Perceptions of Novice Clinical Adjunct Nursing Faculty

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by

Layna Himmelberg

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We hereby certify that this dissertation, submitted by Layna Himmelberg, conforms to

acceptable standards and fully fulfills the dissertation requirements for the degree of Doctor

of Education from College of Saint Mary

Martha Brown, PhD.

Chair

Christy L. Hutchison, JD

Committee Member

Nina Wardell, PhD, RN, CNE

Committee Member

I would like to dedicate this dissertation to my family, Chad, Nolan, and Zachary. Without their love and support, I could not have completed this dissertation along with my other degrees that got me to where I am today.

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ABSTRACT

The anticipated nursing shortage in the United States is well documented and continues to be a topic of discussion. A nationwide solution has been for nursing programs to increase their enrollment of nursing students. This could be difficult for many nursing schools; as many have a shortage of qualified nursing faculty with which to instruct additional students. Research shows that various colleges and universities are using adjunct or part-time faculty to fill the gaps of faculty vacancies. This dissertation seeks to identify useful practices when working with adjunct nursing faculty.

The purpose of this narrative phenomenological study was to describe the lived experiences and perceptions of novice clinical adjunct nursing faculty members who have less than two years teaching experience. The participants of the study included novice faculty members who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest.

This study attempted to describe the lived experiences and perceptions of novice clinical adjunct nursing faculty. Data analysis resulted in identification of five themes expressed in the following terms; 1) eye-opener, 2) excite/unsure, 3) lack of preparation, 4) empowerment, and 5) development of relationships. By using various communication techniques and strategies to "stay in touch" with the novice clinical adjunct nursing faculty, educational institutions will benefit from retention, satisfaction, and loyalty of their adjunct or part-time faculty.

Key terms: adjunct nursing faculty; adjunct faculty; part-time faculty; retention, recruitment; orientation

Perceptions of Novice Clinical Adjunct Nursing Faculty

CHAPTER I: Introduction

As baby boomers age and the need for health care grows, the United States is forecasting the current nursing shortage to intensify. Due to this shortage, nursing colleges and universities across the country are being placed under pressure to enhance their enrollment levels to meet the rising demand for nursing care. Compounding this problem is the fact that a shortage of nursing school faculty is exacerbating the enrollment demands (American Association of Colleges of Nursing [AACN], 2010). With the shortage of qualified nursing faculty, many nursing programs are utilizing adjunct and part-time faculty, both in the classroom and clinical settings in addition to teaching online (Ellison & Williams, 2009). Literature is slow to address the perceptions of novice adjunct nursing faculty members to understand how they were recruited and what colleges and universities are doing to retain them. Addressing the recruitment and retention of the adjunct nursing faculty is one strategic solution to accommodate the increased enrollment and graduating nurses to help in the alleviation of the overall nursing shortage.

Purpose of the Study

The purpose of this narrative phenomenological study was to describe the lived experiences and perceptions of novice clinical adjunct nursing faculty members who have minimal to less than two years teaching experience. The participants of the study included novice faculty members who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest. Although adjunct nursing faculty are used to teach in the classroom, clinical settings, and online, this study addresses only the novice adjunct nursing faculty who provide direct supervision to pre-licensure nursing students within the clinical setting. Throughout this research, the words "adjunct" and "part-

time" faculty will be used interchangeably referring to those who are connected to the college or university by a part-time contract.

Background and Rationale

The anticipated nursing shortage in the United States is well-documented and continues to be a topic of discussion. Projections from the American Association of Retired Persons (AARP) and Robert Wood Johnson Foundation (2010) reveal that the shortage could rise to as many as 260,000 nurses over the next 15 years and last into the unforeseeable future. The current economic recession is a factor in the retention of nurses within the profession as some nurses who were eligible to retire chose to continue working. Some may even work or seek a full-time position, which could become a problem when the economy recovers as some new graduates are currently not being hired as anticipated (Brodsky, 2009).

This is not the case for all areas of nursing careers. There continues to be a shortage of nursing faculty. The National League for Nursing (NLN) conducted an annual survey in 2009 to determine the incidents each institution of higher education experienced that resulted in limiting enrollment of qualified students due to shortages of faculty and clinical placements for the years 2007 to 2008. Based on the data collected between May to September 2009, the top six summary findings, as reported by the NLN (2010a), follows.

1. key statistics reflecting slowing growth as there was less than a 1% increase in expansion of pre-licensure registered nurses [RN] programs;

2. the demand for admissions continues to outstrip supply as 23.4% of nursing programs reported receiving more qualified applicants than they could accept;

3. a majority of pre-licensure programs are highly selective with fewer than half of all

   applicants accepted into most nursing programs (associate, diploma, and

   baccalaureate[BSN]);

4. shortages of faculty and clinical placements;

5. post-licensure programs are much more likely to report that adding faculty would expand

   admission capacity (RN to BSN, Masters, and Doctorate programs); and

6. some student seats still go unfilled as 1 in 10 nursing schools reported unfilled vacancies

   for new student admissions due to lack of qualified applicants and lack of affordability

   (p. 1).

These findings related to shortages of faculty and clinical placements that resulted in a constraint

of growth in enrollment document a "shortage in nursing faculty as the main obstacle to

expansion" (NLN, 2010a, p. 1).

      Nursing schools. Educating the next generation of qualified nurses in adequate numbers

is vital to address the nursing shortage. However, the current educational infrastructure in

nursing schools hinders the workforce growth. Although enrollment within nursing schools has

increased in the past decade, qualified applicants are turned away each year. Reports state that

"pre-licensure nursing schools nationwide turned away 147,000 qualified applicants in 2005"

(NLN, 2005, p. 1) and in 2008, "119,000 qualified applicants were turned away" (NLN, 2010b,

p. 4). According to the AACN (2009 December), "nursing schools are unable to accommodate

qualified applicants due to faculty shortages and insufficient clinical sites, classroom, clinical

preceptors and budget constraints" (p. 1).

      The Nebraska Health and Human Services (2011) states "There must be no more than ten

students per faculty (a 1:10 faculty-to-student ratio) in the clinical area. The clinical facility may

require a lower number of students per faculty; a 1:8 faculty-to-student ratio is preferred" (p. 6).

Many of the hospitals and clinical areas that are used by the institution where the researcher is a

full-time faculty member specify a 1:8 faculty-to-student ratio, thus limiting the number of

students per clinical group as well as the need to increase the number of clinical faculty. Adjunct

clinical faculty members are essential to accommodate the needs of the clinical facilities and, in

turn, increase the student enrollment.

Another survey conducted by Fang & Tracy (2010) reported a "total of 803 faculty

vacancies were identified in a survey of 554 nursing schools with baccalaureate and/or graduate

programs across the country (70.2% response rate). In addition to these vacancies (Figure 1,

Appendix A), nursing schools cited the need to create an additional 279 faculty positions to

accommodate student demand" (p. 1).

Figure 1

Number and Percent of Schools With and Without Vacant
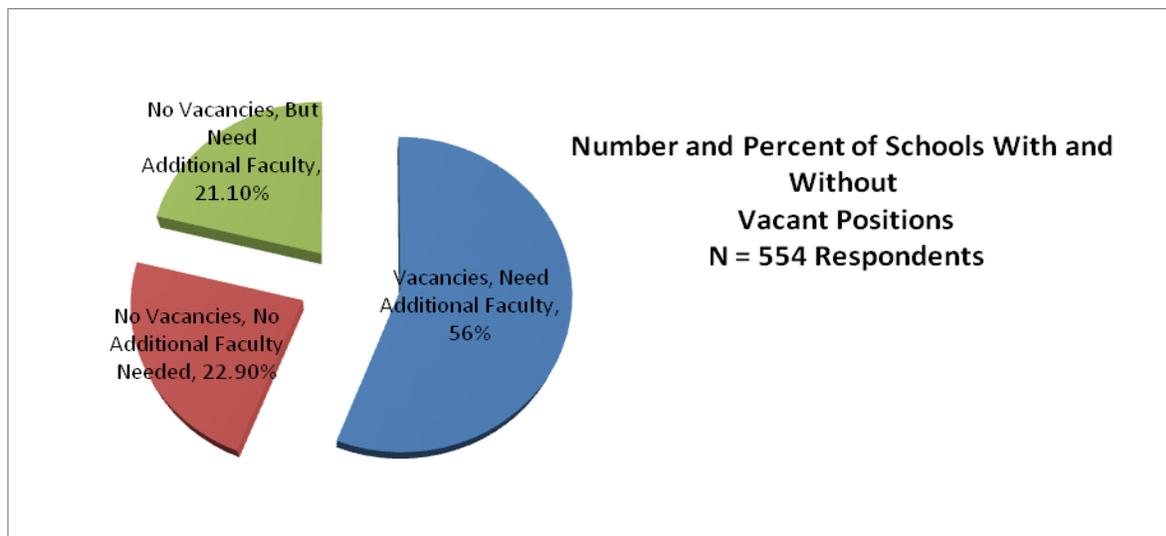
Positions

Figure 1. Faculty vacancies as described within nursing schools with baccalaureate and/or graduate programs across the country. This illustration is adapted from "Special Survey on Vacant Faculty Positions for Academic Year 2009-2010," by D. Fang and C. Tracy, 2010, *Advancing Higher Education in Nursing*, p. 3. Copyright 2011 by C. Tracy. Reprinted with permission.

Nursing education programs throughout the nation are facing various challenges due to the nursing faculty shortage. Nursing programs are being urged to boost their enrollment of nursing students, but how can this occur with current budget constraints within higher education and the simultaneous decline in the numbers of nursing faculty? To assist with educating the additional nursing students in the clinical and hospital settings, the trend nationwide has been to hire adjunct clinical faculty (West, Borden, Bermudez, Hanson-Zalot, Amorim, & Marmion, 2009).

Nursing faculty. Although there is limited research on the number of adjunct or part-time faculty used within nursing programs across the nation, employing them will assist in the goal of increasing the capacity of nursing programs. The U.S. Department of Education (2004) identified significant growth of part-time faculty employed within nursing schools. Within baccalaureate nursing programs the number of part-time faculty increased by 17% from 1996 to 2002. In contrast, over the same period of time, full-time faculty increased by 10%. These statistics have been "hypothesized in the literature to include a cost-saving strategy, an increase in flexibility, and a way to manage the nursing faculty shortage and compensate for unfilled full-time faculty positions" (Creech, 2008, p. 31).

Hiring adjunct or part-time faculty has proven to be a cost savings for colleges and universities, although it could also prove to be a financial burden due to the need for continual hiring and orientation. Many adjunct or part-time faculty are not easily retained as they may be employed in more than one college or university and have other commitments (Forbes, Hickey, and White, 2010). With this incurred cost of continually hiring and orientating, many colleges and universities have begun to develop strategies for retention of adjuncts. Although the recruitment and retention of full-time nursing faculty has been well covered in the literature,

limited research has addressed recruiting and retaining adjunct or part-time nursing faculty (Forbes et al., 2010).

Hiring part-time faculty may provide a quick fix for institutions, although it is also important to look at the outcomes and effects of doing so (Christensen, 2008). Adjunct or part-time faculty can bring a vast assortment of skills, knowledge, and professionalism to students in the clinical setting as well as in the classroom and online (Ellison & Williams, 2009). Adjunct faculty members are typically expert clinicians, but may enter academia as novice educators, requiring a major transition from the practice area to the educational world (McDonald, 2010).

Although these nurses acquire expertise in their given areas and are willing to teach as adjunct faculty, they may not always have the knowledge and skills needed within the academic setting (Anderson, 2009). Adjuncts typically experience several frustrations and struggle as they adapt to their new role which can lead to significant disappointment and turnover. Determining the adjuncts' needs, difficulties they may be facing, and what they may find helpful within their role is a vital first step to increasing job satisfaction and promoting quality in teaching (Forbes et al., 2010).

For the most part, adjunct faculty members are competent and committed; however, some may not receive the support and professional development they need as novice educators. Typically, adjunct faculty members receive low pay, poor training regarding their role as an educator and lack of recognition as an important member of the educational institution. An effective plan of each college and university to support adjunct faculty would result in strengthening student learning in and out of the classroom and clinical area. According to Forbes et al., (2010), this process should begin with a comprehensive orientation program for all adjunct faculty with combined efforts of ongoing communication, mentoring, and professional

development. If support is provided to adjunct faculty members for their professional development and integration into the mainstream of the institution, they could be a great asset in the delivery of quality, up-to date instructional programs (McGuire, 1993). Although it remains a challenge to hire and retain qualified adjunct nursing faculty, the use of adjunct nursing faculty in the classroom, clinical and online instruction may help reduce the nursing faculty shortage (Forbes et al., 2010).

Theoretical Framework

Kanter's (1977) Structural Theory of Power in Organizations and Empowerment provides the theoretical framework for this study. According to Kanter (1977, 1993), employee workplace behaviors and attitudes are determined by social structures within the workplace, not individual personalities. Kanter states that "workers are empowered when they perceive that their work environments provide opportunity for growth and access to power needed to carry out job demands" (Sarmiento, Laschinger, & Iwasiw, 2004, p. 135). Employees then feel powerless when these conditions are lacking. In turn, the organizational productivity is threatened as powerless employees are more inclined to be stressed and less satisfied on the job (Sarmiento, Laschinger, & Iwasiw, 2004).

Kanter's Structural Theory offers a foundation for creating meaningful work environments for the professional nurse or as in this study, the novice clinical adjunct nursing faculty member. Kanter's Structural Theory of Power in Organizations illustrates the four key components or contributors to empowerment as they relate to this study of novice clinical adjunct faculty (Figure 2).

- Opportunity

Opportunity for advancement and growth

- Access to information

Access of information about organization

Ability to access resources and professional development

Ongoing support from peers, supervisors

- Resources

- Support
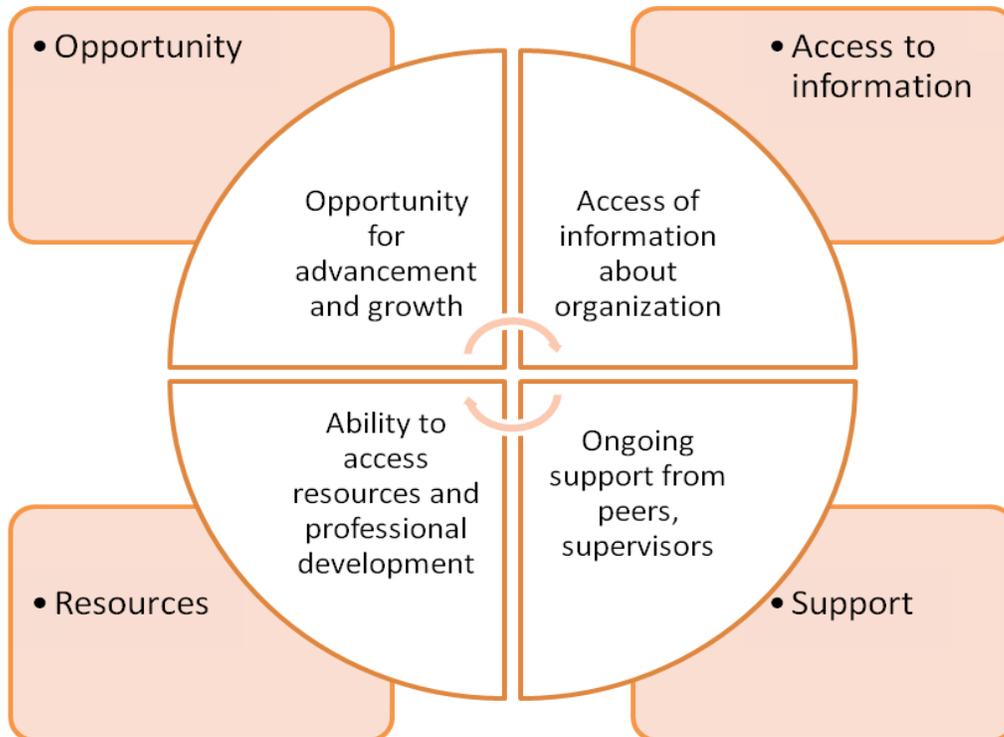
Figure 2: Kanter's Four Key Components

When using Kanter's framework as a guide, "researchers have examined the relationship between intent to stay in the organization and perceived access to organizational empowerment structures of opportunity, information, resources, and support within the nursing occupation" (Nedd, 2006, p. 1). According to Kanter (1993), these structural components consist of four key contributors to empowerment. They are:

1. having opportunity for advancement or opportunity to be involved in activities beyond one's job description;

2. access to information about all facets of the organization;

3. access to support for one's job responsibilities and decision making; and

4. access to resources as needed by the employee (Manojlovich, 2010, p. 6).

Power, from one's position within the organization, can be attained from the ability to access and mobilize support, information, resources, and opportunities (Laschinger, 1996).

According to Kanter (1977), access to these empowerment structures is influenced by the degree of formal and informal power an individual has within the organization. Formal power evolves from the job that offers flexibility, creativity, and visibility and one that is applicable to essential organizational processes. Informal power is determined by the individual's relationships and networks with administration, peers, and staff both within and outside of the organization (Laschinger, 1996; Nedd, 2006). Employees with access to these powers (formal and informal) are more motivated at the workplace than those without access (Laschinger & Finegan, 2005).

Key contributors. While colleges and universities are increasing the number of part-time faculty to provide clinical instruction to meet the demands of enrollment within nursing schools, these expert clinicians are seeing "teaching" or "instruction" as an opportunity for advancement. Opportunity for advancement may refer to the growth, mobility and the chance to increase knowledge and skills within the organization. Although the opportunity for advancement may occur, insufficient preparation in the knowledge and skills as educators may be a challenge facing expert nurse clinicians who move into the academic setting (Anderson, 2009). Siler and Kleiner (2001) described the characteristics of a healthy role transition as including a sense of personal well-being, mastery of new knowledge and skills, confidence in the match of the new role, return of confidence and comfort, and a sense of competence in the new role. To assist the adjunct faculty member with the opportunity for advancement and the role transition, colleges and universities may consider supporting novice clinical adjunct faculty members by providing ongoing support, communication, and faculty development.

Even with advanced education and exceptional clinical experience, a new layer of skill is needed to fully prepare for the faculty role. To perform one's job successfully within the

workplace, access to information about the organization is necessary (Nedd, 2006). Clinical

expertise is pivotal to being a good teacher, but it is not sufficient by itself. Colleges and

universities may wish to consider providing a thorough orientation along with ongoing technical

support, professional and faculty development, and general information about the institution

(Penn, Wilson, & Rosseter, 2008).

To perform successfully, one should have the ability to access and mobilize resources,

information, and support from one's position in the organization. Support in one's position may

refer to the guidance and feedback received from subordinates, peers, and supervisors to enhance

effectiveness as an educator (Nedd, 2006). Suplee and Gardner (2009) report findings from a

qualitative study of novice nursing faculty suggesting that orientation and faculty development

processes should acknowledge the educator's expectations and needs. Identified themes

reflected from this study found that novice nursing faculty had some difficulty locating

information, understanding and integrating into the culture of higher education, developing

instructional skills, and managing workload and academic expectations. A thorough orientation,

mentoring, and continuous faculty or professional development will assist the novice nurse

educator with knowledge of available resources.

As the college or university has organizational needs, the novice nursing faculty member

has needs as well. Expert clinicians are increasingly being hired for faculty positions with the

understanding that they, the novice adjunct faculty members, will require assistance through a

program of professional development and mentoring, to become more proficient in their

academic skills (Penn, Wilson, & Rosseter, 2008). Kanter (1977) believes that individuals and

employees with access to resources and opportunities can accomplish the tasks required to

achieve the organizational goals. With the use of these resources, the adjunct faculty member

can be highly motivated and able to motivate and empower others within the organization (Sarmiento, Laschinger, & Iwasiw, 2004).

   Application of Kanter's Structural Theory to study. Nurse educators carry a great responsibility within their organization; yet at times, the high level of responsibility is combined with low decision-making power, causing stress and job dissatisfaction (Sarmiento, Laschinger, & Iwasiw, 2004). Empowerment of the nurse educator within the workplace can enable the individuals or employees to be satisfied and more effective on the job. Kanter saw "employees' work behavior as arising from conditions and situations in the work place and not from personal attributes" (Manojlovich, 2010, p 6). Colleges and universities have the ability to empower individuals or employees by providing the organizational structures and resources needed to create healthy work environments that communicate the importance of the adjunct faculty. The adjunct faculty member can be empowered by receiving a thorough orientation, ongoing communication, support, and resources from the college or university. See Figure 3. Empowered nurse educators experience less burnout and less job strain resulting in greater work satisfaction (Sarmiento, Laschinger, & Iwasiw, 2004).
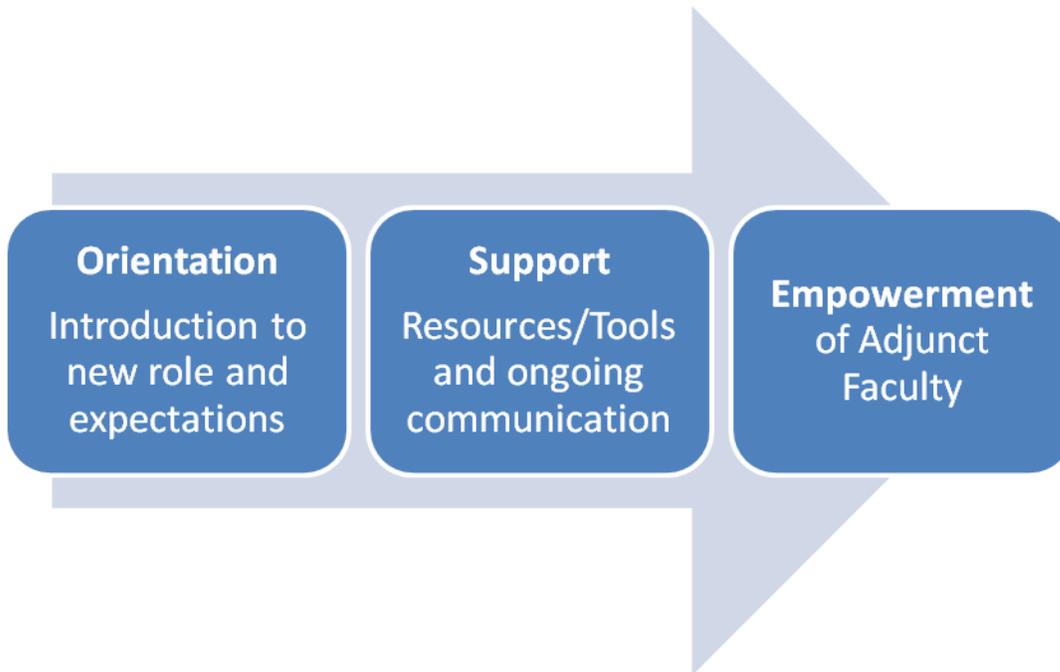
Figure 3: Application of Kanter's Structural Theory to the study

Research Questions

This study was designed to explore the perceptions and common experiences of novice clinical adjunct nursing faculty; focusing on their experiences with academia, recruitment, and retention. The following research questions were developed for this study:

1. How do novice (0-2 years) clinical adjunct nursing faculty describe their lived experiences working in academia?

2. Are there common themes or concepts that can be identified in the experiences of novice clinical adjunct nursing faculty within private colleges and universities in the Midwest?

3. What perceptions does the novice (0-2 years) clinical adjunct nurse educator attribute to the lived experiences within academia?

4. Are there common perceptions of empowerment within the workplace? If one feels empowered, does it lead to greater job satisfaction and retention within the institution?

Delimitations

The scope of the study was limited to novice (0-2 years) clinical adjunct nursing faculty who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest. This excluded public colleges and universities, novice adjunct nursing faculty who teach online or in the classroom, and any college or university outside of the Midwest. Due to the limited research associated with adjunct nursing faculty in general, this study was narrowed even further to address only novice (0-2 years) clinical adjunct nursing faculty who provide direct supervision of pre-licensure nursing students and who work in private nursing colleges and universities in the Midwest.

Limitations

The scope of this study is limited by the fact that data collection is only from private colleges and universities in the Midwest and from personal interviews with novice (0-2 years) clinical adjunct nursing faculty who provide direct supervision of pre-licensure nursing students within the clinical area. A limited amount of research has been done regarding the use of adjunct nursing faculty as subjects in studies conducted at private colleges and/or universities. The author of this study chose to conduct this study within the Midwest as the researcher's expertise and experience is as full-time faculty member in a private Midwest institution. Also, due to travel restrictions, the focus on novice adjunct nursing faculty providing direct supervision to pre-licensure nursing students within the clinical setting will limit the scope to the Midwest.

Conclusion

The United States is in the middle of a shortage of registered nurses which is expected to increase as baby boomers age and the need for health care grows; yet combined with this problem is the fact that nursing colleges and universities across the country are struggling to

expand enrollment due to the shortage of nurse educators (AACN, 2009, September). Identification of creative options for increasing the supply of nurse educators, especially those who can successfully teach essential clinical skills to future nurses is being stressed in both nursing education programs and clinical organizations (Cangelosi, Crocker & Sorrell, 2009). Limited research has been done on the use of adjunct nursing faculty in colleges and universities and the perceptions of their roles. Several challenges are associated with the hiring of adjunct nursing faculty. Colleges and universities may wish to consider addressing recruiting and retaining strategies to assist in reducing the nursing faculty shortage and the financial burden imposed by the shortage.

Kanter's Structural Theory of Power in Organizations and Empowerment (1977) can inform the college or university in recruitment and retention of adjunct nursing faculty by addressing the four key components of opportunity, information, resources, and support. The purpose of this study was to examine the perceptions of novice (0-2 years) clinical adjunct nursing faculty who provide direct supervision of pre-licensure nursing students and who work in private nursing colleges and universities in the Midwest. Throughout this qualitative study, the researcher addressed the four key components of Kanter's theory relating to the study participants' experience within academe and the recruiting and retention strategies utilized by the college or university in which they are employed. The researcher anticipates that addressing Kanter's theory of the role of empowering nurse educators within the organization will lead to greater work satisfaction; a key to recruitment and retention.

Definition of Terms

Adjunct faculty: contracted instructors who work part-time, are not on tenure track, and are primarily responsible for clinical education of undergraduate students at health care service sites. For this study, adjunct faculty who served as participants were to have minimal to less than two years teaching experience at private Midwestern colleges or universities

Empowerment: arising from social structures in the workplace that enable employees to be satisfied and more effective on the job (Kanter, 1993)

Lived experience: used in phenomenological studies to emphasize the importance of individual experiences of people as conscious human beings (Creswell, 2007, p. 256)

Novice: beginner with no experience; taught general rules to help perform tasks (Benner, 1984)

Part-time faculty: also known as adjunct; instructors paid per course(s) taught and seldom offered benefits (Meixner, Kruck & Madden, 2010, p. 141)

Perceptions: immediate or intuitive recognition or appreciation, as of moral, psychological or aesthetic qualities; insight; intuition; cognition

Private college/university: institute of higher learning; an institution of learning of the highest level, having a college of liberal arts and a program of graduate studies together with several professional schools

Purposeful (purposive) Sampling: a nonprobability sampling method in which the researcher selects participants based on personal judgment about which ones will be most representative or informative; also called judgmental sampling (Polit & Beck, 2004, p. 729)

Recruitment: the process of adding new people to a population or subpopulation

Retention: the act of retaining; to keep in possession or use

Snowball Sampling: the selection of participants through referrals from earlier

participants; also called network sampling (Polit & Beck, 2004, p. 732)

Tenure: status granted to an employee, usually after a probationary period, indicating

that the position of employment is permanent

*Unless otherwise noted, the definitions included in this glossary are from Merriam-Webster

Dictionary (2010)

CHAPTER II: Literature Review

This chapter includes a review of studies and scholarly literature pertaining to the use of adjunct faculty, the advantages and disadvantages of using adjunct faculty, reasons why adjunct faculty choose to teach, the preparation (orientation) of adjunct faculty, support, mentoring, recruitment and retention activities adjunct faculty experience, and the challenges faced by these part-time faculty. By reviewing literature, a better perspective on the use of adjunct faculty within colleges and universities may be recognized.

The nation is experiencing an astonishing shortage of nurses. "As the gap between the supply of nurses and the demand for them widens, the shortage will become an even greater emergency" (Southern Regional Education Board, 2002, p. 1). Literature clearly states that colleges and universities are increasing the number of adjunct or part-time faculty each year to help meet the demands of the faculty shortage. Baldwin (n.d.) states the "use of adjunct faculty in the 1970's averaged about 22% of the total faculty, while in 1987 the use of adjunct faculty rose to 33% of the total faculty, and in 1998 the percentage rose to 43%" (p. 1). In 2010, general use of adjunct faculty within all colleges and universities was about 73% of the total faculty (Stainburn, 2010). (See Figure 4). Adjunct or part-time faculty are also used within the nursing programs for the classroom, clinical area, and online coursework. Although this may help the nursing programs due to the shortage of qualified nursing faculty, limited research has been conducted as to the number of adjunct or part-time nursing faculty being used, how they are being orientated, and the recruitment and retention efforts that have been implemented by nursing colleges or universities.

Figure 4

Use of Adjunct Faculty
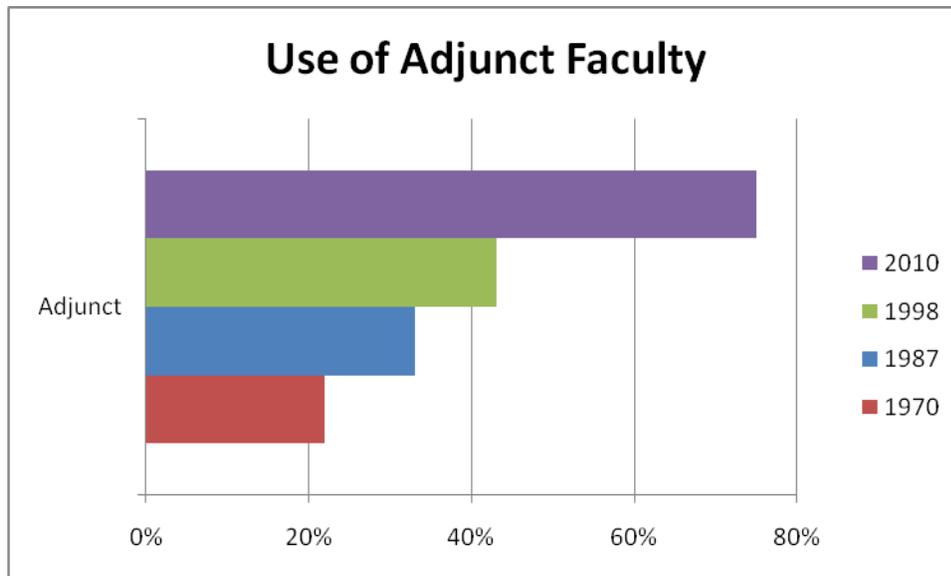
Reference: "Part- time faculty members: Reasons for the growth of part-time faculty?" by R. Baldwin, n.d., Retrieved from http://education.stateuniversity.com/pages/1969/ Faculty-Members-Part-Time.html and "The case of the vanishing full-time professor" by S. Stainburn, 2010, Retrieved from http://www.nytimes.com/2010/01/03/education/ edlife/03strategy-t.html?_ r=1&ref=education&pagewanted=print

Use of Adjunct Faculty

The economic incentive to employ adjunct or part-time faculty in higher education is widely acknowledged. There has been a noticeable increase in the "number of adjunct faculty being hired nationally and internationally, at both the undergraduate and graduate levels in all academic arenas" (Fagen-Wilen, Springer, Ambrosino, & White, 2006, p. 39).

Currently there are half a million higher education adjunct faculty members in the United States. According to the U.S. Department of Education (2003), 66% of the faculty members teaching in community colleges are adjunct, this percentage varies by state, discipline, and type of program (Green, 2007, p. 29).

Since limited research has been conducted to address adjunct *nursing* faculty, the summary studies and scholarly literature pertains to adjunct faculty members in fields other than nursing.

For over 30 years, colleges and universities have been employing an increasing number of part-time faculty. Great concern has been expressed over the number of part-timers employed nationally and there has been no decline nor is any projected (Gappa & Leslie, 1993; Schneider, 2004). Jacobs (1998) cites four typical reasons for using adjunct faculty:

1) to teach multi-section courses;

2) to cover for missing full-time faculty;

3) to cover unanticipated enrollments both in terms of number of students and subjects taught; and

4) to provide labor-intensive clinical work such as supervising nursing students or student teachers (p. 12).

"While individual part-time faculty members come and go, part-timers as a group, constitute a permanent part of the faculty work force in every type of institution of higher learning" (Gappa & Leslie, 1993, p. 110).

Although part-time faculty are a permanent part of the faculty work force and crucial to the success of the institution, they have very little status in the academic hierarchy (Wallin, 2004). Adjunct faculty can be successful, valued, and supported in what they do; although most feel powerless, alienated, invisible and second class within the institution in which they work. Many adjunct faculty do not feel connected within the campus life and do not develop relationships with their co-workers or peers (Bazan, Durin, & Tesch, 2003; Burnstad, 2002).

Some of the reasons these faculty may not seem valued, according to Hoeller (2010) is due to the fact that they may receive

only quarterly contracts, which can still be cancelled for low enrollment, lack of funding, program changes, or for any reason or even no reason. Due process is non-existent for

adjunct professors, who in many cases aren't even given the opportunity to see or

respond to complaints made against them (p. 1).

Various agencies are beginning to fight for the rights of adjunct faculty. In several areas

of the country, "successful union organizations have significantly improved the level of pay,

benefits, job security, and institutional support and across large portions of the American

heartland and in the south, however, adjuncts remain vulnerable, exploited, and invisible"

(Louis, 2009, p. 1).

Advantages of Using Adjunct Faculty

Without the use of adjunct faculty, colleges and universities would have difficulty in

meeting student numbers and assurance of quality education. Adjunct faculty can be a benefit to

any college. The use of adjunct faculty by an institution may increase enrollment while keeping

class size low; and save the college money at the same time (Gerhart, 2004). In addition to the

ability of the college to offer more courses, adjunct faculty typically earn less and are not offered

health insurance or other employee benefits, lessening the budgetary burden (Woodson, 2005).

Administrators in higher education have now realized that employing adjunct faculty rather than

tenure-track faculty is a remarkable bargain which, in turn, provides them with greater flexibility

in budget issues (Wickun & Stanley, 2000).

Gappa and Leslie (1993) state that adjunct faculty with full-time jobs and/or professional

ties in the "real" world are an asset to programs which may need sites where the students can

obtain clinical experience(s). Such part-timers are also valuable to programs, such as nursing,

that require state-of-the-art equipment. In many instances, colleges and universities cannot keep

up with the changes in technology or equipment due to budgetary constraints; thus not efficiently

meeting students' needs. Adjunct faculty, with the right professional connections, might be able

to provide students with access to the latest technology and professional settings; allowing the students to progress quicker than with the use of a textbook.

Adjunct faculty may bring professional and educational experience, diversity, energy, enthusiasm, expertise, and a wide variety of backgrounds and experiences to colleges and universities (Gappa & Leslie, 1993; Gerhart, 2004). Even though they may bring all this to the classroom and/or clinical area, adjunct faculty are paid less and are only expected to teach; so if they do not perform well within the classroom or clinical area, they would not be rehired (Gerhart, 2004). In addition, they typically do not receive salary increases related to their length of service with the college or university (Wallin, 2004).

Disadvantages of Using Adjunct Faculty

Although adjunct faculty can provide many benefits to the college and university, there may be several disadvantages to the use of adjunct or part-time faculty. When the institution hires adjunct or part-time faculty, often it is expedited to meet the needs of a particular growth area. When this occurs, the faculty member has few resources available; possibly only their knowledge of the subject. They may be unfamiliar with the textbook(s), uncomfortable in preparation of the syllabus, have a lack of experience in conducting group work or classroom discussion, and/or have a lack of commitment to the college (Gerhart, 2004; Wallin, 2004). Although the institution is happy that the adjunct faculty member accepted the position and the course is covered, this is not necessarily a benefit to the students and it may not provide the best learning environment.

Investigators have reported that adjunct faculty are often unwilling to devote extra time to the students outside of the classroom. A study completed by Jaeger & Eagan from 2002 to 2005, "analyzed the transcripts of 30,000 students in first-year gatekeeper courses" (Maxwell, 2008, p.

2). The study concluded that those students who were taught 'gatekeeper' or introductory

courses by part-time adjuncts, lecturers, or postdoctoral fellows were less likely to return for

their sophomore years. Although Jeager & Eagan noted limitations to their study, they

emphasized the fact that faculty and students who connect on a personal and sustained basis are

important for student retention and success within the institution.

Another study completed by Umbach (2008) compared part-time with full-time faculty.

Umbach analyzed data taken from a survey of about 21,000 faculty members at 148 two- and

four-year colleges. Umbach found a remarkable difference between the commitment to teaching

in part-time and full-time faculty. He found that part-time faculty tend to be less effective in

their instruction and are less committed to teaching than their full-time peers. Based on the

results of these two studies, Schmidt (2008) offers a suggestion that the college or university

should rethink what courses the adjunct or part-time faculty members are assigned to instruct. In

addition, Schmidt (2008) asks the questions "Is there a possibility of having them work with

populations such as full time or upper level students, who may be least likely to need help

outside of the classroom?" (p. 5).

Why Adjuncts Teach

Despite the literature documenting the *limitations* of utilizing adjunct or part-time faculty,

part-time faculty are usually well qualified for the assignments they hold and are highly

motivated to teach within the institution (Gappa & Leslie, 1993). The adjunct faculty typically

have no employment security, are ineligible for benefits, work long hours with low pay, express

an unappreciated feeling from the institution, and lack office space and phone use (Brown, 2007;

Schneider, 2004; Wallin, 2004). However, part-time educators enter academia for various

reasons, having both intrinsic and extrinsic motivations to teach (Gappa & Leslie, 1993).

Frequently, adjunct faculty members are retired educators who enjoy the challenge and the opportunity to teach part-time, receiving a high degree of satisfaction in teaching and building relationships with students of all ages. They hold a passion for the field and state that team-working and networking with their colleagues is very important (Brown, 2007; Schneider, 2004). Adjunct faculty enjoy bringing "real world" experience(s) into the classroom and seeing students reap the rewards of "real world" expertise provided (Lyons & Burnstad, n.d.; Mangan, 2009; Wickun & Stanley, 2000). Some see it as an entry to a full-time faculty position while others' primary motivation is the extra money, the enjoyment of the challenges the students bring, or the desire to teach as a service (Wallin, 2004).

Preparation of Adjunct Faculty

Nursing educators and administrators are sensitive to the fact that the current nursing faculty shortage reveals more than just an anticipated turnover. According to Anderson (2009)

statistics released in 2008 by the American Association of Colleges of Nursing (AACN) included reports of 449 schools documenting 814 vacant positions, translating to approximately 3 positions per school. The recruitment of master's-prepared clinical experts into academia may be a personnel solution to the nursing faculty shortage (p. 1).

A rise in the number of adjunct faculty along with the concerns about adequate faculty preparation is addressed in the literature. Some accept faculty positions without entirely understanding the role of academic educators (Anderson, 2009; Krisman-Scott, Kershbaumer, & Thompson, 1998; Siler & Kleiner, 2001). Therefore, this fact becomes a problem because nurse educators should have excellent clinical knowledge and skills to prepare the next generation of nursing professionals. Unfortunately, according to Anderson (2009), nurses often accept faculty

positions without sufficiently understanding the complexity of the role and the skills necessary to fulfill the responsibilities within academia. Some do not understand higher education and the teaching role. In addition, novice faculty may often feel the negative effects of the lack of preparation for their teaching role. New educators "who lack adequate preparation for the teaching role are likely to experience uncertainty, lack of confidence, and frustration in trying to meet the demands of their work" (Krisman-Scott et al., 1998, p. 318). Anderson (2009) described the characteristics of a healthy transition from clinician to educator as including a "sense of personal well-being, mastery of new knowledge and skills, confidence in the match of the new role, return of confidence and comfort, and a sense of competence in the new role" (p. 7).

Orientation and Support

At a time when increasing enrollments and shrinking revenues are putting pressure on various colleges to employ more adjunct faculty and national studies have raised concerns about the quality of their teaching, some colleges are launching programs to meet the needs of adjunct faculty (Mangan, 2009). Cohen (1992) completed a study to determine the needs of adjunct faculty. A questionnaire was distributed to 149 adjunct faculty within a community college in Maryland and reported two common themes based on data reported by the adjunct faculty: 1) need for greater sense of belonging to the institution, and 2) desire for a greater sharing of information about the institution (p. 5). An issue that also noted was a desire for general orientation. Cohen (1992) reported the summary of recommendations resulted in some changes at the college which included: an increase in pay based on longevity, orientation sessions held every semester, an increase in faculty workshops, the creation of an adjunct faculty handbook, and the honoring of an outstanding adjunct faculty member annually.

Institutions are realizing that preparation and support of the adjunct faculty member is essential for the achievement of institutional effectiveness. When adjunct faculty are properly orientated, trained and supported, they may provide a flexible, affordable way to reach the goals of the institution, while maintaining overall instructional quality. The needs of adjunct faculty are not greatly different from that of the needs of full-time faculty. Adjunct faculty need a clear contract, a handbook that outlines rules and policies, a comprehensive orientation, mentoring, a sense of belonging and recognition, improved communication and ongoing professional development activities. Many institutions have implemented various strategies to assist the adjunct faculty member (Lyons and Burnstad, n.d.; Wallin, 2004; Woodson, 2005).

"It is more true now, more than ever before, that the way people are hired, orientated, trained, recognized and compensated sends a powerful message about what truly is valued in a company" (Merrill Associates, 2009, p. 4). First impressions from the timeliness of messages, congeniality, and cooperation of the staff, the interview experience along with the orientation process and ongoing support influence how a faculty member perceives his or her professional relationship with the institution (Puzziferro-Schnitzer, 2005). New faculty members have needs that should be addressed early in their employment. A high-quality orientation program could address those needs.

Successful orientation programs provide major benefits to the new faculty members and to the institution, and they do not have to be expensive (Morin & Ashton, 2004). Institutions need to invest in their faculty, making the needed changes in order to recruit and retain quality adjunct educators. Research indicates that although the basic foundation for new faculty to orient to an institution and to role expectations is in place in many colleges and universities, a sustained orientation, on-going support, and professional development for adjunct faculty

members is important to develop successful, contributing faculty members (Green, 2007;

Lindbeck & Darnell, 2008).

    According to Billings and Halstead (1998), "to be successful individuals aspiring to the

role of a faculty member one must be clear about the expectations of the role" (p. 14).

Therefore, during the orientation process, it is essential to address the expectations of the faculty

member. In addition, it is important to initially provide the new faculty member with various

resources which may include, but are not limited to, a faculty handbook and/or orientation

manual, online resources (including frequently asked questions and a recap of information from

orientation), information about the library (research and techniques), textbooks, videos, DVDs,

and mentors. And finally, as situations arise within the faculty role, ongoing communication and

support is vital (Morin & Ashton, 2004).

    A good orientation program takes place over a prolonged period of time. Morin and

Ashton (2004) stress that "faculty new to the role or new to the institution required a minimum

of three (3) years before they achieved a significant degree of institutional acculturation" (p.

240). For that reason, faculty orientation, faculty development, and faculty mentoring are crucial

to the success of the faculty member whether the faculty member is full-time, part-time, or

adjunct within the institution.

    Faculty development is part of the professional career journey and involves mentorship,

guidance, and more formal educational experiences (Suplee & Gardner, 2009). Whether the

adjunct faculty members are instructing in the classroom, clinical area, or online, they need

ongoing support and professional development. "Institutional support for new faculty members

can make them more effective as they seek to develop and refine their teaching" (Jones, 2008, p.

93). Faculty development raises the level of importance and quality of teaching and assists the

faculty in their early years of academe (Jones, 2008). Professional growth and training are vital to the role of the faculty member at the institution (Welch, 2002).

Mentoring

It is important that adjunct faculty feel valued within the institution (Mangan, 2009). Literature has documented that adjunct faculty often feel neglected. They lack support and recognition by colleagues, but collaborating with others may help them overcome their feelings of isolation (NLN, 2006). One way to address social networks and collaborate with others may be to implement a buddy or mentor program for new faculty (Morin & Ashton, 2004).

"Mentoring is a proven-effective strategy for support, improvement, and community building" (Puzziferro-Schnitzer, 2005, p. 2). Mentoring relationships can ease faculty transitions (Morin & Ashton, 2004). "Mentoring is relevant across the entire career continuum of an educator and encompasses orientation to the faculty role, socialization to the academic community, development of teaching, research, and service skills, and facilitation of the growth of future leaders in nursing and nursing education" (NLN, 2006, p. 1).

Mentoring is a recognized concept that has been used in many businesses, educational settings, and other fields to socialize individuals to their new roles. Traditionally, the "mentoring relationship has involved a mentor and a protégé who engage in a long-term relationship where the mentor guides and advises the protégé, opens doors for her/him, teaches the protégé the ropes, and generally serves in a supportive role" (NLN, 2006, p. 2). Research documents that individuals who experience this kind of mentor-protégé relationship do well within their careers (NLN, 2006). Mentoring has long provided a rich, flexible, and affordable professional development tool for those in higher education (Lyons & Burnstad, n.d.). Having a mentor helps new adjunct faculty understand the system and politics within the institution (Trossman, 2009).

Recruiting and Retaining Adjunct Faculty

In addition to facilitating the development of successful adjunct faculty, there is a need to retain faculty. Johnsrud (2002) stated that identifying the issues that matter to the employee increases both performance and retention (Garrison, 2004). Retention can save colleges time and money that would be spent on hiring and training new faculty. Since part-time faculty continue to make up the majority of instructors within community colleges as well as within other institutions, it is important to focus on retention efforts (Woodson, 2005).

Hessler and Ritchie (2006) discussed their concern about the future of nursing education and focused on ways to recruit and retain new faculty. They offered nursing schools ten suggestions for recruitment and retention of new faculty which included: "provide guidance, foster socialization, encourage flexibility, conduct orientation, provide support, facilitate collaboration, allow for mistakes, coordinate teaching assignments, grow your own faculty and offer rewards or incentives for a job well done" (p. 150). These are suggestions for institutions to think about and address as the authors were novice faculty and found the efforts made by their institution to be a very helpful and a rewarding experience for them.

To sustain success, colleges need to understand the significance of using adjunct faculty, along with recruiting and retention strategies. Administrators should consider various strategies to increase compensation and benefits for adjunct faculty. In addition to salary and benefits, the extension of professional development opportunities, orientation, and mentoring can be important signals to adjunct faculty of their importance to the college (Wallin, 2004). According to Fledman and Turnley (2001), this feeling of importance may improve their productivity and also the quality of education the adjunct faculty provide to the institution's students.

Louis (2009) discusses the solutions to mistreated adjuncts, providing some suggestions that could substantially improve the working conditions and performance of these much needed faculty. These include:

1. confront the isolation and alienation of adjuncts from the full-time faculty (using "we" instead of "us and them");

2. equalize the status of adjunct and salaried faculty (respect, appreciation, communication and ongoing support);

3. create adjunct orientation and support programs;

4. identify successful ways to provide benefits and job security;

5. establish office space and compensation for involvement in college committee work; and

6. complete adjunct faculty contracts at least two weeks prior to the beginning of classes.

As previously stated, the isolation and marginalization felt by adjunct faculty in higher education is in need of transformation (Johnson & Stevens, 2008).

In summary, college administration must have strategies in place to help integrate adjunct faculty with their full-time faculty. With the shortage of qualified faculty and a significant increase in enrollment, colleges and universities will need to bridge the barriers between full-time and part-time faculty in order to ensure quality instruction. By making improvements within the college, attraction, hiring and retention rates of quality adjunct faculty will increase (Freeland, 1998).

Challenges

It is crucial that administrators and full-time faculty provide resources, support, recognition, and professional development opportunities to adjunct faculty, recognizing and valuing adjunct faculty as professional colleagues. Adjunct faculty can be an essential resource in achieving an institution's mission. They can bring diversity to the institution, along with an eagerness to teach, and a great deal of professional and personal experience. By using adjunct faculty, colleges may maintain close connections to businesses and industries as they teach within their area of expertise, bringing that "real-world" experience and perspective to the classroom. The community connection is essential to the mission of the institution. Perhaps more than any other entity, adjunct faculty members are the connection between the community and the college (Wallin, 2004).

Colleges and institutions have the challenge of supporting adjunct faculty who may have little connection to the institution other than through the classes they teach (Johnson & Stevens, 2008). "Understanding their motivations, meeting their basic instructional needs, and providing reasonable compensation and opportunities for professional development will demonstrate the commitment of the college to its adjunct faculty" (Wallin, 2004, p. 390).

With the shortage of nurse educators, the strong growth of nursing adjunct or part-time faculty has increased dramatically within higher education institutions. The increased use of nursing adjunct or part-time faculty has been attributed to: the need for specialized "real-world" expertise, greater need for scheduling flexibility, declining educational funding, and increasing enrollments, particularly online (Tipple, 2010). Collaboration and commitment among colleges, faculty, and staff can pave the way for more successful outcomes surrounding the role of adjunct

faculty as well as providing quality education for students within the nursing program (West et al., 2009).

Colleges should not think of hiring adjunct faculty as a short term staffing solution. Adjunct faculty should have similar qualifications to those of full-time faculty with the goal being to integrate them into the college community (Gadberry, 2005). A comparative study to determine the difference between the teaching effectiveness of part-time and full-time clinical nursing faculty was conducted by Allison-Jones and Hirt (2004). A population of 583 Associate Degree Science in Nursing (ADN) and full-time and part-time ADN faculty providing clinical instruction (44 faculty from seven ADN programs located in mid-Atlantic states), were surveyed. Allison-Jones and Hirt reported significant differences in the teaching effectiveness of full-time versus part-time clinical nurse instructors. In addition, they found no significant differences in the ways that students rated the effectiveness of part-time versus full-time faculty or in the self-ratings of the instructors themselves. The investigators considered the students' perceptions of teaching effectiveness to be reliable. Results such as these are important as nursing colleges consider hiring part-time faculty. If an increase in the hiring of part-time faculty continues, various "programs and services that enhance the instructional skills of faculty will be necessary to maintain a high level of instructional effectiveness" (Allison-Jones & Hirt, 2004, p. 243).

Although the literature states there are advantages and disadvantages when using adjunct faculty, they can be an enormous asset to any college and generally, their students' evaluations are as good, if not better, than those of the full-time faculty. Multiple steps should be taken to ensure that adjunct faculty members are effective and worthwhile to both the college and the students (Gerhart, 2004). Louis (2009) states that administrators, legislators, faculty, various associations, and others should be guiding the way on behalf of what is, after all, the majority of

our nation's postsecondary educators. Their success and desire to continue as faculty depends on what the college does to prepare and nurture them now (Siler & Kleiner, 2001).

Conclusion

Adjunct or part-time nursing faculty members are in high demand whether it is in the classroom, clinical area, or online coursework. Research is conclusive that the number of adjunct or part-time faculty members within numerous colleges and universities that educate nursing students has shown a dramatic increase in the past decade. Review of the literature also reveals nursing programs are using adjunct faculty to address the nursing faculty shortage in order to support the need for an increase in student enrollments. Therefore, recruiting, orientating, and retaining these adjunct nursing faculty is crucial to the personal and professional values of the faculty member as well as the college or university. The purpose of this narrative phenomenological study was to describe the lived experiences and perceptions of the novice (0-2 years) clinical adjunct nursing faculty who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest. By using various communication techniques and strategies to "stay in touch" with the novice clinical adjunct nursing faculty, educational institutions will benefit from the retention, satisfaction, and loyalty of their adjunct or part-time nursing faculty.

CHAPTER III: Methods and Procedures

The methodology and procedures used to conduct this study are discussed in this chapter. The research design, a qualitative phenomenological methodology using individual interviews, is described along with the rationale for this design. The population is identified and a discussion is included of the ethical considerations, demographics, and description of the setting. This chapter ends with a description of the study instrument or questionnaire, procedures used, and the methodological limitations.

Research Design

A phenomenological design was used for this study. Phenomenology aims at gaining a greater understanding of the nature or meaning of one's everyday experiences (Patton, 2002). The phenomenological approach was chosen to explore the phenomenon of the lived experiences of the novice adjunct clinical faculty member. The purpose of this narrative phenomenological study was to describe the lived experiences and perceptions of the novice clinical adjunct nursing faculty who have minimal to less than two years teaching experience.

Patton (2002) states that "with a phenomenological approach, the focus is on exploring how human beings make sense of their experience, then transforming that experience into consciousness, both individually and within shared meetings" (p. 104). This requires one to thoroughly capture and describe how individuals or groups experience a phenomenon-"how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk about it with others" (Patton, 2002, p. 104). "To gather such data, the researcher must undertake in-depth interviews with people that have directly experienced the phenomenon of interest; that is, they have 'lived experience' as opposed to secondhand experience" (Patton, 2002, p. 104).

One important concept with this qualitative phenomenological approach or method is the importance of knowing what people experience and how they may interpret the world. This may be the phenomenological inquiry, the focus, or the subject matter. Another important concept with this approach is methodological. The only way for the researcher to know what the individual experiences is to experience the phenomenon as directly as possible for themselves, thus stressing the importance of participant observations and in-depth interviews (Patton, 2002).

An "assumption that there is an essence or essences to the shared experiences" (Patton, 2002, p. 106), is a final dimension that distinguishes the phenomenological approach. These essences are the core meanings commonly understood through the phenomenon experienced by the individuals or group; thus, phenomenological research is the study of essences (Patton, 2002, p. 106). The central question asked of a phenomenological study is, "what is the meaning, structure, and essence of the lived experience of this phenomenon for this person or group of people?" (Patton, 2002, p. 132). In this research study, a phenomenological approach regarding the lived experiences and perceptions of novice clinical adjunct nursing faculty members is addressed.

Patton (2002) states that as the fieldwork begins, the researcher should be open to whatever materializes from the data or information, a discovery or inductive approach. Then, as the investigation or study discloses patterns and major dimensions of interest, the researcher should begin to focus on clarifying and confirming what appears to be emerging; a more deductive approach in collecting the data and completing the analysis. "While the quantitative/experimental approach is largely hypothetical-deductive and the qualitative/naturalistic approach is largely inductive, a study can include elements of both strategies" (Patton, 2002, p. 57).

Open-ended questions and responses allow one to understand the world as seen by individuals or groups; thus allowing the researcher to understand and capture the points of view through inductive analysis. The researcher may develop themes, patterns, and categories through the gathered data as this permits the individual or group to describe what is meaningful to them within their lived experience. In contrast, "deductive analysis includes analyzing the data according to an existing framework; predetermined based on some theory or preordinate criteria" (Patton, 2002, p. 56).

With qualitative phenomenological studies, the "task for the qualitative researcher is to provide a framework within which people can respond in a way that represents accurately and thoroughly their points of view about the world, or that part of the world about which they are talking" (Patton, 2002, p. 21). When the results are obtained from the phenomenological study, they can then be "related to and integrated with those of other phenomenologists studying the same experience, or phenomenon" (Patton, 2002, p. 107).

The researcher engaged each participant with open-ended questions within a semi-structured interview in hopes of gaining rich, significant information regarding the phenomenon of interest; the lived experiences and perceptions of novice clinical adjunct nursing faculty who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest. During each semi-structured interview, open-ended questions were asked in the same order to maintain consistency and to elicit works and images of the process (Creswell, 1998). The open-ended questions were structured to communicate interest and trust in the respondent's judgment, were easily answered, and did not appear to pose a threat to the participants. Some responses required probing to gather additional information regarding

personal information of the lived experiences of the novice clinical adjunct nursing faculty member.

An inventory and definition of key phrases, terms, and practices were compiled to begin the inductive analysis. The extensive literature review regarding adjunct faculty, in general, initiated this researcher's deductive analysis. To further assist this researcher in the analysis process, NVivo 9© software (QSR International, 2010) was used to organize the data and assist in identifying themes pertaining to the phenomenon of interest. Recommendations by Merrium (1998) were also followed by analyzing the transcripts of the semi-structured interviews for similarities of occurrences. This process was characterized by axial coding where the researcher related codes (categories and properties) to each other through a combination of inductive and deductive reasoning.

This study was aimed at exploring the perceptions and common experiences of novice clinical adjunct nursing faculty, focusing on experiences with academia, recruitment, and retention (to include the process of hiring, orientation, professional development, communication, and the use of mentors). A narrative approach was utilized to allow the voices of novice clinical adjunct nursing faculty to be heard regarding their individual experiences in academia as well as the personal meaning they ascribed to those experiences.

Identification of Sample

The goal of this researcher was to gain access to participants for the study through the Association of Deans and Directors of Nursing Programs (ADDNP) held within private Midwestern colleges and universities. This Association typically meets two to three times per year to discuss various issues and concerns within the institution and updates within the State

Board of Nursing and national nursing accrediting bodies, i.e., National League for Nursing

Accrediting Commission (NLNAC) and Commission on Collegiate Nursing Education (CCNE).

At the November 2010 meeting of the ADDNP, the researcher requested 10 members of

the Association to identify appropriate faculty members who could serve as potential participants

for the study population; novice clinical adjunct faculty who have been employed two years or

less within their institution. A reasonable goal for this researcher was to gain access to about 20-

30 names of novice clinical adjunct faculty. Initially, one member responded stating they had no

adjunct clinical faculty members and two other members responded with a total of eight names

of novice clinical adjunct faculty members. Other members did not respond to the initial request

so a subsequent request was emailed within a couple of weeks of the Association meeting with

replies from 4 members. The responses provided this researcher either with the clinical adjunct

faculty member's name and contact information or an email stating that the member had

contacted the clinical adjunct faculty member and they were to contact this researcher if

interested in participating in the study.

Of the names provided, all individuals were contacted via email, phone call, or face to

face meetings inviting their participation. Purposive and snowball sampling was used to select

the participants for this study to purposefully inform an understanding of the research problem

and provide information-rich meaning to the study. The researcher anticipated collecting data

from novice clinical adjunct nursing faculty with sampling to the point of redundancy.

Due to the small number of novice clinical adjunct faculty members identified by the

members of the Association, snowball sampling was implemented, where participants who

agreed to participate in the study were asked to refer other individuals whom they knew to be

qualified participants (Bloomberg & Volpe, 2008). By asking for other potential interviewees,

this allowed new information, breadth, and depth that may not have been available prior to the

effect. The researcher also contacted deans and directors from other private nursing colleges and

universities in the Midwest although outside of the Association with four novice clinical adjunct

faculty members responding.

At the conclusion of these various methods to attain qualified participants, a total of 26

names were identified. After contacting each of the 26 potential participants, 15 agreed to

participate in the study. Following subsequent planning and discussion of the 15 participants'

availability, a total of 12 participants were interviewed as some agreed but did not follow

through with a specific time that would work for the interview. After further discussion, it was

learned that one of the participants did not meet the inclusion criteria of the study. The inclusion

criteria for selection of participants were:

- clinical adjunct nursing faculty providing direct supervision to pre-licensure nursing
  students, and

- employed two years or less within a private Midwestern college or university setting

Often phenomenological research involves a small number of participants within the

study throughout an extensive and prolonged engagement to develop patterns and relationships

of meaning (Bloomberg & Volpe, 2008). For this phenomenological study, the sample size was

determined by informational considerations as purposive and snowball sampling was used. The

sample size of 12 was concluded with this study when no new information was forthcoming

from new participants, thus reaching a point of redundancy.

Ethical Consideration

Ethical considerations for the participants used in this study were maintained using

several processes including right to self-determination, right to full disclosure, principle of

respect, right to fair treatment, right to privacy and informed consent. A discussion of how each of these rights was conducted follows.

The researcher's intention was to promote a trustful relationship with all participants to gain precise, rich information without negative impact on the interviewees. The research process involved the recruitment of volunteers or participants for the study and the participants were notified of the study's purpose (Bloomberg & Volpe, 2008). Although it was likely that no serious ethical threats were posed to any of the participants or to their well-being, this researcher employed a variety of safeguards to ensure the protection and rights of each participant. To ensure full disclosure, the researcher either contacted the potential participant by email, phone or in person to describe the nature and purpose of the study, their right to refuse participation, the researcher responsibilities and likely risks and benefits of participating in the study. During this time, the researcher clarified the participant's right to ask questions, refuse to give information, to ask for clarification and to terminate their participation in the study at any time. The manner in which the researcher presented the information to the participant was accomplished in order to ensure lack of coercion.

A written, informed consent (Appendix B) was obtained from each participant prior to their participation in the study (Appendix B). The researcher requested a signature to verify each participant's understanding. This document assured that participation of the interviewees was entirely voluntary and proper names of the participants would not be revealed. Participants were also informed that they could refuse to answer any question or withdraw from the interview at any time. All data collected became the property of the researcher, and excerpts from the interviews were part of the final research study.

The participant's rights and interests were considered of major importance when choices were made concerning the reporting and dissemination of the data. This researcher made every attempt to keep names and significant identity characteristics of the colleges or universities confidential. Cautionary measures were taken by this researcher to secure the storage of research-related records and access to materials. These measures included coding of the audio tapes of the interviews with codes known only by this researcher in addition to the storage of all data on a "jump-drive" and securely locked in a file cabinet at the home of the researcher. Participants were also encouraged to review the transcripts of their interviews for accuracy. At the conclusion of the study, all research materials will be destroyed (data will be deleted from the "jump-drive" and the audio tapes erased). Additionally, permission was received from College of Saint Mary's Institutional Review Board for Research to conduct research on human subjects (Appendix C).

Demographics

The study participants consisted of novice (0-2 years) adjunct nursing faculty members who provide direct supervision of pre-licensure nursing students within the clinical setting. The participants interviewed held employment of two years or less at a private Midwestern college or university. All of the participants volunteered for the study and had an individual semi-structured interview with the researcher.

Initial questions, demographic in nature, were asked of each interviewee to determine (a) age, (b) gender, (c) level of education, (d) current working status of a Registered Nurse (RN), (e) reason for teaching as an adjunct faculty member, (f) previous employment within academia, and (g) level of nursing students being taught (LPN and/or BSN). Table 1 displays the demographics and information regarding each of the participants.

Table 1: Demographics and Participant Characteristics

Number of Participants	Age	Education	Employment	Previous Academic Experience	Level of Students LPN/BSN
2	19-25	1 MSN 1 Pursuing MSN	1-Adjunct faculty only 1-Staff nurse	1 had taught ACLS/BLS	BSN
5	26-35	1 MSN 3 Pursing MSN 1 BSN	4- Staff nurses 1-Lead nurse	None	BSN
2	36-45	1 Pursing MSN 1 BSN	1-Hospital Educator 1-Qualtiy Assurance	None	BSN
2	46-55	1 MSN 1Pursing MSN	1-Adjunct only 1-staff nurse and community health nurse	1 had taught previously at a Community College	2-PN/BSN
1	56-65	1 MSN	1-Staff nurse	None	BSN

All participants were female and had current experience as an adjunct in one or more institutions. The researcher characterized all participants to be a good sampling of nursing educators by education or experience. The researcher found the knowledge obtained through the experience of the participants was stronger than that obtained through their education.

Other demographical characteristics include:

- Of the twelve participants interviewed, most had taught or completed only one or two semesters of instruction as an adjunct faculty member with only one approaching two years of teaching as an adjunct faculty member;

- Four of the twelve participants were currently not instructing at a particular college or university but two of the four did state they would teach if a weekend clinical was offered;

- Five of the twelve participants anticipate teaching full-time in academia;

- Only one participant stated she would not continue as an adjunct faculty member

  unless the pay was increased;

- All participants stated the role of a clinical adjunct faculty member improved as the

  semester continued.

The researcher assumed the participants' education and RN experience would be a key factor in their level of confidence with teaching and educating the students. Surprisingly, skills were strongly linked to experience rather than to educational knowledge. Evidence from the participant's interviews verified this assumption. The demographics and characteristics of the participants provided a foundational view of the participants. The results of the research questions were summarized from the data obtained and analyzed by the researcher. Further discussion of participant responses and emergent themes will be shown in Chapter 4.

Description of Setting

All interviews were conducted at an agreed site and time of the researcher and the participant. Interviews were conducted, with the participant's permission, in private, neutral, nonthreatening settings including conference rooms, small classrooms, participant's own home, and by phone due to location of interviewee. Confidentiality and privacy were maintained and interviews were set at least 20 minutes apart if two or more were scheduled within the same college or university. The semi-structured interviews were completed with only the participant and the researcher present. All participants seemed comfortable in sharing their descriptions of the lived experiences of a novice clinical adjunct faculty member.

Questionnaire

The researcher collected data from novice adjunct clinical faculty members that met the selection criteria of this study. Data collection consisted of semi-structured interviews using a

questionnaire. The questionnaire was developed and piloted by the researcher. The

questionnaire consisted of ten open-ended questions (Appendix D). The open-ended questions

allowed the participants to describe their lived experiences as novice clinical adjunct nursing

faculty providing direct supervision, using their own words. Additional questions were utilized

by the researcher to obtain descriptions that were more specific and also guided the participant to

think in greater detail about their experience(s) as a novice adjunct faculty member.

The qualitative research tool consisting of open-ended questions during the interviews

was appropriate for this study. The responses permitted the researcher to collect and understand

in greater detail the specific features of the phenomenon of the experiences of novice clinical

adjunct nursing faculty. This methodology allowed the participants to share their stories with the

researcher which provided insight into the personal experiences of each novice clinical adjunct

nursing faculty member. Semi-structured interviews were selected as the primary method for

data collection within this research to obtain rich, significant descriptions of participant

experiences.

Procedure

All individuals were contacted via email, phone call, or face-to-face meetings inviting

their participation. Semi-structured interviews were conducted with the participants who

volunteered; sampling to the point of redundancy. Each interview lasted approximately 45-50

minutes in length with three of the interviews lasting over an hour in length. All interviews were

conducted at an agreed site and time of the researcher and the participant. All interviews were

audio taped and then transcribed by a qualified transcriptionist. To maintain confidentiality, the

transcribed data and materials were coded with identification of the participant which was only

known by this researcher. Transcripts were reviewed by the researcher for accuracy. During

each interview, the participants were strongly encouraged to describe and reflect upon the

significance of the phenomenon of interest; perceptions of novice (0-2 years) adjunct nursing

faculty who provide direct supervision to pre-licensure nursing students and work in private

nursing colleges and universities in the Midwest.

Prior to each interview, the purpose of the study was reviewed with each participant.

Each participant was interviewed only one time with only the participant and the researcher

present. The questionnaire consisted of ten open-ended questions. At the discretion of the

researcher, additional probing questions were used in order to gain more details describing the

phenomenon of interest.

The researcher used Moustaka's (1994) transcendental or psychological phenomenology

with this study. Creswell (2007) states that "Moustaka's (1994) transcendental or psychological

phenomenology is focused less on the interpretations of the researcher and more on the

descriptions of the experiences provided by the participant" (p. 59). One concept of Moustaka is

the focus of epoche (or bracketing). During this process, the researcher set aside her bias

(bracketing), as much as possible, and took on a new perspective toward the phenomenon under

investigation. The focus was on the participant's perceptions and responses relating to the

phenomenon under study. The aim was to attain an analytic description of the phenomena which

would not be affected by prior assumptions (Patton, 2002). "The procedures illustrated by

Moustatkas consist of: identifying the phenomenon to study, bracketing out one's experiences,

and collecting data from several persons who have experienced the phenomenon" (Creswell,

2007, p. 60). Transcripts were organized by the researcher using NVivo 9© software, which

supported this phenomenological study. In addition to the software, recommendations by

Merrium (1998) were followed with use of axial coding to analyze and code the data searching for common themes pertaining to the phenomenon of interest.

To enhance the interpretive validity of this study, this researcher employed various strategies of gathering data. Triangulation, gathering of multiple data sources to generate an understanding, was obtained with this study to improve the understanding and the credibility of the study. Data sources included semi-structured interviews with the criterion sample of novice clinical adjunct nursing faculty as well as a "card sort" with each interviewee. The "card sort" provided the participant an additional opportunity to use one-word descriptions to identify and provide meanings to their personal or lived experiences. Triangulation substantiated findings and tests for validity; strengthening the study by identifying a variety of data sources in the study.

Along with triangulation, an "audit trail" was established to minimize the bias and maximize the accuracy of the study, verifying the rigor of this researcher's fieldwork and confirmability of the data collected (Patton, 2002). See Appendix E. "Member checks" were also used by this researcher to determine the accuracy of the findings (Bloomberg & Volpe, 2008); obtaining feedback from the research participants regarding the accuracy of the transcription, enhancing the validity of the decisions made by the researcher.

Methodological Limitation

This study may have methodological limitations. One limitation identified may be the possibility of interviews with adjunct faculty who are familiar with the researcher which is referred to by Maxwell (1996) as participant reactivity. This phenomenon may be described as a difficult time for the interviewee. The interviewee may be acquainted or familiar with the researcher; having a difficult time adjusting to their new role as an interviewer. During the

interview, the interviewee may tell the researcher or interviewer what they think they may want

to hear or possibly not stating the truth in order to avoid trouble. Another limitation to the study

may be the issue of subjectivity and potential bias regarding the researcher's own participation as

qualitative analysis ultimately rests with the thinking choices of the researcher (Bloomberg &

Volpe, 2008).

Summary

In summary, this chapter provided a detailed description of the study's research design: a

qualitative phenomenological methodology engaged to illustrate the perceptions of the novice (0-

2 years) clinical adjunct nursing faculty who provide direct supervision to pre-licensure nursing

students and work in private nursing colleges and universities in the Midwest. The participant

sample was composed of novice clinical adjunct faculty, who volunteered to be interviewed.

This researcher anticipated collecting data from novice clinical adjunct nursing faculty with

sampling to the point of redundancy. Ethical considerations along with demographics and the

description of the setting were also discussed. The chapter concluded with a description of the

research tool or questionnaire, the procedure to be used, and the potential methodological

limitations. As the current nursing shortage continues to intensify, the results of this research

study which addresses the perceptions of novice (0-2 years) clinical adjunct faculty members,

could pose a strategic solution to accommodating the adjunct faculty member thus assisting to

alleviate the overall nursing shortage.

CHAPTER IV: Results

The results of the study are presented in this chapter with an explanation of the process

the researcher used for data analysis. The common themes identified through organization with

NVivo 9© software, coding and analysis following recommendations of Merrium (1998), and

examples of narratives supporting these themes are discussed in relation to the literature review.

Both textual and structural discussions of identified themes are presented. The chapter concludes

with a discussion of the summary of the results and a description of the essence of the

experiences of participants within the role of a novice clinical adjunct faculty member.

Data Analysis

The participant transcripts were entered into NVivo 9© software to begin the data

analysis. Each transcript was analyzed by the researcher to identify significant statements

regarding participant experiences as a novice clinical adjunct faculty member. As the researcher

read through the transcript words, concepts or phrases were identified. These concepts or

phrases were characterized as "nodes" within the NVivo 9© software; nine "nodes" were

identified. In addition to the NVivo 9© software tracking and organizing each transcript within

the "nodes", the researcher read through each transcript, locating each of the "nodes" as they

were repeated throughout the transcripts. A printout was obtained which included participant

statements with common themes grouped within each specific node.

Using the constant comparative method to code the interview transcripts and "nodes", the

researcher analyzed each, searching for themes that characterized the links. The inductive

process working back and forth between the themes and the database until the researcher had

established a comprehensive set of themes was utilized. The most important point in coding was

to bring out the participant's meaning, not the researcher's meaning, of the problem or issue (Creswell, 2009).

The researcher began with a "node" from the organization of NVivo 9© software and compared the concept or phrase to other data within that particular "node" and also to the other identified "nodes". These comparisons led to possible categories that were then compared to each other and to other occurrences. Recommendations by Merrium (1998) were followed by analyzing the transcripts of the interviews and "nodes" for similarities of occurrences. This process was characterized by axial coding where the researcher related codes (categories and properties) to each other through a combination of inductive and deductive reasoning (Appendix F). Once the themes were determined, the themes were correlated to the research questions.

Data analysis resulted in identification of five themes expressed in the following terms; 1) eye-opener, 2) excite/unsure, 3) lack of preparation, 4) empowerment, and 5) development of relationships. The researcher also identified through coding, over-arching descriptors of positive and negative experiences that were expressed through the data gathered. Themes, along with the over-arching of positive and negative descriptors, are expressed in this chapter along with examples from participant narratives. Suggestions from the participants for orientation and retention efforts are also included in this discussion with the following information for each theme identified.

Themes

Eye-Opener. Several statements in the transcription of the participants' narratives were identified as "eye-opener" themes when they were asked to describe their feelings regarding their experience as a novice clinical adjunct faculty member. Although both positive and negative descriptions were provided by the participants, the overall theme contributed to an "eye-

opening" incident or incidences. The theme "eye-opening" also alluded to the felt emotions

when speaking to their orientation process, and the support of the college or university.

Quotes from transcripts of the participants directly capture the participant's feelings and

experiences relating to an "eye-opening" occurrence. The "eye-opening phrases were organized

according to positive and negative reactions to the inquiry.

Eye-opener positive experiences. The researcher noted sincere excitement of the

participants by the wording used and body language exhibited when the positive statements were

expressed. The participant's positive experiences or feelings transcribed by the researcher

follow.

> [002] "This is the first semester I taught. It was roller coaster crazy [but] at this point, I can look back and say it was fantastic to work with students and how much fun it was to see them grow and learn and retain things…"

> [004] "The positive role models were huge, they were accepting of me and giving me encouragement to be able to empower other students, giving me the guidance was that main thing that helped me." (expressed a giant smile while talking)

> [007] "I absolutely loved it. It was a passion of mine; I love to teach people things that they have no idea anything about. In med surg, even the most basic thing, it was so exciting for these students, doing an IV, inserting a foley [catheter]. Doing all these things for the first time…." (expressed genuine enjoyment in voice while talking)

> [010] "I liked it. I had a good time. I had been out of school for four years and I didn't realize how much I knew until I had to teach the students!"

Literature shows that adjunct faculty may bring professional and educational experience,

diversity, energy, enthusiasm, expertise, and a wide variety of backgrounds and experiences to

colleges and universities (Gappa & Leslie, 1993; Gerhart, 2004). Although the initial experience

may be an "eye-opener", adjunct faculty enter academia for various reasons, having both

intrinsic and extrinsic motivations to teach (Gappa & Leslie, 1993).

Eye-opener negative reactions. The researcher noted some disappointment of the participants by the wording used when the negative statements were expressed. The participant's negative experiences or feelings transcribed by the researcher follow.

[001] "…mother more involved than she should have been. That's kind of scary dealing with upset parents."

[001] "the thing that opened my eyes the most was that they [college] say you have six hours per week to give to being an adjunct faculty [member] but the extra homework as far as grading and care plans was the toughest part."

[002] "There were at least three days where I was ready to cry and send the students home…"

[003] "My feelings regarding my first time teaching was very nervous. [I] never knew or could be prepared for what you are doing. Feeling unprepared. I don't think any class, or school, or educational level can get you ready for teaching your first clinical site and stuff like that. The first day was awful, wanted to go home and cry, thinking what did I get myself into? By the end of the semester I felt comfortable and confident…"

Research has documented that adjunct faculty often feel neglected. They lack support and recognition by colleagues, but collaborating with others may help them overcome their feelings of isolation (NLN, 2006). Mangan (2009) discusses the importance of making the adjunct faculty member feel of value within the institution. The information gathered in this research study correlated with the findings in the literature as the participants confirmed the importance of ongoing support.

Excite/Unsure. The second theme of the study materialized from the participant interviews utilizing the "card sort" was "excite/unsure." This theme emerged using a coding procedure known as "card sort." The card sort was used during the interview process to provide the interviewee an additional opportunity to use one-word descriptors to identify and provide meaning to their feelings or lived experience as a novice clinical adjunct nursing faculty member. All the participants reacted favorably to the card sort, each choosing descriptive words

from the cards carefully. A few participants needed further direction as to "how to choose" the

cards placed before them. Questions were asked, such as "How I felt in the very beginning?

Throughout the semester? or "How I feel right now?" The researcher would again ask them to

pick 3 of the cards that *best* describe your feelings or experience as a novice clinical adjunct

faculty member. The participants would then pick 3 cards, with some choosing words from the

card sort to describe the initial feelings or experiences while others chose descriptors that

described feelings or experiences throughout their tenure as an adjunct faculty member.

Participant statements for the second theme, "excite/unsure" varied. According to the

words included in the card sort, the descriptors were interpreted according to positive and

negative feelings or experiences. A summary of the positive and negative descriptors within the

theme "excite/unsure" within participants' statements follows.

Excite/unsure positive descriptors. Seven different positive word descriptors were

chosen with "excited" being chosen by six of the twelve participants. The quotes from the

participants' transcripts that capture their positive experience or feelings using the descriptor of

"excited" follow:

> [002] "…**excited** because it is fun to work with the students, it's a great thing to see them come alive and really enjoy themselves"

> [003] "**Excited. [**That is] kind of reflecting in the middle of my clinical experience with them. I was becoming comfortable as an instructor rather than a nurse. **Excited** about learning and they felt confident in me to ask questions and further their learning."

> [004] "I was really **excited**, all the pieces started to fit together…."

> [007] "As far as teaching the students, that was my first semester and I absolutely loved it. I was very **excited**"

> [008] "**Excited** for the new job. Very excited for the first time I did this with nursing students. Just ready for the next change in my career, the step of being faculty and taking students to clinical."

[009] "**Excited** is the way I was when the students had their 'aha' moments, when they understood stuff."

The next most common positive description chosen was "satisfied" followed by "empowered", "comfortable", "secure", "confident", and "content."

Excite/unsure negative descriptors. Eight different negative word descriptors were chosen with "unsure" being chosen by four of the twelve participants. The quotes from transcripts that capture the participant's negative experience or feelings using the descriptor of "unsure" follow:

[001] "**Unsure** of myself, if I am qualified enough to do it. Obviously public speaking, **unsure** of myself with that. Just never doing it before. Teaching as a nurse, 16 eyes on you!"

[002] "**Unsure** because most of the time I know how to take care of patients, no problem, but dealing with the students and when do you know when to call [the coordinator] and ask for help?"

[007] "My first semester versus my last semester very **unsure,** night and day. It was completely different."

[009] "**unsure** as I didn't know how some of them [students] would do. I had to fail one [student]."

The next most common negative descriptors chosen were "unsettled" and "nervous" followed by "uncomfortable", "apprehensive", "anxious", "uneasy" and "afraid." The card sort appeared to be a good opportunity for the participants to identify and describe their experience or feelings as a novice adjunct faculty member. The quotes reiterated the validation of the theme and once again addressing the overarching of the positive and negative descriptors. As shown in the literature, even with advance education and exceptional clinical experience, a new layer of skill is needed to fully prepare for the faculty role.

Nurses often accept faculty positions without sufficiently understanding the complexity of the role and the skills necessary to fulfill the responsibilities within academia. Some do not

understand higher education and the teaching role. Novice faculty may often feel the negative

effects of the lack of preparation for their teaching role. New educators "who lack adequate

preparation for the teaching role are likely to experience uncertainty, lack of confidence, and

frustration in trying to meet the demands of their work" (Bachman, Kitchens, Halley, & Ellison,

1992, p. 30).

Lack of Preparation. The third theme of the study that became apparent upon review of

the transcript of novice clinical adjunct faculty members participants' interview was "lack of

preparation."   Throughout the interviews, it was evident that the participants enjoyed the

experience working with the students; although a majority of them felt they would have had a

better experience if they had been more prepared for the role.   Overall preparation or lack

thereof, includes the following quotes from transcripts regarding questions four through seven of

the interview schedule, that is, orientation (question 4); support (question 5); mentoring (question

6); and professional development (question 7).

> [004] "Unsettlement, not having a good idea of exactly what is expected of me, being adjunct, a lot is up in the air, don't have set hours, give you a broad overview of office hours, feedback, nothing is set in stone."

> [005] "I didn't know what I was in for when I first started. I thought, sure, I'll do it, what the heck. But then I had to grade somebody and it wasn't a very positive grade, so it took me by surprise."

> [006] "I got about 45 minutes on the day class started. So I didn't feel, and still don't feel completely comfortable with their computer system. I didn't get training on any of the grading. A little apprehensive when it came to that."

> [008] "A little heightened sense of anxiety in making sure clinical skills were up to date and what their expectation were. That wasn't as clearly stated."

According to Krisman-Scott et al., (1998), preparation and support of the adjunct faculty

member is essential for the achievement of institutional effectiveness. An orientation to the

college or university is one way of presenting information, resources, and support toward the novice clinical adjunct faculty member.

Specific summary statements as well as examples of positive and negative comments can be summarized regarding the participants' comments during the interview process (question four). A summary of the number of participants' descriptions of particulars of their orientation follows.

- Four of the twelve participants said they had an institutional orientation while eight of the twelve had only a brief orientation with the coordinator and or other faculty to discuss the student paperwork and review of the syllabus for the course

- Eight of the twelve participants thought the orientation was thorough enough for their role while four did not

- Seven of the twelve did not receive a faculty handbook of any kind and stated that would have been helpful to receive to use as a reference

Positive and negative comments arose from interview question four (4) regarding their orientation. Specific information regarding their feelings or experiences in an orientation process follows:

[001] "They [college] had an informational night for adjunct faculty prior to classes starting. A lot of orientation to the computer, setting up your grade book. Don't really know anybody, a little overwhelming."

[002] "It was brief, brief training by fire."

[003] "I really didn't need an orientation there [clinical site] because I was comfortable there. I felt it was pretty adequate, the orientation piece of it. I don't know if anything will really prepare you for the first day of teaching, kind of a jump in and get your feet wet kind of thing."

[006] "It [orientation] was about 45 minutes on the first day of class, the first day to meet with students. She [coordinator] sat down with me in her office and showed me how to

get into the computer, briefly showed me assessment forms to fill out every week, made sure I could get into the email and course shell. I definitely think it wasn't long enough."

[009] "It was a very much self directed orientation. We did meet as a group and they were very welcoming to me. They were very appreciative and welcomed me with open arms. I did call a lot with the grading. The orientation with that was lacking."

These statements correlate to the research literature specific to orientation supporting the needs of adjunct faculty are not much different than the needs of full-time faculty (Lyons & Burnstad, 2007). According to Merrill Associates (2009), new (full-time, part-time, or adjunct) faculty members have needs that should be addressed early in their employment and a high quality orientation could address those needs.

The NLN (2006) concluded adjunct often feel neglected. They lack support and recognition by colleagues, but collaborating with others may help them overcome their feelings of isolation (NLN, 2006). The following characteristics were revealed when the participants were questioned about mentoring and the institution's mentorship program:

- Of the institutions represented, none offered a mentor to the adjunct faculty member

- Seven of the twelve would have liked to have been offered a mentor

- Four of the twelve said they were not bothered that a mentor was not offered to them and one of the twelve participants did not care either way

- All participants stated finding the needed support either with the coordinator or other faculty members within the course

In addition to a thorough orientation, ongoing support, to include professional development, will also influence how an adjunct faculty member perceives his or her professional relationship with the institution. Overall, the majority of the participants of the study felt they were receiving the support they needed for the role of the clinical adjunct faculty member or knew where to access resources and support when needed. Although most

participants were positive, a few negative characteristics were revealed in regards to support

from the institution:

- Five of the twelve participants received professional development opportunities from the

   institution while five participants had not but would have like to been offered; two did

   not care either way

- Two of the twelve participants would have liked to have a cubicle or workspace with a

   phone for adjunct faculty; becoming more involved with the college community

- One participant stated, "One of the things that bothered me [is] never ever has anybody

   evaluated whether I'm doing a good job or bad job. Nobody said you're doing a really

   good job like this is hard and you're doing a good job. Little things; compliment a person

   and tell them they are doing a good job."

The "card sort" reiterated and validated the literature along with the participant interviews

within this phenomenological study; feelings of unpreparedness within the role. The literature

shows that nurses often accept faculty positions without sufficiently understanding the

complexity for the role and the skills necessary to fulfill the responsibilities within academia.

Novice faculty may often feel the negative effects of the lack of preparation for their teaching

role. New educators "who lack adequate preparation for the teaching role are likely to

experience uncertainty, lack of confidence, and frustration in trying to meet the demands of their

work" (Krisman-Scott et al., 1998, p. 318). Novice adjunct faculty need a successful orientation,

mentoring, and ongoing support, to include professional development, from the institution in

order to become successful and empowered within their position.

   Empowerment. The fourth theme "empowerment" transpired through the foundation of

Kanter's Structural Theory of Power in Organizations and Empowerment (1977); creating

meaningful work environments for the novice clinical adjunct faculty member. Kanter's

framework refers to:

- Systemic power factors

- Access to job-related empowerment structures

- Personal impact on employees, and

- Work effectiveness

Empowerment of the nurse educator within the workplace can enable the individuals or

employees to be satisfied and more effective on the job. Colleges and universities have the

ability to empower individuals or employees by providing the organizational structures and

resources needed to create healthy work environments that communicate the importance of the

adjunct faculty.

Of the twelve participants interviewed for the study, nine felt empowered within the role

or position they hold as a clinical adjunct faculty member, two did not feel empowered, and one

participant stated she "was getting there". Quotes of statements taken from transcripts of the

interviews regarding empowerment revealed the definitions of empowerment and their role

within the adjunct clinical faculty position.

[002] "I have the tools to do what I need to do. I have the tools to be capable of what I need to do."

[004] "Nursing and empowerment go really well together. Empowerment to me means the ability [to] make a difference in the world and influence others in a positive way."

[005] "Being empowered is just having the tools to do the job, having the resources to go to, having support, [and] being paid a decent wage, which academia is still sadly behind."

[007] "What empowerment means to me is the ability to make decisions and feel confident in those decisions. In the event that I don't feel confident, to know who to go to [and] get directions. Empowerment is the way that I work best under."

[011] "Empowerment means having the ability to make changes, decisions, [and] to feel valued."

All participants were able to define and provide their meaning of empowerment within the interview process with nine of the twelve participants feeling empowered within the position as an adjunct faculty member. Of the twelve participants, eight enjoy instructing as an adjunct faculty member and plan on continuing, two stated they would not continue for various reasons, and two stated they would continue if a weekend clinical was offered at the institution. It seemed that personal time also played a role in the empowerment of the adjunct faculty.

Development of Relationships. Literature demonstrates that adjunct faculty can be successful, valued, and supported in what they do; although most feel powerless, alienated, invisible, and second class within the institution in which they work. Many adjunct faculty do not feel connected within the campus life and do not develop relationships with their co-workers or peers (Bazan, Durin, & Tesch, 2003; Burnstad, 2002). Although nearly all of the participants in the study were positive regarding the relationships they had developed while being an adjunct faculty member and choose to continue in the role, some negative comments arose from the participants confirming the literature findings of "not feeling connected with campus life". The following quotes from participant interviews revealed the positive features and the development of relationships while working as an adjunct faculty member:

Development of relationships determined to be positive. Pertinent quotes from participant interviews determined to be of a positive nature regarding development of relationships while working as an adjunct faculty member follow.

[001] "As the semester went on, being involved with the students was probably the best part. I think they looked up to me because I was on the floor that we had clinical on." "It is kind of flattering when every semester they ask you to come back, obviously you're doing something right."

[010] "…keeping in contact with the college and working at [hospital]. [College] has been really good to me. [Coordinator and I] always had good communication. I was always in contact with them…..always willing to help."

[008] "[They] have an exit interview. You sign the contract so it's a contractual basis; if they have a need it will be contractual for each semester. They already have me for the fall with a new group of students. It was very reassuring and [nice] to have that job security."

[012] "Off the bat it was really good, them welcoming me to the college was fantastic. When I started to prepare to teach clinical, they were able to answer all of my questions in a timely manner. I was orientated fairly easily. It was really good."

Nearly all of the participants expressed satisfaction with the open communication as they

stated they "received support from the coordinator" or other faculty of the course being taught.

[007] "I used my co-workers as a resource. I have great communication with the other clinical instructors. Anytime, the most stupid question, I could call any of them….I would get a direct answer."

[011] "I think it [support] is great. If I have a question I can shoot someone an email. I have cell phone numbers for the dean and other faculty. If I do have a question I usually get an answer shortly."

Although they were satisfied and enjoyed the role of the clinical adjunct faculty member, few

participants were dissatisfied with the development of relationships with the institution itself;

evident in the following responses.

Development of relationships determined to be negative. Pertinent quotes from

participant interviews determined to be of a negative nature regarding development of

relationships while working as an adjunct faculty member follow.

[002] "I had to ask what class I would be teaching next semester…no communication about that." (expressed real frustration in voice)

[006] "[I] never have gotten any type of review. I had to actually call and ask them how I look up my student's reviews on me because no one ever told me how to access that…"

[009] "They asked me to come back [to teach] but by the time I was done I was overworked by the paperwork, I don't think I could do it again."
"There was a couple of times I tried to call IT services but they were unable to help me."

Merrill Associates (2009) states "It is true now, more than ever before, that the way people are hired, orientated, trained, recognized and compensated sends a powerful message about what truly is valued in a company" (p. 4). First impressions from the timeliness of messages, congeniality, and cooperation of the staff, the interview experience along with the orientation process and ongoing support influences how a faculty member perceives his or her professional relationship with the institution (Puzziferro-Schnitzer, 2005). With the development of relationships whether it was with the college or university, coordinator or other faculty, or the students themselves, the participants interviewed, with the exception of two, were willing to instruct in future semesters.

Research Questions

The purpose of this research study was to examine the perceptions of novice (0-2 years) clinical adjunct nursing faculty members who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest. This phenomenological study explored the perceptions, feelings, and common experiences of novice clinical adjunct nursing faculty; focusing on their experiences with academia, recruitment, and retention (to include the process of hiring, orientation, professional development, communication and the use of mentors).

The research questions used for this study follow:

1. How do novice (0-2 years) clinical adjunct nursing faculty describe their lived experiences working in academia?

2. Are there common themes or concepts that can be identified in the experiences of novice clinical adjunct nursing faculty within private colleges and universities in the Midwest?

3. What perceptions does the novice (0-2 years) clinical adjunct nurse educator attribute to the lived experiences within academia?

4. Are there common perceptions of empowerment within the workplace? If one feels empowered, does it lead to greater job satisfaction and retention within the institution?

Creswell (1994) stated, "Research questions are used as signposts for explaining the purpose of the study and guiding the research" (p. 78). The research questions posed in this study were designed to investigate the perceptions of the novice clinical adjunct faculty member. The results of the data analysis provided answers to the following research questions.

<u>Research Question 1</u>: How do novice (0-2 years) clinical adjunct nursing faculty describe their lived experiences working in academia?

Participants of the study described their lived experiences of a novice clinical adjunct faculty member as both positive and negative. Of the participants interviewed, only two of the twelve had had prior teaching experience; one within a community college and the other instructing ACLS and BLS courses. A majority of the adjunct faculty interviewed had completed only a semester or two of instruction with only one approaching the two-year mark. Data were gathered from the semi-structured interview question, "Explain your overall experience of working in academia" in addition to the "card sort" to use one-word descriptions to identify and provide meanings to your personal or lived experience provided a wealth of knowledge in addressing this research question.

Pertinent quotes from participant interviews determined to be of a genuine nature regarding the description of their lived experiences while working as an adjunct faculty member follow. Participant snippets of quotes regarding their lived experiences when interviewed include but are not limited to:

[001] "involvement with the students was the best"

[002] "roller coaster crazy"

[003] "very nervous…nothing can prepare you"

[004] "awesome"

[005] "definitely got easier"

[006] "good experience…taught me a lot"

[007] "absolutely loved it"

[008] "little heightened sense of anxiety"

[009] "enjoyed educating the students"

[010] "I didn't realize how much I knew"

[011] "I love working with students"

[012] "at first I was a little scared"

The results of the participant's interviews indicate a correlation to the research. The phenomenon of learning to teach is an important area to explore. Research shows that a nurse who may be proficient in clinical practice may not necessarily be proficient in teaching clinical skills to others or comfortable in doing so. The anxiety, fear, and tension a novice educator may experience and their perceived lack of support speaks to the need for "experienced" educators to prepare them for the roles and responsibilities for teaching (Cangelosi, Crocker, & Sorrell, 2009).

As colleges and universities across the nation attempt to attract and retain quality professors, an interesting issue arose that needs attention; colleges and universities do a better job of recruiting new faculty members into the university than orientating them to the new culture (Lindbeck & Darnell, 2008). Throughout the semi-structured interviews nearly all the

participants stated that they had received an orientation prior to teaching although most would have liked a more thorough orientation; one through the college or university. Those who received an orientation with the course coordinator and other faculty stated it was helpful but most participants would have liked more training and on-going assistance with technology, problem solving, etc. New faculty members have needs that justify being addressed early in their employment. A high-quality orientation program should address those needs.

<u>Research Question 2</u>: Are there common themes or concepts that can be identified in the experiences of novice clinical adjunct nursing faculty within private colleges and universities in the Midwest?

Data analysis exposed common themes as identified in the descriptions of the experiences of the novice clinical adjunct faculty member. The researcher identified five common themes through analysis of interview transcripts of the twelve participants interviewed. Using the constant comparative method to code the interview transcripts and "nodes", the researcher analyzed each, searching for themes that characterized the links. The inductive process illustrates working back and forth between the themes and the database until the researcher had established a comprehensive set of themes. The identified themes were consistent across age groups, private colleges and universities, and level of education. The five common themes identified were: "eye-opener", "excite/unsure", "lack of preparation", "empowerment", and "development of relationships." In addition to the themes, over-arching descriptors of positive and negative feelings or experiences were expressed and were identified by the researcher. Nearly all the participants identified the coordinator of the course as a great resource to get them through the first semester of instruction.

Research Question 3: What perceptions does the novice (0-2 years) clinical adjunct nurse educator attribute to the lived experiences within academia?

All but two of the participants interviewed held a full-time nursing position in addition to the adjunct faculty position. For all participants this was a one or two day position each week. Through analysis of data, participants identified several factors they perceived attributed to the lived experience of novice clinical adjunct nursing faculty. Overall, the participants expressed more positive descriptions of their role as a novice clinical adjunct faculty member than negative.

The perception the participants attributed to their experiences can relate back to the themes identified within the study. The participants' perceptions were that working as an adjunct clinical faculty would be exciting as they had previously enjoyed working with students where they had been or still are employed in addition to having an exceptional clinical background in which to instruct the students. When they began as a novice clinical adjunct faculty member, the focus soon turned to an overall description or feeling of the experience as an "eye-opener". Whether it was the clinical area in which they were instructing, technology issues, dealing with students and staff, grading paperwork, or time commitment, it was an "eye-opener."

Although the participants felt they had excellent clinical skills, nearly all the participants sensed the lack of preparedness for the role or position as an adjunct clinical faculty member. Dunham-Taylor, Lynn, Moore, McDaniel, & Walker (2008) state "The shift from a clinical practitioner to a nursing educator in the academic setting can be overwhelming and may lead to the ultimate lack of retention of qualified, caring faculty who has much to offer our students and our profession" (p. 345). As a new generation of faculty is entering the academic workforce, many state they are dissatisfied with the work settings; often feeling overwhelmed when they are

hired into academia. Although they may have the educational credentialing to support their new positions, new faculty are often novices within the setting of academia; feeling a lack of preparation for their new positions as educators (Anibas, Brenner, & Zorn, 2009). To assist the new faculty to acquire teaching competencies, facilitate socialization to the teaching role, and support faculty as they develop as fully participating members of the faculty, comprehensive orientation programs are necessary to assist the new faculty (Billings & Halstead, 1998).

Research Question 4: Are there common perceptions of empowerment within the workplace? If one feels empowered, does it lead to greater job satisfaction and retention within the institution?

Larkin, Cierpial, Stack, Morrison, & Griffith (2008) state that "empowerment of employees has been identified as a valuable attribute, one that is essential to the effective functioning of an organization (p. 1). Common perceptions of empowerment identified within the interviews were "having the tools to get the job done" and "having the ability to make changes." All participants were able to provide their own perception and definition to the term empowerment within the interview process with nine of the twelve participants feeling empowered within their position as an adjunct faculty member. Of the twelve participants, eight enjoy instructing as an adjunct faculty member and plan to continue, two stated they would not continue for various reasons, and two stated they would continue if a weekend clinical was offered at the institution.

As stated in the literature, the four key components or contributors to empowerment are having the opportunity for advancement or opportunity to be involved (formal and informal power), access to information about the organization, access to support which leads to increased job satisfaction and autonomy, and access to resources as needed (Laschinger, Finegan &

Shamian, 2001). All this can relate to enhanced effectiveness, achievement, and success within

their role. Although there are differences in the level of job satisfaction expressed among the

novice clinical adjunct faculty interviewed, it is certainly evident that overall a majority of them

were satisfied and empowered; correlating with Kanter's Structural Theory.

Summary

The methods used for collecting information related to the novice clinical adjunct faculty

member(s) were successful. Data analysis of the perceptions and experiences of the novice

clinical adjunct nursing faculty member resulted in the identification of five themes. The

identified feelings and descriptions of their experiences expressed the felt impact by the

individual adjunct faculty member. Also identified were differences between the participants

and the institutions they are employed. The experiences occurred within six different private

colleges and universities within the Midwest.

Triangulation to include semi-structured interviews and the use of the "card sort"

generated accredited perceptions. This data, along with the research, was used to improve the

understanding and credibility within the study. The perceptions of the novice clinical adjunct

nursing faculty lead to five themes to include: "eye-opener", "excite/unsure", "lack of

preparedness", "empowerment", and "development of relationships." In addition to the

identified themes, the overarching of positive and negative descriptors was also noted. Despite

some negative perceptions identified by the participants, the majority of the participants plan to

continue teaching as an adjunct faculty member.

CHAPTER V: Discussion and Summary

This chapter will discuss the purpose of the study, research design, interpretation of the results and correlation to the literature and correlation to the theoretical context. Recommendations and implications for adjunct nursing and administration of colleges and universities are formulated. Limitations of this study are identified. The chapter concludes with a summary of findings and implications for adjunct nursing faculty and administration.

The anticipated nursing shortage in the United States is well-documented and continues to be a topic of discussion. Several factors contribute to the shortage, including a lack of qualified instructors, decreased funding for various training programs and, in some instances, difficult working conditions. Many statewide initiatives have been put in place to address the shortage of RNs in addition to nurse educators. To assist with educating the increase in enrollment of nursing students in the hospital and clinical settings, the trend nationwide has been to hire adjunct clinical faculty (West et al., 2009).

The purpose of this narrative phenomenological study was to examine the perceptions of novice (0-2 years) clinical adjunct nursing faculty members who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the Midwest. Four research questions were examined.

1. How do novice (0-2 years) clinical adjunct nursing faculty describe their lived experiences working in academia?

2. Are there common themes or concepts that can be identified in the experiences of novice clinical adjunct nursing faculty within private colleges and universities in the Midwest?

3. What perceptions doe the novice (0-2 years) clinical adjunct nurse educator attribute to the lived experiences within academia?

4. Are there common perceptions of empowerment within the workplace? If one feels

    empowered, does it lead to greater job satisfaction and retention within the institution?

Correlation to the Literature

The findings of this study, addressing the research questions in addition to the

identification of themes, correlated to past research findings with regards to the experiences and

perceptions of novice adjunct faculty. Although there is limited research on adjunct faculty used

within nursing, the findings of this research will hopefully assist in greater satisfaction and ease

of the role transition of the novice clinical adjunct nursing faculty.

Studies have found that inadequate preparation in the knowledge and skills for education

is only one aspect of the challenges facing the expert nurse clinician who moves into the

academic setting (Anderson, 2009). Participant responses revealed a number of these elements

found in the literature focusing around three of the identified themes of the study; eye-opener,

excite/unsure, and lack of preparedness. Participants in this study referred to feelings or

descriptions of their adjunct faculty experiences, whether positive or negative, as "roller coaster

crazy, scary, nervous, excited to teach, ready to cry, feeling unprepared, and had a great time."

All the participants, when discussing their initial responses with regards to the interview

questions, validated a need for a thorough orientation by the college or university, correlating

with the literature; whether it was their answer to describing their overall experience, choosing

three cards from the "card sort", describing their orientation, or mentoring program offered.

Leaders in higher education face growing problems in recruiting and retaining new

faculty; as experts have seen and will continue to see a shortage of faculty in the years to come

(Sorcinelli, 1994). The hiring of a number of new faculty brings both excitement and

apprehension to a college as well as to new faculty members (Welch, 2002). The willingness of

colleagues and administration to provide support to new faculty may be critical to the future success and viability of higher education institutions (Sorcinelli, 1994). A good orientation process will help new faculty members adjust to their position as well as to the culture of their institutions; without one, new faculty may feel lost or abandoned (Garrison, 2004).

Orientation programs can have a critical impact on workplace issues. A successful orientation program should create a positive environment which not only informs but fosters the new faculty member (Morin & Ashton, 2004). An effective orientation program should help enhance confidence, performance, and promotion potential of the faculty member. "Providing an orientation program that assists new faculty in becoming successful educators is in the best interest of all concerned" (Garrison, 2004, p. 1).

All institutions of higher education have orientation programs, yet most are extremely ineffective. Organizations are missing an incredible opportunity to enhance retention and satisfaction of the faculty member (Merrill Associates, 2009). If an institution's orientation is done well, it will address the institution's philosophy, purpose, and values. The orientation should lay a foundation for the employee's success and stress the "why" behind a new employee's role within the institution. If an institution is to retain the faculty it worked hard to recruit in the competitive market and if it intends to develop effective educators, the next step is clear. The institution must carefully assess the orientation process (Lindbeck & Darnell, 2008).

An orientation program should be seen as more than a method to ensure the immediate teaching effectiveness of the new faculty member. It should be the first step in the ongoing process of socialization into the academia setting (Morin & Ashton, 2004). Research has documented that new faculty often feel a lack of support and recognition by colleagues, but collaborating with others may help them overcome their feelings of isolation (NLN, 2006). One

way to address social networks and collaboration with others may be to implement a buddy or

mentor program for new faculty (Morin & Ashton, 2004).

"Mentoring is a proven-effective strategy for support, improvement, and community

building" (Puzziferro-Schnitzer, 2005, p. 2). Mentoring relationships can ease faculty transitions

(Morin & Ashton, 2004). "Mentoring is relevant across the entire career continuum of an

educator, and encompasses orientation to the faculty role; socialization to the academic

community; development of teaching, research, and service skills; and facilitation of the growth

of future leaders in nursing and nursing education" (NLN, 2006, p. 1).

In addition to the literature regarding the importance of a thorough orientation and

mentoring program to assist the recruitment and retention efforts of employees, the researcher

adapted Kanter's Structural Theory of Power in Organizations and Empowerment (1977) as the

theoretical framework for this study. This implies that nurse educators carry a great

responsibility within their organization; yet at times, the high level of responsibility is combined

with low decision-making power, causing stress and job dissatisfaction (Sarmiento, Laschinger,

& Iwasiw, 2004). Empowerment of the nurse educator within the workplace can enable the

individuals or employees to be satisfied and more effective on the job.

While this research study may be applicable to private colleges and universities within

the Midwest, it is important to recognize that the novice adjunct clinical faculty members have a

sound effect on the college or university. The results from the statements provided from the

interviewees are consistent with the findings from other studies that have found similar results

regarding adjunct faculty in general. It is important to recognize that the novice clinical adjunct

faculty member has reported some degree of dissatisfaction in the hiring and orientation process;

as seen within the identification of the five themes and research questions examined.

Recommendations

This study explored the perceptions of novice clinical adjunct nursing faculty. The contributions of this study will allow those contemplating the role of an adjunct faculty member or administration hiring adjunct faculty at a college or university a smooth transition. Collection of qualitative interview data and dissemination of the data will lend an understanding to the process of a thorough orientation and strategies of retention.

The correlation of literature and the evidence of interview statements from this research provide viable content confirming that the success of novice clinical adjunct faculty is contingent on a thorough faculty orientation, faculty development, and faculty mentoring. Determining adjunct needs, obstacles to teaching, and what they find helpful in their role is a necessary first step to increasing job satisfaction and promoting quality in teaching (Forbes et al., 2010). In addressing these issues, the researcher recognizes that these type of on-going activities will help to alleviate the themes of eye-opener, excite/unsure, and lack of preparedness. In addition, they would enhance the themes of empowerment and the development of relationships.

Successful orientation programs do not need to be expensive while providing major benefits to the new faculty member and institution (Morin & Ashton, 2004). Institutions need to invest in their faculty; making the needed changes to their orientation process or program in order to recruit and retain qualified educators. The orientation should be considered an ongoing process to include regular follow-up discussions to ensure satisfaction; enhancing retention and satisfaction. Because of the increase of institutions facing faculty shortage issues, now is the time to implement and evaluate the orientation programs to ensure success.

The researcher found that a thorough orientation, an adjunct faculty handbook and a brief orientation to the clinical site they will be using for clinical instruction is necessary to enhance

satisfaction in the role of the clinical adjunct nursing faculty member. An orientation checklist can be used as a guide to complete the thorough orientation (Himmelberg, 2009). See Appendix G.

Limitation of this Study

There are several limitations to this study. The sample size of twelve, although appropriate for the research design, could be a limitation as it is possible it may have not been a true representation of all novice (0-2 years) adjunct clinical faculty members. Although six different private colleges and universities in the Midwest were represented within the study, the findings may not be transferrable to other private or public colleges in the country. Another limitation to the study may be that all the participants were Caucasian females. Therefore, males and minority races such as African-American or Hispanic nursing faculty were not represented.

Future Research

Findings from this study support several areas for future research. This study could be used in the future to continue efforts focusing on the value of an orientation process in addition to recruitment and retention efforts with adjunct clinical faculty members as well as other academic areas of the college or university. Specifically, more research is needed to explore why adjunct nursing faculty continue with their position, what contributed to their success, or what made them discontinue their role within academia.

Based upon findings from this study, the following recommendations for additional research were developed:

1. male versus female within the adjunct faculty role;

2. difference between private and public colleges and universities;

3. what one might find helpful in an adjunct faculty handbook;

4. does a MSN degree in nursing education as compared to other MSN degrees ease the

   satisfaction within the role as an adjunct clinical faculty member;

5. do students perceive a difference in adjunct clinical faculty versus full time clinical

   faculty?

Summary

Colleges and universities may wish to consider addressing recruiting and retaining

strategies to assist in reducing the nursing faculty shortage and the financial burden imposed by

the shortage. The need for additional faculty is apparent. Once the faculty member is hired,

what will prepare them for the role and provide ongoing support and satisfaction to retain them?

The purpose of this study was to describe the lived experiences and perceptions of novice (0-2

years) clinical adjunct nursing faculty members who provide direct supervision of pre-licensure

nursing students and work in private nursing colleges and universities in the Midwest. Four

research questions were answered and five themes were identified.

Colleges and universities need to recognize that adjunct faculty are partners in the

education of all students. There needs to be a planned effort to bring new faculty into academe

effectively and to retain quality adjunct faculty members, careful strategies are necessary. The

results of this study supported the following need for a thorough orientation to include an adjunct

faculty handbook, faculty or professional development, ongoing support and mentoring program

to enhance satisfaction, empowerment, and the development of relationships within the college

or university in which they are employed.

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Appendix A

From: DFang@aacn.nche.edu
To: Himmelberg, Layna
Cc: ctracy@aacn.nche.edu
Subject: Re: Request for permission
Date: Sunday, January 30, 2011 3:51:16 PM

Hi Layna,

We'd be glad to give you our permission for using the slide that you mentioned. Please cite the source of the slide in your dissertation. Thanks. Di

Di Fang, PhD.
Director of Research and Data Services
American Association of Colleges of Nursing
One Dupont Circle, NW. Suite 530
Washington, DC 20036-1120
(202) 463-6930 ext. 225 (phone)
(202) 785-8320 (fax)
dfang@aacn.nche.edu

"Himmelberg, Layna"
<Himmelberg@clarksoncollege.edu>
01/29/2011 03:01 PM
To "ctracy@aacn.nche.edu" <ctracy@aacn.nche.edu>,
"dfang@aacn.nche.edu" <dfang@aacn.nche.edu>
cc
Subject Request for permission

I am currently a full time faculty member at Clarkson College in Omaha Ne and completing my dissertation at the College of Saint Mary in Omaha. My dissertation is on Perceptions of Novice Clinical Adjunct Nursing Faculty. I came across your presentation "Special Survey on Vacant Faculty Positions for Academic Year 2009-10" . I would like your permission to use the 3rd slide within the presentation entitled, "Number and Percent of Schools With and Without Vacant Positions". Will you allow me to use this within my dissertation?
Thank you and I look forward to hearing from you.

Layna Himmelberg, MSN, RN, CNE
Associate Professor, Nursing
Clarkson College
101 South 42nd Street
Omaha, NE 68131-2739

himmelberg@clarksoncollege.edu
(402)552-2776
Fax (402)552-6797
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Appendix B

COLLEGE OF SAINT MARY

CONSENT FORM

IRB#: CSM 10-28   Approval Date: October 28, 2010   Expiration Date: October 2011

PERCEPTIONS OF NOVICE CLINICAL ADJUNCT NURSING FACULTY
INVITATION: You are invited to take part in this research study. The information in this form is meant to help you decide whether or not to take part. If you have any questions, please ask one of the investigators listed at the end of this consent form.

WHY ARE YOU BEING ASKED TO BE IN THIS RESEARCH STUDY? You are being asked to be in this study because you are a clinical adjunct nursing faculty who provides direct supervision to pre-licensure nursing students and have been employed within a private midwestern college or university two years or less.

WHAT IS THE REASON FOR DOING THIS RESEARCH STUDY? The purpose of this study is to examine the perceptions of novice clinical adjunct nursing faculty (0-2 years), who provide direct supervision of pre-licensure nursing students and work in private nursing colleges and universities in the midwest. The aim of this study is to identify the perceptions of novice clinical adjunct nursing faculty as they relate to recruitment and retention efforts (such as the process of hiring, orientation, professional development, communication, and the use of mentors) of private colleges and universities within the Midwest.

WHAT WILL BE DONE DURING THIS RESEARCH STUDY? Semi-structured interviews will be conducted with the participants that volunteer to be a part of this study. The researcher and the participant will conduct interviews at an agreed upon site and time. All interviews will be audio taped and transcribed by a qualified transcriptionist.
During the semi-structured interviews, the participants will be asked approximately ten open-ended questions. These open-ended questions will allow the participants to describe their lived experiences as novice clinical adjunct nursing faculty providing direct supervision, using their own words. Each interview will last approximately 45-50 minutes.

Participant Initials _____

WHAT ARE THE POSSIBLE RISKS OF BEING IN THIS RESEARCH STUDY? Due to the purpose of this study, participants may experience some mild anxiety related to employment status if comments were disclosed. The researcher will make every attempt to keep the names and/or the significant identity characteristics of the colleges or universities confidential. Cautionary measures will be taken to secure the storage of research-related records and access to all materials. The cautionary measures taken by the researcher will include: a) audio tapes of interviews will be coded with codes known only by this researcher, b) all data will be stored on a "jump-drive" and securely locked in a file cabinet at the home of the researcher, and c) all research materials will be destroyed at the conclusion of the study (data will be deleted from the "jump-drive" and the audio tapes erased).

WHAT ARE THE POSSIBLE BENEFITS TO YOU? You are not expected to get any direct benefit from being in this research study.

WHAT ARE THE POSSIBLE BENEFITS TO OTHER PEOPLE? There is no guarantee that this study will benefit the novice clinical adjunct nursing faculty or the nursing profession. However, the information obtained in this study is intended to provide a better understanding of the experiences of novice clinical adjunct nursing faculty. Therefore, it may be helpful to novice clinical adjunct nursing faculty and colleges and universities which utilize adjunct nursing faculty.

WHAT ARE THE ALTERNATIVES TO BEING IN THIS RESEARCH STUDY? You may choose not to participate.

WHAT WILL BEING IN THIS RESEARCH STUDY COST YOU? There is no cost to you to be in this research study.

WILL YOU BE PAID FOR BEING IN THIS RESEARCH STUDY? You will not be paid or compensated for being in this research study.

WHAT SHOULD YOU DO IF YOU HAVE A PROBLEM DURING THIS RESEARCH STUDY? Your welfare is the major concern of every member of the research team. If you have a problem as a direct result of being in this study, you should immediately contact one of the people listed at the end of this consent form.

HOW WILL YOUR INFORMATION BE PROTECTED? Reasonable steps will be taken to protect your privacy and the confidentiality of your study data. The only persons who will have access to your research records are the study personnel, the Institutional Review Board (IRB),

Participant Initials _____

and any other person or agency required by law. The information from this study may be published in scientific journals or presented at scientific meetings but your identity will be kept strictly confidential.

WHAT ARE YOU RIGHTS AS A RESEARCH PARTICIPANT? You have rights as a research participant. These rights have been explained in this consent form and in *The Rights of Research Participants* that you have been given. If you have any questions concerning your rights, talk to the investigator or call the Institutional Review Board (IRB), telephone (402)-399-2400.

WHAT WILL HAPPEN IF YOU DECIDE NOT TO BE IN THIS RESEARCH STUDY OR DECIDE TO STOP PARTICIPATING ONCE YOU START? You can decide not to be in this research study, or you can withdraw from this research study at any time before, during, or after the research begins. Deciding not to be in this research study or deciding to withdraw will not affect your relationship with the investigator, or with the College of Saint Mary. You will not lose any benefits to which you are entitled. If the research team gets any new information during this research study that may affect whether you would want to continue being in the study, you will be informed promptly.

DOCUMENTATION OF INFORMED CONSENT
You are freely making a decision whether to be in this research study. Signing this form means that (1) you have read and understood this consent form, (2) you have had the consent form explained to you, (3) you have had your questions answered and (4) you have decided to be in the research study.
If you have any questions during the study, you should talk to one of the investigators listed below. You will be given a copy of this consent form to keep.
If you are 19 years of age or older and agree with the above, please sign below.
Signature of participant: _____ Date: _____Time: _____
My signature certifies that all the elements of informed consent described on this consent form have been explained fully to the participant. In my judgment, the participant possesses the legal capacity to give informed consent to participate in this research and is voluntarily and knowingly giving informed consent to participate.
Signature of Investigator: _____Date: _____
Authorized Study Personnel. Identify all personnel authorized to document consent as listed in the IRB Application.
Principal Investigator: Layna Himmelberg, MSN, RN, CNE   **Phone:** 402.552.2776
Secondary Investigator: Martha Brown, PhD   **Email:** mbrown@csm.edu

THE RIGHTS OF RESEARCH PARTICIPANTS
AS A RESEARCH PARTICIPANT AT COLLEGE OF SAINT MARY
YOU HAVE THE RIGHT:

1. TO BE TOLD EVERYTHING YOU NEED TO KNOW ABOUT THE RESEARCH BEFORE YOU ARE ASKED TO DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH STUDY. The research will be explained to you in a way that assures you understand enough to decide whether or not to take part.

2. TO FREELY DECIDE WHETHER OR NOT TO TAKE PART IN THE RESEARCH.

3. TO DECIDE NOT TO BE IN THE RESEARCH, OR TO STOP PARTICIPATING IN THE RESEARCH AT ANY TIME. This will not affect your relationship with the investigator or College of Saint Mary.

4. TO ASK QUESTIONS ABOUT THE RESEARCH AT ANY TIME. The investigator will answer your questions honestly and completely.

5. TO KNOW THAT YOUR SAFETY AND WELFARE WILL ALWAYS COME FIRST. The investigator will display the highest possible degree of skill and care throughout this research. Any risks or discomforts will be minimized as much as possible.

6. TO PRIVACY AND CONFIDENTIALITY. The investigator will treat information about you carefully and will respect your privacy.

7. TO KEEP ALL THE LEGAL RIGHTS THAT YOU HAVE NOW. You are not giving up any of your legal rights by taking part in this research study.

8. TO BE TREATED WITH DIGNITY AND RESPECT AT ALL TIMES.

THE INSTITUTIONAL REVIEW BOARD IS RESPONIBLE FOR ASSURING THAT YOUR RIGHTS AND WELFARE ARE PROTECTED. IF YOU HAVE ANY QUESTIONS ABOUT YOUR RIGHTS, CONTACT THE INSTITUTIONAL REVIEW BOARD CHAIR AT (402-399-2400). *ADAPTED FROM THE UNIVERSITY OF NEBRASKA MEDICAL CENTER, IRB WITH PERMISSION.

Appendix C

IRB Approval

COLLEGE OF SAINT MARY

October 28, 2010

Layna Himmelberg
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106

Dear Ms.Himmelberg:

You have incorporated all the revisions the IRB has recommended. Your research proposal is fully approved and your official IRB # is: CSM 10-28. Be sure to use that number on all materials relating to your project.

Your IRB approval extends through October 28, 2011. If you should need an extension or change of protocol, please submit the Extension/Change of Protocol form that appears on page 38 of the IRB Application Guidebook (posted to the IRB Community site).

At the close of your study, you will need to submit the Closing the Study form, which appears on page 40 of the same manual.

If you have any questions or I can assist in any way, please feel free to contact me. Congratulations and good luck with your research!

Sincerely,

Sue

Dr. Sue Schlichtemeier-Nutzman
Chair, Institutional Review Board   *   irb@csm.edu
Office Cell: (402) 416-8599

7000 Mercy Road • Omaha, NE 68106-2606 • 402.399.2400 • FAX 402.399.2341 • www.csm.edu

Appendix D

**INTERVIEW PROTOCOL: PERCEPTIONS OF NOVICE CLINICAL ADJUNCT
NURSING FACULTY**

Time of Interview:

Date:

Location of Interview:

I would like to thank you for agreeing to participate in this research study. In this research study
you will be interviewed using a series of questions related to your perceptions about your
experience as a novice clinical adjunct nursing faculty member. As stated in the consent form,
your comments will remain confidential and your identity will remain anonymous. Throughout
the interview, please feel free to request to take a break or to ask me any questions you may
have. You can expect the interview to last approximately 45-50 minutes. The maximum time
for the interview will be 2 hours.

Demographical Information:

Circle one of the following as it applies:
Age: 19-25   26-35   36-45   46-55   56-65   65 and older

Gender: Male   Female

Level of Education: EdD or PhD or other Terminal Degree
                            Pursuing a Terminal Degree
                            MSN   Pursuing MSN   BSN

Current working status as an RN:

Reason for teaching as an adjunct:

Have you ever been previously employed in academia?

What level of nursing students are you teaching?

                     Pre-licensure PN   Pre-licensure BSN

Interview Questions: (with additional probing questions-if needed)

1. Explain your overall experience of working in academia.

    a. Can you tell me more about your feelings regarding your experience as a novice clinical adjunct nursing faculty?

2. In addition to the above question(s), researcher will use the "card sort".

    The "card sort" will give you, the participant, an additional opportunity to use one-word descriptions to identify and provide meanings to your personal or lived experience.

    Using the cards placed in front of you, pick out 3 cards that best fit or describe your experience or feelings as a novice clinical adjunct faculty member. Why did you pick these 3 particular cards?

3. How did the college or university recruit you? In your mind, what is the college or university doing to retain you as an adjunct faculty member?

    a. Can you tell me more about the recruitment efforts?

    b. Can you tell me more about their retention efforts? (pay, bonus, course offerings, professional development, etc)

4. Describe your orientation to me.

    a. Tell me a little more about it….how long did it last? By whom was it given? Did you receive a faculty handbook of any kind? Organizational chart? Do you feel it was thorough enough for your role or position?

5. What kind of support do you receive through the college or university in which you are employed? (i.e.; guidance, mentoring, ongoing communication, professional development, computer training, if applicable?)

6. Describe the mentorship program provided by the college or university in which you are employed.

    a. How do you feel this is helpful within your role as a clinical adjunct faculty member?

    b. If you were not provided a mentor, would one be helpful or do you feel you receive enough support from your manager, director, supervisor, etc?

7. What professional development opportunities have been offered or provided to you from the college or university?

    a. How often?

    b. Do you feel this is adequate for your role as a clinical adjunct nursing faculty member within academe? If not, why not?

8. As an adjunct faculty member within the college or university in which you are employed, explain your feelings of being "empowered"?

    a. What does empowerment mean to you?

    b. Do you feel 'empowered' within your position as an adjunct faculty member? Please elaborate.

9. As you reflect on your adjunct faculty position within academia, what factors did you feel you **benefited** from in the process of recruitment, hiring, orientation, and/or retention? What factors do you feel **contributed negatively** to the process of recruitment, hiring, orientation, and/or retention?

10. Is there anything more you would like to add about your experience as a novice clinical adjunct faculty member?

These are the terms to be used with the "Card Sort". Each will be cut apart and laminated for the participant to choose from.		
Anxious	**Tension**	**Uncomfortable**
Calm	**Uneasy**	**Unsure**
Nervous	**Unsettled**	**Empowered**
Expert	**Comfortable**	**Happy**
Novice	**Confident**	**Content**
Excited	**Afraid**	**Secure**
Apprehensive	**Satisfied**	

Appendix E

Audit Trail Letter

February 8, 2011

        Layna Himmelberg requested an Audit Trail be conducted for her qualitative dissertation, "Perceptions of Novice Clinical Adjunct Nursing Faculty". The Audit Trail was conducted on February 8, 2011.

        In my opinion, the study followed the established processes for qualitative studies, remaining consistent with the intended purpose statement, research questions and planned procedures approved by the Institutional Review Board. NVivo 9 was used to assist in organization of themes that emerged from the qualitative data analysis. The themes identified flowed directly from the transcribed audio tapes. The procedures utilized were clear, transparent, and well documented.

        In summary, I attest that the criteria for trustworthiness, credibility, and dependability of the findings met the standards for data quality management. I served as auditor as part of my role as Dissertation course faculty.

Sincerely,

Lois Linden, EdD, RN
Associate Professor
College of Saint Mary
7000 Mercy Road
Omaha, NE 68106

Appendix F

Coding Sheet

Describe experiences/feelings		
MSN	**Pursuing MSN**	**BSN**
[001] thing that opened my eyes the most was that they say you have 6 hours per week…..but the extra homework… * as the semester went on being involved with the students was probably the best part **[003]** *very nervous *never could be prepared for what you are doing….nothing can prepare you *first day was awful, wanted to go home and cry…by end of semester, felt comfortable and confident *first time was difficult *most overwhelming was the paperwork/grading *lot of paperwork, not expecting that. On average spent….eye opener **[005]** *definitely has gotten easier *didn't know what I was in for ***I do it for fun, don't need the income **[006]** *lack of preparation for the position, not a part of the community *I like the job, flexible hours *good experience, taught me a lot	**[002]** *roller coaster crazy *fantastic to work with students and see them grow and learn and…." *grading paperwork and dealing with the institution…not so great *first week of grading I was in tears- three days where I was ready to cry and send the students home *hardest part was charting **[004]** *awesome transition for me, great starting point **[007]** *absolutely loved it, love to teach *pleasing and fulfilling to me *first couple weeks were the hardest getting to know students **[008]** *initially very excited, very ready for the position *little heightened sense of anxiety in making sure clinical skills were up to date *ready for the challenge, ready to take students out **[011]** *I love it *I love working with the students and shape the future of nursing **[012]** *in the beginning it was a really good experience *at first I was a little scared….I wasn't necessarily scared to teach, but a little anxious and wondering what the students would be like…. *very receptive to me, it worked out really well *clinical site…completely different, I had never worked there before….easy transition *…surprising were some of the comments from students regarding other faculty…	**[009]** *enjoyed educating the students *felt overworked with the paperwork requirements **[010]** *I liked it, had a good time *I didn't realize how much I knew until I had to teach the students

Card Sort		
MSN	**Pursuing MSN**	**BSN**
[001] *unsure-of myself, if I am qualified enough *novice-someone asked if this was my first time *satisfied-kind of neat to see how they (students) were so nervous and now they are pros [003] *nervous-responsible for students and patients, trying to get confidence in students *excited-seeing students excited about learning, feeling confident in me to ask questions *empowered-I was ready to take the next step, felt like this is something I could do full-time [005] *content *secure --both of these as I have an extremely strong relationship with the instructor, mentoring, communication *apprehensive-to begin at another school to teach something new… [006] *confident: in my skills as a nurse *uncomfortable: sometimes put in a situation when I don't know the system *satisfied: with the position, good college, pay decent, flexibility is great, satisfied with my choice of teaching	[002] *unsure-know how to deal with patients but not the students-asked coordinator a lot *excited-fun to work with students, great to see them come alive…. *empowered-got the tools I need to work with students [004] *novice-just started, no experience *excited-all the pieces started to fit together, ready to get started *unsettled-no cubicle, living out of a backpack, getting things done at home at night [007] *unsure-different organization and things done differently, didn't have support from staff working there *excited-teaching students, loved it *confident-in myself and my nursing skills [008] *excited-excited for the job, ready for the change in my career, step of becoming faculty *secure-felt like I was ready for the position, secure in my knowledge base, felt secure in my technique of getting to know the students *empowered-because of what I wasn't sure about-I would pre-lab which would send me home to learn what I needed to know to help the students, that empowered me to know what I needed to do to become competent [011] *novice-never been in an educator role *uneasy-I wasn't educated as a nurse educator…role model I may have had a packet of information but that was it….wasn't sure what they were expecting *afraid-kind of afraid of the students…coaching, never show fear…" [012] *anxious- I was new at the time, it is my personality, not sure about this type of nursing *comfortable-felt comfortable in the job *satisfied-…reaction to me, helped me feel satisfied in what I was doing…how I was doing	[009] *unsettled-felt like a lot of the students had a hard time grasping the concepts, didn't have a good foundation of what they needed *excited-when the students had their "aha" moments and understood stuff *unsure-didn't know how some of them would do, had to fail one [010] *nervous-never taught before, didn't know what I was in for, wasn't sure what to expect *comfortable-overall experience, could answer questions, comfortable in teaching them *satisfied-good to hear from the students that they enjoyed me as a teacher, helping them feel comfortable in their experience on the floor

Recruit and Retain		
MSN	**Pursuing MSN**	**BSN**
[001] *coordinator asked if she would like to teach – work on the floor where students are *MSN program encourages you to teach *asked every semester to teach [003] *main instructor for the course (we took undergrad together) and she asked me *then had interview with manager *have asked to return but relocating so unable to work for this college any longer-would want me to work full time if stayed [005] *recruited face to face (knew other faculty) and emailed, never applied for any teaching positions, they asked her *ask her each semester to teach again, ask what she wants to do… [006] *recruited from an advisor-no interview, got an email, never met with anyone, never came to college—came first day when students started *retention-ask her from semester to semester, really don't do anything *did get gift bag, polo *nothing with a raise, no type of review	[002] *got an email from the director needing adjunct faculty-looking at switching jobs, neat opportunity-filled out online application and had to ask if I got the job *mass email to MSN students *for retention: I have had to ask about working next semester, would love to try it again, feel I have grown and have learned a lot [004] *began by applying in professional development and then recruited from within-they contacted me *tuition reimbursement, ask me every semester what I would like to do [007] *recruited by an instructor in which I was taking care of a family member, then initiated by email *asked to teach each semester, would continue with a Saturday clinical if they had one (she works M-F full time) [008] *full time faculty member at one institution asked me if I was interested in teaching for their college, got on board, started my masters *felt that it made sense that I work at the school that I am getting my masters, so I asked them for position (sought them out) *retention-sign a contract and exit interview each semester so know for the next semester what you will be doing *was offered full-time but do not want to work full-time while getting my MSN [011] *nothing with retention…think this is why the big turnover *(they) are surprised I came back *it was posted online with the main hospital, found out about the tuition and then eager to begin *retaining-discusses how she gets to pick her course/day/group…one way to retain her [012] *went to lunch with VP, discussed position, offered it to her *hired about 6 months prior to the first time she taught *keep telling me good things about what is being said about me *tuition assistance is a big plus	[009] *coordinator approached me on my floor I work on in the hospital, I had worked with some of her students *college contacted me, we went through documentation *retention-asked to come back but that is it, I was overworked and don't think I would do it again, would have to pay me more to come back [010] *attend Sigma meetings and they would ask me if I wanted to teach, keeping in contact with college *not teaching now but would if they had a Saturday clinical (work FT M-F)

Orientation		
MSN	**Pursuing MSN**	**BSN**
[001] *had informational night for adjunct faculty prior to classes starting-week or two prior to classes starting *handbook was given *orientation to ecollege, setting up password, gradebook *yes, thorough enough yet overwhelming *having a mentor with you might be helpful *then met with coordinator to go over syllabus and expectations—that was scary *then got together mid-semester to talk about what was good and the rest of the year/semester and then we were off on our own [003] *mainly with head instructor of the course, went over syllabus, paperwork *she came to clinical site with me the first day *thorough enough as nothing can prepare you…get feet wet *no college orientation-would have liked to learn more about the college-would have liked to be more thorough with this [005] *did not get a faculty handbook *no formal orientation *visit to clinical site with clinical faculty member-showed around, introduced to people *not called an orientation, wasn't formal *thorough enough for me [006] *orientation was about 45 minutes on the first day of class with the students *coordinator went over paperwork with me in an office, made sure I could get into computer *gave me ways to grade care plans, and never heard from her the rest of the semester *definitely wasn't long enough *should be paid *no handbook given *would have been nice to have an orientation where you meet and make sure you understand everything	[002] *met with director about 30 seconds and then met with coordinator to discuss class and paperwork briefly (1-2 hours), that was it, welcome to work here you go *brief training by fire *not thorough enough *had problems with email….found out there was an IT orientation-never notified along with training for new hires [004] *already in system so really didn't get an orientation, worked with coordinators and asked lots of questions *did get a handbook but not specific to adjunct faculty *orientation was thorough enough [007] *no individual orientation *student orientation was sufficient enough *did have a meeting day with coordinator-went over forms, books, guidelines, review of expectations *nothing with the college-didn't expect that-didn't feel the need *did not receive any handbook-might have been beneficial [008] *unexpected orientation-one instructor long, they didn't need me for the first 6 weeks so I was able to follow another instructor so that was lovely and worked out perfectly-institution does not usually do that though *other facility, we did go to the site where I was to take students and orientate for a day or two *basically had an adjunct faculty orientation, met one evening, would have been nice to be more thorough *did get a handbook, introduced to IT *also got a binder that was very thorough but very anxious and didn't know questions to ask until you get started doing things *do have an adjunct faculty orientation each semester-updates, etc-it is mandatory [011] *orientation-one evening prior to the semester beginning-then also had a one day class, brief-how to	[009] *very much self directed *met as a group, very welcoming, met one day for a couple of hours to go over paperwork *orientation was lacking especially with grading and computer *had to ask coordinator a lot of questions *did not receive a handbook, but don't think it would have helped [010] *did not have an orientation, met one or two times to go over paperwork *did not receive a handbook *was good enough for me

	educate…how to ask questions, etc *was thorough enough *did receive a handbook, helpful *did not know far enough in advance when teaching the first time but now I do [012] *had an adjunct faculty meeting (2-3 hours)- P&P, college, different things for job *also met with course coordinators to go over job, course *had both a college and adjunct individual orientation-nice *thorough enough *did get a handbook although electronic-would have liked hard copy also	

Kind of Support		
MSN	**Pursuing MSN**	**BSN**
[001] *support from coordinator, helping with questions I had *had a student failing and a mother got involved-"scary dealing with upset parents [003] *support from main instructor- communicate easily with all questions, grading, had outlined rubrics *for the role, that was enough [005] *receives support from coordinator *did not receive mentor *does not use computer to grade, coordinator enters all grades *good support [006] *lack of support…very negative things	[002] *did get nursing diagnosis handbook and laboratory handbook for texts to refer to *got couple of examples of careplans/grading when asked for them *never taught how to document *clinical nurse educator at facility was a "thorn in my side and talked to director of BSN and she helped me with this situation *need tools/phone numbers of whom to contact if unable to get a hold of coordinator *support from coordinator and no one else at college [004] *included in emails *received support from everyone I asked things of [007] *used coworkers as a resource-great communication *support was good for the role [008] *good support from both institutions, both supportive with open door policy [011] *great *emails, calls, usually answered shortly *at the beginning of each semester- meeting for adjunct faculty [012] *coordinator and boss willing to help, meet with her, etc	[009] *from the coordinator-yes *did receive some support from the director when I had to fail someone…. But not a ton of support from the college *computer was difficult to learn, tried to call IT and unable to help me [010] *good communication with coordinator, always in contact and willing to help

Mentoring		
MSN	**Pursuing MSN**	**BSN**
[001] *I found them myself *maybe nice to have them offer another mentor to get another set of eyes and ears [003] *wasn't assigned a mentor *don't know if assigning one is the way to go…want someone comfortable with… [005] *was not offered a mentor *feel she has enough support *coordinator was her mentor [006] *none assigned *would have been nice to have a go to person that was assigned to you	[002] *have my own mentor *would have been helpful if you were offered a mentor-I always take advantage of those [004] *was never assigned a mentor *don't think it would make a huge difference because I had support regardless [007] *was not offered a mentor-confident in myself *went to co-workers if had a question [008] *the one institution that I was able to follow the instructor for 6 weeks, she was my mentor (I considered her my mentor) *not assigned one at either place *would have been nice to have one [011] *no, was not offered one, found own but looking back, maybe wasn't the best choice *if I had a mentor, I would have someone to go to [012] *I think I was given one…think I thought out my own mentor (other clinical instructor) *would have liked one…never done this before, can help transition you…	[009] *was not offered a mentor *was okay with the support that I had, had enough confidence in my bedside nursing [010] *not offered one *would have helped as I have never taught before

Professional Development		
MSN	**Pursuing MSN**	**BSN**
[001] *maybe got an email or something but nothing really comes to mind *possibly an area of improvement would be there [003] *had encouragement to attend different things [005] *do offer some CEUs, if they do more than that, I am not aware of that *it would be nice to be included in that [006] *they do offer some things but I don't need theirs [011] *get offered many things….resources are amazing do want the offerings [012] *get offered many things….resources are amazing	[002] *received some emails but nothing pertained to me [004] *included in on emails [007] *don't need with this role, if full-time as faculty I would say yes [008] *am not offered any, would be nice	[009] *nothing really offered, didn't really care [010] *didn't offer anything, would have loved that

Empowerment		
MSN	**Pursuing MSN**	**BSN**
[001] *most empowering thing was that I was on my unit, know the staff *being involved in the MSN program *working as a staff nurse give me more of an edge….more hands on than someone in academia field *empowered self-they (institution) gave me the tools but empowered because on my unit [003] *knowing the content, being enthusiastic about it, having good organization to get the point across, being the best positive regard that you can for your students *did not feel empowered in the beginning, towards the end I was getting there….proved to self I could do it [005] *having the tools to do the job, having the resources to go to, having support, being paid a decent wage *felt empowered at college, absolutely [006] *having a say in decision making, feeling you are capable of handling your job or whatever situation, confidence *not empowered in the position, "I don't have any say in how the course is run….."	[002] *have the tools to do what I need to do and I'm capable to do what I need to do *felt empowered at the end of the semester-was empowered to make decisions about students; empowered me to do charting *not feeling empowered by organization, by coordinator and self [004] *nursing and empowerment go really well together *ability to make a difference in the world…..positive way *be a mentor and a positive role model *making a positive difference …all types of people *definitely empowered in the position-quickly I knew this was the right place for me *feel the organization empowered me [007] *ability to make decisions and feel confident in those decisions, trust in others to do what I need to do *feel like I have a lot of empowerment [008] *being competent, competent for my students, empowered to see the organization of my director *empowering to me, the more I did the more I learned, the more I learned the more empowering it was to me *I was empowered, I learned the tools that I need [011] *means having the ability to make changes, decisions, to feel valued *I do feel empowered *I do have guidelines that I need to follow, but I do feel empowered by the institution, I don't feel micromanaged, if I did I probably wouldn't continue to do this*I have resources, tools, and everything that I need to do ……hand *letting me develop on my own *do feel empowered, they have given me… [012] *I have resources, tools, and everything that I need to do	[009] *means that you have the confidence in yourself that you find through your abilities at the bedside *empowered within the position-no *feel like I am in power-students come to me to ask questions-go to person for the students *empowered me as an instructor but not as a nurse (when the students had the "aha" moments) [010] *my goal was to make sure the students knew as much as they could and I taught them the best I could *college did not empower me, I did that on my own-I was empowered

	……hand *letting me develop on my own *do feel empowered, they have given me…	

Benefits/Negatives		
MSN	**Pursuing MSN**	**BSN**
[001] **Positive:** *benefit taking courses with MSN at college, working at NMC *mentors on the floor *flattering that they ask you to come back **Negative:** *suppose to teach EBP….had old equipment, 1970s videos, etc *maybe they could take a little more effort to be there the first and middle part that is more stressful parts *need a mentor *it is scary [003] **Positive** *felt comfortable with the main instructor, would have worked with them if not relocated **Negative:** *more college orientation added [005] **Positive** *very positive environment for me *I have the time, not doing it for the money [006] **Positive** *flexibility **Negative** *no choice in forming the curriculum *not feeling part of the community *parking *would benefit from an adjunct orientation but needs to be mandatory and paid *cubicle or office *more computer training	[002] **Positive:** *the students-great to work with **Negative**: *don't get paid…overlooked paycheck *no one communicates with me… *no one ever evaluated me and told me I was doing a good job or not *need a adjunct faculty handbook [004] **Positive** *positive role models, building relationships **Negative** *being adjunct, nothing is set in stone, not sure of expectations of role *need for adjunct faculty handbook *more adjunct meetings *great to have an adjunct cubicle/phone number [007] **Positive** *constant communication with direct report (coordinator) **Negative** *payment system with institution….she discusses problems [008] **Positive** *positive with how they work with you from semester to semester, signing contract and not pressuring you, reassuring and to have job security **Negative** *to have a mentor with you the first time to prepare you *being a novice is a negative-go from competent clinician to novice educator [011] **Positive:** The dean communicates with me every semester (professionally and personally); **Nothing negative** [012] **Positive** *feel institution is setting them up for success and not failure *"Kind of a scary thing starting out….rewarding	[009] **Positive** *see students after clinical over and they are doing great and thank me **Negative** *need to evaluate students on a different level would have helped *need more experience before coming to ICU *will not teach again until I have more time, students have their foundation down before coming to ICU and money [010] **Positive** *I got to take students to a floor I was familiar with **Negative:** *some students a little rowdy, would have been nice to know a little about the students prior to *would like to know when graduations are so I can attend *nurses on floor were not always so nice to the students

Appendix G

Orientation Checklist

COLLEGE NAME

[LOGO]

ORIENTATION/NEW FACULTY MEMBER CHECKLIST

NAME:	START DATE:
POSITION:	MANAGER:

Day One: (DATE)-could last 1-3 days

Personally welcome new faculty upon their arrival
Provide employee with Faculty Handbook and/or orientation manual

College/facility structure
- ✓ Mission and services
- ✓ Department/division
- ✓ Accreditation
- ✓ Specific unit and job
- ✓ Other

Policies:

Review key policies – **(if applicable)**	✓ Anti-harassment ✓ Vacation and sick leave ✓ FMLA/leave of absence ✓ Holidays ✓ Time and leave reporting ✓ Overtime ✓ Performance Reviews ✓ Dress Code	✓ Personal conduct standards ✓ Progressive disciplinary actions ✓ Security ✓ Confidentiality ✓ Safety ✓ Emergency procedures ✓ Email and internet use ✓ Others:

Administrative Procedures:

Review general **administrative procedures** **(if applicable)**	✓ Office/work station ✓ Keys (if applicable) ✓ Mail (incoming and outgoing) ✓ Shipping ✓ Business cards ✓ Purchase requests ✓ Telephones system and calls	✓ Building access cards ✓ Conference rooms/booking rooms for meetings ✓ Picture ID/badges ✓ Expense reports ✓ Office supplies ✓ Paydays (periods)/paychecks ✓ Other:

Introduction and tours:

Give introductions to facility and department

Tour facility including:	✓ Restrooms ✓ Mail room(s) ✓ Copy centers (printers) ✓ Fax machines ✓ Parking ✓ Office supplies	✓ Coffee/vending machines ✓ Cafeteria ✓ Emergency exits and supplies ✓ Bookstore ✓ Library ✓ Other:

Position Information

- ✓ Introduction to department/team
- ✓ Goals of department
- ✓ Organizational chart of institution and department
- ✓ Review initial job assignment(s) and training plan
- ✓ Review job description and performance expectations and standards; performance appraisal
- ✓ Review job schedule and hours (lunch/break schedules)
- ✓ Review payroll, time cards (if applicable), and policies and procedures
- ✓ Continuing education-process and reimbursement
- ✓ Meet with coordinator of course/other faculty
- ✓ Review of course paperwork with coordinator; receive phone/pager numbers, etc

Computers

Review of: Hardware/software reviews, including:	✓ Email ✓ Intranet/Internet ✓ Databases ✓ Data on shared drives ✓ Microsoft Office System ✓ Passwords ✓ Other

Meet with Human Resources to complete paperwork

Assign mentor

Orientation could go into Day Two or whole week/month, etc to include:

Future Dates (Date) If applicable

Possibilities include:

- ✓ Extensive information on facility (mission, values/core principles)

  *other programs/departments
- ✓ History
- ✓ Service
- ✓ Teamwork
- ✓ Faculty Senate
- ✓ Personal responsibility (extensive information on faculty handbook)
- ✓ Integrity
- ✓ Diversity
- ✓ Customer service
- ✓ Students (to include Accommodations)
- ✓ Policy Manual
- ✓ Employee Assistance program
- ✓ Employee Occupational Health Service

- ✓ Benefits (details)-if applicable

- ✓ Faculty Development

    *To include: teaching and learning, classroom assessment, creating a syllabus, online courses (program used), computer-based instruction, etc
- ✓ Community involvement

- ✓ Committee obligations, if applicable

- ✓ Other

Ideas for orientation:
- ✓ Guest speakers, various speakers from college departments, etc

- ✓ Activities: mingling, scavenger hunt, interaction and networking, safety learning situations, orientation jeopardy, etc

- ✓ Formats: online activities, homework, DVDs/CDs, videos, etc

- ✓ Other

Evaluation of Orientation Process

Follow-up:
   This is important to follow up with the faculty as to know how they are doing within the department, institution, facility, etc. This should be done initially, then weekly, monthly, quarterly, then yearly with evaluation.

   Follow-up by asking them the following:

   What do you wish the facility would have covered in orientation that was not covered? **OR**
   What do you wish you would have known prior to beginning your position? **OR**
   What would have been helpful in your position/role?