the following to ensure trustworthiness and credibility: a case study format that was conducted which is widely accepted for conducting a qualitative research study; familiarity with the organization has already been established as the researcher is a faculty member in the nursing program, all of the sample participants were strictly participating on a voluntary and willing basis, and member checking was included as a final strategy.

Potential Research Bias

Smith and Noble (2014) stated that there are no research study designs that are free of bias. Therefore, researchers must make an effort to reduce bias by delineating upfront the potential sources of bias that might exist. By doing so, the research findings and conclusions will be better able to be critically assessed. The authors pointed out that “Researchers bring to each study their experiences, ideas, prejudices and personal philosophies, which if accounted for in advance of the study, enhance the transparency of possible research bias” (p. 100). Bias may transpire during any stage of a study, in spite of the study design and methodology. Smith and Noble (2014) identified the following stages and forms of bias that might occur during any point in a research study as: “design, selection of participants, data collection and measurement, analysis, and publication bias” (p. 101).

The potential for research bias existed due to the researcher being both a faculty member in the college of nursing and a doctoral student during the study. To minimize the potential for bias, study participants did not include adjunct faculty from the researcher’s campus. In addition, 24 years after graduating with a bachelor’s degree in nursing, the researcher’s personal experience is of having been positively influenced by a peer who persistently and tirelessly, over an extended period of time encouraged the researcher to return to school and obtain a master’s degree in nursing. She herself, at the time, was enrolled in a master’s program and served as a positive role model who promoted and stressed the importance and value of life-long learning and post-graduate education beyond the baccalaureate level. As such, the researcher was at risk for impacting the study with personal beliefs, experiences, judgements, and feelings related

to the research topic. Being cognizant to this fact and remaining vigilant during the interview process and all other phases of the study assisted in decreasing the bias that might otherwise have occurred.

Chapter 4: Findings

Introduction

The purpose of this qualitative case study was to explore the perceptions of adjunct nursing faculty regarding the nurse faculty shortage. A large body of evidence points to the shortage of qualified and competent nurses prepared at the doctorate level as a leading cause of the shortage of nurse educators. Because a doctorate degree is preferred and frequently required for consideration for a full-time nursing faculty position, this case study focused on adjunct faculty perceptions of the experience of doctoral education. Areas explored included perceptions of the doctoral educational experience of full-time faculty enrolled in, or who had recently completed, a doctorate degree in the past 5 years. Additionally, the perceptions of the messages conveyed by these faculty members were explored; along with whether these messages were a potential factor for the study participants in influencing their decision to pursue, or not pursue, a doctorate degree and ultimately a full-time faculty position.

Qualitative data was obtained through five in-depth narrative interviews with a purposeful sample of adjunct nursing faculty. An Interview Protocol (Appendix A) that included an opening general topic to initiate the narratives and subsequent follow-up questions guided the interviews. The research was driven by the following research questions:

1. How do adjunct faculty perceive the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years?
2. How do adjunct faculty perceive the messages being conveyed by nursing faculty enrolled in, or graduated from, a doctoral program within the past five years?

3. How does an adjunct faculty's perception of the messages conveyed by, and the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past five years influence their decision to pursue a doctoral degree?

This chapter describes the qualitative data collected through interviews with five adjunct nursing faculty members and data analysis results. The researcher sought to allow participants to express their experiences through narratives sharing personal thoughts, ideas, perceptions, and viewpoints during the interview process.

Demographic Information

The participants in the study were comprised of five adjunct faculty members employed on one of three campuses in the baccalaureate nursing program at a private, not-for-profit university in the southeastern United States. The participants included four females and one male. The average length of time in the position of an adjunct faculty member was four years, with a year and a half as the shortest amount of time, and six years as the longest. The racial and ethnic groups included three African American females, one Asian Caucasian female, and one Caucasian male. One participant was in the 25-35 years of age range, two in the 36-46, and two in the 58-67. In addition to working in the academic setting four of the participants also practiced nursing in a healthcare setting. The number of years as a registered nurse ranged from 6-10 on the lower end and greater than 36 years on the higher end. Annual salary ranges were \$50,000-\$65,000 at the bottom end and \$91,000-\$100,000 at the top end of the range. Finally, two of the females were enrolled in a doctoral program during the interview period. One female enrolled in a doctoral program, but for a variety of reasons decided to withdraw from the program; one male reported not having an interest in pursuing a

doctorate degree or a full-time position, as a faculty member. One female indicated a possible interest in a doctorate degree at some point in the future and potentially a full-time faculty position.

Overview of Findings

The goal of the researcher was to reveal themes based upon the responses and discourse from the interviews. While the responses were diverse, there were a variety of similar thoughts and feelings verbalized by the participants. Responses are presented in verbatim quotes, along with, condensed summaries of lengthier stories shared during the interviews.

The findings resulted from data collected during one-on-one telephone interviews with five adjunct nursing faculty. Prior to beginning each interview, participants were informed that numerical identifiers would be used for the reporting of data to maintain confidentiality. Each participant met the inclusion criteria and signed the informed consent. The researcher, in a general opening topic, presented the objective of the study at the beginning of each interview to initiate a narrative. Subsequent questions asked, as outlined in the interview protocol, and as prompted by the narrative ensued. During the interviews, the researcher actively listened to each participant's responses and comments, which served to acknowledge what the participant was expressing. Interviews were audiotaped and transcribed by the organization NoNotes. Each participant, through the process of member checking, verified the transcription of his or her interview for accuracy prior to the initiation of data analysis.

The researcher listened to the interview audiotapes several times, compared audiotapes to each transcription, read, and reread each transcription to obtain an in-depth

appreciation of the narratives as voiced by each participant and all participants as a whole. A thematic analysis process with a progressive reduction of the data was utilized to analyze the data collected in this study. The reduction process as described by Jovchelovitch and Bauer (2000) consisted of initially creating three columns with data relevant to the study in column one, the first reduction in column two, and keywords in column three. After review of the results of the data reduction for each interview and across all interviews, in total, nine themes emerged from the responses to the opening topic and interview questions.

Four themes surfaced with the general opening topic at the beginning of each interview: (a) an awareness of the nurse faculty shortage, (b) a passion for teaching, (c) the requirement of a doctorate degree for full-time nurse educators in baccalaureate nursing programs, (d) and barriers to doctorate degree pursuit. Four themes also emerged related directly to the three research questions. Research Question 1 about the perception of the doctoral educational experience revealed two themes: (a) a favorable impression of the doctoral education experience and (b) challenges posed for students in a doctorate program. Research Question 2 with reference to the perception of messages conveyed by doctorate students, or recent graduates, indicated the value of professional mentoring as the principal theme. Research Question 3 concerning whether each participant was influenced in his or her decision to pursue, or , not pursue a doctorate degree based upon their perception of messages conveyed by doctorate students, or recent graduates, presented one theme: (a) a positive influential factor. The final, and ninth theme, resulted in association with Research Question 3 and indicated: (a) an interest in academic career path.

Results of the Interview Opening Topic

The opening topic prompted participants to discuss their perception of the nurse faculty shortage. Because the nurse faculty shortage is largely driven by a shortage of nurse educators prepared at a doctorate level, the intent of the opening topic was to explore and obtain baseline information about the level of awareness and perception of each of the respondents' related to the nurse faculty shortage and contributing factors.

First theme: Awareness of nurse faculty shortage. The first theme revealed a consensus among participants and indicated a recognition of the shortage and knowledge about many of the factors that contribute to the shortage of nurse educators and why many nurses are not seeking a doctorate degree, a well-known requirement for a full-time position in many nursing programs. Participant comments supporting this theme included:

Participant 1 responded:

I feel the main reason there is a faculty shortage is the need for faculty members to have a PhD. I will not get that opportunity because I do not have a PhD. The other issue with the reason that there is this faculty shortage is the aging out and retiring of faculty; we are not going to do this forever.

Participant 2 replied, "I know it exists [nurse faculty shortage] and I know that it has resulted in a lot of competition for seats in programs for students." Participant 5 described their perception of the nurse faculty shortage in the following manner, "I do believe there is a shortage of nursing faculty, but I think the lack of incentives is the issue."

Prior to exploring the subject matter related directly to the requirement of a

doctorate degree for a full-time nursing faculty position and the participants' perception of the experience of doctoral education, the opening topic elicited additional thoughts and feelings. Each participant described how they became an adjunct faculty member, the number of years in the role, and their experiences and feelings about their role as a nurse educator. The narratives included the following collective sentiment included in the second theme.

Second theme: Passion for teaching. The second theme depicted similar feelings related to the love of working with the students, teaching, and preparing future nurses. Participant 1 who reported thoroughly enjoying the role of an adjunct faculty described telling someone a week prior to their interview, "When I am in a hospital with students it does not even feel like work. This is how I know; I am doing something I really love." Participant 2, during their graduate school program in a Master's in Nursing Education program stated, "Who knew I was going to like it? I got to work with many of the students in the clinical lab area and I really enjoyed it." Participant 3 linked their love of nursing and education by stating, "I really loved nursing and I really love the teaching part of it." Participant 4 told a story that involved a love for teaching since high school, knowing they would always want to teach, but never imagining teaching nursing. Following an experience with a professor assigned to as a preceptor while obtaining a master's degree, this participant related, "I never knew my path would be teaching nursing, because that was not my intention at all. My plan was to be in the classroom to teach, but to teach something else, not nursing."

Third theme: Doctorate degree requirement for faculty in baccalaureate nursing programs. The third theme, while not the result of a direct question asked by the

researcher, evoked feelings and frustrations about this issue as noted by the following responses. Participant 1 declared, "I could do a great job at being an instructor, a didactic instructor, but I will not get that opportunity because I do not have a PhD." Participant 2 expressed the following viewpoint, "Requiring a doctorate in order to teach, for example, in a baccalaureate level program, in my personal opinion it is ridiculous."

Fourth theme: Barriers to doctorate degree pursuit. The fourth theme comprised many of the reasons participants felt to be barriers concerning pursuing a doctorate degree. Issues with reference to (a) financial compensation in academia versus clinical practice, (b) readiness to embark upon further education, (c) family responsibilities, and (d) time predominated. Other factors included (a) age and the effect of stress on one's health, and (b) in general simply lacking an interest.

Participant 1 discussed the following:

While nursing is loved and done from the heart, we also have to live. We have expenses, we have families, and the compensation for a nurse with a doctorate degree is not adequate. It is grossly inadequate. Many clinical professors cannot do the PhD because of family reasons, finances, and time. There are many, many reasons.

This same participant had enrolled in, but then while attending an orientation for a doctoral program, deciding upon not continuing with completing the degree; identifying health issues and age as two additional barriers in pursuing a degree:

Because the educational process would pose too much stress physically and negatively affect current health issues, I realized that the process would have been a little bit too stressful for my body, so this is how I decided not to do it.

I really took a good look at myself, what my goals were, and I concluded not to continue, based on how many more working years I have after I have completed the program. The average age of faculty members is relatively high and in our age group, to begin a doctoral program at this time, raises the question of how many years working are you going to have by the time you finish it?

Participant 2 described a lack of interest in obtaining a doctorate degree because of the following, "I look at the types of doctorate degrees offered in nursing and aside from the DNP; there is nothing interesting for me." Participant 5 referred to the lack of monetary compensation in nursing academia a number of times throughout the interview and asserted:

There are many nurses with their masters, but question if there is incentive to do a doctorate when their income in the hospital is greater than as a full-time faculty in a university. Additionally, more loans and debt would take place, both not desired by many nurses at their current stage in life.

The participant also communicated readiness as a form of barrier to educational pursuit:

I have to be ready, truly ready, to continue with studies because I know you have to put some hard work into it. It is in the back of my mind, but I do not know how to put it into effect right now in my life. It is about personal time and being ready. I do not think you should pursue a doctorate if you are not ready.

Another concern verbalized was the possibility of not being able to secure a full-time faculty position even after completing a doctorate.

Results of the First Interview Question

The first interview question asked participants to describe their perception of the

experience of nursing faculty enrolled in, or recently graduated from, a doctoral program within the past 5 years. The intent of this question was to explore the perception of adjunct faculty, based upon their observations and interactions with nurse educators engaged in, or who have recently graduated from, doctoral programs. Two themes emerged from the responses provided by the participants: (a) having a favorable impression of the doctoral education experience and (b) challenges posed for students in a doctorate program. The themes that emerged from the first research question can be found in Table 1.

Table 1

Themes for Research Question 1

Themes	Details
Favorable experience	Positive Self-efficacy and ability to accomplish Commitment
Challenges	Completion of coursework Getting started

Fifth theme: Favorable experience. Three details emerged in this theme that indicated participants perceived doctoral education in a favorable way.

Positive. The first detail in the fifth theme, of the perception of the experience of faculty in, or recently a graduate of a doctoral program regarding their experience with doctoral education, for the most part, was perceived as a favorable experience when described by participants. Participant 1 stated, “My perception of the experience has been very positive because of my interaction with others.”

Self-efficacy and ability to accomplish. The second detail indicated some of the

participants relating acquiring a sense of confidence in themselves and their ability to achieve the goal of completing a doctorate degree. Participant 4 described their experience with the statement, “I met quite a few of them [faculty] and I asked them about their program which resulted in a belief that I can do this too.” Participant 5 while completing a master’s degree and then in the position as an adjunct faculty, stated the following, regarding contact and interactions with faculty about their experience as doctoral students, “I have been told it is not hard, not such a difficult thing to do.”

Commitment. The third detail highlighted the concept of commitment and dedication involved in the completion of a doctorate degree, with a plan to complete a second, also occurred. Participant 5 responded, “My perception is that they [faculty] are committed. Some want to do a second one [doctorate] and that is great!”

Sixth theme: Challenges. While expressing their perceptions about the experience of doctoral education, participants identified two challenges faced by students.

Completion of coursework. The first issue conveyed the challenges and time-consuming nature required to accomplish the work necessary to complete a doctorate degree. Participant 2 reported the following based on feedback from several interactions with nurses in the process of, or near completion of doctorate degrees, “I hear the kind of problems and issues that come up with them as far as [the difficulty] getting things done.”

Getting started. The second detail and challenge associated with the experience of doctorate degree pursuit was actually beginning a doctorate program. Participant 5 stated, “All you had to do is just start; starting is a big thing. Once you start, you are in it and you just continue.”

Results of the Second Interview Question

The second interview question asked participants to describe their perception of the messages conveyed by nursing faculty enrolled in, or graduated from, a doctoral program within the past five years. The objective of this question was to delve into the perception of adjunct faculty about the messages conveyed by nurse educators engaged in, or who have recently graduated from, doctorate programs based upon their interactions with these faculty members. Although one of the three participants who enrolled in a doctorate program withdrew, all three discussed the positive messages conveyed by faculty regarding their experiences with doctoral educational. While not in the formal role of a mentor, the significance of informal professional mentoring, by either a preceptor or a peer emerged as the one central theme from the responses of the participants. The theme for the second research question is presented in Table 2.

Table 2

Theme for Research Question 2

Theme	Details
Value of professional mentoring	Motivation
	Encouragement
	Inspiration

Seventh theme: Value of professional mentoring. Three details revealed in the seventh theme underscored the significance of having someone in the role of a professional mentor, whether formally or informally, to support, motivate, encourage, guide, and serve as a role model in their professional development.

Motivation, encouragement, and inspiration. Four of the five participants described how their interactions with faculty and their perception of the messages

conveyed by faculty were motivating, encouraging, and inspiring regarding their experience as doctoral students. Participants expressed a variety of positive interactions with faculty that resemble the characteristics of an informal mentoring relationship. Because the three details for the theme of an informal mentoring relationship, as portrayed by participants, often transpired in the same response, these three details will be presented together; as opposed to individually.

Participant 3, when deciding upon a doctorate program, explained how a mentor motivated, encouraged, and guided them in their undergraduate, graduate, and current doctorate program and stated, “My [mentor] “my girl” helped me decide which doctorate program would best meet my needs.” In an excerpt from a story related by Participant 4 who is currently completing a doctorate degree the following was shared, “When I completed my master’s internship, my faculty preceptor told me that I was not stopping here; that I was going back [for a doctorate degree].” In addition, this participant identified other faculty as informal mentors as summarized in the following response, They [faculty] inspired me and motivated me to go back [for a doctorate degree]. Faculty were role models that you want to emulate; it was an inspiration. The faculty with doctorate degrees encouraged me. Participant 5 stated the following perception of their interactions with a master’s program preceptor and other faculty, “There is no discouragement at all. They are trying to encourage you to do it.”

Results of the Third Interview Question

Interview Question 3 brought to light theme eight. Participants’ believed the messages conveyed by faculty, as perceived by participants, regarding faculty’s experience with doctoral education had a positive influence and was an incentive in their

decision to pursue a doctorate degree. The purpose of this question was to ascertain whether the perception of adjunct faculty regarding the messages conveyed by nursing faculty influenced their decision to pursue a doctorate degree. Furthermore, because of the explicit relationship between the requirement of a doctorate degree and consideration for a full-time nursing faculty position, a second objective of this question arose. The second objective included a further exploration as to whether the participants who made, or have yet to make, the decision to pursue a doctorate would then be interested in ultimately seeking a full-time position as a nurse educator. Therefore, these germane responses will also be included in this research question.

Three of the five participants stressed the principal role faculty played in their decision to pursue a doctorate degree. Although a fourth participant had not made the decision to seek a doctorate degree at the time of their interview, the participant clearly expressed how they perceived interactions with faculty as a positive influence to do so in the future. All, with the exception of one of the participants verbalized a desire and pictured themselves ultimately in the role of a full-time nurse educator.

As evident in the responses to Research Question 1 and Research Question 2, the majority of participants verbalized positive perceptions of the doctoral educational experience, and then, perceived the messages conveyed by faculty concerning their experience as doctoral students as motivating, encouraging, and inspiring. Research Question 3 sought to gain a better understanding of the influence of these messages in the decision-making process to pursue a doctorate degree, with the eventual intent, to become a full-time nurse educator. Because of the frequent association between the perception of messages regarding the experience of being a student in a doctoral program, and the

subsequent decision and action to pursue a doctorate degree, Research Question 3 followed a natural course in the narratives, and became component of Research Question 2 in the stories as told by the participants. Table 3 illustrates the themes that emerged for the third research question.

Table 3

Themes for Research Question 3

Themes	Details
Positive influence	Incentive
Interest in academic career path	Driving force
Career opportunities	

Eighth theme: Positive influence. Participants described the positive influence the messages conveyed by faculty had on their decision to pursue a doctorate degree, and the incentive to do so, based upon their perceptions of these messages.

Incentive. Participants voiced feeling incentivized by the messages faculty conveyed as described in their responses. Participant 1 described the influence of faculty messages as the reason for deciding to complete a doctorate degree and stated, “This is why I had decided to do the doctorate.” Participant 4 described their perception of a conversation with their preceptor upon completion of a master’s degree as a key influence in the decision to seek a doctorate degree in the following response, “That was how I decided to go back.”

Ninth theme: Interest in academic career path. The ninth and final theme focused upon the participants’ interest in academia as a career path and full-time role as a nurse educator. In association with the formal research question, all respondents, whether having expressed an interest, or not, in obtaining a doctorate degree, were asked about

their desire to seek a full-time faculty position, now, or in the future.

Driving force. The first detail in theme nine illustrated the desire to pursue a career as a full-time educator as a driving force behind the decision to complete a doctorate degree. Participant 3 reported the following:

Having an interest in ultimately pursing a full-time faculty position, but was very adamant about not doing so until having completed the current doctorate degree program enrolled in and then potentially additional post-doctoral study. Until such time, a full-time faculty position is only something of interest in the future.

Participant 4 when asked directly if they would be interested in pursuing a full time faculty position upon completion of their doctorate degree simply replied: "Yes." Participant 5 who has not yet made the decision to pursue a doctorate degree replied in the following manner, "Yes, I would [desire to be a full-time nurse educator] and I see the doctorate as academia where I would want an academic position." The participant, although aware of opportunities to teach full-time in associate degree nursing programs and other nursing programs with a master's degree, added, "I know there is opportunity to teach at specific universities or associate degree level with a master's degree; there is also less compensation and right now, I am not willing and cannot do that." Participant 2 who expressed no desire to obtain a doctorate degree also declared not being driven to pursue a full-time faculty position for the following reasons, "It is just not worth it personally. As an adjunct, I do not have to get involved in all of the politics dealt with daily by full-time faculty. I would rather spend my time on the floors with the students."

Career opportunities. Responses related to a doctorate degree as a necessity to secure a full-time nursing faculty position, as identified by participants in the narrative

inspired by the opening topic presented in each interview, was seen as an opportunity, particularly for those who had expressed an interest in academia as a career path. Participant 3 who reported an interest in a full-time nurse educator position in the future relayed, “I would have to end up with a PhD at some point if I ever want to work full-time in a university.” Participant 4 who also communicated an interest in a full-time position as a nurse educator related the following regarding future career options and noticing all of the full-faculty who have their doctorate, “Maybe this [a doctorate degree] is something I need to get.”

Summary

This chapter illustrated the thoughts, feelings, and perceptions of adjunct faculty about the nurse faculty shortage. First, and foremost, it became immediately apparent that all participants shared a common passion for teaching and participating in educating future nurses. Findings associated with the favorable experience and challenges of doctoral education by faculty in, or recently graduated from a doctorate program, and the messages conveyed by faculty about their experience, as perceived by the participants, were presented.

The benefit of having a professional mentor was overwhelmingly evident in serving as a motivational, influential, and inspirational factor leading to the decision to pursue a doctorate degree, now, or in the future. Influential factors associated with the incentive, along with an interest in academia as a career path as a driving force in the decision to pursue a doctorate degree were reported. Additional themes surfaced during the narrative interviews including: (a) the requirement of a doctorate degree to enter into nursing education and (b) barriers to the pursuit of a doctorate degree. Two participants

enrolled in a doctorate program during the time of this study, and interested in a full-time faculty position, pointed out feeling hindered, and not considered viable candidates now to assist in diminishing the gap of vacant nurse educator positions due to the requirement of a doctorate degree to teach at a baccalaureate level. Barriers to the pursuit of a doctorate degree described by two participants not enrolled in a doctorate program, but interested in a full-time nurse educator position included: (a) readiness, (b) lack of compensation, (c) additional loans and incurrence of debt, (d) consumption of time required in completion of a doctorate, (d) family obligations, (f) physical stress and effect on health, and (g) age.

The analysis of the responses concerning the three research questions in this study showed commonalities among the participants. The findings revealed in this chapter pointed out a distinct connection between the decision to pursue a doctorate degree and the perceptions of the participants regarding messages conveyed by faculty recently graduated from a doctorate program or in a doctorate program at the time of the study. Participants shared many stories that indicated how their perception inspired, encouraged, and motivated them and their decision, regardless of whether they had already enrolled in a doctorate program, or may do so in the future. Some examples depicting the correlation include responses such as: (a) "My experience has been very positive", (b) "They [faculty] inspired me and motivated me and [faculty] was an inspiration", and (c) "They [faculty] are trying to encourage you to do it [pursue a doctorate degree]."

In addition, the results of Research Question 3 corroborated and supported the theoretical framework of social cognitive theory. The responses provided an understanding of how perception influences one's decisions and subsequent actions.

Further discussion of the findings and themes that emerged, as related to the research questions and theoretical framework, are presented in Chapter 5.

Chapter 5: Discussion

Introduction

The problem studied in this dissertation was the nurse faculty shortage as perceived by adjunct nursing faculty. Because of the difficulties in recruiting and hiring qualified nurse faculty who hold a doctorate degree, many otherwise eligible student applicants are turned away from enrollment in nursing programs. The inability of nursing programs to enroll candidates, in turn, contributes to the overall shortage of nurses required to meet the complex healthcare needs of today's population. In addition to the full-time faculty, nursing programs frequently consist of a large pool of adjunct faculty to meet the needs of supervision of students in the clinical setting. Therefore, the purpose of this study was threefold and sought to acquire a better understanding of (a) the perceptions of adjunct faculty regarding the nurse faculty shortage; (b) the messages being conveyed by nursing educators enrolled in a doctorate program, or by those who have recently completed their doctorate degree in the past five years; and (c) how these messages have influenced adjunct faculty's decisions to seek doctorate degrees and full-time nurse educator positions.

The literature review provided the context and foundation from which to proceed with this study. To explore the perceptions of adjunct faculty concerning the intent of the study, three research questions guided the study.

1. How do adjunct faculty perceive the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years?
2. How do adjunct faculty perceive the messages being conveyed by nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years?

3. How does an adjunct faculty's perception of the messages conveyed by, and the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years influence their decision to pursue a doctoral degree?

This chapter includes a discussion of the results of the study in relationship to the research questions, the theoretical framework, and existing literature. The chapter presents in nine segments: an overview of the study, a summary of the findings, an interpretation of the findings, context of the findings, significance and relevance of the study, implications of the study, potential areas of future inquiry, limitations, and conclusion and recommendations.

Study Overview

The research design utilized was a qualitative case study with a narrative interview approach. Qualitative data was obtained through five in-depth one-on-one telephone interviews conducted with each of the participants. The narrative interview method utilized promoted an environment conducive to allow the participants to express their thoughts, feelings, and perceptions in a comfortable storytelling style. An interview protocol served as a guide for each interview (see Appendix A) and offered a general opening topic, subsequent interview questions, and potential follow-up questions. The interviews were audiotaped and transcribed using the online source NoNotes. Audiotapes were listened to a number of times and the verbatim transcription was verified for accuracy with corrections made as indicated. Member checking was completed with each participant being provided a final version of their transcript portions that were relevant to the study to verify the accuracy of their responses and to provide any further thoughts, feelings, ideas, or perceptions not previously shared. Once the accuracy of the interviews

was ascertained and following several rounds of listening to the audiotapes and reading the transcripts the data was analyzed.

Summary of Findings

Qualitative data from narrative interview responses with participants was analyzed with the use of a thematic analysis method and followed a three-column reduction process as described by Jovchelovitch and Bauer (2000). The analysis process consisted of a progressive reduction of the data and included entering interview responses in column one, reducing responses in column two, and ending with keywords in column three. Categories were developed for each interview and organized across all interviews in the study to establish final categories and to develop the narrative. In the end, a collective interpretation and meaning of the findings occurred. The analysis of the data showed a marked relationship between perception and subsequent decisions and actions as described in Bandura's social cognitive theory. A summary of each research question is presented in the following section.

Research Question 1. How do adjunct faculty perceive the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years? The analysis of the responses to this research question, with the exception of one participant, indicated a perception of the experience of doctoral education as favorable. Sub-themes included perceiving the experience as positive, providing a sense of self-efficacy, believing the goal to be possible and attainable, and entailing a commitment to the process. Perceptions of the challenges with doctoral education was also described by participants who described the endeavor as challenging in respect to completing the demands of the coursework or simply getting started in a doctorate program.

Research Question 2. How do adjunct faculty perceive the messages being conveyed by nursing faculty enrolled in, or graduated from, a doctoral program within the past five years? Overall, the responses to this question demonstrated participant perception of engagement in an informal professional mentoring relationship with faculty. Across the board, in response to this research question, participants described their perception of messages conveyed by faculty as motivating, encouraging, and inspiring concerning each participant's decision to pursue a doctorate degree. Even for one participant who expressed a lack of interest in a doctorate degree and another who reported an interest, but at a future time, each acknowledged the perception that faculty made attempts to motivate, encourage, and inspire them to do so.

Research Question 3. How does an adjunct faculty's perception of the messages conveyed by, and the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past five years influence their decision to pursue a doctoral degree? Responses to this research question indicated a correlation between the perception of participants and subsequent decisions and actions taken to pursue a doctorate degree. Each participant enrolled in a doctorate program at the time of the study clearly described the explicit influence faculty had in their decision.

Additional findings. Other findings, while not directly related to the research questions, but significant in the study, included: participant knowledge of the existing nurse faculty shortage and contributing factors, a passion for teaching and contributing to the future nursing workforce, nursing programs requiring a doctorate degree for full-time nurse educators in baccalaureate nursing programs, and barriers to pursuing a doctorate degree. While understanding the need for nurse educators to be qualified and competent,

master's prepared participants described their frustrations with the limitation imposed by the requirement of a doctorate degree to teach in a nursing program at a baccalaureate level. Participants also discussed some of the barriers associated with doctorate degree pursuit such as the time commitment, financial cost of higher education, family responsibilities, stress and effects on health, a lack of interest, and not yet being ready to pursue another degree. Finally, the findings revealed four of the five participants expressed a sound interest in a full-time position as a nurse educator. The two participants enrolled in a doctorate program at the time of the study described their desire to enter academia as a pivotal point in their decision to pursue a doctorate degree.

The responses for Research Question 2 and Research Question 3 best illustrates the correlation between perception, decision-making, and action. Social cognitive theory, along with other social cognition models, is grounded in the belief that individual behavior "is best understood in terms of his or her perceptions of the social environment" (Luszczynska & Schwarzer, 2005, p. xi). In essence, people process what they perceive in their personal experiences and in relationship to an assortment of social and environmental factors and they then are influenced and motivated to take action (Bandura, 2011). Because of this, adjunct faculty too, have taken their personal experiences, along with, their perception of additional factors, such as, messages conveyed by full-time faculty about their experiences with doctoral education, and cognitively processed the information and chose a course of action.

In spite of the numerous barriers and challenges associated with doctorate degree completion, I was encouraged and pleased to find the messages conveyed by faculty about their personal experiences with doctoral education as a positive experience and an

influential factor for adjunct faculty in their decision to both seek a doctorate degree and ultimately a full-time position in academia.

As a full-time nurse educator, a student in a doctorate program, and nearing retirement age, it was heartening to find adjunct faculty perceiving faculty messages as positive, encouraging, motivating, and influencing their decision in pursuing a doctorate degree and a full-time faculty position. I feel strongly that full-time nurse educators, faculty in doctorate programs, or faculty who recently completed a doctorate degree have an ethical and moral responsibility to act as role models and mentors for others. Conveying messages exemplifying the value of lifelong learning and positively influencing the future workforce of nurse educators, as seen in the study findings, is instrumental in contributing to bridging the gap in the shortage of qualified and competent nursing faculty. In turn, also making it possible for nursing programs to admit qualified applicants, decreasing the shortage of nurses, and increasing the capacity for providing care to a medically complex and aging population.

Interpretation of Findings

The data revealed similarities among the participants in response to the interview questions and general opening topic dialogue. First and foremost, the data indicated that all adjunct faculty interviewed expressed a common feeling of a passion for teaching and having the opportunity to educate future nurses. Smith (2005) also discussed the joy of being a nurse educator as preparing the future nursing workforce. The author also included other positive aspects of the role of a nursing faculty, such as, communicating with students and serving as a role model for professional values.

Furthermore, data from this study showed that in addition to enjoying their

primary educational setting in the clinical area, a desire to expand into, and be afforded the opportunity to teach in the classroom was articulated by more than one participant. The sentiment expressed indicated the perception that there were a select few adjunct faculty chosen to teach in the didactic setting, in addition to, the clinical setting; while others interested in doing so under the mentorship of full-time faculty were not provided this opportunity. The participants interested in classroom instruction reported a desire for administration to open the door to a wider group for consideration as supplemental didactic faculty. One of the participants summed up the sentiments of others by stating, “I would love to have the opportunity to do didactic. I would love that.” Additional findings included: (a) an awareness of the nurse faculty shortage, (b) factors influencing the decision to pursue a doctorate degree, (c) positive and negative aspects of doctoral education, and (d) an interest in pursuing a full-time faculty position. The ensuing section focuses individually on each of the research questions.

Research Question 1. How do adjunct faculty perceive the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years? The results and analysis of this question indicated that the majority of participants perceived the doctoral educational experience as a positive one overall. Pifer and Baker (2016) reported the experience of students during the various stages of doctoral education, may include self-doubt, uncertainty, and a reluctance to request support. Keefer (2015) employed the concept of doctoral liminality and described the liminal experiences of doctoral students as “comprising a sense of isolation, lack of confidence and impostor syndrome, and research misalignment” (p. 17).

Despite the fact that the experience of faculty who were actively enrolled in, or

recently completed, a doctorate degree was perceived as a huge endeavor by the participants, that demanded considerable time and energy to “get things done”, it was also believed to be a “doable” endeavor. One participant described perceiving the full-time faculty, in respect to the educational experience, as being “very committed” to the point of “some of them want to do a second one”. In addition, a story was recounted that described a full-time faculty member enrolled in a doctorate program who emphasized that the educational experience, in and of itself, is not difficult; but the bigger challenge is to “just start” a program and “once you start you’re in it and you just continue”.

Research Question 2. How do adjunct faculty perceive the messages conveyed by nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years? Perhaps the most surprising and unexpected findings were associated with the responses to this question. My preconceived beliefs and the responses I anticipated from the participants were very different and virtually the opposite of my expectations. Four participants, or 80%, strongly emphasized the positive nature of the messages conveyed by full-time faculty regarding their experience in a doctoral program.

Research Question 3. How does an adjunct faculty’s perception of the messages conveyed by, and the experience of nursing faculty enrolled in, or graduated from, a doctoral program within the past 5 years influence their decision to pursue a doctoral degree? As described by Hunter and Devine (2016) “The decision to pursue a doctoral degree is considerable, given the time, resources, and commitment required” (p. 35).

Notwithstanding the difficulties and challenges associated with the journey of a doctorate student, the results for this research question showed participant perceptions of messages conveyed concerning the experience in a doctorate program as positive and a

favorable influence on their decision, and served as an incentive to pursue a doctorate degree and a career as a nurse educator. Therefore, it is imperative that faculty become, and remain cognizant, of the messages they convey, the perception of the messages, and the potential to influence adjunct faculty's decision to pursue a doctorate degree and a position as a full-time nurse educator.

Keefer (2015) offered what this researcher believes may be an explanation as to why there is such a disparity between the large volume of literature that depicts the experience of doctorate students as generally a negative one, and the messages conveyed about the experience. Keefer (2015) conducted a thematic analysis of the narratives revealed by students in an advanced phase of a doctorate program and those who had completed a doctorate degree. The focus of the study was how participants experienced and made sense of their doctoral liminality. Three categories emerged:

a sense of isolation – the belief that nobody else understands the challenges faced along the path of studies; a lack of confidence in one's ability – an impostor syndrome of not being good enough; and a sense of research misalignment – real or perceived paradigmatic or methodological differences between the student and supervisor or programme. (p. 22)

What most surprised Keefer (2015) was the extent to which these students and graduates concealed their experience with doctoral liminality and suffered in silence during their interactions with others, even in cases where an extended time period time had passed since completion of their degree. Many of the participants in the study revealed the study interview as the initial time that they verbalized and processed their

experiences with doctoral liminality. Because of the powerful nature of the experience, participants lacked the voice and words to articulate their experience. Doctoral liminality and how doctorate students persevere and overcome the challenges, is an experience that resides in a secret and silent world, but may clarify why the participants in this study did not perceive negative or desperate messages from faculty about their experiences of doctoral education and as doctorate students.

Context of Findings

Contrary to 45% of responses in the findings of a study conducted by Lee (2009), where a survey was conducted with nursing faculty members who completed a doctorate degree about their doctoral experience. Forty-five percent of the participants described several negative aspects concerning their experience. Some of the accounts described their experience as “difficult, stressful, frustrating, and exhausting” (p. 63). Other sentiments expressed pointed to doctorate work as lonely, painful, and scary. In two similar studies about the challenges, problems, and well-being of doctoral student participants reported expressing feelings of stress, anxiety, and exhaustion concerning their experiences as doctorate students (Pyhältö, Toom, Stubb, & Lonka, 2012; Stubb, Pyhältö, & Lonka , 2011).

The majority of negative responses in Lee’s (2009) study aligned more closely with my expectations of the responses to this research question. On the other hand, Lee (2009) also had 28% of respondents who described their student experience as positive. Some of the descriptors included “exciting, rewarding, and worth it” (p. 63). Additionally, responses focused upon developing professionally, growing as a scholar, and acquiring program-specific knowledge applicable and pertinent to their profession

and work. Unpredictably, the responses to this research question were more in line with 28% of the responses Lee (2009) reported. Again, I anticipated the perception of the participants in this study to be more consistent with the negative experience of doctoral education as experienced by nurse educators.

Significance and Relevance of the Study

The study remains significant and relevant based upon the continued problem of a shortage of qualified and competent nurse educators with a doctorate degree to fill the ongoing vacancies in nursing programs. In the most recent report by the AACN (2017b), the data indicated an increase in the national vacancy rate from 1,328 in 2015-2016, to 1,567 in 2016, or, a 0.8% rise in the vacancy rate of full-time nursing faculty. The faculty shortage, noted as one of the primary reasons for turning away 64,067 qualified applicants from enrolling in nursing schools in 2016, continues to have consequences and an impact on the shortage of nurses. Although, the AACN (2017a) reported an increase of 3.6% enrollment in entry-level baccalaureate nursing programs in 2016, the rise in number is expected to be inadequate to provide the anticipated number of nurses that will be required to provide care.

Because the majority of, or 80%, of the study participants perceived doctoral education as a favorable experience, yet, a challenging endeavor, speaks to the significance and relevance of the study for the nursing profession as a potential means of contributing to the pool of nurses who complete a doctorate degree and are then eligible applicants for full-time faculty positions. Additionally, almost all of the participants expressed a perception of being engaged in an informal professional mentoring relationship with faculty and perceiving the messages conveyed by full-time faculty

about their personal experiences as doctoral students as motivating, encouraging, and inspiring. Participants perceived professional mentoring and positive role modeling as invaluable.

Forbes et al. (2011) described the critical role adjunct nursing faculty play, especially in the clinical setting, in meeting the needs of vacant full-time faculty positions. The need remains for high numbers of adjunct faculty to provide supervision and education of nursing students in the clinical setting (Carlson, 2015; Creech, 2008). As apparent, in the setting of this study, with 7 full-time faculty, 86 adjunct faculty, and 3 vacant full-time faculty positions, adjunct faculty are vital in supplementing the vacancies. Therefore, as stated by Santisteban and Egues (2014), “It is incumbent upon schools of nursing to cultivate their adjunct faculty” (p. 152).

Smith and Zsohar (2007) believed keeping experienced clinicians attracted to a role as a current educator and possibly a future full-time faculty member lies predominantly on mentorship. Bynum (2015) discussed formal and informal mentoring. The author reported informal mentoring relationships, are as effective for professional and personal improvement, as formal mentoring programs. Lastly, Jakubik, Eliades, and Weese (2016) outlined some of the benefits of mentoring as a sense of belonging, career hopefulness, competency, safety, and professional progression. Consequently, it is imperative for full-time faculty to engage in mentoring all nurses, but in particular, adjunct nursing faculty, and serve as role models as nurse educators. Finally, 80% of the participants perceived the messages conveyed by faculty as having a positive influence on their decision to pursue a doctorate degree and a position as a full-time nurse educator, thus underscoring the faculty interactions with adjunct.

Finally, Bandura's social cognitive theory developed in 1986, the theoretical framework for this study, emphasizes the dyadic interaction between people or personal factors, their behavior, and their environments. Individuals process what they perceive in their personal experiences and in relationship to a variety of social and environmental factors that subsequently influence and motivate them to take action. Because of this, adjunct faculty also, will take their personal experiences and perceptions of various factors, including messages conveyed by full-time faculty, about the pursuit of a doctorate degree, cognitively process the information, and then choose a course of action. If adjunct faculty perceive messages conveyed about their experience with doctoral education by full-time faculty as positive, the likelihood of being influenced to pursue a doctorate degree will increase. This in turn, will contribute to a greater number of nurses deemed to be qualified candidates to enter academia and help to meet the increased needs of caring for a rapidly growing older population.

Implications of the Study

There are several implications of the study. As a framework, Bandura's social cognitive theory provided an avenue to gain meaning and understanding, and a foundation for the exploration of the influence of perception on an individual's subsequent behavior and actions. The findings corroborate the theory, as evidenced by, results in this study illustrating a distinct correlation and influence between the perceptions of adjunct faculty and their decisions and actions concerning the pursuit of a doctorate degree, or consideration of doing so, in the future. This is significant in light of the problem addressed in this study. An increased number of adjunct nursing faculty, who pursue a doctorate degree and an academic career, may largely accomplish the need for

more nurses prepared at a doctorate level and assuage the current state of the shortage of qualified and competent nurse educators.

Dreifuerst et al. (2016) stressed the perilous point in time nursing academia is undergoing and the pronounced need for intercession. The researchers conducted a study that explored the pursuit of doctoral education by nurses seeking or intending to stay in faculty roles. The authors emphasized the nursing profession is faced with the need for more nurse educators prepared at a doctorate level who are effectively able to educate students. In preparation of the next generation of nurse educators, it is critical to understand the reasons nurses seek doctoral education in an effort to enter or remain in academia. In effectively addressing this issue, interventions must be based on evidence around the decisions nurses make to pursue or not pursue a doctorate degree and a faculty role.

The implications of this study are far reaching. Short term and long term consequences of a shortage of nurse educators prepared at a doctorate level affects qualified nursing student applicants who are being turned away from enrolling in nursing programs largely due to a shortage of faculty. The inability to enroll students into nursing programs due to faculty vacancies affects potential students' who desire to pursue a career in the profession of nursing. A decrease in the capacity of nursing students' results in a negative impact on the existing nursing shortage; producing a deleterious outcome for the field of healthcare as a whole. The capability to provide care for a rapidly aging population in a complex healthcare system requires an adequate supply of competent healthcare providers (Dall et al., 2013). "The shortage of nursing faculty significantly impacts the supply and demand of RNs in the clinical work environments, which in turn

directly affects the quality of patient care” (Derby-Davis, 2014, p. 6). Consequently, the vicious cycle previously described in Chapter 1 and referred to as a “circular crisis” is an ongoing challenge for nursing education (Robeznieks, 2015, p. 1).

Additionally, a shortage of full-time nurse educators leads to courses taught and supplemented by adjunct nursing faculty who are often only on campus during lecture periods. Concerns associated with consistency in courses arise, along with, a further burden on the workload of full-time faculty. Additional obligations such as, addressing student issues in the absence of the adjunct, having an increased number of student advisees, accepting a greater number of special projects, as well as, a number of other duties and tasks occurring on a daily basis become the responsibility of full-time faculty. As a result, the increased workload may potentially lead to faculty dissatisfaction, burnout, and retention issues. “The unfilled positions directly affect the supply and demand of the nursing workforce, making the retention of nursing faculty a growing concern for deans and directors of schools of nursing” (Derby-Davis, 2014, p. 1). The faculty vacancy rate in the nursing program in this study has, and continues, to pose many of the concerns identified with utilizing adjunct faculty to address vacant faculty positions.

The findings in this study are relevant for not only the study site’s university and nursing program, but also nursing programs across the country who also face the challenge of a shortage of qualified nurse educators. Because nursing programs largely employ adjunct faculty with master’s degrees to provide clinical supervision, a pool of potential future full-time nurse educators is readily available. As revealed in this study, adjunct faculty are passionate about educating the future nursing workforce and the

majority are also interested in full-time teaching positions. Additionally, findings indicated that full-time faculty had a positive influence on adjunct faculty in their decision to pursue a doctorate degree based upon interactions and perceptions of the messages conveyed by full-time faculty. This is a significant finding for nurse educators and nursing program leaders. The importance of remaining cognizant of the effect and influence faculty have while interacting with adjunct faculty is essential. Furthermore, nursing program leaders will be informed of the high level of interest many adjunct faculty have in broadening their role and teaching in the didactic setting as well as in the clinical area. In addition, the study indicated that adjunct faculty were willing to complete a doctorate degree in order to meet the eligibility requirement for a full-time faculty position. Finally, the findings in this study have implications for the field of healthcare and the nursing profession as a whole. Through professional mentoring and positively influencing adjunct faculty in their decision to pursue a doctorate degree and faculty position, full-time faculty have the opportunity to play a substantial part in contributing to narrowing the gap in the vacancy rate of nurse educators. An adequate supply of nurse educators will in turn, open more doors for qualified student applicants currently turned away from enrollment in nursing programs. This in turn will affect the shortage of nurses available to provide care throughout the nation's healthcare system.

Therefore, the findings of the study will be shared with nursing faculty in the study's program, nursing program leaders, and relevant stakeholders in the community through presentations at nursing conferences. Emphasis for faculty will be placed on the valuable role and influence they have, as positive messengers and mentors, as perceived by adjunct faculty, thus contributing to adjunct faculty's decision to pursue a doctorate

degree and ultimately a full-time faculty position. Study results to be shared with nursing program leaders, both inside and outside of, the study's setting will specifically focus upon three findings revealed in this study. Leaders will be informed of the desire expressed by the participants to have the opportunity to be mentored in the classroom setting, the willingness of adjunct faculty to obtain a doctorate degree, and the expressed interest in ultimately securing a full-time faculty position. Finally, leaders will be encouraged to identify adjunct faculty who have an interest in transitioning into full-time positions and provide mentoring opportunities and support throughout their doctorate degree completion.

Limitations of the Study

There are noticeable limitations in this study. Because of the nature of the case study research methodology, the sample size was small and limited to a specific group from a singular setting. Therefore, the results of the study are representative of a particular group, in one place, and at a given period in time. Another limitation was the role of the researcher, who is a faculty member in the study's program, although on another campus, and a doctoral student as well. These two circumstances may have influenced responses to the interview questions. Other limitations related to the researcher included a risk for bias due to the researcher's past experience as a nurse, a nurse educator, and personal experience with the research topic. An additional limitation was the fact that the researcher developed the interview guide and conducted all of the interviews. Different responses may have been elicited if interviews were conducted by other researchers in another setting and time. Because of this, generalizing the findings of this study is limited. Then again, the essence of qualitative research, a naturalistic

approach, with the goal of understanding behavior in a natural setting, are meant to be exploratory, as opposed to, the findings being capable of generalization.

Future Research Inquiry

Additional research recommended relates to the findings in this study. A larger sample size from diverse settings would provide a more comprehensive picture of the perception of participants. Additionally, conducting future research using a mixed method approach to compliment this study, along with, more than one researcher gathering qualitative data, would afford an opportunity for acquiring a larger amount and broader scope of data on this subject. Quantitative data might include surveying nursing program leaders, collecting, and analyzing data about the number of adjunct faculty who transitioned into full-time faculty positions and retention rates of these faculty members. Additional quantitative data would be to determine the number of adjunct faculty, utilizing a larger sample of adjunct faculty, to determine the number with doctorate degrees, the number interested in obtaining a doctorate degree, and the number attracted to a full-time nurse educator position.

Another opportunity for inquiry, where there is a gap in the literature, includes exploration of full-time nursing faculty's view of their role as informal professional mentors and contributors to the development of adjunct faculty as future nurse educators. Investigating what actions, nursing program administrators and leaders, are taking in capitalizing on having the advantage of accessibility to a large pool of adjunct faculty, many of who are poised to become full-time educators is required. Finally, more alternative and creative strategies, in the short-term, to address the faculty shortage, need further examination.

Conclusions and Recommendations

In conclusion, consequences will persist if the problem of the current shortage of nurse educators prepared at a doctorate level continues to remain unresolved. Enrolling qualified applicants in nursing programs will remain hampered, increasing the nursing workforce will continue to be hindered, and providing care for an aging population with multifaceted healthcare needs, in a growingly complex healthcare environment, is certain to suffer. Nursing programs commonly employ large numbers of adjunct faculty to provide supervision and education in the clinical setting, as well as, supplement didactic courses due to the vacant faculty positions. Because of this, full-time faculty have frequent opportunities to interact with adjunct faculty and act as positive role models and mentors.

To meet the needs of educating the future nursing workforce, enlisting capable nurses into the field of nursing education is a must and a challenge (Hall & Mast, 2015). The pivotal role full-time nursing faculty can play to encourage adjunct faculty to pursue a doctorate degree and mentor adjunct faculty through the academic process, will in turn, support one solution to the nurse faculty shortage. An increased number of nurses with doctorate degrees will provide a larger pool of potential nurse educators to fill the vacant full-time faculty positions. Pifer and Baker (2016) may best sum up this assertion. The authors stated, “A small interaction, an expression of interest, the offering of guidance, an invitation to participate, and a space for reflection can be the difference between success and failure on the journey toward the doctorate” (p. 27).

Further recommendations include nursing program administrators, leaders, and

faculty identifying, mentoring, providing didactic teaching opportunities, and developing adjunct faculty expressing an interest in full-time positions in academia. The literature is replete with overwhelming evidence of the current nurse faculty shortage and the expectation that the shortage is not close to resolution in the near future. With the faculty vacancy rate predominately due to a lack of nurses with doctorate degrees interested in academia, as identified in the literature, this researcher strongly suggests encouraging, cultivating and supporting adjunct faculty, who make up a significant number of the faculty in nursing programs, toward pursuing a doctorate degree.

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Appendix A

Interview Protocol

Interview Protocol

Primary Researcher: Donna Shaw

Date and time of interview: _____

Participant pseudonym: _____

Contact information (include any form or forms desired) _____

1. Introduction and welcome:

- Welcome and thank participant for consenting to participate in the study
- Verify that participant is comfortable with the interview setting

2. Description of research study:

- Explain the purpose of the study
- Describe any risks and benefits associated with conducting the study
- Review anticipated length of time required to complete the interview

3. Informed consent:

- Explain that participation is voluntary and withdrawal from the study may occur at any time without consequence
- Remind participant that the audio-recording may be requested to be stopped at any time during the interview
- Breaks may be requested, if desired, at any time during the interview
- Inform the participant that they may refuse to provide an answer to any question if they choose to do so

4. Confidentiality and handling of data:

- Confirm the participant pseudonym is accurate; as assigned by the participant, and indicated above
- Inform the participant that there will be no identifiable information utilized in the collection of or the reporting of data
- Explain how data will be secured, encrypted, assigned a secure password, stored, and ultimately destroyed

5. Have participant complete the Demographic Data Sheet**6. Obtain permission from participant to commence with the interview and audio-taping process****7. Begin narrative interview with opening topic:**

I am interested in hearing your perception regarding the following: the nurse faculty shortage, the experience of nursing faculty enrolled in, or, those who have graduated from a doctoral program within the past five years; the messages conveyed by faculty regarding their experience as doctoral students; and how, if at all, have these messages influenced your personal decision to pursue a doctoral degree.

Subsequent interview questions:

- a. What is your perception of the experience of nursing faculty enrolled in a doctoral program?
- b. Is your perception of your interaction with faculty members' with doctoral degrees different from those completing their degree?
- c. What messages regarding their experience as doctoral students are conveyed by

faculty currently enrolled in a doctoral program?

- d. Based upon the messages conveyed, is your perception of the experience of faculty members who completed their doctoral degree, different from those still enrolled?
- e. Has your perception of these messages influenced your decision to pursue, or to choose not to pursue, a doctoral degree?
- f. If you were influenced in any way by the messages conveyed, please describe in what way?

Additional follow-up questions:

- a. What is your overall perception of the nurse faculty shortage?
- b. If not currently enrolled in a doctoral program, nor planning to enroll in the near future, would you consider doing so?
- c. If currently enrolled in a doctoral program, or planning to enroll in the near future, would you consider pursuing a full-time faculty position upon completion of your degree?

8. Conclusion of interview

- Thank the participant for completing the interview process and consenting to participate in the research study
- Verify contact information and availability for member check of data and other follow-up issues that might arise
- Review confidentiality and security plans for participant's identification and data

9. Following the interview

- Review notes taken during the interview if applicable
- Document notes after reflecting on the interview experience

- Listen to the audio-tape and review the verbatim transcribed data as many times as necessary to assist in the data analysis process

Appendix B
Demographic Data Sheet

Demographic Data Sheet

Please fill in the blanks and circle the applicable response or responses.

1. What are your current credentials? _____
2. Which of the following racial/ethnic group or groups do you belong? (Circle all that apply)
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - Hispanic or Latino
 - Caucasian
 - Other: (please specify)_____
3. In what setting or settings do you practice nursing?
 - College
 - University
 - Other: (please specify)_____
4. What is your gender?
 - Female
 - Male
5. Approximately how old are you? (age ranges are in years)
 - 25-35
 - 36-46
 - 47-57
 - 58-68
 - 68 +
6. Number of years of experience as a registered nurse

- 1-5
- 6-10
- 11-15
- 16-20
- 21-25
- 26-30
- 31-35
- 36 or more

7. Annual salary:

- 50,000 – 65,000
- 65,000 – 75,000
- 76,000 – 86,000
- 87,000 – 90,000
- 91,000 – 100,000
- More than 100,000
- Other: (please specify) _____

Thank you for providing demographic information.

