FACTORS INFLUENCING NURSES’ CHOICE TO INSTRUCT IN NURSE EDUCATION PROGRAMS

BY

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ABSTRACT

Nursing education program leaders face many obstacles in recruiting nurses to be instructors. The purpose of this qualitative, phenomenological study was to understand how and why nurses choose a career in education. Participants were recruited from three established nursing education programs in colleges located in the State of Washington. The volunteer sample size consisted of 12 nurse educators. Participants were contacted via email and asked to complete an in-person, Skype, or telephone interview to describe their journeys into the field of education. The data were analyzed using Colaizzi’s model for data analysis of descriptive phenomenological studies to determine the motivating factors that lead nurses into the field of higher education. The intention of this study was to inform nursing program leaders about the factors that attract and retain nursing educators. The findings in this study included the pathways to their career taken by nurse educators and the common motivational factors that influence this choice. With this information, nursing program leaders may be able to construct a recruiting model designed to target those nurses who are most likely to be interested in a career in nurse education.
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I was inspired to consider the phenomenon of nurses entering the field of education after my own personal experience with a nursing shortage. In 1999, my son was injured during his birth. This injury left him with severe disabilities. To care for my son at home, nursing care was needed. Throughout the 4 years my son lived before succumbing to his birth injuries, I struggled to hire enough nurses to provide around-the-clock care. It was an experience that sensitized me to the problems facing the healthcare industry and, specifically, the lack of nurses.

In my own experience as a healthcare leader, I frequently faced difficulties in fully staffing my departments with the required level of nurses. Often, nurses were given a sign-on bonus, and wages were inflated to attract them to work within my organization. When it became clear that nurses were earning a wage very close to that of a nurse practitioner or a physician’s assistant, I considered the nursing shortage further.
CHAPTER 1: INTRODUCTION

Background

As the spectrum of treatable diseases and disorders broadens and the population in the United States grows older, the need for healthcare is growing. A growing shortage of nurses working in the clinical setting causes a strain on the healthcare system, affecting patient care and nurse job satisfaction. This shortage of nurses has been the focus of numerous studies. Healey (2017) conducted a study about the use of financial and educational incentives to overcome the nursing shortage. Nurses are in high demand and, due to this demand, wages paid to nurses continue to rise, contributing to the rising cost of healthcare (Healey). Cost and quality of healthcare can be directly linked to a shortage of nurses. To address the nursing shortage, all contributing factors must be considered, with the goal of finding long-term solutions.

With the passage of the Affordable Care Act (ACA), millions of previously uninsured Americans have access to healthcare. This influx of consumers into the healthcare field has caused a strain on the healthcare workforce. In an article framing the issue of aging and healthcare spending in Canada, the United Kingdom, and the United States, Gusmano and Allin (2014) noted that the passage of the ACA has contributed to a higher number of patients seeking care. The U.S. Department of Labor (2018) has predicted a need for an additional one million nurses in the workforce by 2025. In a study on the use of systems thinking in nursing education, Phillips and Stalter (2016) found that insufficient numbers of qualified nurses have been projected to worsen the nursing shortage as the current nursing population begins to retire, and there are not enough new nurses to replace them. Avoiding the projected increased shortage of nurses will include
educating more nurses to replace those who will retire and accommodating the influx of healthcare consumers into the system.

**Implications of a Shortage of Nurses**

A lack of qualified nurses directly impacts the healthcare system. In response to the nursing shortage, many hospitals have decreased the ratio of nurses to patients. This increases the risk of nurse burnout due to longer hours and more physical strain on nurses (Healey, 2017). Alilu, Zamanzadeh, Fooladi, Valizadeh, and Habibzadeh (2016) studied the challenges facing nurses and the reasons nurses leave the profession and found that many nurses leave the clinical setting due to overwork and burnout. Nurses in the Alilu et al. study cited the high number of patients per nurse assignment and long hours as reasons for leaving the clinical setting. Paul and MacDonald (2014) performed a study into strategies that could be effective in aiding and alleviating the nurse shortage and the potential impact on patient safety. What these researchers found was that lack of adequate levels of nurses can also predispose hospitals to use suboptimal strategies, such as having nurse assistants or medical assistants perform tasks currently done by nurses. Though many healthcare organizations have looked for alternative staffing models to address the nursing shortage, this has not proven to be a long-term fix for the problem.

The nursing shortage is not confined to the United States. In studies suggesting that the nursing shortage is similar worldwide, Muhammad (2015) and Nardi and Gyurko (2013) discussed the shortage of nurses in countries outside the United States and compared the nurse-to-patient ratio in those countries with internationally recognized standards. These researchers found that the shortage of nurses is a worldwide
phenomenon. While the reasons for the nursing shortage may differ from one country to another, the problem is not restricted to the United States.

With the projected increase in demand for nurses over the next 20 years, many U.S. healthcare facilities have worked to phase in the retirement of current nurses. Frank (2013) explored the use of a phased retirement process for improving nurse retention. Moving nurses who are close to retirement into less physically active roles has been somewhat successful in reducing the shortage of nurses in some facilities (Frank, 2013). Dean (2017) studied staffing models that were designed to retain nurses. Dean found that hospitals that allowed more flexible work schedules and shorter shifts were better able to retain their nursing staff. Though the impact on retention of nurses who are given less active roles is clear, a challenge faced by healthcare organizations has been to move nurses into less active roles when the demand for clinical nurses continues to grow.

To show the full impact of the nursing shortage, Figure 1 provides a visual description on staffing levels of nurses in clinical care positions. These data show the number of nurse positions required compared to nurses available, the retirement of nurses, and graduates from nursing school. This continuing gap between nurses needed and nurses available reflects factors contributing to nurse burnout and poor patient outcomes (Healey, 2017). Though it is outside the scope of this study, it is important to note that the phenomenon of nurse burnout is not solely due to long shifts and high patient loads. In their study into the causes of nurse burnout, Idress and Abdul-Sattar (2015) found that poor communication, improper and incomplete training, and lack of resources also contribute to nurse burnout. With the gap between nurses needed and the
projected number of needed nurses growing, this strain on the healthcare system will continue if unchecked.

![Nursing Supply and Demand](https://www.bls.gov/ooh/healthcare/registered-nurses.htm)

*Figure 1.1. Nursing supply and demand. Adapted from “Occupational Outlook Handbook: Registered Nurses” by the U.S. Department of Labor, 2018. Retrieved from https://www.bls.gov/ooh/healthcare/registered-nurses.htm*

**Shortage of Nursing Faculty**

A contributing factor to the nursing shortage is the limited space available to students wishing to enter nursing programs. In a study exploring the nursing shortage, Kowalski and Kelley (2013) found that one nursing full-time faculty member produces at least six new nurses each year. Recruiting nurses into the teaching profession has proved difficult for several reasons. Wyte-Lake, Tran, Bowman, Needleman, and Dobalian (2013) conducted a systematic review of the models used to expand the ranks of clinical faculty in nursing programs. The findings of this study about the relationship between the nursing shortage and spaces available for students in nursing education programs suggested that, nationwide, a shortage of clinical nursing faculty limits the number of
spaces available; therefore, the number of students nursing programs are able to accept (Wyte-Lake et al., 2013). In the context of an increasing demand for qualified nurses, this limit to program capacity is an important issue for nursing education leaders.

Looking into the reasons for the shortage of nursing faculty reveals two main barriers. Littlejohn, Campbell, and Collins-McNeil (2012) researched reasons for the nursing shortage in the United States and found the lower wages that a nurse could earn in clinical settings compared to education settings and the need for academic credentials to teach in the classroom setting were the top two reasons nurses did not pursue a position as a nurse educator. Several studies demonstrate that, although the reasons for the shortage of nursing instructors may differ slightly from one country to another, the lack of nursing educators is a consistent barrier in many countries. For example, Vandyk, Cartrand, Beke, Burlock, and Baker (2017) studied the nursing faculty shortage in Canada. In their study, Vandyk et al. discovered that nursing program leaders struggled to retain nursing faculty due to the over-assignment of teaching workloads. Understanding these barriers helps in creating possible solutions to the nursing faculty shortage.

**Educational Barriers to Nursing Instruction**

To understand the educational barriers to nursing instruction, it is useful to outline the pathway for nurses to move into a teaching role. Smeltzer et al. (2015) studied nursing faculty trends and described the transition from a nurse to a nurse educator. The transition to an educational role begins with the attainment of a nursing degree. This associate’s degree may be earned in two to three years, depending on whether the student has completed the required prerequisites before applying. Once done with the associate’s degree in nursing, the nurse must go on to obtain a bachelor’s degree in nursing. This
adds an additional two years to their educational requirements. Having completed a bachelor’s degree, a nurse is qualified to teach in the clinical setting, but those wishing to go into classroom education must then obtain a master’s degree in nursing (Smeltzer et al., 2015). It is important to note that 45% of nurses working in clinical settings have not earned beyond an associate’s degree (American Nurses Association [ANA], 2014). This barrier is present in Canada as well, where nurses are also required to obtain an advanced degree to teach in the classroom (Vandyk et al., 2017). This additional required education creates a barrier for potential nursing instructors and adds a minimum of four years of education after earning their registered nurse (RN) degree.

Many studies have been performed to determine effective strategies for increasing the number of nursing faculty. Yedidia (2014) studied the nurse faculty shortage and found that offering incentives for nurses to pursue faculty careers could lower faculty vacancy rates. Hall and Mast (2015) studied recruiting efforts and the challenges faced by nursing education leaders in attracting nurse educators. These researchers found that nurse educators are often discouraged by the need for higher education and the cost associated with pursuing the degree required. Nursing program leaders may want to look into opportunities for tuition discounts as a method for attracting nurses to the field of education.

**Holland’s Theory and Career Choice**

To understand how the limitation in the availability of qualified instructors can be addressed by nursing program leaders, it is helpful to clarify the kinds of factors that influence a person to go into teaching in the profession of nursing. Holland’s (1973) theory of career choice suggests that six vocational personality types mediate career
choice. These types include realistic, investigative, artistic, social, enterprising, and conventional. Nützi, Trezzini, Medici, and Schwegler (2017) examined job matching and the use of Holland’s theory by vocational counselors to match a person’s capabilities and characteristics with career choice. Similarly, Perry and Shannon (2017) studied how vocational psychology can make a difference in suggesting career pathways to students in K-12. Using Holland’s theory of career choice to examine the characteristics of nurses and nurse educators may be helpful to understanding how individuals are motivated to pursue these careers.

Nurses are often seen as compassionate individuals, taking care of those who are sick and injured. Research on career choice using Holland’s (1973) model indicated that the type of personality that is attracted to nursing as a profession is a caring, social person (Perry & Shannon, 2017). Sharif, Upadhyay, and Ahmed (2016) in their research into teachers’ motivations for choosing a career in teaching, found that people with the same personality traits are attracted to the field of education. In a study that explored the use of Holland’s theory and personality in career choice for individuals choosing a career as a counselor, McCain (2017) found that Holland’s theory of career choice is based on a person identifying with their interests. For individuals who are unable to describe their interests, Holland’s theory may need to be supplemented with a measured assessment (McCain). Understanding the personality traits both of nurses and nurse educators is useful in creating a recruitment model for nurse educators.

Career counselors in high schools and community colleges have long used methods and theories to help students determine career choice and fit. Eren’s (2015) study exploring the relationship between career choice and job satisfaction found that
Holland’s (1973) theory consists of a model to determine the best career fit for an individual. Information gathered from using this model suggests that people will be more satisfied, successful, and stable working in a career that is congruent with their personality type (Eren, 2015). Eun, Sohn, and Lee (2013), in their study into self-regulated decision making on job satisfaction, and Woods, Patterson, Wille, and Kocawara’s (2016) study into the motives related to student career choice, confirmed these findings as well. Looking to support Holland’s theory of career congruence, Cowger, Chauvin, and Miller (2009) sought to confirm the inverse of this theory was true. After interviewing 30 participants in their study, these researchers found that the participants who were dissatisfied with their career choice were working in fields that were not congruent with their personality types. The link between career congruence and job satisfaction is clear.

**Path-Goal Theory and Career Choice Motivation**

Understanding what motivates a person to make a career choice is helpful in targeting the appropriate demographic for a profession. Malik, Aziz, and Hassan (2014) studied the application of the path-goal theory and leadership behavior and found that this theory helps to explain how leaders can motivate employees toward accomplishing goals by approaching their followers’ motivational needs. Northouse (2016) described the path-goal theory as one where the leader makes the path to the goal clear to followers. This may be helpful for nursing education leaders in guiding nurses into a teaching career. Linking Holland’s (1973) theory of career choice with the path-goal theory may contribute to nursing program leaders developing an effective model recruiting plan for potential nurse educators.
Holland’s (1973) theory of career choice and the path-goal theory are useful in interpreting motivators and success in career choice. These two theories are used to examine personality traits and fit to vocation (Nützi et al., 2017; Perry & Shannon, 2017). Although the path-goal theory may be used to determine how a leader may motivate others (Malik et al., 2014), O’Boyle and Cummins (2013) studied the relevance of the path-goal theory and found a limitation to using this theory lies in the assumption that leaders are able to easily switch from one leadership style to another, which may not be the case with all leaders. The advantage of using these theories together lies in their capacity to inform conclusions about definable demographic groups that may be drawn to a career in nursing education, and the factors that influence their career choice.

**Motivators for Career Choice**

Choosing a career path is related to the motivators behind that choice. Sahin (2014) studied how teachers in the field of social sciences made their career choice and found economic and financial factors often motivate individuals’ career choices. This may result in people choosing careers other than those for which they have talent or natural skills. Sahin also found those individuals who choose teaching as a career are often motivated by extrinsic factors. These factors include an acceptable work/life balance, long summer vacations, and the positive opinion society holds toward those working in the teaching profession.

The concept of choosing a career based on extrinsic factors is important to consider when determining how nurses are motivated to go into a career in education. Erten (2015) studied the motivation for choosing teaching as a career and found participants overwhelmingly stated altruistic reasons for choosing a career in teaching.
Howes and Goodman-Delahunty (2015) studied the factors that cause individuals to choose a career in teaching. These researchers found that the motivating factors included personal fulfillment, lack of alternatives, and financial considerations. Though motivators differ slightly for participants based on age group, the factors were consistent overall.

Many studies have shown that nurses cite lower wages as a reason they have not pursued a career in education. Though career motivators may vary from one individual to another, Evans’ (2018) study into motivators driving nurses into a career in education resulted in findings relating to the desire these nurses have to contribute to their community. These findings are in line with Sahin’s (2014) study on extrinsic factors leading individuals to choose a career in education. These findings are not restricted to the United States; Akarsu and Kariper (2015) found similar motivators were present in a Hungarian study into the nursing faculty shortage in that country. This understanding of career choice motivators is useful in understanding how nurses are motivated to enter a career as a nurse educator. Nurse educators are not typically drawn to their career based solely on potential wages.

**Career Construction Theory**

The use of career construction theory may be helpful in understanding career choice. Bruner (1966), in his seminal text on how children learn, described constructivist theory as an active learning process in which individuals use their current and past knowledge to construct new ideas or concepts. Kang, Kim, and Trusty (2017) studied constructivist theory and defined this theory as a situation where individuals assign their own meaning to personal experiences. Kordeš (2016) also studied the use of constructivist theory. Because everyone has experienced their own life events and
attached meaning to those events, it is difficult to use constructivist theory to target a demographic and steer those individuals toward a specific career choice (Kordeš, 2016). Meijers, Kuijpers, and Gundy (2013) found the same to be true in their study of career education and guidance among students. Constructivist theory about career choice could be used to describe the career field to which an individual is drawn based on their own perceptions and experiences.

Career construction theory holds that an individual gravitates toward a career that fits with the story of their life. Barclay and Stoltz (2016) studied career counseling and found that career construction theory involves individuals choosing a career based on how they see themselves and their role within society. Feldman and Whitcomb (2005) examined the effects of framing vocational choices on young adults’ career options and found Holland’s (1973) theory of career choice may not be useful in career counseling in the case of an individual having a negative image of a career. Following this finding, one can speculate that having a positive career congruence based on personality type might be overridden by the image a person holds of a career that would seem to be a good fit.

Choosing a career may also involve an individual having a concept of career coherence. In a study of the use of a career coherence tool for employment counselors, Magnusson and Redekopp (2011) found career coherence is composed of four factions: (a) career literacy, or the ability to fully understand the job role; (b) career gumption, or the desire to perform the job duties; (c) career context, or the way the individual believes society perceives the career; and (d) career integrity, or the usefulness and value the individual sees in the chosen career. Magnusson and Redekopp also found that employment counselors could use a career coherence tool to target individuals to train for
a career. In a study of the relationship between career competencies, career identity, motivation, and quality of choice, Meijers et al. (2013) found individuals who feel they have or can easily master the skills required for a profession are more likely to see a sense of congruence with that field or career. Providing students with information on a career path can help those students choose a career they may not have considered otherwise.

**Minorities and Gender in Nursing and Nursing Education**

Cultural hegemony plays a part in career choice and motivation. Fernández, Castro, Otero, Foltz, and Lorenzo (2006) analyzed motivation toward career choice and found that the concept of cultural hegemony is that of a group holding a position of dominance in a setting, which then leads to the perception that anyone outside that cultural group does not belong. Kneipp et al. (2014) found the same to be true in their study of hegemony and counter hegemony and the effects of interpersonal interactions on a student’s desire to select a career. Career choice is directly related to how some individuals view a particular career in relation to their own cultural identity.

Cultural identity relating to how an individual perceives a career in relation to their gender, age and ethnicity plays a part in choosing a career. Morris (2016) examined how sex, age, and ethnicity affect choice of vocation. Cultural hegemony may present in the form of role models and how a person perceives a career based on the individuals they know in that field (Morris). In their study of role model influences as predictors of career choice, Collier and Moreton (2013) found role models are directly related to career choice. This can be translated to the nursing industry, where most nurses are Caucasian
women, which may be part of the reason why men and ethnic minorities are not better represented in this vocation.

Research into the reasons why men and minorities have not historically gone into nursing as a career reflects common findings. In a study on men who enter nursing careers, Kellett, Gregory, and Evans (2014) found that lack of male role models in this career may lead men to dismiss the concept of a career in nursing. Young-Brice, Dreifuerst, and Buseh (2018) studied the lack of minorities in nursing careers and found that the lack of ethnic diversity in this field is related to the stereotype that the nursing profession is dominated by Caucasian women. Men and minorities may not be drawn to nursing as a career due to the cultural perception that this field is dominated by Caucasian women.

Looking at the issue of nursing instructor capacity from the perspective of gender and participation by minorities may suggest additional avenues for recruiting instructors. Allen’s (2008) and Jones and Gates’ (2004) research into nursing program faculty found that the clear majority of nursing program educators are Caucasian women. Allen’s (2008) study resulted in the call for research to be done on recruiting men, as well as minorities, into the nurse educator profession. In a study of how and why men choose a career in nursing, O’Connor (2015) found that, historically, little encouragement is given to men to enter the nursing profession. Poon (2016) studied how Asian American students make career choices and found that this demographic is highly motivated by pressure from their parents. This may suggest a need for an outreach to minority communities by nursing program leaders to present the benefits of nursing to potential
students. Though it is beyond the scope of this study, nursing program leaders should consider avenues for recruiting men and minorities into nurse educator roles.

**Problem Statement**

Nursing program leaders face a unique and imposing challenge in assuring the sufficiency and quality of nursing instruction. Nursing programs remain fully enrolled. In their research into the nursing shortage, Crouch (2015) found that waiting lists for entering nursing programs in the United States are at an all-time high. A major constraint to increasing the number of students enrolled in nursing programs is the low number of nursing program instructors (Littlejohn et al., 2012). With an understanding of the motivators that cause nurses to enter a career in nurse education, nursing program leaders can focus their efforts in recruiting in a more efficient manner.

A shortage of qualified nursing professionals has created several issues in the U.S. healthcare system over the past two decades. Nantsupawat et al. (2017) studied how clinical environment and work settings for nurses affect job satisfaction and burnout. These researchers found that reasons for nurses leaving the clinical field include rising ratios of patients per nurse in hospital settings, an increase in medical errors, and a decrease in patient satisfaction. Dotson, Dave, and Cazier (2012) studied how nurses make the choice between working in a rural or an urban area and found that the lack of adequate levels of nurses worldwide has hampered the ability for first-world countries to meet goals in improving health systems globally. With the nurse and nursing faculty numbers lagging in proportion to the need, these goals toward improvement will likely fall further behind.
Efforts have been made to understand the barriers to recruiting nurse educators. In their study of education policy initiatives to address the nurse shortage, Aiken, Cheung, and Olds (2009) found that the problem is that current recruiting efforts by nursing program leaders have not been effective in overcoming existing barriers, attracting qualified candidates, and filling the needed number of nurse educator positions.

Attracting nurses to the field of education is essential to increasing the number of nurses in the United States (Aiken et al., 2009). With more nurse educators in place, nursing programs would be able to enroll more nurses.

Nursing has been a primarily female-dominated field. In their study of nontraditional career choices made by men, Kellett et al. (2014) found that men tend to gravitate toward careers that are traditionally occupied by males. Attracting male nurses to the field opens both the diversity of the profession and dispels the idea that caring personality traits are not found in men (Kellett et al., 2014). Hofstede’s research into gender roles and traits was studied by An and Kim (2007) and has shown that men and women are motivated toward career choices in differing ways. Littlejohn et al. (2012) called for additional research into recruitment and workforce planning to meet the needed nurses in the coming decades. In their research into increasing minority representation in nursing, Beard and Volcy (2013) found that minorities represent just under 17% of all nurses in the workforce and less than 12% of nursing faculty. As previously suggested, though it is beyond the scope of this study, it is noteworthy that the issue of attracting men and minorities to the field may be relevant to nursing education leaders in recruiting instructors.
Purpose of the Study

The purpose of this qualitative, phenomenological study was to understand how nurses go about choosing a career in higher education. In this study, pathways by which nurses enter the nursing education profession were explored. To this end, nursing instructors at three Washington State colleges were interviewed to determine how they went about deciding to go into a career in nurse education.

Methodology Overview

The methodology used in this phenomenological study was a qualitative design, conducting semi-structured interviews with volunteer participants. Phenomenological analysis of interview data results in an enhanced understanding of the essentials of a phenomenon as discussed in the seminal work of Moustakas (1994). Barnham (2015) researched the appropriateness of quantitative and qualitative methodology to this type of study and found that the use of qualitative methods such as phenomenological research is preferable. Phenomenological research design was chosen for this study to uncover motivating factors that lead nurses into careers in higher education.

Nursing instructors from three nursing programs in colleges located in the State of Washington were contacted with a request to participate in interviews. In their research aimed at understanding the best sample size for a qualitative study, Bohanec, Borstnar, and Robnik-Sikonja (2017) found that a sample size of approximately 10 participants results in more valuable research data than studies where 15 or more participants are included. This is because a larger number of participants can cloud the data (Bohanec, Borstnar, & Robnik-Sikonja). The goal was to recruit 12 nurse educators to participate in this study.
Research Questions

The research questions used to guide this study were focused on gaining an understanding of the paths by which nurses choose to enter the field of nurse education. Using qualitative phenomenology, the data were collected to answer the following research questions:

1. What vocational pathways lead nurses to choose a career as nurse educators?
2. How can information about vocational pathways benefit nursing program leaders with an interest in recruiting nurses?
3. How do prospective nurse educators become aware of their desires to pursue careers in education?
4. What role did awareness of their desires to pursue careers in education play in their decision making?

Significance of the Study

The significance of this study was to contribute to knowledge about how nurses go about choosing careers as educators in a way that assists nursing program leaders in developing recruiting models. This information addressed issues such as the pathway to careers in nurse education; issues of congruence, as suggested by Holland’s (1973) career choice theory; and issues of meaning and significance, as suggested by constructivist theory.

The key stakeholders of this study are nursing program leaders. As a result of the data collected in this study, nursing program leaders will have a better understanding of what leads nurses into careers in nurse education. With this data, nursing program leaders will have the information needed to construct a recruiting plan with the goal of increasing
the number of nurse educators in their programs. By recruiting additional nurse educators into their programs, nursing program leaders will be able to expand enrollments of nursing students, which will benefit the individuals receiving care in the U.S. healthcare system.

**Study Limitations**

One limitation to this study may be that the findings are U.S.-focused and therefore not applicable outside the United States. For example, Dapremont and Lee (2013) studied Canada’s nursing shortage and found it has been related to a lack of hospitals taking nursing student externs. In the Philippines, though the number of nurses educated is more than needed in that country, the majority of Filipino nurses move to countries where the wages are higher upon graduation from nursing school, which is causing that country’s nursing shortage (Littlejohn et al., 2012). Muhammad (2015) and Nardi and Gyurko (2013) compared nursing faculty shortages globally and found that the shortages of nurses and nursing faculty is present around the world.

Nursing program educators are made up primarily of Caucasian women (Allen, 2008; Jones & Gates, 2004), creating a limitation relating to input from minorities and male nursing instructors. Coupled with the lack of ethnic and gender diversity, the age of the participants is likely a barrier. Chan, Purcell, and Power (2016), in their study of clinical communication skills, found the median age of nursing instructors is 57 years.

**Study Delimitations**

One delimitation in this study is the population demographic. With participants being limited to the State of Washington, the data were focused solely on colleges in that
area. This study did not delve into the gender and cultural diversity among nurses or nursing instructors, and the collection of data was limited to the Fall 2017 quarter.

**Definitions of Key Terms**

*ACA.* The ACA is federal legislation passed in 2010 (Gallen & Mulligan, 2018). This act resulted in millions of previously uninsured Americans gaining access to health insurance, and therefore, healthcare. This addition of millions of individuals into the healthcare system has exacerbated the nursing shortage (Gusmano & Allin, 2014).

*Clinical setting.* Clinical settings are those facilities where nurses perform hands-on patient care. This setting may be in the hospital, nursing or long-term care facilities, or in the medical office setting (Frank, 2013).

*Medical assistants.* Medical assistants are healthcare professionals with slightly less clinical training than nurses. These professionals work under the supervision of providers and alongside nurses in the medical office setting (Paul & MacDonald, 2014).

*Nurse assistants.* Nurse assistants are healthcare professionals with minimal clinical training. These professionals work under the supervision and direction of nurses, performing tasks that do not require a nurse’s skillset. The work setting for nurse assistants is in the hospital, nursing home, or long-term care facilities (Paul & MacDonald).

*Nursing burnout.* Nursing burnout is the phenomenon of nurses leaving clinical work as the result of long hours and overwork in the clinical setting (Alilu et al., 2016).

*Nursing educators.* Nursing educators are nurses who work in a college setting as nursing faculty/instructors (Wyte-Lake et al., 2013).
Summary

The purpose of this qualitative phenomenological study was to explore the problem facing nursing program leaders of recruiting nursing instructors. This was done by analyzing the vocational pathways of nursing instructors at three nursing programs in the State of Washington. The answers provided by participants were examined and further developed by phenomenological analysis. The focus was on the motivating factors that attract nurses to the field of education and the methods by which those nurses chose their career pathways.
CHAPTER 2: LITERATURE REVIEW

Review of the literature revealed a direct correlation between the nursing shortage and lack of nurse educators. In a study examining the traits that make for “great” nursing instructors, Broussard and Wilson (2018) found that nursing programs have long experienced a lack of appropriately trained faculty. This same finding was also found by Todero, Long, and Hair (2015) in their study of academic practice partnerships and nursing programs. This lack of faculty restricts the number of students accepted into many nursing programs.

The number of patients accessing the U.S. healthcare system is expected to rise as the population ages, and the introduction of new healthcare consumers due to the Affordable Care Act (ACA). Fischer (2016) studied the effect of the ACA on the nursing shortage and found that the influx of millions of previously uninsured patients has exacerbated the nursing shortage in the United States. DeCelle (2015) studied the needs of nurses and patients and found there is a growing need for trained nurses that current nursing school programs cannot meet. Crouch (2015), after investigating this problem, concluded that more research needs to be done to determine the factors that cause nurses to choose a career in education. By increasing the number of qualified nurse educators, more nurses could be enrolled in nursing education programs, thereby alleviating the nursing shortage.

History of Nursing Shortage

A shortage of qualified nurses has caused hospitals to increase the ratio of patients to nurses. In a study about the solutions to the shortage of nurses, Johnson, Butler, Harootunian, Wilson, and Linan (2016) found that more nurses have been retiring from
patient care than nurses entering the field since 2000. Johnson et al. (2016) projected a shortage of one million nurses by the year 2020. Ball, Doyle, and Oocumma (2015) researched methods for increasing the number of teaching fellows and found that increasing patient loads on nursing staff leads to higher incidences of mistakes and patient injuries due to the lack of appropriate care. An increase in patient load, longer hours, and physical demands has caused an increase in the number of nurses who experience burnout and leave the nursing profession. This phenomenon is markedly higher in rural areas (Dotson et al., 2012). This has further intensified the pressure on access to nursing education and reflects a continuing depletion of nurses available to work in many healthcare settings.

Response to Nursing Shortage

Response to the nursing shortage varies from one institution to another, with some responses adding more cost to the system. Johnson (2011) studied the response to the shortage of nurses and found that some hospitals have resorted to using physicians, physician assistants, or nurse practitioners to perform tasks that can be performed by nurses. This trend increases the cost of providing care to patients due to the increased wages paid to physicians, physician assistants, and nurse practitioners, compared to those paid to nurses.

Another response to the nursing shortage reported is to increase the number of work hours for nurses in the hospital setting. Auerbach, Buerhaus, and Staiger (2011) studied the nursing shortage and found that the cost of overtime paid to nurses is comparable to the cost of paying physicians, physician assistants, or nurse practitioners to perform nursing tasks, and the stress placed on nurses who work long hours has caused
some nurses to choose early retirement. Adding to the cost of healthcare, and overworking current nurses are not long-term solutions to this shortage.

Many healthcare organizations look to increasing wages paid to nurses in their attempt to attract more nurses to work in their organization. Condliffe and Link (2016) studied how rising wages impact the nursing shortage. These researchers found that increasing wages may work for an organization in the short-term, but this tactic does not work in the long-term. One reason increasing wages is not a long-term solution is that this tactic serves to increase the cost of healthcare (Condliffe & Link, 2016). Solutions to the nursing shortage cannot be found simply by raising wages paid to nurses.

To supplement current nursing staff, many healthcare organizations use contract nurses to fill in vacant shifts. Hockenberry and Becker (2016) studied the use of contract nurses and found that patient outcomes were not as good in facilities that had a high use of contract nurses, compared to facilities that used a lower number. This finding was thought to be due to the lack of development of a rapport between patients and contract nurses, when the nurses may only have a small number of shifts in a facility.

Barriers to Entering Nursing Education as a Career

Understanding the barriers to entering a career as a nurse educator is important in finding solutions. Chan et al. (2016) examined effective clinical communication in culturally and linguistically diverse students. These researchers found that one barrier for nursing students to entering education as a career after graduating from nursing school is cultural. Students who did not identify with their nursing instructors on a cultural level were less likely to see education as a career choice. Chan et al. found that this cultural divide exists in the form of the age, gender, and ethnicity differences between nursing
educators and nursing students. In 2014, the median age of nursing instructors in the United States was 57 years. Aging instructors are projected to cause a large decrease in the numbers of nursing educators by the year 2020, when many current nursing faculty members will have retired (Chan et al., 2016). This further contributes to the pressure on nursing education leaders to recruit instructors in a more effective manner.

Current research into the shortage of nursing instructors points to a number of factors relating to why nurses are not choosing education as their career. Doucette (2015), in a study of the shortage of nursing faculty, found that reasons given by nurses currently working in clinical settings, rather than education, have included salary and the desire to work directly with patients. Another barrier is that many nurses finishing an undergraduate nursing program with their RN degree have not considered teaching as a possible career; these nurses went into nursing school expecting to be bedside nurses, and teaching in a nursing program was not suggested to them during their nursing education. Prior research into this topic has been done via interviews of nurses working in clinical settings (Doucette, 2015; Littlejohn et al., 2012). By adding information into nursing program curriculum about the benefits of going into a nurse educator role, more nurses may become interested in this career pursuit.

**Nurses Who Enter the Teaching Profession**

Though many nurses do not consider a career as a nurse educator when they start their nursing career, many made the decision to enter a career in education after years of working in the clinical setting. Booth, Emerson, Hackney, and Souter (2016) studied how nurse educators prepare for their career and found that many nurses who become nursing instructors make that decision because they prefer the idea of teaching rather than
working bedside. Although there are many kinds of nursing programs that offer associate’s and bachelor’s degrees, nursing educators in the classroom setting are required to have a master’s degree in nursing, as well as clinical experience (Booth et al., 2016). This requirement precludes nurses who have just finished nursing school from going directly into a career in nurse education. These findings point to the possibility of recruiting nurses who have spent years in the clinical area into education.

Generally seen as working with patients in the clinical setting, individuals who enjoy helping others could include those who desire to help others through teaching. After reviewing numerous studies on the characteristics of people who choose to go into the healthcare profession, Trickey (2014) studied the characteristics of nurses and found that this career attracts people who are compassionate and enjoy helping others. This correlates with Holland’s theory of career choice (Nützi et al., 2017). Fouad, Figueirdeo, Ghosh, Thomas, and Chang (2016) interviewed college students to determine how they chose their educational programs and found that individuals enter study programs based on their attraction to the profession. This leads to an assumption that students who enter nursing programs do so mainly because those students are attracted to working in the field of nursing. This same assumption could be made regarding students who go into the study of education likely being those individuals who wish to have a career as an educator.

One concept that nursing program leaders may wish to address is including information on becoming a nurse educator into nursing programs. Riegle-Crumb, King, and Moore (2016) studied students who choose gender atypical educational programs and found that exposure to the idea of a job as an educator while in school could lead students
to viewing education as a career choice. This could be applied to nursing students learning of the benefits of becoming a nursing educator while in nursing school, and it could lead some nursing students to choose a career in education after spending time working in the clinical setting.

**Demographics of Nursing Students**

The demographics of nursing students in the United States have remained constant for several decades. Auerbach et al. (2011) surveyed registration data in nursing programs and found 82% of students entering nursing programs were female. As of 2013, only 9% of registered nurses in the United States were male (U.S. Census Bureau, 2015). While the shortage of nurses in the United States could be solved if the numbers of males entering the field were three times the current rate (Doucette, 2015), the problem of a shortage of nursing instructors would still exist.

The number of years a nurse works in the clinical setting has been decreasing steadily for decades. Nurses graduating from nursing school in the 1990s were expected to work at bedside patient care no more than 10 years on average. In the 2000s, that number was reduced to five years. This is a decline from an average of 19 years for nursing graduates in the 1970s (Auerbach et al., 2011). The decline in the number of years working in hands-on patient care has been attributed to the higher workload placed on nurses today. This higher workload causes nurses to move from clinical care into administrative or otherwise less physically demanding positions (Littlejohn et al., 2012). This demographic provides nursing program leaders with a possible focus for potential nurse educators.
Nurses who have become disabled and are no longer able to perform clinical nursing functions may provide another demographic for potential recruitment into nurse educator roles. Ferguson et al. (2009) studied the concept of attracting nurses with physical disabilities into the field of education. This demographic, along with working nurses who become physically unable to perform hands-on nursing care because of injury or age, could be targeted to become a nursing educator. Little research has been done in this area, pointing to a need for such a study to be performed to determine the viability of recruiting nurses with physical disabilities into the field of nurse education.

**Understanding the Working Conditions**

With the public having a limited idea and understanding of the work nurses perform and the places where nurses are employed, an early information program aimed at grade school students may spark an interest in nursing as a future career. Gore, Rickards, Fray, Holmes, and Smith (2018) interviewed students who were considering a career and found that describing the work setting attracted students to become nurses. This same tactic could be used to attract students to become nurse educators. Targeting students in grade school or middle school may increase the numbers of students who may become interested in this career.

**Making a Career Choice**

By presenting career options to young students, schools make the available options clear to male students, giving them the opportunity to reflect upon some careers that are nontraditional for males, such as nursing. Buser, Niederle, and Oosterbeek (2014) interviewed children prior to entering high school and found students, by the time they reached middle school, were typically already thinking about their future careers. Much
of this is based on role models, some of which is gender-based. In researching the problem of recruiting nurses to the area of teaching, Caldwell (2014) surveyed nurses working in clinical settings and queried this group on their desire to teach within a nursing school. Many of those surveyed stated a desire to go into teaching at some point in their careers, though all of those surveyed stated they would want to work in a clinical setting before considering going into nursing education. By including information on the option of going into nurse education into nursing programs, more nurses may consider that option for their future.

Many college students today choose their desired careers based on job opportunities and desired incomes. Stokes, Levine, and Flessa (2015) interviewed students to determine how and why they chose their career path. With healthcare being one of the fastest growing fields of job opportunities, students choosing careers based on opportunities may find themselves in a healthcare program (Stokes et al., 2015). With the increasing need for nursing educators, this career could also be placed in high demand. Katz, Gilad Izhaky, and Dror (2013) analyzed personality surveys taken of healthcare employees and found people with high levels of empathy were attracted to working in healthcare, and within this demographic, the desire to help others was higher than the desire to earn the highest income possible. One area to focus upon for attracting students to the field of nursing education may be that of students’ desires to work in fields in which they are helping others.

**Clinical Nurses Teaching as Adjunct Faculty**

One solution that has been attempted to bring more nurses into higher education careers is recruiting nurses who are currently working in clinical positions to teach as
adjunct faculty. Because many clinical nurses do have an intrinsic desire to teach (Caldwell, 2014), this could create an opportunity for nursing program leaders who offer adjunct instructors training to build their teaching skills. In their study about nursing faculty preparedness for clinical teaching, Suplee, Gardner, and Jerome-D’Emilia (2014) found that 49% of nurse educators interviewed reported having no formal training in how to teach. Jetha, Boschma, and Clauson (2016) found nursing programs that recruited clinical nurses as adjunct instructors had been challenged by those nurses’ lack of teaching skills. Offering training to new nurse faculty may be a way to attract nurses into the teaching profession.

Recruiting adjunct faculty into nursing programs can help to solve the shortage of nursing faculty. Santisteban and Egues (2014) found that nursing education programs that use adjunct faculty offer an up-to-date program for students due to the current and recent clinical skills those adjuncts practice in their clinical positions. This suggests that nurses who are currently working in clinical positions bring their expertise to the classroom, which is beneficial to nursing students. These adjunct faculty nurses would need to have a master’s degree in nursing to teach in the classroom setting within a nursing program.

Adding adjunct nursing faculty may allow for increased enrollment in nursing education programs. LoGrippo (2015) surveyed nursing school administrators across the United States and found programs that utilize adjunct nursing instructors tend to have more space available for students in their programs. In a study into the advantages and challenges of employing part-time faculty in nursing education programs, Meyer (2017) found that, although more space for students may be created with this model, a challenge is that part-time faculty may not have experience or training as teachers. These findings
indicate that nursing programs are better able to staff their teaching positions by using adjunct faculty, rather than by seeking to employ full-time nursing instructors in all their teaching positions. The challenge of teaching nurses to become educators must be addressed.

**Mentoring and Career Choice**

Students who are given the opportunity to observe the workflow of nurses and nursing educators may better understand this field, and therefore choose to pursue this career. Yehia et al. (2014) studied the concept of mentoring and how a mentor may influence career direction. These researchers specifically targeted the role of mentoring in recruiting ethnic minorities into a career in medicine. What Yehia et al. found was that access to a mentor was related positively to student success in their program. Amit and Gati (2013) found the same to be true in their study of how students made their career choice. Amit and Gati found that a large majority of students stated that their career choices were made due to the influences or examples of adults or teachers in their lives. By providing information sessions on nursing and nurse education to potential students, nursing program leaders may influence students to make those career choices.

Connecting new faculty to a mentor is helpful in the onboarding process of a new hire. In hiring adjunct nursing faculty, Cangnlesi (2014) found having seasoned nurse faculty mentor adjuncts was key to the success of the adjuncts’ teaching experiences. This was measured by both the satisfaction of the adjunct nursing instructors and the students in the classes. Silao (2015) found that new nursing faculty who were connected with mentors were able to transition into their teaching positions quicker than those instructors who were not mentored. Dunker and Manning (2018) focused their study on
mentoring of adjunct clinical faculty in nursing programs. These researchers found that adjunct faculty need formal mentorship to succeed in their teaching roles. Adjunct nursing faculty may not have had formal education on teaching. Providing this group with a seasoned mentor helps to ensure their success as a nurse educator.

**Job Stress of Clinical Nursing**

Many nurses leave the profession due to job stress. Middleton (2015) interviewed nurses in the United Kingdom and found those who had been working in clinical settings for 10 or more years were more likely to tire of the profession due to the physical demands of the job. Long work hours and a higher number of patients-per-nurse were found to be the main reasons for dissatisfaction with the profession. The nurses in this study were queried about teaching as a second career, and many of those interviewed expressed their interest in making this change. Targeting nurses who have spent many years in a clinical position may help nursing program leaders to recruit faculty.

The increase of job stress has led many potential nursing students to choose other areas of study, such as medical assisting. Baskale and Sercekus (2015) studied nursing students to discover why those students chose nursing as a career. What these researchers found was that nursing students perceive their future career as one that is physically demanding. Caldwell (2014) studied the nursing education system in England and found that modifying the scope of practice of non-nursing personnel, such as nursing assistants or medical assistants, was beneficial in allowing trained nurses to perform higher level nursing skills and the lower trained professionals to perform the more routine tasks. By removing the administrative and non-nursing tasks from the jobs of the nurses, Caldwell highlighted that hospitals found their costs were lower and job satisfaction for all
positions was higher than before the job skills change was made. This shifting of job roles and duties may delay the retirement of some nurses currently working in clinical settings and lower the cost of healthcare due to the lower wages paid to medical assistants and nursing assistants compared to those paid to nurses.

Possible Results of Increasing Enrollment

Though increasing enrollment in nursing programs is one way to combat the nursing shortage, there are some doubts that this would be easy. Even if there was no lack of nursing instructors, a common concern among nursing program leaders is that a lack of clinical extern sites may further constrain the ability to educate and train more nurses (Caldwell, 2014). Valiee, Moridi, Khaledi, and Garibi (2016) found this possibility would be unlikely in their study of nursing students; medical facilities in dire need of nurses will likely welcome nursing students and their instructors into the clinical setting. Valiee et al. performed their study in Iran, yet Salandanan (2014) found the same phenomenon existed in the United States. With the desire to hire nurses high, medical facilities will likely accommodate nursing students.

Summary

A shortage of nurses in the United States has affected the cost and quality in the healthcare system. The shortage of nurses has been heightened due to the number of nurses retiring from the profession (Johnson et al., 2016) and the addition of millions of healthcare consumers to the system, caused by the ACA and an aging population (Gusmano & Allin, 2014). The shortage of nurses in the United States has caused nurses to work longer shifts and take on a higher ratio of patients per nurse. Though this shortage has caused healthcare organizations to increase wages for nurses and to offer
Sign-on bonuses, these responses to the shortage have not alleviated the problem and have been found to increase the cost of healthcare in the United States (Healey, 2017). With the projected need of an additional one million nurses in the United States by 2025 (Phillips & Stalter, 2016), many solutions have been proposed to alleviate this shortage. These proposals have ranged from increasing the scope of practice for lesser trained healthcare professionals, such as medical assistants and nurse assistants (Paul & MacDonald, 2014), to recruiting nurses from countries outside the United States (Muhammad, 2015). Healthcare organizations have tried many avenues to alleviate the nursing shortage, but the demand for more nurses continues to grow.

This shortage of nurses is, in part, due to a lack of nurse educators (Wyte-Lake et al., 2013). While there are studies into the cultural and generational aspects that have contributed to the nursing shortage, there is little research into the motivators that drive nurses into a career in higher education and a limited understanding of the career pathways of nurse educators. This study contributed to filling that gap in the research by providing nursing program leaders with information on what motivates nurses to go into the nurse education profession and the nature of the pathways that lead nurses into a career in nursing education.
CHAPTER 3: METHODOLOGY

The motivating factors that cause nurses to enter the field of nurse education was the focus of this study. Interviews with nursing educators were analyzed to determine the path these individuals followed into the field of higher education. The goal of this research was to provide insight to nursing program leaders in the context of recruiting nurse educators.

This chapter contains the qualitative, phenomenological design used and the methods followed to collect and analyze data. A qualitative study provides insight into the experience of participants in relation to phenomena of interest, including issues such as motivation (Barnham, 2015). The purpose of using a phenomenological approach is to understand the essentials or structure of a phenomenon (Moustakas, 1994). Gill (2014) studied research methods and found that phenomenological methods allow researchers the opportunity to collect and analyze data in a manner that creates a flow, or iterative interaction with the data.

This chapter includes discussion of the research methodology used in this study. The research method is thoroughly described, and the rationale for choosing the research method over others is included. Design methods are discussed, as well as data collection techniques and instruments, reduction in researcher bias, and assurance of participants’ confidentiality. Participants are described in this chapter, as well as the method by which each was recruited for this study.

Research Questions

The research questions composed for this study were designed to uncover motivating factors that lead nurse educators into careers in higher education, helping to
fill the gaps of knowledge currently existing in the literature. The first research question was structured to discover how nurse educators chose a career in nurse education. The second research question focused on understanding how the data collected might benefit nursing program leaders in their recruitment efforts. The third and fourth research questions focused on the motivating factors and decision-making processes nurse educators go through on their path into a career in nurse education. The following research questions were used to guide this study:

- What vocational pathways lead nurses to choose careers in nurse education?
- How can information about vocational pathways benefit nursing leaders with an interest in recruiting nurses to choose nursing education as a career choice?
- How do prospective nurse educators become aware of their desire to pursue a career in education?
- What role did awareness of desires to pursue a career in education play in their decision making?

**Research Method**

Using semi-structured interviews, this qualitative, phenomenological study was focused on how nurses choose a career in higher education. Heinonen (2015) studied research methods and found that it is important to note that phenomenological research is not used to develop theory; this method of research is designed to enrich the understanding of the phenomenon while the research is being conducted. Munoz-Plaza, Parry, Hahn, Tang, and Nguyen (2016) studied qualitative research methods and found that this research method also allows for research questions to evolve during the process.
Research Design

The methodology used in this phenomenological study was a qualitative design using semi-structured interviews. Phenomenological analysis of interview data results in an enhanced understanding of the essentials of the phenomenon (Moustakas, 1994)—in this case, the choice to become a nurse educator. This research design was chosen to uncover motivating factors that lead nurses into careers in higher education.

A significant use of this study is the identification of parameters relevant to developing a recruiting model for nursing programs. Matua and Van der Wal (2014) studied interpretive research and found that the use of phenomenological research is helpful in determining a cause or a pathway that can then be translated into a tool to recreate or avoid the same pathway in the future. Annansingh and Howell (2016) studied the path students take into the information systems field and found that phenomenological methodology allows researchers to understand and explain a phenomenon from the perspectives of the participants directly. By using qualitative research methodology, a researcher may uncover meaning that can be used to contribute to knowledge of a phenomenon, situation, or setting (Husserl, 1982; Moustakas, 1994). This finding was confirmed by Gergen, Josselson, and Freeman (2015) in their research of qualitative research methods.

Design Appropriateness

Given the research questions, grounded theory and phenomenological research designs were both appropriate approaches for this study. Although grounded theory may be used to determine a theory or common theme, Moreira and Souza (2017) studied research methods and found that phenomenology is used to discover the meaning,
purpose, or themes of lived experiences. In the context of nurses’ choices to work in education, meaning, purpose, and themes emerging from lived experiences were critical factors of interest. Onwuegbuzie, Rosli, Ingram, and Frels (2014) used phenomenological design to study the experiences of women doctoral students. This choice of method was specifically chosen with the goal of understanding the lived experiences of the participants. This type of research is particularly useful in “getting behind” normative assumptions and taken-for-granted points of view because of its allegiance to how people make meaning of their experiences. Ganong and Coleman (2014) studied research methods and found that qualitative research is of value when studying relationships, life choices, and motivators. This can be applied to understanding how nurses choose to enter a career in education.

**Instrumentation**

Prior to beginning the interview process with participants, time was spent reflecting on perceptions of the problem and bracketing was used to keep those perceptions from driving assumptions, interpretation, and the decision to further probe answers participants provided to the open-ended questions. Husserl (1982) proposed that the use of bracketing should consist of researchers consciously separating their own experiences from those of the participants. In a study of the use of bracketing in conducting qualitative interviews, Sorsa, Kiikkala, and Astedt-Kurki (2015) found that the use of this tool allows researchers to set their pre-understandings aside. Using this tool, researchers reduce biases of their own from influencing the participants or the data collected.
Prior to the beginning of the interview, participants were asked to review the informed consent form (see Appendix B), which outlined the purpose of the study. Though participants read, signed, and returned the informed consent document prior to the scheduling of an interview, participants were given time at the beginning of the interview to read the informed consent document and encouraged to ask any clarifying questions they may have. Per City University of Seattle's informed consent policy, confidentiality of participants was assured, participation was voluntary, and participants could withdraw at any time without any consequences. Interviews were conducted in person or via the telephone.

Data was collected via semi-structured interviews with the participants. Appendix C contains the list of the semi-structured interview questions. The semi-structured interviews were designed to collect basic demographic information and also contained open-ended questions. Though each semi-structured interview was scheduled for 60 minutes in length, time was added when needed. Using semi-structured interviews, participants’ answers were expanded upon with follow-up questions. This technique allowed for more robust data to emerge and for the participant to guide the direction of the interview as outlined by Creswell (2014).

By using open-ended questions in the interviews, participants’ answers were expanded upon by asking further questions that followed the flow of the conversation. Subtopics emerged as participants answered the open-ended questions. Table 1 contains examples of subtopics predicted to emerge during the interviews of participants. Participants were interviewed individually in the participants’ offices or other settings of their choice. Some of the participants were interviewed via telephone. Participants were
told that in the event there were any needed follow-up questions, the participant would be contacted with a request for a follow-up interview.

Participants were informed that they would be contacted after data were collected. This follow-up contact was via an email, in which the participants were provided with a summary of the findings from the interviews and asked to verify that the findings were an accurate reflection of their experiences (see Appendix D). If participants felt corrections needed to be made, corrections were made, and the transcription was resubmitted to the participant for further review. Willems and DeRuyck (2013) studied collaborative research and found that this follow-up contact, known as member checking, adds validity to the study.

All interviews were audio-recorded to transcribe post-interview and notes were taken during the interviews. Participants were assured that the interview could be stopped at any time should the participant become uncomfortable moving forward with the interview. Though the risk of agitating a participant was low, it was possible a participant might be triggered by a traumatic episode that was linked to their path into nursing education. If that were to happen, participants would be offered a referral to counseling services. Osagu and Omolayo (2013) studied the differences between counseling and psychotherapy and found in times where an individual is triggered by past events, speaking to a professional counselor is beneficial.

Participants

Participants were recruited from three established nursing education programs in colleges located in the State of Washington. The sample size from each of these three colleges was four nurse educators on a self-selecting basis for a total of 12 nurse
educators. Bohanec et al. (2017) found a sample size of approximately 10 participants resulted in more valuable research than a study that included more than 15. This smaller sample size was found to result in a study in which commonalities were discovered quickly and having more participants did not add to the useful information gathered. A request for an interview was sent to instructors from the chosen colleges (see Appendix A). Participants were intended to be representative of nursing education faculty in colleges in the State of Washington but may represent faculty from nursing programs nationwide.

Table 3.1

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Possible Subtopic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe how you decided to become a nurse.</td>
<td>Participant’s personal experience as a patient.</td>
</tr>
<tr>
<td>What were the major persons and/or factors that influenced your decision to become a nurse educator?</td>
<td>Participant’s experience with a nursing educator while in their own nursing program.</td>
</tr>
<tr>
<td>Is teaching your only vocation, or do you have another job as well? Please describe the other job.</td>
<td>Participant’s experience working as a clinical nurse.</td>
</tr>
<tr>
<td>What do you most like about being a nursing educator? What do you like least? What would you change about the nurse educator role?</td>
<td>Participant’s experiences with students.</td>
</tr>
<tr>
<td>Would you recommend a career as a nurse educator? Why or why not?</td>
<td>Participant’s job satisfaction as a nurse educator.</td>
</tr>
<tr>
<td>What do you think would be most helpful for nursing education leaders to consider in recruiting nursing instructors?</td>
<td>Participant’s knowledge of factors that lead nurses into nurse education positions.</td>
</tr>
</tbody>
</table>

The participants self-selected and volunteered to participate by answering the email request (see Appendix A). Shiu and Chen (2013) studied research approaches and found that participants who self-select to participate in studies were more motivated to contribute to the research. This was beneficial in that participants in the study were asked
for approximately 60 minutes of their time with the goal of getting in-depth answers to questions. The email request sent to participants contained a description of the purpose of the study and identified the study as one for a doctoral student at City University of Seattle. After a participant indicated interest in the study, the participant was sent a copy of the informed consent form (see Appendix B) to read, sign, and return. Once the consent form was returned, the participant was contacted to schedule an interview at the convenience of the participant. Interviews were conducted in-person or via telephone. Each interview consisted of approximately 60 minutes. Questions posed in the interviews are listed in Appendix C. No compensation was offered to participants.

**Data Analysis Methods**

After the interviews were transcribed, each transcript was read multiple times to fully understand each participant’s experiences that led them to the field of nurse education. It is at this point that bracketing was used to preclude perceptions, bias, or personal experiences from influencing the data collected.

The type of data analysis was interpretive phenomenological analysis. After transcribing the audio recordings, the data was analyzed to uncover themes. Creswell (2014) wrote that this type of analysis is often used in phenomenological studies as a way of interpreting interview transcripts with the goal of understanding the experiences of the participants. The process of developing theme categories began with extracting key statements made by the participants. From those key statements, themes or meanings were organized into sections, following Colaizzi’s phenomenological method, as described by Rankin and Brown (2016) in their study of teaching methods. This method
of data analysis consists of evaluating participants’ statements to determine if there are themes that are more common than others.

Significant themes were organized and combined into categories of final themes. At this point, the overall structure of the phenomenon was formed, and Colaizzi’s phenomenological method was applied. This method was chosen due to the effectiveness of using this form of data analysis in other studies regarding healthcare and nursing, as found in Knecht and Fischer’s (2016) study of nursing curriculums, McCalla-Graham and DeGagne’s (2015) study of graduate nurses, and Sun et al.’s (2016) study of nursing students.

The goal in categorizing themes was to identify theme clusters or candidate themes. Keshtiaray and Akbarian (2012) researched the use of phenomenological qualitative research and found that, by categorizing themes, a researcher may uncover commonalities that may not appear obvious in initial review of the data. It is possible that some of the themes may be particular to just one participant. Any outlier observations that appeared to be non-representative as candidate themes were eliminated in this study. The goal was to uncover approximately six candidate themes and to make a representative statement regarding each. Mansson (2012) used qualitative research and found that less than six themes could cause an important angle to be missed, whereas more than six themes could cause distraction from the main areas of interest in the research findings. Once those combined themes were identified, each was analyzed as to their relevance to the study. Table 2 demonstrates the process of Colaizzi’s model for data analysis of descriptive phenomenological studies as described by Edward and Welch
(2011) in their overview of the use of Colaizzi’s method in research, with inclusion of examples.

Table 3.2

Colaizzi’s Model for Data Analysis of Descriptive Phenomenological Studies

<table>
<thead>
<tr>
<th>Step</th>
<th>Process</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transcripts</td>
<td>Transcribe and review interviews.</td>
<td>Participants identified by numbers.</td>
</tr>
<tr>
<td>Identification</td>
<td>Identify key statements.</td>
<td>“I began a career in nursing because I wanted to help people.”</td>
</tr>
<tr>
<td>Meanings</td>
<td>Organize key statements into formulated meanings.</td>
<td>Individuals who choose a career in nurse are compassionate and caring.</td>
</tr>
<tr>
<td>Theme Clusters</td>
<td>Group formulated meanings into theme clusters.</td>
<td>Personality traits of nurses</td>
</tr>
<tr>
<td>Exhaustive Description</td>
<td>Define themes into an exhaustive description of the phenomena.</td>
<td>Nurses possess an innate desire to care for others.</td>
</tr>
<tr>
<td>Expert Review</td>
<td>Provide subject matter expert with the data to determine if the findings appear to be accurate.</td>
<td>Subject matter expert reviews and provides feedback.</td>
</tr>
<tr>
<td>Combine and Remove</td>
<td>Combine any redundancies and eliminate any outlier themes.</td>
<td>Participant states he entered nursing school in order to meet girls.</td>
</tr>
<tr>
<td>Member Checking</td>
<td>Provide data to study participants for validation.</td>
<td>Participants review data and provide feedback.</td>
</tr>
<tr>
<td>Follow up Interviews</td>
<td>Schedule follow up interviews as needed, where data need to be clarified.</td>
<td>Request a follow up interview with participants as needed.</td>
</tr>
</tbody>
</table>


Reliability

Once the data were compiled, an expert in the field of nursing education was contacted. Fonagy et al. (2015) reviewed research studies and found the use of an expert
to review research data not only leads to the value of analysis of the data by an individual who fully understands the topic, but also lends validity to the study. Data were reviewed with the expert, removing factors that identified any of the participants, to determine if there were any themes or concepts that may have been missed. The expert was a person who worked in the field of nursing education at the time of the study and was not a participant in the study. After the expert found the findings were exhaustive in uncovering a sufficient description of the phenomena, the data were shared with the participants in the study. This final member-checking process was done to ensure that the themes provided an accurate and exhaustive collection of the data findings.

**Validity**

Validity was obtained via the use of triangulation of sources. With the plan to interview nursing instructors from three different nursing schools, this research included viewpoints and experiences across an array of sources. Carter, Bryant-Lukosius, DiCenzo, Blythe, and Neville (2014) researched the use of triangulation in qualitative research and found that this method adds to developing a comprehensive understanding of the phenomenon being studied. By using triangulation of sources, the comparison of people with possible varying viewpoints showed whether there was a commonality of pathways among reasons why nurses choose to enter a career in education. Participants were provided with a description of the themes derived from their interviews and asked for feedback. Member checking in this way creates a situation in which participants are co-researchers and adds validity to the study (Willems & DeRuyck, 2013).

By grouping participant answers and comments into themes, the goal was to uncover those strong commonalities. Burchett, Mayhew, Lavis, and Dobrow (2013)
found research studies that result in strong commonalities among answers from participants result in a higher level of transferability to other organizations or comparable industries. Review of data by the participants in the study was done to avoid researcher bias, as described by Kepes, Banks, and Oh (2014) and via the involvement of an expert reviewer (Fonagy et al., 2015).

**Ethical Considerations**

City University of Seattle requires all doctoral students undergo ethical training prior to applying for IRB approval of any study. Participants in this study were informed of the confidentiality of their interviews and their right to withdraw from the study at any time. This assurance of ethical consideration was provided to participants in the informed consent form (see Appendix B).

Audio voice recordings were retained until the time the dissertation was approved. At that time, all audio voice recordings were destroyed. Transcribed interviews and notes were encrypted and kept on a password-protected computer. Within the study, all participants were identified using an alias to protect their identity. Original transcripts and notes will be kept for 5 years, at which time all materials gathered for this study, including informed consent forms, will be destroyed via the use of a shredder and deletion from the computer hard drive.

**Study Limitations**

Though the nursing shortage is present in many countries around the world (Muhammad, 2015; Nardi & Gyurko, 2013), one limitation to this study may be that the findings are U.S.-focused and therefore not applicable outside the United States. For example, Canada’s nursing shortage has been related to a lack of hospitals taking nursing
student externs (Dapremont & Lee, 2013). In the Philippines, though the number of nurses educated is more than needed in that country, the majority of Filipino nurses move to countries where the wages are higher upon graduation from nursing school, which is causing that country’s nursing shortage (Littlejohn et al., 2012).

Nursing program educators are made up primarily of Caucasian women (Allen, 2008; Jones & Gates, 2004), creating a limitation relating to input from minorities or male nursing instructors. Coupled with the lack of ethnic and gender diversity, the age of the participants was likely a barrier. Chan et al. (2016) found the median age of nursing instructors is 57 years. There was a risk there would be few (if any) male nursing instructors recruited to the study due to the low numbers of men in nursing or nurse education positions. The self-selected volunteer sample might not represent a diverse population. There could be little difference in the age, ethnicity, gender, and years in teaching among the participants.

Extra care was given, via the use of bracketing, to reduce bias in the interview process, with all participants ensured that no undue pressure to participate was present. This consisted of the all potential participants being told that their participation was voluntary and providing an explanation of the protection of participant confidentiality.

Using qualitative research can result in the data gathered causing the original area of interest to change. This can be troubling when the research questions originally posed in the study become no longer relevant. Gopaldas (2016) detailed the methods of writing up qualitative research and found that the possibility the original area of interest will change, along with the possibility of researcher bias in a qualitative study, are two limitations of using qualitative research.
Another limitation may be a difference in the interview dynamic among interviews conducted in person and those conducted over the telephone. Mullin, Saver, Savageau, Forsberg, and Forsberg (2016) found a researcher may miss non-verbal language when interviews are conducted via the telephone.

**Study Delimitations**

One delimitation in this study is the population demographic. With participants being limited to the State of Washington, the data may be focused solely on colleges in that area. This study did not delve into the gender and cultural diversity regarding nurses or nursing instructors, and the collection of data was limited to the Fall 2017 quarter.

**Summary**

The purpose of this qualitative phenomenological study was to explore the problem nursing program leaders face in recruiting nursing instructors by examining the motivating factors of nursing instructors at three nursing programs in the State of Washington. The focus was on pathways and motivating factors that bring nurses to the field of nursing education and the methods by which those nurses choose their career pathways.
CHAPTER 4: FINDINGS

The purpose of this qualitative phenomenological study was to describe the pathways by which nurses become educators and discover the motivating factors that cause nurses to go into a career as a nurse educator. Interviews with 12 nursing educators were utilized to determine how each of these participants made the journey into the field of education. After collecting data via interviews, key statements were identified, organized into formulated meanings, grouped into theme clusters, and an exhaustive description of the phenomenon of nurses becoming educators from the theme clusters was derived using Colaizzi’s method of phenomenological analysis (Edward & Welch, 2011). In addition, the final themes were sent to participants for feedback. Participants were asked to review the final themes and to provide any comments regarding the validity of those themes. The final themes were also sent to an expert reviewer for feedback. The expert reviewer was an Assistant Dean in a Nursing Education Program (see Appendix E for the expert reviewer’s curriculum vitae) at the time of this study. The objective of the latter step was to further validate the findings and analysis.

Presentation of Findings

During the Fall 2017 quarter, 95 nurse educators at three colleges in the State of Washington were contacted via email. Twenty educators responded, and 12 interviews were scheduled. The demographic of the educators was similar to the demographic of nursing educators in the United States, leading to the belief that the sample may be, to some degree, representative of nursing educators both in the State of Washington and the United States (Allen, 2008; Chan et al., 2016; Jones & Gates, 2004). The median age of participants in this study was 51 years of age. Females represented 83% of the
participants; 92% of participants were Caucasian; 50% of participants were married and 50% were single. The demographic information for participants is contained in Table 3.

Table 4.1

Participants’ Demographic Information

<table>
<thead>
<tr>
<th>Participant #</th>
<th>Age</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>61</td>
<td>Female</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
<tr>
<td>2</td>
<td>36</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
</tr>
<tr>
<td>3</td>
<td>47</td>
<td>Male</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
<tr>
<td>4</td>
<td>50</td>
<td>Female</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
<tr>
<td>5</td>
<td>69</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
</tr>
<tr>
<td>6</td>
<td>31</td>
<td>Female</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
<tr>
<td>7</td>
<td>47</td>
<td>Male</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
<tr>
<td>8</td>
<td>63</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
</tr>
<tr>
<td>9</td>
<td>62</td>
<td>Female</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
<tr>
<td>10</td>
<td>56</td>
<td>Female</td>
<td>Mixed</td>
<td>Single</td>
</tr>
<tr>
<td>11</td>
<td>29</td>
<td>Female</td>
<td>Caucasian</td>
<td>Single</td>
</tr>
<tr>
<td>12</td>
<td>60</td>
<td>Female</td>
<td>Caucasian</td>
<td>Married</td>
</tr>
</tbody>
</table>

Out of the 12 semi-structured interviews, eight were conducted in person and four were conducted via telephone. Prior to the interview, all participants were provided with a consent form (see Appendix B). The form was reviewed with each participant at the start of each interview and any questions regarding the study from participants were answered. The questions participants asked included verification that the participants would receive a copy of the final results of the study and a request to share the results with students. Each participant was provided a signed copy of the consent form.

Throughout the presentation of findings, each participant is identified via an assigned participant number to maintain the confidentiality of participants.

All interviews were audio-recorded, and notes were taken. Each participant was asked a series of six open-ended questions. The questions are listed in Appendix C. As participants answered interview questions, follow-up questions were asked in those areas
where the participant shared information that might be pertinent to the study. As an example of a follow-up question, one participant mentioned he was one of few male students in his nursing program. The participant was then asked about the ratio of men to women in his nursing program.

Once the interviews were transcribed, each participant was sent a copy of their interview transcript. Participants were asked to review the interview transcript and to provide any corrections or additional information they felt may be pertinent to the study. All participants replied to confirm receipt and review of the transcript, and two contributed minor corrections or additional information.

After receiving confirmation from participants that their interviews were accurate as transcribed, each interview was read through multiple times. While reading the interviews, the bracketing technique common to phenomenological research was employed (Husserl, 1982) as significant statements were identified, formulated meanings were developed, and theme clusters were organized. Two main preconceptions were bracketed. The first preconception was that nursing instructors who were unmarried were more likely to hold a second job outside of nursing education. The second preconception was an assumption that motivators for teaching in nursing education for male nursing instructors would be different than those of female nursing instructors.

Data were analyzed using Colaizzi’s phenomenological method as presented by Edward and Welch (2011). In the first step, significant statements from the interviews were identified. These key statements were categorized by the page and line numbers of the transcript. Table 4 contains an example of significant statements that were identified and recorded from the transcripts.
Table 4.2

*Examples of Significant Statements*

<table>
<thead>
<tr>
<th>Significant Statements</th>
<th>Participant #</th>
<th>Page #</th>
<th>Line #</th>
</tr>
</thead>
<tbody>
<tr>
<td>“My older sister was a high school counselor. <em>She thought I had all the attributes to be a nurse and she said I should look into nursing.</em> I took her at her word that I had what I needed to do that. <em>I had always admired people who could respond in a medical emergency. I wanted to be able to do that, help people in some kind of crisis.</em>”</td>
<td>1</td>
<td>1</td>
<td>1-4</td>
</tr>
<tr>
<td>“A change I would recommend for nurse educators—specifically clinical educators—is that they should be required to demonstrate competency of the skills they are teaching. A skills check off of sorts. That would ensure the proper training is passed down to the students, and the educator will feel confident that they are the right teacher for the right quarter.”</td>
<td>2</td>
<td>2</td>
<td>4-7</td>
</tr>
<tr>
<td>“I like most aspects of teaching. <em>Some of the administrative aspects of it can be a bit tedious and can be a barrier to innovation.</em>”</td>
<td>3</td>
<td>3</td>
<td>3-4</td>
</tr>
<tr>
<td>“I was working in critical care for many years and then started like being the person who oriented people and sometimes we would get students who would come through and I always liked that.”</td>
<td>4</td>
<td>1</td>
<td>11-13</td>
</tr>
<tr>
<td>“I think the person needs to have clinical experience. I don’t think a person can come right out of college and teach. I think people need to master their craft—that may take 5 or 6 years or more. Some of my colleagues have been extremely wonderful clinicians, but if they are not interested in working with students, don’t do it.”</td>
<td>5</td>
<td>2</td>
<td>9-12</td>
</tr>
<tr>
<td>“Being more transparent about what a nurse educator is as one thing and not everything that it could be. Either they think of their instructor they had at nursing school or they think of the nurse educator that on the unit they work on. They don't necessarily think of both as options.”</td>
<td>6</td>
<td>4</td>
<td>18-20</td>
</tr>
</tbody>
</table>

*Note.* Emphasis added.

Once significant statements were extracted, formulated meanings were developed. This was done by extracting significant statements and grouping them into combined formulated meanings. These formulated meanings were sent to the expert reviewer. The expert reviewer was asked to review the significant statements and the derived formulated meanings. After reviewing the data, the expert reviewer verified that the formulated meanings appeared consistent with her experience as a nursing program.
Table 4.3

*Examples of the Conversion Process from Significant Statements to Formulated Meanings*

<table>
<thead>
<tr>
<th>Significant Statements</th>
<th>Formulated Meanings</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I think most I honestly like the fact that what I do as an instructor I get to do carefully. I can take the time to do it the way you’re supposed to do it” (participant 7, p. 2, lines 10-11).</td>
<td>Nursing instructors like that they can take their time when teaching students in the classroom setting.</td>
</tr>
<tr>
<td>“My family has a strong history of teaching. I was interested in it because I got the experience and wanted to do more of the teaching. There is a mystique around education that made it appealing” (participant 8, p. 1, lines 16-18).</td>
<td>Nursing instructors enjoy teaching the skills they have to nursing students.</td>
</tr>
<tr>
<td>“I think one thing that they’re going to have to recognize is that some people cannot financially afford to teach. Allow them to work, but not be stretched too thin. I think the majority of nurses who teach here also work at the hospital to get a better income” (participant 9, p. 3, lines 18-20).</td>
<td>Nursing instructors must be comfortable with making less money in the field of education.</td>
</tr>
<tr>
<td>“Sometimes, it seems recently, and it’s not directed at our program, but the constant change gets wearing. We need to things this way now, or that way. Some overriding body, whether it be the president or the accrediting body, somebody says things have to change. It is hard enough just trying to be prepared for your classes and bring fresh perspectives. And you have this project and that project to work on, and the college would really like it if you would volunteer to be on this committee and that committee. A break from that occasionally would be really nice” (participant 10, p. 2, lines 12-18).</td>
<td>Nursing instructors do not enjoy the administrative work they must do in addition to teaching.</td>
</tr>
<tr>
<td>“That is why I would say go to your staff first. We are going out to sites and talking to people. I’ve had staff members say to me, I’ve thought about teaching. Or, I see them at breakfast and I know a nurse from the floor and they ask about teaching. Sometimes, these are great people who could be instructors. We are the ones who see others in the work place, we see the gears turning. It’s all about word of mouth in small communities” (participant 11, p. 4, lines 13-17).</td>
<td>Nursing program leaders could benefit from asking their current staff for suggestions for recruiting nurse educators.</td>
</tr>
<tr>
<td>“I think to understand why you teach, to be able to define and explain that to people and to let them know what the benefits are” (participant 12, p. 4, lines 1-2).</td>
<td>Nursing program leaders should explain the benefits of teaching to potential recruits.</td>
</tr>
</tbody>
</table>
From the formulated meanings, theme clusters and their descriptions were derived. This was done by grouping formulated meanings into clusters of themes that encompassed the meanings. From the theme clusters, emergent themes were extracted. These emergent themes were constructed so that each formulated meaning was placed into a distinct theme category. Table 6 demonstrates how formulated meanings were placed into theme clusters and how theme clusters were then placed into emergent theme categories.

Table 4.4

Example of How Formulated Meanings Were Placed into Theme Clusters and How Theme Clusters Were Then Placed Into Emergent Theme Categories

<table>
<thead>
<tr>
<th>Examples of Formulated Meanings</th>
<th>Theme Clusters</th>
<th>Emergent Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing instructors like that they can take their time when teaching students in the classroom setting. Nursing instructors enjoy teaching the skills they have to nursing students.</td>
<td>Desirable aspects to working as a nurse educator</td>
<td>Pros and cons of working as a nurse educator</td>
</tr>
<tr>
<td>Nursing instructors do not enjoy the administrative work they must do in addition to teaching. Nursing instructors must be comfortable with making less money in the field of education.</td>
<td>Non-desirable aspects to working as a nurse educator</td>
<td></td>
</tr>
</tbody>
</table>
1. Nursing instructors like that they can take their time when teaching students in the classroom setting.

2. Nursing instructors enjoy teaching the skills they have to nursing students.

3. Nursing instructors must be comfortable with making less money in the field of education as opposed to working bedside. Nursing instructors do not enjoy the administrative work they must do in addition to teaching.

4. Nursing program leaders could benefit from asking their current staff for suggestions for recruiting nurse educators.

5. Nursing program leaders should explain the benefits of teaching to potential recruits.

The following final themes were provided to participants:

1. The personal characteristics of nurses and nurse educators

2. The working conditions for nurses and nurse educators

3. Attracting nurses to a career in teaching

This method of participant checking was done to assure validity of the descriptions. All participants replied to confirm their agreement that the final themes were consistent with their experiences as nurse educators. The descriptions were also sent to the nursing program leader to review for accuracy. The expert reviewer added the following additions and clarifications to the above numbered descriptions:

- Nursing instructors enjoy teaching the skills and knowledge they have to nursing students.

- Nursing instructors must be comfortable with making less money in the field of education as opposed to working bedside. Though nurse educators’ annual
salaries are less than the annual salary of a bedside nurse, nurse educators do not work the same number of hours. When comparing bedside nursing hours to student contact hours, nursing educators make a higher hourly wage.

Table 4.5

Final Themes

<table>
<thead>
<tr>
<th>First theme: Personal characteristics of nurses and nurse educators</th>
<th>Second theme: Working conditions for nurses and nurse educators</th>
<th>Third theme: Attracting nurses to a career in teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal characteristics of nurses:</td>
<td>Desirable aspects to working as a nurse educator</td>
<td>Changes and suggestions for nursing program leaders</td>
</tr>
<tr>
<td>-Nurses enjoy helping others.</td>
<td>-Nursing instructors like that they can take their time when teaching students in the classroom setting.</td>
<td>-Provide more support and autonomy for nurse educators.</td>
</tr>
<tr>
<td>-Nurses are compassionate and caring.</td>
<td>-Nursing instructors enjoy teaching the skills they have to nursing students.</td>
<td>-Provide higher compensation for nurse educators.</td>
</tr>
<tr>
<td><strong>Personal characteristics of nurse educators</strong></td>
<td></td>
<td>-Look for nurses who enjoy teaching.</td>
</tr>
<tr>
<td>-Nurse educators are inspired by others.</td>
<td></td>
<td>-Offer flexibility in work schedules.</td>
</tr>
<tr>
<td>-Nurse educators enjoy teaching others.</td>
<td></td>
<td>-Offer support and onboarding.</td>
</tr>
<tr>
<td>-Nurse educators enjoy a work/life balance.</td>
<td></td>
<td>-Describe benefits to potential nurse educators.</td>
</tr>
<tr>
<td>-Many nurse educators work more than one job.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Nurse educators like to contribute to their community.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-Nurse educators enjoy working in a lower stress environment.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The expert reviewer added additional validity to the study when she confirmed that the final themes were consistent with her experiences as a nurse educator and as a
nursing program leader. After conversation with the expert reviewer, a conclusion was made that nursing program leaders could benefit from instituting a community-of-practice sharing program. Little, Butcher, Atkinson, Still, and Vasant (2014) researched methods for increasing collegial sharing of teaching ideas and found that this concept consists of groups of persons in the same field sharing ideas for improvement. In the case of nurse educators, a community-of-practice could consist of nursing program leaders sharing ideas for recruitment and retention with other nursing program leaders.

**Summary**

In summary, the data were collected via interviews with 12 nurse educators currently teaching in nursing programs in the State of Washington. Preconceptions were bracketed during the interviews and data analysis. Of the 12 participants, the median age of the nurse educator was 51 years, 83% of participants were female, 92% were Caucasian, 50% were married, and 50% were single. These demographics are consistent with data on nursing instructors across the United States, leading to the belief that the data could be applied to nursing programs nationwide.

Although participants’ answers varied from one participant to another, the data revealed many commonalities. Analysis of interview data resulted in three emergent themes of particular relevance to the problem statement: (a) the personal characteristics of nurse educators, (b) the impact of conditions on the recruitment of nurses and nurse educators, and (c) a set of ideas about how nursing program leaders might attract nurses to a career in education. By obtaining approval of the data findings from the participants and an expert reviewer, the findings were validated.
The data collected and final themes derived allowed research to move forward with applying the findings and conclusions to the problem statement, addressing how the findings and conclusions apply to nursing program leaders, and providing recommendations for nursing program leaders to increase recruitment and retention of nursing educators. Finally, analysis of the data revealed a need for additional research in the area of recruiting nursing program educators.
CHAPTER 5: CONCLUSIONS AND DISCUSSION

The shortage of nurses in the United States continues to grow. Insufficient numbers of qualified nurses are projected to cause quality and cost issues in healthcare in the United States as the current nursing population begins to retire and there are not enough new nurses to replace them (Phillips & Stalter, 2016).

An analysis of data from nursing education programs has shown the shortage of nurses could be alleviated if there were more spaces available for students (Wyte-Lake et al., 2013). Nationwide, a shortage of nursing faculty is a major factor that limits the number of spaces available and, therefore, the number of students nursing programs accept (Wyte-Lake et al., 2013).

In the context of an increasing demand for qualified nurses, this limit of program capacity is an important issue for nursing education leaders. Recruiting nurses into the teaching profession has proved difficult for several reasons. Littlejohn et al. (2012) found the lower wages a nurse earns in an educational setting compared to the clinical setting, and the need for an advanced degree to teach in the classroom setting, were the top two reasons nurses did not pursue a position as a nurse educator. Nursing instructors must have a master’s degree to teach in the classroom setting, but 45% of nurses working in clinical settings have not gone beyond an associate’s degree (ANA, 2014).

Though the reasons for the shortage of nursing instructors may differ slightly from one country to another, the lack of nursing educators is a consistent barrier in many countries, including the United States (Muhammad, 2015; Nardi & Gyurko, 2013). With the projected increase in demand for nurses over the next 20 years, many U.S. healthcare facilities have worked to phase in the retirement of current nurses. By moving nurses who
are close to retirement into less physically active roles, this delayed retirement focus has been somewhat successful in reducing the shortage of nurses in some facilities (Frank, 2013).

The main goal of this study was to discover the pathways that lead nurses to a career in nursing education and motivators that influence the choice of a career in nurse education. Chapter 1 provided an overview of the nursing shortage, including the ramifications that this shortage may impose on the U.S. healthcare system. Chapter 1 also cited research on the reasons for the nursing shortage, including studies on the lack of nursing educators.

The research questions answered for this study were:

1. What vocational pathways lead nurses to choose careers as nurse educators?
2. How can information about vocational pathways benefit nursing program leaders with an interest in recruiting nurses to choose nursing education as a career choice?
3. How do prospective nurse educators become aware of their desire to pursue a career in education?
4. What role did awareness of desires to pursue a career in education play in their decision making?

Chapter 2 incorporated research about the motivation of individuals choosing a career as a nurse and as a nurse educator. Chapter 2 also included research about the nursing shortage, the demographics of nurses and nurse educators, the uses of qualitative studies, and reflections on path-goal theory and career constructivist theory.
Chapter 3 covered the methodology used for the study, including research on the use of semi-structured interviews, qualitative phenomenological research methods and design, and the use of bracketing. Chapter 3 also included information about the participants, the research methods, and the validity and reliability of the study.

Chapter 4 included the findings of the study, the demographics of the participants, and the application of data to the research questions. In Chapter 4, significant statements were selected, formulated meanings were developed, and organized theme clusters were created.

Chapter 5 contains a short description of the research, including the findings and conclusions of the study, the application of findings and conclusions to the problem statement, the application to leadership, and recommendations for action and further research.

**Discussion of Findings and Conclusions**

95 nurse educators were contacted via email at the beginning of this study. The email contained a description of the study and a request for the nurse educator to participate in the research. 20 responses from potential participants were received, and 12 of those who responded scheduled an interview. After transcribing the interviews, final themes were derived from the data collected. The participants and an expert reviewer reviewed and approved the final themes. Three final themes were derived.

**Theme 1**

The first theme derived from the interview data was related to the personal characteristics of nurses and nurse educators. This theme originated in statements participants made in response to four of the questions posed in the semi-structured
The first question in the interview asked the participant to describe how they decided to become a nurse. Examples of answers to this question included, “I always wanted to work in a career with caring relationships” (participant 3, p. 1, lines 17-18); “I had always admired people who could respond in a medical emergency. I wanted to be able to do that, help people in some kind of crisis” (participant 1, p. 1, lines 4-5); and, “I always enjoyed taking care of my animals. I felt that passion to be able to take care of things” (participant 9, p. 1, lines 2-3).

The second question in the interview asked participants to describe their decision to become a nurse educator. Examples of answers to this question included, “I always loved teaching. I love teaching people new things” (participant 3, p. 2, line 5); “I started to kind of not like the whole weekend and holiday thing. I had young kids at the time and it was kind of hard to explain why Santa was coming at 5pm in the evening” (participant 4, p. 1, lines 13-15); and, “I always liked teaching. When I had students on the floor, I always enjoyed explaining to them the safe way, the ideal world versus the real world” (participant 11, p. 1, lines 14-15).

The fourth question in the interview invited participants to describe what they like most and least about being a nursing instructor and what they would change about the job. Examples of answers to this question included, “For me it is perfect because I am getting close to retiring and I can slow down” (participant 9, p. 2, line 9); “I don’t like that I can’t just focus on the classrooms and the students. There is so much more we need to do” (participant 12, p. 2, lines 18-19); “There are no nights, usually no weekends, no holidays. That was a big part of it, I got tired of being away from my family all those years” (participant 10, p. 2, lines 8-9); and, “I love helping students to feel comfortable
and confident in their career choice and in patient care. I love seeing them when it comes together and clicks” (participant 2, p. 1, lines 18-19).

The fifth question in the interview asked the participants if they would recommend a career as a nurse educator. Examples of answers to this question included:

It would depend on the personality. Not everyone is meant to be a teacher, not everyone is meant to be a nurse. I would think, is the nurse nurturing toward a new hire on the floor? Do they want to help them out? Or do they see them as cumbersome or burdensome? (participant 11, p. 3, lines 19-22);

I do recommend people to go into nurse education, especially people who have families. Perhaps while you’re raising your kids, it’s a good time to do that, so you can be on the same schedule as they are. Having a better work-life balance. For me, as we get older, I can’t physically lift 40-pound operating trays anymore. (participant 1, p. 3, lines 13-16)

I think there are some real drawbacks in that we are so isolated from the rest of the college or university. So, they don’t know what our needs are and we aren’t able to develop like the other faculty and I think that is a real detriment to the job. You’re alone a lot and people who are used to a big team to work with sometimes struggle with that. (participant 8, p. 2, lines 11-14)

I had a solid base in nursing education and educational theories that I think are very helpful and most nurses don’t get in education. They are usually put into a position and set off to go. They don’t have any idea how to build a curriculum or write a course or come up with objectives. These take many years, especially if you don’t have formal education in that area. (participant 3, p. 4, lines 9-11)
**Summary of Theme 1.** Theme 1 related to the personal characteristics of nurses and nurse educators that participants reported. Nurses enjoy helping others and are compassionate and caring. Nurse educators are inspired by others, enjoying teaching others, and feel they are making a contribution to their community.

**Theme 2**

The second theme derived from the interview data was the working conditions of nurses and nurse educators. This theme was composed of statements participants made in response to two of the questions posed in the semi-structured interviews. The fourth question in the interview asked participants what they like most and least about being a nursing instructor and what they would change about the role. Examples of answers to this question included:

The education system when I was a student was more hierarchal and had more structure, and I like structure. I think that interferes a little bit with my passion. I see it changing the landscape and I think part of it is the tension between the new technology, the students’ expectations coming into the program that are much different from when I was a student. (participant 3, p. 3, lines 11-12)

I think if that if I were to change something about nursing education, I would try and have more support for people who want to do what I do—teach and work another job. (participant 7, p. 2, lines 27-29)

I think the workload of teaching is immense. I think people probably fear going into nursing education because the responsibility is huge. You have a responsibility to your college, to your nursing program, to the students within that
nursing program, to the patients they are caring for and you are responsible for, and the institution in which you’re working. (participant 1, p. 2, lines 16-19)

The fifth question in the interview was whether participants would recommend a career as a nursing educator and to explain their answer. Examples of answers to this question included:

For me, as we get older, I can’t physically lift 40-pound operating trays any more. I wouldn’t want to do that anymore, all day long. Each tray is 40 pounds and you’re doing 10 trays for an orthopedic surgeon. Moving the video towers and moving patients that are 350 pounds. I think it is great to teach when you get older because the physical work is hard on your body. (participant 1, p. 3, lines 15-17)

My first year teaching was with a nurse who was very burned out and she threw me under the bus and she tried to sabotage me. I was going to quit the following quarter. We didn’t have any kind of formal mentoring. (participant 12, p. 3, lines 16-17)

It can’t be about the money. I could go to the hospital and double my salary, just working three shifts. Straight up double it. If somebody was dependent on making $100-125 thousand a year as an instructor, I would say no, forget it. (participant 10, p. 3, lines 5-6).

Summary of Theme 2. Analysis of statements that participants made on the working conditions for nurses and nurse educators revealed that, compared to the long working hours and physically demanding tasks nurses working in the clinical setting face, nursing instructors like the regular hours of teaching students in the classroom setting. On the other hand, nursing instructors do not enjoy the administrative work they must do in
addition to teaching and must be comfortable with making less money in the field of education compared to working in the clinical setting.

**Theme 3**

The third theme derived from the interview data related to factors that attract nurses to a career in teaching. This theme was based on statements participants made to one of the questions posed in the semi-structured interviews. The sixth question in the interview asked what participants believe would be most helpful for nursing education leaders to consider in recruiting nursing instructors. Examples of answers to this question included, “More focus on education.” (participant 10, p. 3, line 19) and:

I think one thing they are going to have to recognize is that some people cannot financially afford to teach. Allow them to work, but not be stretched too thin. I think the majority of nurses who teach here also work at the hospital to get a better income. (participant 9, p. 3, lines 18-19)

Another good means for recruiting would be to talk up the benefits. We get cost-of-living increases. Vacation time. Summers off. Never have to fight for holidays off. Talking up the perks would be a good idea. (participant 11, p. 4, lines 17-20)

**Summary of Theme 3.** Analysis of statements made by participants that related to the factors that attract nurses to a career in teaching included offering support and autonomy; a higher level of financial compensation; flexibility in work schedules; support, onboarding, and mentoring; and an emphasis on the benefits nurse educators enjoy.
Application of Findings and Conclusions to the Problem Statement

The problem is that current recruiting efforts by nursing program leaders have not been effective in overcoming existing barriers, attracting qualified candidates, and filling the needed number of nurse educator positions. Attracting nurses to the field of education is essential to increasing the number of nurses in the United States (Aiken et al., 2009). A thorough understanding of the pathways that lead nurses into a career in education can assist in recruiting nurse educators.

Suggestions for creating an effective recruiting model include: (a) targeting nurses who have worked in clinical care for several years and may be interested in moving to a less physically stressful job, (b) creating a presentation that outlines the benefits of working as a nursing program educator that can be presented at nursing association meetings, (c) adding information about a career in teaching to students in nursing programs, (d) offering higher education courses at a free or discounted rate to nurses who are interested in becoming nursing program educators, (e) and enlisting the help of current nursing faculty in identifying nurses who may be interested in teaching.

Application to Leadership

By understanding the pathways nurses take into the field of education, nursing program leaders may be able to focus recruiting efforts in areas that are more likely to produce results. Ceschini (2016) examined programs for recruiting nurses and found that nursing program leaders are tasked with the responsibility of recruiting nurses to teach in their programs. The personal characteristics of nurses and nurse educators, the working conditions desired, and the factors that attract nurses to the field of education are all key factors that provide nursing program leaders with the information needed to develop a
recruitment model. By improving their recruiting model and increasing the number of nurse educators in their programs, nursing program leaders may increase enrollments of nursing students.

This study’s findings may be applicable to leadership in general and the leaders of nursing education programs. Many leaders are charged with recruiting staff. This study suggests that understanding the pathways that lead to career choices and the motivating factors involved may be of value to leaders in carrying out their recruiting responsibilities. This information may be useful in selecting candidates who are likely to make a commitment to specific positions and in providing ideas about attracting suitable candidates. Such findings may be of particular interest in the educational sector, especially for programs that employ scholar-practitioners as instructors.

**Recommendations for Action**

The data in this study suggest that nurse educators have several personal characteristics and desired workplace settings in common that may be relevant to leaders in the field in the context of recruitment. With an understanding that nurse educators have a desire for less stress, better work-life balance, and to share their skills with students, nursing program leaders could develop a recruiting tool that targets these areas.

Targeting nurses who desire work-life balance and a lower stress setting may include aiming recruitment efforts toward nurses who have young families or those who have worked at the bedside and seek a career change with fewer hours and less physical strain. To reach this population, nursing program leaders may speak at conferences, seminars, or local hospital meetings where nurses are in attendance. To attract nurses to a career in education, nursing program leaders should communicate the benefits a career in
nursing education provides. Those benefits include better work-life balance, lower physical and emotional stress, the ability to teach skills in a controlled environment, and time off for holidays, weekends, and summer vacations. These benefits may not be well-known to the general nursing population, and many nurses may not have considered a career in education.

Suggestions from participants in this study included nursing program leaders asking their nursing faculty for suggestions for recruitment. Donelan, Buerhaus, DesRoches, Dittus, and Dutwin (2008) conducted a survey into attitudes toward the nursing profession and found that nurse educators are commonly recruited into the field through the recommendation of a colleague. This avenue for recruitment may not seem obvious to nursing program leaders.

Based on feedback from the participants and the cost of faculty turnover as described in Ruiz, Perroca, and Jerico’s (2016) study, nursing program leaders should work to retain those nursing educators currently on staff. This should include an on-boarding process for new nurse educators and incorporate training and mentoring by veteran nurse educators in the program. Mann, Delgado, and Horwood (2014) studied the use of peer-review in training nurses and found that nurses who are provided with mentoring are more likely to report higher job satisfaction than those nurses who were not provided with mentoring. It seems obvious that this same conclusion can be made of many careers, including that of a nurse educator.

Nursing leaders should provide flexible work schedules to nurse educators, enabling those educators to work clinical shifts should they choose to do so. Because nurses who have not earned a master’s degree cannot teach in the classroom setting, one
option for recruiting nurse educators may be for nursing program leaders to offer education programs to nurses without a master’s degree at a discounted cost with the goal of bringing those nurse educators into the classroom teaching environment at the end of their educational programs. This is substantiated in Ray’s (2014) study on the benefits to employers who provided educational opportunities to their employees.

**Recommendations for Further Research**

Little research has been done on efforts to recruit higher numbers of men and minorities to a career in nursing. Littlejohn et al. (2012) called for additional research into recruitment and workforce planning to meet the need for nurses in the coming decades. Minorities represent just under 17% of all nurses in the workforce and less than 12% of nursing faculty (Beard & Voley, 2013). This points to the need for a study to examine methods for recruiting minorities into the nursing field and could lead to additional data on pathways this group of individuals take in moving into a career in nursing education. Participant 12 stated, “We need to reach out to community partners to raise awareness of a career in nursing to diverse populations” (p. 2, lines 7-8).

Nursing program leaders have an opportunity to look into recruiting nurses into the field of education who have become disabled and can no longer work in the clinical setting. This group of nurses would likely possess the needed clinical experience to teach and would benefit from continuing to use their education, skills, and techniques in the classroom setting where the physical stress is far less. This is an area of research that has not yet been pursued.

The benefits to nursing program leaders in their efforts to recruit and retain nurse educators could be researched via the use of a community-of-practice. This tool has been
shown to assist leaders via the sharing of ideas and tactics. There is no research on the use of this tool in assisting nursing program leaders in their efforts to recruit and retain nursing program educators.

To alleviate some of the issues related to the nursing shortage in general, thereby addressing some of the urgency of recruiting nursing educators, research could be done on ways to reduce the stresses currently placed on nurses in the clinical setting. These areas of research could include distributing tasks that nurses currently perform to allied healthcare professionals, using automation for tasks that nurses currently perform; and using telemedicine to reduce the number of patients nurses see in the clinical setting.

Although the existing literature makes a clear case for the impact of a shortage of nurses on health care, and the relationship of this shortage to the availability of qualified instructors, it does not provide leaders in the nursing education field with a specific sense of how nurses become nursing instructors. This study proffers a more specific and descriptive sense of this transition and some of the motivational factors involved. This kind of information in turn equips education leaders with important clues about how to adjust their recruiting strategies e.g. including information about teaching as a career option in nursing education materials, and the groups of current nurses who are most likely to entertain teaching and for what reasons e.g. late career nurses with high levels of motivation to contribute to others.

**Concluding Statement**

With the nursing shortage in the United States growing, more effort needs to be made to educate new nurses for the workforce. A major factor that keeps nursing programs from accepting more students is the lack of nursing instructors. There are many
barriers for nurses who wish to enter the field of education, including the need for advanced education. Nursing program leaders must find ways to recruit nurses into the field of education. This can be done by understanding the pathways nurses take into the field of education and the personal characteristics of nurse educators. With this knowledge, nursing program leaders can develop a recruitment plan that targets those nurses most likely to thrive in the field of education, design informational materials that describe the benefits nursing educators enjoy, and work to retain those nurse educators.
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doi:10.1097/01.NEP.0000000000000208


doi:10.1093/qje/qju009


Ferguson, D., Evans, V. S., Bodnar Hajduk, D., Jones, D. L., Liston, D., Myers, E. . . .
doi:10.1097/01.NUMA.0000345866.84071.b3


APPENDIX A

Invitation to Potential Research Participants

Dear (Potential Participant),

I am a doctoral student at City University of Seattle and am conducting my dissertation into nursing instructors. My specific focus is to discover how and why nurses choose to go into the field of higher education.

I am looking for participants who are nurses, teaching in a nursing program, in Washington State. Participants will be interviewed, either in person, over the telephone, or via Skype, and will be asked a series of questions regarding how the participant chose the field of education as a career. These interviews will be semi-structured and should take 30-60 minutes of your time. The interview will be audio recorded, and notes will be taken, to ensure that data are collected accurately. The recorded data will be transcribed and analyzed. The Institutional Review Board (IRB) of the School of Applied Leadership and City University of Seattle has reviewed and approved my research.

Your participation in this study may help nursing program leaders to create recruitment models targeting nurses who may be inclined to go into the field of nursing education. Per City University of Seattle's informed consent policy, confidentiality of participants will be assured, participation is voluntary, and participants may withdraw at any time, without any negative consequences. After the interview, there may be a need to contact you for further clarification. Once your interview has been transcribed, you will receive a copy for review. At that time, I will ask you to review the transcribed interview for accuracy.

Please email me at christinemalone@cityu.edu or call me at [phone number] if you are interested in taking part in this research. The date and time of the interview will be scheduled per your convenience.

Thank you for your consideration of participating in this research.

Best,

Christine Malone
Doctoral Candidate
School of Applied Leadership
City University of Seattle
APPENDIX B

Informed Consent for Participation in Research Activities

CityUniversity
of Seattle

School of Applied Leadership

CITYU RESEARCH PARTICIPANT INFORMED CONSENT

I, ______________________________________, agree to participate in the following research project to be conducted by Christine Malone, under the direction of Dr. Arden Henley, Dissertation Chair. I understand this research study has been approved by the City University of Seattle Institutional Review Board.

I acknowledge that I have received a copy of this consent form, signed by all persons involved. I further acknowledge that I have been provided an overview of the research protocol as well as a detailed explanation of the informed consent process.

Title of Project: Factors Influencing Nurses’ Choice to Instruct in Nurse Education Programs

Researcher: Christine Malone

The purpose of this qualitative, phenomenological study is to understand how nurses in Washington State go about choosing a career in higher education. In this study, the researcher will explore the pathways by which nurses enter the nursing education profession. To this end, the researcher will interview nursing instructors at three western Washington colleges to determine how they went about deciding to go into a career in nurse education.

I understand that I am being asked to participate in this study via an in-person interview, an interview via Skype, or an interview over the telephone. By volunteering to participate, I understand that the interview will take 30-60 minutes of my time. The interview will be audio recorded to ensure accuracy. I further understand that my involvement is voluntary, and I may refuse to participate or withdraw my participation at any time without negative consequences. Approximately one week after the interview, I will receive a copy of the transcribed interview to review for accuracy. I have been advised that I may request a copy of the final research study report.

I understand that participation is confidential to the limits of applicable privacy laws. No one except the faculty researcher or student researcher, his/her supervisor and Program Coordinator (or Program Director) will be allowed to view any information or data collected whether by questionnaire, interview and/or other means. All data (the questionnaires, audio/video tapes, typed records of the interview, interview notes,
informed consent forms, computer discs, any backup of computer discs and any other
storage devices) are kept locked and password protected by the researcher. The research
data will be stored for 5 years. At the end of that time all data of whatever nature will be
permanently destroyed. The published results of the study will contain data from which
no individual participant can be identified.

I have carefully reviewed and understand this consent form. I understand the description
of the research protocol and consent process provided to me by the researcher. My
signature on this form indicates that I understand to my satisfaction the information
provided to me about my participation in this research project. My signature also
indicates that I have been apprised of the potential risks involved in my participation.

Lastly, my signature indicates that I agree to participate as a research subject. My consent
to participate does not waive my legal rights nor release the researchers, sponsors, and/or
City University of Seattle from their legal and professional responsibilities with respect to
this research. I understand I am free to withdraw from this research project at any time. I
further understand that I may ask for clarification or new information throughout my
participation at any time during this research. If I have any questions about this research,
I have been advised to contact the researcher and/or her supervisor, as listed on page one
of this consent form.

Participant’s Name: ______________________________
Please Print

Participant’s Signature: _____________________________ Date: ___________

Researcher’s Name: ______________________________
Please Print

Researcher’s Signature: _____________________________ Date: ___________
APPENDIX C

Semi-Structured Interview Questions

1. Please describe how you decided to become a nurse.

2. What were the major persons and/or factors that influenced your decision to become a nurse educator?

3. Is teaching your only vocation, or do you have another job as well? Please describe the other job.

4. What do you most like about being a nursing instructor? What do you like the least? What would you change about the nurse educator role?

5. Would you recommend a career as a nurse educator? Why or why not?

6. What do you think would be most helpful for nursing education leaders to consider in recruiting nursing instructors?
Dear (Participant),

Thank you for your participation in my research. I have transcribed the audio and written notes from our interview and have attached them for your review. I am asking that you read through this transcription and confirm that it accurately details our conversation. If you see anything that is incorrect, or if there are any additions to what I have transcribed here, please let me know.

If you wish to contact me for any clarification, please feel free to email me at: [removed email] or call me at: [removed phone number].

Please know that your participation in this research has been very helpful in gathering data that will be used to further the knowledge around nurse educators.

Best,

Christine Malone
Doctoral Candidate
School of Applied Leadership
City University of Seattle
APPENDIX E

Expert Reviewer’s Curriculum Vitae

KIM DOTSON

Address: 9201 19th Place SE Lake Stevens WA 98258 | Phone: | Email: kimjimdotson@gmail.com

ASSOCIATE DEAN OF NURSING

-PROFESSIONAL PROFILE-

- Passion for serving others: Desire to care for and meet the needs of fellow human beings goes back to early childhood. Considers it an absolute privilege to be granted the opportunity to care for patients and their families and carries this commitment to new and experienced staff with great enthusiasm.

- Pechant for leadership: Began assuming additional areas of responsibility and leadership roles early in career, serving as team leader and charge nurse, gaining systematic promotions to positions of increased responsibility. Practices active listening. Service-oriented, enjoys working with people and with systems.

- Focused on community: Believes strongly that all hospital and nursing programs should be created with the needs of the patients and the community at the forefront. Cares deeply about the ability to provide sustainable care and serve underrepresented populations. Believes in decisional governance; that decisions should be made methodically, as the result of a collaborative effort.

- Organizationally-savvy: Brings innovative, creative energy to program development. Experienced in managing budgets. Brings a pragmatic approach to decision-making, with strong attention to detail. Outstanding organizational, problem-solving and administrative abilities.

- Love of nursing: A charismatic, magnetic communicator. Conveys genuine enthusiasm and passion as well as the love of nursing that inspires staff.

AREAS OF EXPERTISE

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<th>Leadership / Motivation</th>
<th>Strategic Planning</th>
<th>Personnel Management</th>
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<td>Regulatory Compliance</td>
<td>Budget Management</td>
<td>Departmental Protocol</td>
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<td>Program Development</td>
<td>Hiring &amp; Training Staff</td>
<td>Vendor Relationships</td>
<td>Clinical Resource</td>
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<td>Building Relationships</td>
<td>Communications</td>
<td>Mediation/Negotiation</td>
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PROFESSIONAL EXPERIENCE

PROVIDENCE EVERETT MEDICAL CENTER, Everett, WA............................2011 – 2015

RN Residency Coordinator
- Coordinates orientation experience for all Residency Programs participants throughout the hospital
- Establish and maintain relationships with unit and hospital leadership to identify and meet unit needs
- Promotes and monitors acquisition of clinical skills and development of competency in resident RNs
- Promotes enculturation of new resident into unit of hire, the nursing department, and PRMCE
- Evaluates resident performance and integration
- Contributes to budgetary adherence
• Performs all duties in a manner which promotes and supports the Care Values of the Sisters of Providence

**EVERETT COMMUNITY COLLEGE**, Everett, WA ......................................................... 2003 - 2011

**Nursing Faculty and Associate Dean of Nursing**
• Oversight and management of Nursing Program including curriculum development, admissions, compliance with the National League of Nursing accreditation


**Staff Nurse & Unit Supervisor**
• Overseeing a 31-bed acute care Medical Telemetry nursing unit and associated medical care staff.
  ➤ Serving vascular, pulmonary disease and renal failure patients.
  ➤ Providing direct patient care as needed and supervising licensed staff.
• Acting as dayshift charge nurse and supervising care delivery for all unit patients.
• Managing logistical issues including bed placement management for all admits.
• Conducting documentation audits to ensure adherence to clinical, medical and legal compliance.


**Clinical Manager & Interim Director (1999-2001)**
• Overseeing/directing operations for a 58-bed acute and sub-acute rehabilitation unit.
  ➤ Management of personnel; recruiting, interviewing, hiring and training staff.
    Developing and managing monthly schedules.
• Responsible for supervision and motivation of staff. Completing performance evaluations and determining course of action for additional training if needed.
• Developing and managing annual budgets. Monitoring monthly budgets for three nursing units, overseeing cost control, productivity management and operational streamlining aimed at waste reduction.
• Compliance management; educating and mentoring staff to foster compliance with state and federal patient care delivery regulations for nursing staff and occupational and speech therapists.
• Development of standardized care plans for each nurse under purview.
• Development of policies and procedures in support of Best Practices. Planning and facilitating Annual Skills Review for RNs, LPNs and NACs.

**Staff Nurse (1996-1999)**
• Providing direct patient care for critically ill patients in an intense, high pressure, fast paced environment.

**Assistant Director (1986-1996)**
• Collaborating with Director overseeing a thirty-four bed acute care general surgical unit.
• Direct supervision of 40 employees. Serving as charge nurse and clinical resource for staff. Schedule management and payroll administration. Completing staff evaluations, interviewing and hiring RNs, LPNs and NACs as well as administrative staff.

**PRIOR POSITIONS AS LPN, RN, STAFF NURSE AND TEAM LEADER (1976-1986)**
EXPERIENCE IN ACADEMIA

**EVERETT COMMUNITY COLLEGE**, Everett, WA .................................................... 2016 - Present

**Associate Dean of Nursing**

- Coordinates the planning, development, management, review and assessment of the Nursing Department and its programs. Creates and maintains an environment conducive to teaching and learning.
  - Administrative Oversight of Programs
  - Program Approval and Accreditation
  - Thinks strategically
  - Fosters a collegial and collaborative work environment for students, faculty and staff; promotes consensus-building models in group meetings and other collaborative processes
  - Build and maintain partnerships with Nursing employers and clinical sites.
    Represents the program at CPNW
  - Budget Management
  - Hiring/Staffing
  - Assessment/Supervision of Faculty

**EVERETT COMMUNITY COLLEGE**, Everett, WA .................................................... 2016

**Nursing Faculty**

- Class lecturer and clinical instructor for second quarter in EvCC Nursing Program.
  - Lecturing on critical foundational subjects including, Biopsychosocial themes, Endocrine, Diabetes, Wound and Skin care, Integumentary Systems, Diabetes, Cognition, Fluid and Electrolytes, Sensory, and Neurological.
  - Directing and evaluating academic and practicum competencies of students.
  - Curriculum design planning and implementation for specific course offerings in nursing curriculum.
- Clinical Instructor 5th quarter .................................................................................. 2013 – 2016

**EVERETT COMMUNITY COLLEGE**, Everett, WA .................................................... 2003 – 2009

**Nursing Faculty**

- Class lecturer and clinical instructor for fifth quarter in EvCC Nursing Program.
  - Lecturing Multisystem disorders and failure including topics such as
  - Directing and evaluating academic and practicum competencies of students.
  - Curriculum design planning and implementation for specific course offerings in nursing curriculum.
- Participation in the ongoing planning, development, implementation and evaluation of nursing educational programs.


**Guest Lecturer**

- Visiting lecturer on numerous topics as needed. Evaluation of students in the classroom environment.

**Teaching Assistant, Critical Thinking**

- Assisting Professor in course administration, lecturing, teaching and grading papers.
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