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The Nurse Faculty Shortage: The Untold Story

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THE NURSE FACULTY SHORTAGE: THE UNTOLD STORY

A Dissertation

Submitted to the School of Graduate Studies and Research

In Partial Fulfillment of the

Requirements for the Degree

Doctor of Philosophy

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Title: The Nurse Faculty Shortage: The Untold Story

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Abstract

The Nurse Faculty Shortage: The Untold Story

This study explores the journey which took 22 nursing faculty from their initial associate or baccalaureate degrees to faculty positions in academia. The purpose of this study is to allow current nursing faculty to express their stories and to determine the underlying factors that facilitate and inhibit the movement from R.N. to nursing faculty. A review of literature shows that very few studies have been done to address why despite policy changes the nurse faculty shortage continues to exist. It is anticipated in this study that findings may show that those policies did not address the true needs of R.N.s who were attempting to pursue their career in academia.

In this qualitative study, 22 nursing faculty from Western Pennsylvania were interviewed. Faculty were chosen randomly from Diploma, Associate Degree and Bachelor Degree programs in order to have a complimentary sample of programs across the state of Pennsylvania. Interview questions derived from the three guiding theoretical perspectives of symbolic interactionism, rational choice theory, and feminist theory were developed, and in-depth interviews were conducted.

The theories of rational choice, feminist theory, and symbolic interactionism are being used to address the various concepts that are important in the decision making process of entering

academia. Through the understanding of the importance of these concepts we can gain better insight as to why nurses wait until they are older than the average faculty who enter academia and might better initiate policy that will have a better impact on increasing the number of nurses entering academia.

The information gained in this study allows us to better understand both the trajectory most women take when moving from clinical nursing to academia as well as what impacts their decision making along the way. This information might be used by policy makers to more fully assess and implement strategies to increase the number of nurse faculty.

The biggest finding was how interrelated the three theories were in the study. I knew there would be some overlap as seen in the concept map, yet at times it seemed difficult to differentiate between the theories. This is especially true with Symbolic Interactionism and Feminist Theory when is come to socialization. Then adding Rational Choice Theory to the mix allowed me a better understanding of why these nurses made the decision to enter academia. Demographic data collected reinforced the statistics given in the literature review. The information gained allows us to better understand why nurses enter academia at the average age of 47. This study also gives insight to the need for further investigation into this area.

Acknowledgements

This is dedicated to my husband Bill and my Mother both of whom I lost the last year of my work on my Ph. D. If it wasn't for their encouragement throughout my life, I would never be where I am today, for this I will be forever grateful. I would like to also acknowledge my five children: Lee Ann, Holly, Andrew, Patty, and Joshua. They too have sacrificed a lot throughout the past five years, and I appreciate that. To them I will continue to say "Dance" as that is what I have tried to teach them in life. I also say "thank-you" to my friends and family who have shown and offered so much support, especially over the past two years.

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CHAPTER ONE

INTRODUCTION AND STATEMENT OF THE PROBLEM

This study explores the journey which took 22 nursing faculty from their initial associate or baccalaureate degrees to faculty positions in academia. The purpose of this study is to allow current nursing faculty to express their stories and to determine the underlying factors that facilitate and inhibit the movement from R.N. to nursing faculty. It is anticipated that the insights provided by this research will aid in the formulation of policy to increase nursing faculty, a change which will help nursing programs train more students, helping relieve the current nursing shortage. The methodology used in this study was in-depth, personal interviews conducted with a purposeful sample of nursing faculty located in the state of Pennsylvania.

As can be seen with the review of the history of the nurse faculty shortage, this has been an ongoing problem within the United States despite several policy changes in the past. A review of literature shows that very few studies have been done to address why despite these changes the nurse faculty shortage continues to exist. It is anticipated in this study that findings may show that those policies did not address the true needs of R.N.s who were attempting to pursue their career in academia.

Background and Context

The U.S. has experienced several nursing shortages in the past 60 years. With each shortage, policy was created in order to help resolve the shortage (West, Griffith & Iphofin, 2007). The nursing shortage became most evident during World War II. Married nurses were trying to care for patients stateside while young single nurses were being pulled to care for soldiers. In the 1940's, the Cadet Corps was developed to turn out educated nurses faster during World War II. The Cadet Corps was established by the federal government to ensure that the

United States had enough nurses both state side and at war. Monies were offered in the form of grants to schools to encourage and facilitate the training of nurses.

I response to the continuing nursing shortage, in 1964, the Nurse Training Act was established to provide governmental funding toward new schools of nursing as well as to off set the cost of education of many nursing students (Yett, 1966). These funds were in the form of construction grants for schools as well as capitation grants. Students were also offered low interest student loans through this act.

Between1980 and the early 1990's, there seemed to be an upward trend in the number of nurses graduating and being employed. More students were entering schools of nursing and schools were providing better funding to educate these students. The combination of the increase in registered nurses who received their initial degrees and the effects that managed care had on hospital staffing caused an actual surplus for a short period of time. Lay offs were reported for the first time in nursing history. As hospitals adjusted their staffing, and gained a better understanding of managed care, by the mid 1990's a shortage had again surfaced. The shortage was blamed on decreased enrollments in nursing schools due to a fear of job security related to earlier lay offs. Again federal and state legislators stepped in to pass bills to provide increased funding in order to help off set the crisis. These funds in the forms of grants and scholarships were developed to help students off set their cost of education.

Today, we are facing our worst shortage in nursing ever. Despite the efforts to increase the numbers of nurses produced, the shortage persists. If anything, trying to increase the number of nursing students has created an even greater problem in academia. Although policy makers might think on the nursing shortage and faculty shortage as being two distinct issues, the two are closely intertwined (Hinshaw, 2001). The shortage of nurses requires the educational programs

on the profession to supply more graduates. But the shortage of nursing faculty limits student enrollment and likely decreases the number of graduates. In 2006, 42,866 applicants to nursing programs were turned away in the United States (AACN, 2007). The reason these applicants were denied admission was due to lack of adequate nursing faculty.

It is anticipated that the findings of this study will help to determine why past and current policies have not improved the shortage that continues to exist. Specifically, this research will consider two potentially critical factors currently overlooked by policy makers: shortages of nursing faculty, and the role of non-monetary influences and incentives which shape decision to enter academia. These factors could be in the form of challenges or barriers as well. Policy makers need to gain a better understanding from the existing faculty as to what factors encouraged and what discouraged them from entering academia.

Problem Statement

The United States is currently in the midst of one of the worst nursing shortages is has ever known. While legislators have attempted to fix the shortage through increasing the revenue to schools of nursing, the shortage continues to worsen (West, Griffith & Iphofin, 2007). The attempt to increase nursing students has been hampered by a shortage of nurse faculty. The shortage of nurse faculty directly impacts the shortage of clinical nurses in that schools of nursing are turning eligible students away due to the lack of nurse faculty to teach them. The research that has been done focuses on job satisfaction of those already in faculty positions rather than on the decision to enter academia in the first place.

It has become apparent to the existing nurse faculty that funding alone does not appear to be the answer to the shortage of nurses as well as the shortage of nursing faculty, and it is hoped that through this study it will become more apparent to policy makers. As policy has developed

to address the nursing shortage, nothing has been done to correct the nurse faculty shortage. Clinical nurses are the pipeline to nurse faculty, yet there has been little done to encourage these nurses to enter academia.

The nursing and nurse faculty shortage continues despite multiple attempts of policy making to improve it. The attempts to improve this shortage have been based on findings of a few surveys. The surveys used, were based on job satisfaction. Although job satisfaction is important, the underlying problem continues that the average age of a nurse entering academia is 46 years of age, and older for Ph.D. nursing faculty. The average age of other faculty is 37 for natural sciences, 36 years for nuclear medicine, and 36 years for medicine (Braunhut, 1996; Collins et.al.; 2007; Kutob et.al., 2003). The NLN study (2003) looked at faculty satisfaction. Factors they looked at were those influencing decisions to enter, stay in, and leave the role of faculty member. Factors used were similar to those in other satisfaction surveys used by clinical staff and other faculty: working with students, desire to shape the profession, encouragement of others, desire to conduct research, desire to provide patient care, workload, salary, work hours, flexibility, and autonomy. What is not evident in this satisfaction survey is how some of these variables might effect or correlate with others. It is also unclear of how the researchers developed these variables. The researchers did note the finding that the majority of faculty went into teaching for the students. It remains unclear as to why nurses wait to go into teaching.

Statement of Purpose and Research Questions

The purpose of this qualitative study was to explore with 22 nursing faculty the trajectory of events which lead them to academia, the meaning of this journey to these nursing faculty, and factors that facilitated and inhibited this journey. It is anticipated that the information discovered through these interviews might be used to formulate policies which will enable R.N.s who are

interested in entering academia to do so in a timelier manner either by enhancing those things that encourage their choice to enter academia or by alleviating those things that inhibited them during the process.

This research project follows Maxwell's (2005) interactive model of qualitative research design. Maxwell (p. 75) suggests qualitative researchers focus on three types of research questions: (a) questions about the meaning of events and activities to the people involved in these, (b) questions about the influence of the physical and social context on these events and activities, and (c) questions about the process by which these events and activities and their outcomes occurred. In contrast to grounded theory (Glaser and Struass, 1967), Maxwell's interactive model does not constrict qualitative research to a highly inductive approach but rather offers a flexible approach for combining both deductive and inductive elements in the research process. The present project was guided by three theoretical perspectives thought likely to be especially relevant to understanding the career trajectory of nursing faculty; these three perspectives are symbolic interactionism, rational choice theory, and feminist theory. Three research questions were developed to reflect the particular foci of each perspective; these questions are:

1. From symbolic interactionism: What insights can we gain into the career trajectories of nursing faculty by examining the meaning they give to their life journey and the formative role social interaction with others played in that journey?

2. From rational choice theory: What insights can we gain into the career trajectories of nursing faculty by examining the rational calculation of the costs and benefits they made of possible courses of action at different stages along the journey?

3. From feminist theory: What insights can we gain into the career trajectories of nursing faculty by considering how gender socialization messages sent by others and the gendered nature of career and educational opportunities and family obligations affected their perceptions and choices?

Research Design Overview

In this qualitative study, 22 nursing faculty from Western Pennsylvania were interviewed. Faculty were chosen randomly from Diploma, Associate Degree and Bachelor Degree programs in order to have a complimentary sample of programs across the state of Pennsylvania. Interview questions derived from the three guiding theoretical perspectives of symbolic interactionism, rational choice theory, and feminist theory were developed, and in-depth interviews were conducted. Participants were also asked to share any thoughts they might have on the nurse faculty shortage in order to gain any other insight that might have been missed through questions.

The transcribed interviews were coded for common themes in regards to the research questions and any other findings that appeared to resonate through out the interviews. Inter-rater reliability was conducted with the help of three graduate students in a Ph.D. program who had completed a qualitative research course. A timeline was also performed on the interviews for the purpose of understanding the trajectories these faculty took during the time from when they first became an R.N. to when they became fulltime nurse faculty.

In order to establish credibility and dependability, both interview and theoretical triangulation were used (Denzin & Lincoln, 2003). Interview triangulation was achieved by using a diverse sample of faculty interviewed. Theoretical triangulation was used by taking themes from the

interviews and using theory to compare. Member checks were used to help ensure the credibility and trustworthiness of the analysis.

Initial coding and analysis of the data was guided by a concept map (see Appendix   ) developed from the three guiding perspectives of symbolic interactionism, rational choice theory, and feminist theory. As the analysis progressed, it became increasingly apparent to me that capturing the real-life complexities of these women's journey and the changing perceptions and conditions which enabled or hindered forward movement could not be adequately portrayed by my initial concept map. The end result of this research project was thus the creation of two new concept maps which sought to illuminate different key stages of the journey (the initial decision to pursue a career in academia, and the changing mix of micro-level calculations of costs and benefits which propelled forward or delayed concrete movement along that journey). The second concept map also illustrates the need to simultaneously consider factors identified by symbolic interactionism, rational choice theory, and feminist theory in understanding the career trajectories of nursing faculty.

The Researcher

I am 47 years of age, and currently completing my PhD. I began a tenure track nurse faculty position in 2007 at the age of 46. According to this, I am the "norm" according to statistics on nurse faculty. I left a position in a private medical practice as a Certified Registered Nurse Practitioner to teach. This decision was not based on financial gain – as I took a decrease in pay. It was not related to job satisfaction, as I continue to work at that practice part time, and enjoy the work. It was based on several things such as: future retirement benefits, student involvement, family needs, and work schedule. I did not enter academia earlier for various reasons: family commitment, the thought imposed by others that clinical experience is necessary to teach, and

lack of exposure to teaching earlier in my career. As I self- reflect on my own career, I feel that other nurse educators might have stories that need to be told in order to gain a better understanding of the factors that impact a nurse's decision to enter academia. These stories might have similar themes that warrant listening to.

Assumptions

Based on my personal experience and career history, I do not believe that decisions to become a nursing faculty are based on things such as financial gain, or individual need or gain alone. In both clinical nursing and academia there are intrinsic rewards that far out weigh monetary rewards. These rewards are such things as seeing patients improve, seeing students learn and transform into nurses, and knowing you have had an impact on these things.

I also believe that as the nursing faculty share their trajectory from their initial R.N. to entering academia, their stories will be very similar. With nursing being a primarily female profession, the stories will share the conflict that occurs with these women as the attempt to fulfill their professional desires yet function as both wife and mother.

I also assume that as the stories unfold we will find that these women had come into contact with others throughout their lives who had an impact on their decision making process as their careers unfolded. This will be seen from the time these women made a decision to enter nursing through out their career path to academia.

Another assumption is that the decisions made by these faculty members were rational to them at the time they were made, although appearing irrational to others looking in from the outside. The decision to enter academia at a lower pay scale, to the decision to stay once they realized that there is more than teaching involved with academia.

It has become apparent to the existing nursing faculty that funding alone does not appear to be the answer to the shortage of nurses as well as the shortage of nursing faculty, and it is hoped that through this study it will become apparent to policy makers.

Rationale and Significance

A currently bad situation is going to be worse. Statistics from the AACN (2007) show that the average age of a nurse entering academia as faculty is 46, and that there is about to be a major shortage due to the retirement of many nurse educators. A study by the AACN (2007) showed that the average age of doctoral prepared nursing faculty was 53.5 and the average age of retirement of such faculty is 62.5 years. The average entry-level age of other faculty is 37 for natural sciences, 36 years for nuclear medicine, and 36 years for medicine (Braunhut, 1996; Collins et.al.; 2007; Kutob et.al., 2003). As mentioned earlier, the nursing faculty shortage has a direct impact on the clinical nurse shortage as well. Tens of thousands of qualified applicants continue to be turned away, thus diminishing the pipeline to nurse faculty as well.

Policy makers need to gain a better understanding from the existing faculty as to what factors encouraged and what discouraged them from entering academia. Although satisfaction surveys and statistical surveys have provided us with important information, they have been criticized by Hagell (1989), who argues that the lack of significant research findings in many studies on nurses are due to the fact that these studies ignore the actual life experiences of the nurses. Stanley and Wise (1983) called for a feminist social science, a science which 'should begin with the recognition that the personal direct experience underlies all behaviors and actions'. They go on to say that women need to find out 'what it is that we know and what it is that we experience, we need to reclaim and rename our experiences and our knowledge of the social world we live in and daily construct' (Hagell, p. 230). This qualitative study will provide a more in-depth

understanding of what policies might need changed or enforced in order to not only encourage nurses to enter academia but to entice them to continue to stay there

Definition of Key Terminology Used in This Study

Nurse Faculty – faculty currently working in a fulltime tenure or tenure track position in a diploma, associate or bachelor nursing program.

Symbolic Interactionism – emphasizes the uniqueness of the human being in nature, especially the fact that human beings act back on their environment rather than passively respond to that environment. This perspective leads to the thought that in order to understand the human being, we need to understand interaction and the interaction of human beings as they rely heavily on the use of symbols. The perspective of symbolic interactionism has been used in various areas to gain a better understanding of the interactions of others, and how those interactions come to influence our lives. A few of these are adult socialization, career paths, turning points and deviance.

Adult Socialization – occupations and professional careers have been a popular place for other such studies of socialization. These studies have looked at the socialization that occurs within a profession and how that socialization affects those within. Sherlock and Morris (1966), identified that professional roles are acquired through the process of socialization within institutions.

Career Paths – are considered any path to which an individual devotes all or part of his life. Symbolic interactionists use this term more broadly than its common usage of a particular occupational pursuit, especially of a professional or semi-professional nature.

Turning Points - are points in one's life when there is a significant change that causes us to form new relationships, and new *significant others*, or those who we interact and form identification with.

Rationale Choice Theory – Rational choice theory is at its core a simple action theory that is deemed useful because it allows us to understand how aspects of a social situation can influence choices and actions of individuals (Hedstrom, 1996, p. 128). This theory is characterized by the assumption that the actor when deciding which course of action to take will choose the course that best satisfies the actor's interests. Actions are based on interests, beliefs, and opportunities.

Feminist Theory – Feminist theory involves a multitude of directions of study. For the purpose of this paper, the focus will be on issues of gender and how they relate to professional decision making. To date, studies have focused on why women make the decisions they do as it pertains to their professional life. A key theme in this literature is the sex role socialization that influences women's behavior and choices (Morgan 1999, p. 126). Evetts (1988) defined gender socialization theory as gender differences in values, interests and thought processes, which are socially produced and reinforced across the course of life rather than innate- causing women to seek professions that are gender appropriate (p. 232).

Summary

Despite multiple attempts from policy makers over the past 60 years, the United States continues to face on of the worse nursing shortages in its history. Policies put into place in the past in regard to the nursing shortage were based on financial incentive by way of grants and scholarships to students to encourage them to become nurses. As the numbers of nurses have decreased so have the number of nurse faculty. Some believe this to be a pipeline effect; others believe there are obstacles that prohibit nurses from entering academia.

To date little research has been done in regards to the nursing faculty. There have been job satisfaction surveys, and other surveys that have provided us with important statistical information. However, no one has directly talked to the current faculty to allow them to tell their story of the transition into academia and more specifically what factors inhibited or prohibited this transition. It is anticipated that through interviewing these 22 nurse faculty, information can be gained that might allow for more effective policy changes. Specifically this research will consider two potentially critical factors currently overlooked by policy makers: shortages of nursing faculty, and the role of non-monetary influences and incentives.

This study is significant in that the current situation is projected to get worse. The AACN (2007) projects a major shortage due to the retirement of many nurse faculty by 2020. Currently the average age of nurse faculty is 46 with the average age of retirement being 62.5 years. A study by the AACN (2007) also showed the average age of doctoral prepared nursing faculty was 52.5. This statistic is particularly alarming in that most nursing programs are requiring faculty to have their Ph.D. prior to being hired into a tenure track position. It is anticipated that information gained from the interviews of current faculty might explain why nurses enter academia at such a late age, and wait to pursue the terminal degree as well.

Chapters two through six will guide you through the process I took in development of the interview questions trough the review of literature as well the theoretical framework used to guide the process. You will also find data analysis along with a synthesis of the data. Chapter six will be my conclusions chapter.

CHAPTER TWO

REVIEW OF LITERATURE AND THEORETICAL APPROACH

The purpose of this qualitative study was to explore with 22 nursing faculty the trajectory of events which lead them to academia, and factors that facilitated and inhibited this journey. It is anticipated that the information discovered through these interviews might be used to enable R.N.s who are interested in entering academia to do so in a timelier manner either by enhancing those things that encourage their choice to enter academia or by alleviating those things that inhibited them during the process.

This chapter will cover the profession of nursing from its history to current job opportunities in order to gain a better understanding of not only the history of the nursing shortage, but how nursing has grown. Reviewed in this chapter will also be the various educational tracts a nurse can take from her initial degree to her terminal degree. I will also review literature as it pertains to the theories of Rational Choice, Feminist Analysis, and Symbolic Interactionism.

The Nursing Profession

History of the Profession

Nursing dates back to the 17th century, when in 1963 the Daughters of Charity was founded to nurse the poor in their homes. The Sisters of Charity in France also established over 40 homes to provide such care (Snodgrass, 1999). In the 18th century Rabia Choraya became the head nurse in Braddock's army. Nursing as a profession dates back to the 19th century. Initially, male nurses who were male served in the military and female nurses were kept at home to provide care. During the Civil War, women were called upon to deliver care to the wounded as there were not enough males to do so (Holder, 2004). At that time the care given by these women was primarily to gather food, offer first aid and gather supplies. There were no formal schools for nursing.

After the Civil War was over, these women were expected to return home to their previous position in society- caring for the poor in their homes. Several women however had decided that there continued to be a place for women in nursing. Women like Clara Barton, Doretha Dix and Mary Bickerdyke had shown other women that they had a place in nursing outside of the home. These women were the first activists for women to become gainfully employed as nurses outside of the home (Holder, 2004). It was also during this time that Florence Nightingale saw a need for formal training of nurses. She became a pioneer in nursing as she wrote *Notes on Nursing: What it is and What it is Not.* Linda Richards graduated from the New England Hospital for Women and Children in 1873. She is considered America's first trained nurse. The 19th century was a time of growth for the nursing profession. The American Red Cross was established, hospitals were opened by nurses, visiting nurses were established, and women were recognized in the army not only as nurses but as officers as well. It was also during this time that Mary Mahoney became the first black professional nurse.

The 20th century brought regulation to the nursing profession. In 1987 the American Nurses Association held its first meeting. This organization went on to become the most recognized nursing association today. In 1901, New Zealand became the first country to regulate nurses nationally (Herdman, 2001). It was during the mid 20th century that nursing education also began to grow. What started out as hospital based training expanded to formal Schools of Nursing with Yale being the first. Soon there were several degrees available to nurses: diploma, Associate's in Science, Bachelorette, Masters and Ph.D.

Today in the 21st century, nursing continues to grow. The American Association of Colleges of Nursing has issued a statement recommending that the Doctorate of Nursing Practice be necessary for nurses seeking to become Nurse Practitioners. The National League for Nursing

and the American Association of Colleges of Nursing continue to be accrediting bodies for schools, thus regulating nursing education across the United States. Even after obtaining their degrees, all graduate nurses must pass a standard exam in order to practice.

Current Employment Opportunities

Employment opportunities in nursing are as diverse as the multiple degrees available. Entry level into becoming a Registered Nurse is considered at the Diploma and Associate's degree level. These nurses are generally employed in hospitals, nursing homes and sometimes private physician offices. At the Bachelor degree level nurse are employed at those same settings, but have a greater chance of advancement to management positions due to their advanced degree. Some nurses are employed by drug companies to be representatives to various institutions.

At the Master's Degree level there are several concentrations: Education, Clinical Nurse Specialist, Nurse Practitioner, Nurse Anesthetist and Management. Again, these nurses work in a variety of settings: universities, hospitals, clinics, and private practice.

At this time there are two terminal degrees in nursing: the Ph.D. and the D.N.P. There is great debate as to which of these degrees are accepted as terminal when a nurse wants to pursue a career in academia. The D.N.P – Doctorate of Nursing Practice is considered the terminal degree for nurse practitioners. The majority of the debate seems to emphasize that this is a clinical doctorate, not an academic terminal degree.

It is also important to note that within each degree and setting there might be subspecialties where nurses choose to become certified. A few of these are: Emergency Nursing, Critical Care, Operative Nursing, Enterastomal Therapist and Maternal Child Nursing.

Nursing Education

Both nursing and nursing education is a field primarily dominated by women. The majority of nursing faculty are teaching in the ASN and BSN programs.

Nursing has never had a solid base in PhD prepared educators. At best, 50% of nursing faculty have met this academic standard (Hinshaw, 2001). Despite accrediting bodies such as the American Association of Colleges of Nursing (AACN) and the National League for Nurses (NLN) requiring PhD prepared educators, there continues to be a lack of such educators. This also has an impact on enrolling nurses who are interested in graduate studies. In 2006, 3,306 qualified applicants were turned away from nursing masters programs and 299 qualified applicants were turned away from nursing doctoral programs (AACN Fact Sheet, 2007) due to the lack of faculty in these programs.

A study by the AACN (2007) showed that the average age of doctoral prepared nursing faculty was 53.5 and the average age of retirement of such faculty is 62.5 years. It is projected that by 2012 between 200 and 300 doctoral prepared faculty will retire each year. The age of retirement along with the fact that nurses do not seek a career in teaching until a late age adds to the faculty shortage. Hinshaw (2001) found that the average age of a new nursing doctoral graduate is 49.5 years.

It has been the norm in nursing that new graduates seek clinical experience and step through educational preparation in degrees. This leads to older nurses entering the field of education and only staying for an average of 15 years (Hinshaw 2001, Whitlinger 2004). According to the National Center for Educational Statistics (March 2008), as of the fall 2003, faculty in the health related field were on the average 5 years older than their counter parts. Related fields included faculty in business, education, engineering, fine arts and humanities. Overall, 37 percent of

faculty were between the ages of 45-54, where 31% of the other faculty fell within that age range.

Job Satisfaction

Job satisfaction has been one aspect of the nursing and nursing faculty shortage that has been studied extensively (Goodin, 2002). There are several issues at hand when assessing job satisfaction. The first issue is salary. Despite the need for highly qualified faculty, enforcing higher academic standards makes increasing the supply of faculty even more challenging. The process for preparing new faculty is already costly (Yordy, 2006). This coupled with the low pay compensation for faculty compared to other settings in which nurses can work deters nurses from entering the education field.

If we continue to draw on the premise that attracting more nurses to the field might further help the pipeline to nursing faculty, we need to address the satisfaction of the academic work place environment. This leads to a need to understand why some environments work and others do not for certain nurses. The opportunity for growth, autonomy and professionalism are underlying themes for clinical nurses in the clinical setting when interviewed on satisfaction (NLN Survey, 2003). There is a gap in the literature as it relates to why, despite the fact that clinical nurses make more money, do nurses pursue a job in teaching?

There have been very few studies done to determine the cause of the nurse faculty shortage. Most of the research found is related to job satisfaction. Although job satisfaction is important in the retention of nurses and nursing faculty, it is also important to determine why nursing faculty choose to teach and why they stay in academia or leave. The satisfaction surveys used were based on other disciplines and clinical nursing.

Theories

This study is developed to allow the current Nurse Faculty to express their stories and to determine if there are other underlying causes to the faculty shortage that satisfaction surveys have not addressed. Using the theories of Symbolic Interactionism,Rational Choice, and Feminist Theory, questions were developed to determine why those interviewed made the decisions they did in regards to entering nursing and later entering academia.

Symbolic Interactionism

The perspective of symbolic interactionism grew out of the work of George Herbert Mead. According to Charon (2004), it emphasizes the uniqueness of the human being in nature, especially the fact that human beings act back on their environment rather than passively respond to that environment. According to this perspective in order to understand the human being, we need to understand interaction and the interaction of human beings as they rely heavily on the use of symbols.

The most important conceptual building block on which symbolic interactionists have based their analysis of human conduct is the concept of the symbol. (Hewitt 2002, p.37). The symbol, or as Meade called it the significant symbol is a word or gesture that arouses in the one using it the same response in those to whom it is directed. Therefore, responses to one another depend upon the understanding of the symbols being used. It is through the interpretation of symbols that communication can take place, not conditioned responses. Hewitt (p. 37) uses Spencer's example of the hungry dog. The hungry dog responds to the food dish by salivating, this is not interaction; this is a conditioned response to a sign. For symbolic interactionists, humans are actively engaged in interpreting their world, and not just passively reacting to the stimulus in their environment in the form of determined conditioned responses. Pragmatically

this means we just can't explain human behavior by looking solely at factors external to humans: instead we must seek explanation by examining what various environmental conditions mean to the human actors who encounter them.

Symbols become significant when they are meaningful for both the actor and the recipient; that is, there is a common understanding of these symbols. Without a common understanding, interaction is less likely to occur, or might be misinterpreted. Importantly for symbolic interactionists, the definition of symbols and situations are not static, they arise and transform through interactions. Those individuals engaged in interaction give definition to the symbols used- words, objects, actions. Through the continuous interactions with others, humans are constantly changing.

Drawing on the philosophy of pragmatism, symbolic interactionists maintain that what is "real" depends on our own active interpretation or definitions, while "truth" is determined by what works (Charon, 2004). We define our situation as action unfolds, and then we act according to our definitions. According to pragmatists, living things are constantly trying to attempt to make practical adjustments to their surroundings, (Hewitt, p. 6). Truth, therefore, is not absolute, but ever-changing to the needs of the individuals. The process of symbolic interactionism is interactive and dynamic - an evolving and changing as interactions take place.

The Process of Symbolic Interaction:

The symbolic interactionists' concept of "definition of the situation" draws attention to how people attach meanings to the objects and actions the encounter in their immediate environment and act toward them in an organized manner. In order for this to occur, there must be a shared definition. Without this, people would not know how to act, or might act inappropriately. Through these shared definitions, language is developed.

Role taking is not an action, but uses the imagination of one to develop a sense of how the other might see him/her. It is taking the role of the other, thinking and processing as the other role plays. This is essential to role-making, since the construction of an adequate performance in a social situation requires the person to know how others in the situation view him or her (Hewitt, p. 79). This knowledge does not come from direct information from the other, but from the knowledge of the situation as a whole and those within the situation.

Role playing is the act of a person towards another. This act is not alone, but is within the interaction between one who is role taking and the other who is role playing. Thus, as stated earlier, this interaction is on going. As one person is acting, the other is taking, and vise versa.

Self esteem is the affective dimension of self-objectification, (Hewitt, p. 115). Our perceptions of self have emotional responses. These responses are brought about as part of the social situation; it is taken from the situation as well as brought to the situation. This is where the looking glass concept that Charles Horton Cooley wrote about might come in. Other people are our mirrors. What we know or how we feel about ourselves is through our interactions with others. If people role play to us that we are good or pretty, we take that same role. This is considered role concept – how we see ourselves.

Role playing and self concept are interactive. Those we are interacting with will role play towards us. We in return role take, forming a self concept. We conceptualize how others see us by the way they act towards us. This reinforces how we then role play towards the other.

Self presentation is how we present our self to others based on our interactions with them. As we role take and form a self concept, we in return present our self in such a way as we perceive that the other expects us to.   This can be positive or negative, based on the interaction. If the

other is role playing negatively, and telling us that we are worthless, our self concept will take on that role, and we will eventually present our self that way.

Our self presentation also leads to the definition of the situation. Therefore, if we believe that we are worthless, then we will continue to define the situation as such. This will lead us to a cycle that will continue to allow us to define our situation and our self in the same context as long as we continue to interact with the same individuals. Anselm Strauss (1969, p.59) addresses the complexity of this interplay, and acknowledges the ample room for error that might occur. Each person has the tasks of assessing about the other (1) his general intent in the situation, (2) his response toward himself, (3) his responses or feelings toward me, the recipient or observer of the action. Although these tasks are interrelated, one might be more accurate with one task than the other, thus allowing room for multiple errors. This concept is important to the understanding of why misinterpretations occur, and why certain acts of deviance continue.

Adult Socialization, Career Paths and Turning Points

The fact is that despite social policy changes and financial incentives, the shortage of nurse faculty worsens, I feel that there are more factors to take into account than those previously addressed in research. This is where *adult socialization, career paths* and *turning points* might play an important part in determining the cause, and perhaps developing possible solutions for the nurse faculty shortage.

The perspective of symbolic interactionism has been used in various areas to gain a better understanding of the interactions of others, and how those interactions come to influence our lives. Symbolic interactionist concepts which address the ongoing influence of social interaction include adult socialization, career paths, turning points and deviance. Socialization is based on the interactions between people, and deals with the transmission of culture knowledge. As

mentioned earlier, this is an on going and changing process. As we come into contact with different people in our lives, we interact, and sometimes change how we view the world around us. This is based upon turning points in our lives and how our significant others can change during these events.

As the child moves into adulthood, the usual significant other is the family. These are the people who the child and young adult have interacted with and gained an understanding of themselves through role taking and role playing. As a person grows, and becomes more interactive with the world around them, they are more likely to meet other people with other points of view. Some will go to college, others will start jobs, and others will become involved with other social groups. When this occurs, these will most likely create what is called a turning point in their life. It is at this time that their significant other will change, and new points of view on certain subjects are likely to change as well. As the adult interacts with these new significant others, they begin to role take, and role play in the manner of the new significant other.

Adult Socialization

Several studies have been done to assess this part of *adult socialization*. Howard Becker and Anselm Strauss (1956) wrote of adult socialization and career movements within work organizations. They noted that their sociological approach was to view the person as part of a social structure. In this view, the movement one goes through in a career is more developmental that merely filling a status. Becker and Strauss's (1956) paper examines career changes and how they might occur. They note that within the changes of a career in an institution, personal identity is ever changing, and that stabilities in the organization are dependent on the stability of the social structure, (Becker & Strauss, p. 263).

Occupations and professional careers have been a popular place for other such studies of socialization. These studies have looked at the socialization that occurs within a profession and how that socialization affects those within it. Sherlock and Morris (1966), demonstrated how professional roles are acquired through the process of socialization within institutions. They broke this socialization into steps: sponsorship, certification, apprenticeship instruction, didactic instruction, sanctioning, sequestration, and selection and attrition. Although this study was based on the dental profession, it most likely could be applied to other professions such as medicine; nursing and law, as each of these professions seem to do the same within their professions. What this study did that had set it apart from previous ones was that it looked at the socialization of the profession, not just the preparation of a professional. They noted that professional socialization, like adult socialization can gain us a better understanding of the dynamics of acquiring and relinquishing a role, (Sherlock, p. 28).

Howard Becker in his book *Outsiders*, looked at careers and deviance, but he also addressed professional occupations in that success in any occupation – deviant or conventional- is dependent upon finding a position for oneself in that influential group or groups that controls rewards within the occupation, and that the actions and gestures of colleagues play a great part in deciding the outcome of an individual's career, (p. 102).

Self-concept has also been addressed in early career development. Mortimer & Lorence (1979) looked at the occupational experience early graduates of a university and their occupational selection and socialization during their early careers. Findings of this study supported the model of socializing effects of work, such that occupational activities and demands continuously influence the developing adult personality, (Mortimer & Lorence, p. 320).

 Becker, et. al. (1961) underwent a landmark study on the student culture in medical school. The study, *Boys in White,* looked at the impact that socialization had within the University of Kansas Medical School. The question studied by Becker, et. al. was whether and how much the private and individual feelings of the students influenced or were influenced by the various lines of collective activity students engage in.

 Professional role development is felt to be an acquisition of a role. Sherlock and Morris (1969) described what they found as a process of professional socialization in their study of dental students. A similar process of commitment was found in a study of the military as a career choice (Tziner, 1983). This study found reasons for choosing the military as a career were related to the socialization within the military: the ranking, the awards, the organization of relationships, and the adjustment to the social position as time went on.

 Cole (1992) noted in a study on teacher development that becoming a teacher, like becoming a person, is a complex and ongoing process of personal and social interaction and interpretation. This interpretation was drawn from a longitudinal study of three teachers over a three year period. Information was gathered through interviews. What is interesting in this study is that it questions the efficacy of formal mentoring and the assignment of mentors - a concept that is being considered in all fields of work, including nursing and nurse education. The findings suggest that a natural occurring collaboration or relationship should occur in order to make the interaction more meaningful and beneficial.

 One study was found on professional socialization as it pertains to nursing (Tort DLitt et Phil, 1995). This study was done on nursing students and found that students identified more with married nurse educators and those with children. The study focused more on the relationships and modeling of the faculty to the students as part of the socialization process.

As stated earlier, I have found little research done as it pertains to the shortage of nurse faculty. Further review of literature shows that other professions like business, economics, and college faculty – all of who are facing similar issues of shortages - have focused more on the recruitment and retention issues. Studies of adult socialization are focused more toward the medical profession and are based out of sociology. Studies from nursing research are more focused on recruitment and retention issues based on job satisfaction.

Career Paths

One concept from the symbolic interactionist perspective especially useful to the present study is that of "career path". *Career paths* are considered any path to which an individual devotes all or part of his life. Symbolic interactionists use this term more broadly than its common usage of a particular occupational pursuit, especially of a professional or semi-professional nature. In symbolic interactionism, "career" refers to any chosen path of an individual and can include such paths as deviance. Howard Becker wrote of this extensively in his book *Outsiders* (1963). In this book, he looked at those who used marihuana and the socialization that took place into that deviant and illegal activity. As Becker pointed out, previous studies that looked at why people use marihuana looked for some type of predisposing trait that would motivate the user to engage in that behavior, (Becker, p. 41-42). Becker felt that this was not an adequate explanation for continued use. His research was in that of the career of the marihuana user. This research showed that through socialization – being taught how to smoke pot as well as it being acceptable to those around the user – actually encouraged users to continue. As this socialization takes place, new "norms" are formed.

Judith Levy and Tammy Anderson (2004) looked at the drug career of the older injector. Their study was based on the career of drug use as Howard Becker's was, but they focused on

why some older users continue as this did not appear to be the norm. Early studies had shown that the majority of drug users stopped by middle age. This study found that those who remained users in later life were committed either by choice or necessity to maintaining a drug career even in the face of personal anomie, (Levy & Anderson, p.255). The older users prefer to "age in place" by remaining in their familiar socio-environment where they know the rules and what to expect (Levy & Anderson, p. 256).

My review of the literature has only found two studies (Robinson, et.al., 1997 and the NLN, 2003) which examine career paths in nursing and these were with a nursing cohort and their plans at qualification and nurse faculty. Robinson's study was done in order to gain a better understanding of the work history of nurses as well as their future plans, which the authors thought relevant to retention. This study showed a 16% loss in nurses who left to study another occupation, left for family matters, or left to take another occupation. The actual reasons for choosing other occupations were not cited.

Lindholm (2004) did a significant study of the *Pathways to the Professoriate* that looked at the career paths of those currently teaching in various academic departments. Variables found were autonomy, pursuit of knowledge for its own sake, allure of the university work environment, earlier family experiences, undergraduate and graduate school experiences, and research.

Turning Points

Turning points are times in our lives when we meet someone or something occurs that causes a change in our life. Examples of such times are: college, marriage, death of a significant other, or a job change. Each of these events causes us to come into contact with others, interact with them and perhaps form significant relationships. Through these new relationships, we might alter

our course of life forever. This was seen in Lofland and Stark's (1965) research on joining cults. Jon Darling (1977) found this concept useful in his study of bachelors. Darling's research showed that the men he studied married later in life when a turning point had occurred. Such a turning point might have been the death of a parent who the bachelor was caring for, or changing jobs that allowed the bachelor to meet his new wife.

Anselm Strauss (1969) suggests that turning points are points in development when an individual has to take stock, to re-evaluate, revise, resee, and rejudge (p. 100). His examples of such a transformation include taking a risk that pays off such as a challenge that either self imposed or imposed by others. He also speaks of a critical experience of ambivalence when one surpasses the performance of a significant other. This can be seen in a son surpassing the social position of his father, or a student surpassing his or her teacher. Strauss goes on to say that to become successful, one must be able to surpass his or her models and departs from them (*Masks and Mirrors*, p. 97).

Turning points are points in one's life when there is a significant change that causes us to form new relationships, and new *significant others*, or those who we interact and form identification with. I have not found any research that explicitly addresses the concept of turning points as it relates to a change in the career of a nurse. Though she does not use this terminology, Lindholm (2004) did find areas that might be considered turning points in her study. Lindholm's study cited student's graduate school adviser and faculty as being very influential in determining their career path to the professoriate. She also noted that it was faculty at the undergraduate level that students met that influenced their pursuit of higher education. This caused a turning point in their life. For those professors who did not follow a direct career path to academia, they stated it

was experience and people who they met in their previous job setting that impacted their decision to enter academia.

In regards to this study and gaining a better understanding of what is involved in the decision making process for nurses entering academia I feel that it is not simply about satisfaction, but a combination of socialization, career paths and turning points as discussed above. These women did not simply make decisions based on financial gain, or job satisfaction. Their decisions were based on who they socialized with not only as teenagers, but as they became nurses and had families. It is through this socialization process that career paths are established, and significant others are met. The turning points or decision to enter academia is then through this process, not simply a decision based on job satisfaction. As stated earlier, pragmatically this means we just can't explain human behavior by looking solely at factors external to humans: instead we must seek explanation by examining what various environmental conditions mean to the human actors who encounter them.

Specific interview questions derived from symbolic interactionism will be discussed in Chapter 3. Below are major areas of conceptual concern which guided the initial formulation of interview questions.

Interaction with Others

This concern grew out of the symbolic interactionist concept of adult socialization. As we meet new people and socialize with them, we develop our personal identity. Identities are always evolving (Becker and Strauss, 1956). As we meet new people and socialize, our identity might change. As a clinical nurse becomes a preceptor or meets students and faculty on her clinical unit, her identity might change is such a way that inspires her to enter academia. This is a

process, not fixed or stagnant. Through the continuous interactions with others, humans are changing.

Role Identity

Within symbolic interactionism, role identity is identified with role play. As the adult interacts with new significant others, they begin to role take and role play in the manner of the new significant other. Through out our lives we come into contact with many people, some of whom have great impact on our lives. Initially it usually is our parents, but as we grow up those significant others change to spouses, teachers, bosses and friends. As our significant other changes, so might our role identity. There is no thought of being predestined in symbolic interactionism.

Self-Fulfillment

When looking at the process of career choices one particular theory of interest is the social learning theory. This examines person and environment interactions and their influences on career decision making. Symbolic interactionism states that we are in constant interaction with our environment and through this interaction we develop. If we take the concept of self-efficacy as it pertains to career choice we might see that how we perceive our ability to accomplish a task is developed from these interactions. Once we have perceived our ability as being positive, we then develop a sense of self-fulfillment.

Section Summary

Symbolic interactionism argues that individuals are not passive within their environment. Through interactions, humans are continuously changing. Not only should we view human beings in naturalistic terms, but we should see humans as being interactive with nature. This is a process, not fixed or stagnant. Through the continuous interactions with others, humans are

changing. This process includes: role taking, role playing, self presentation, adult socialization, career paths and turning points. All of these concepts help to explain how such interactions impact the human being.

Next we turn our attention to rational choice theory, which shifts our focus from social interaction to individual decision makers making rational decisions based on cost-benefit trade-offs of the opportunities presented to them by their extant environment.

Rational Choice Theory

Rational choice theory is at its core a simple action theory that is deemed useful because it allows us to understand how aspects of a social situation can influence choices and actions of individuals (Hedstrom, 1996). This theory is characterized by the assumption that the actor when deciding which course of action to take will choose the course that best satisfies the actor's interests an important fact of which is the desire to maximize benefits and minimize costs. Actions are based on interests, beliefs, and opportunities. Preferences are derived on the basis of an agent's location in a social structure (Satz, 1994).

Karl Popper (1994) argued that an individual's actions are to be explained with reference to the logic of the situation in which they occur. If we know what situation a typical actor is in, and if we made the assumption that the actor is rational, then we will be able to predict what he/she will do (Popper, p. 141).

Based on the premise that individuals act rationally and that choices are made based upon consequences, Ostrom (1991) found that history, institutions and culture were all important to that decision making process. Cornish and Clarke (1987) called this form of decision making "choice structuring". They determined that what seemed to be a rational choice to one group might not be to another – suicide, gambling, crime. They argued that choices were structured

from within the context they were made. This has also been found in studies of criminals (Maguire, M. 1980; Gabor, T. 1981; Cornish & Clarke 1987): those who choose to break the law do so based on a rational decision they have made given choice alternatives and social settings.

Friedman and Hechter (1988) argued that most rational choice models rely on conceptions of actors as purposive and intentional based on preferences. Rational choice theory in general was mute as to what these preferences are and where they came from. They found that sources of constraints were: society resources and social institutions such as family, church, government and school rules. Variations were: individual preferences and opportunity costs such as race, age or gender (p. 202). They went on to explain that opportunity costs and institutional constraints are more often the cause of variation in rational choice explanations than are preferences. Beekovan et.al. (2002) noted similar findings in their study of students and academic progress.

Existing research suggests the following are rewards nurses might seek to gain from their place of employment and which they believe they will gain in greater quantities from academic than clinical settings: job satisfaction, lighter work loads and better work hours, prestige, and self fulfillment. Three notable costs and constraints which may shape nurses' decisions to pursue an academic career include: financial gain of staying in clinical settings, additional educational requirements, and family obligations. In addition, interactions with others provide an important contextual factor which influences how people assess their probable success in pursuing particular types of rewards. Each of these potential rewards, costs and constraints, contextual factors is discussed below.

Potential Employment Rewards of Academia

 Satisfaction within the Workplace

Another aspect of job satisfaction that has been researched is that of satisfaction within the work place. This has been explored more thoroughly within the setting of nursing, but less in the faculty setting. Goodin,(2002), found in her review of literature on the nursing shortage that job satisfaction was one aspect of the shortage that had been extensively studied. The NLN's 2003 survey found that themes in clinical nurse's interviewed on job satisfaction were: opportunity for growth, autonomy, and professionalism. In doing a review of literature, it became clear that there is a gap in the literature that provides an understanding of why some nurses choose the world of academia, why some stay and why others leave. Research indicates there has been dissatisfaction in the clinical setting related to physician-nurse relationships, nurse-nurse relationships and pay.

Lighter Workload and Better Work Hours

In the clinical setting research has noted that nurses are generally unhappy with their workload as it pertains to the number of patients nurses are required to care for in the hospital setting. Studies have also shown that there is dissatisfaction in work hours as it pertains to shift work, holidays and weekends (NLN, 2003). Unfortunately at the entry level of clinical nursing the majority of nurses work in the hospital setting. This might be a reason that nurses choose to enter academia. They see academia as a Monday through Friday job with weekend, holidays and summers off. They also might think that academia offers a more flexible schedule that can be adapted around family obligations.

Because of the shortage of doctoral prepared nursing faculty, schools have opted to hire temporary faculty. In doing this, there has been an increase in the workload placed on the full time faculty (Hinshaw, 2001). The hiring of temporary faculty helps ease the burden of clinical

teaching, but has meant that the Tri-partite mission of the academic career (teaching, research and service) has to be carried out by fewer individuals (Hinshaw, 2001). The fact that the temporary faculty have the opportunities to the same pay and benefits, but do not have the same expectations that academia has placed on the tenured faculty has led to some conflicts within the profession of nursing. Twenty-five point nine percent of nurse faculty in the NLN survey (2003) noted workload to be a reason to be faculty, while 50.5 percent reported it as a reason to leave.

Prestige

Nursing has not always been considered to be a prestigious profession. As mentioned earlier, nurses in the 18th century were considered handmaidens (Holder, 2004).. Today nursing continues to struggle with professionalism and acknowledgement. Advanced practice nurses (nurse practitioners or nurse anesthetists) continue to be called "physician extenders". Academia has long been considered a prestigious setting. The Professor has been looked at as a knowledgeable person who not only students but community members respected (Lindholm, 2004). Leung & Plake (1990) noted that prestige was important when students were making career choices.

Self Fulfillment

Self fulfillment is considered making a choice top fulfill ones own needs. It is not necessarily being selfish. One can make a choice to enter academia based on the fact that it makes the person feel better about what they are doing with their life and career. Many times nurses in the clinical setting begin to feel stagnant. Moving into academia allows them a different way to use their knowledge and skills while continuing to remain in nursing. In rational choice this could be considered an individual reward.

When looking at career paths, vocational professionals have studied why people choose certain paths. Baruch (2003) notes that careers have been transforming over the years he reports that we are now looking at a concept of a protean career idea. Initially careers were driven by organization; today individuals drive their own careers. The protean person's own personal career choices and search for self-fulfillment are the unifying elements in his or her own life (Baruch, 2003, p. 65).Researchers in this field are now looking at what drives an individual's career decision. Hall and Mirvis (1995) studied older workers and the impact that this protean career had on them. They found that this concept could actually work in favor of the older worker. With external constraints being minimized (young children), this worker can focus on internal drives such as self-fulfillment.

Family Obligations

When making career decisions it has been noted that family obligations are more important to women than men. Maume (2006) noted in his study that women imposed more job tradeoffs than men. The characteristics of children and husbands were consistently associated with women imposing restrictions on their work efforts for family reasons (p. 867). This means that women are more likely than men to work part time, or work their careers around children.

Employment Costs and Constraints

Financial Gain

Higher compensation in clinical and private-sector settings takes current and potential nurse educators away from teaching (AACN, 2007). According to the 2006 salary survey done by *The Nurse Practitioner*, the average salary of a masters-prepared nurse practitioner is $72,480. By contrast, the AACN reported that the average salary of an associate professor was $58,249. A new graduate with a BSN working patient care earns an average of $50,000 (Whitlinger, 2004).

A number of opportunities provide better financial compensation and render faculty salaries noncompetitive (Hinshaw, 2004). These include administration, clinical research positions and corporate entities. A study by the AACN (2000) showed that 22.5 percent of those surveyed did not plan on teaching once they received their PhD in nursing. The NLN's satisfaction survey (2003) found that salary played a very low part in choosing academia (11.8 percent) as a new career, but a very large part in remaining there (59 percent).

Additional Educational Requirements

As mentioned earlier in this chapter, nursing at the entry level has various degree options. At the undergraduate level, a nurse entering the clinical setting might have a diploma, an associate's degree or a bachelor's degree. In order to enter academia, faculty must have a minimum of a master's degree according to the accrediting bodies. However, most universities require a terminal degree for tenure track positions. The average time it takes to obtain a Ph. D. in Nursing is six years, and the average cost of that degree is between 40-60 thousand dollars (Education Portal, 2011). Because of the late age nurses are deciding to enter academia, this places an added constraint on them.

Contextual Factors: Interaction with Others

As mentioned earlier rational choice theory is at its core a simple action theory that is deemed useful because it allows us to understand how aspects of a social situation can influence choices and actions of individuals (Hedstrom, 1996). This theory is characterized by the assumption that the actor when deciding which course of action to take will choose the course that best satisfies the actor's interests. Actions are based on interests, beliefs, and opportunities. Preferences are derived on the basis of an agent's location in a social structure (Satz, 1994). This social situation includes interacting with others. It is through these interactions individuals will form interests

and be awarded new opportunities. Also, some individuals obtain intrinsic rewards from being in a work situation where they can engage in positive interactions with others.

When looking at career choice as a rational decision making process, one must take into account the socialization process and individual encounters over his/her lifetime (Blossfield, p 82). Frank Parsons (Hartung and Blustein, 2002) who is well known in the field of career counseling developed a model in 1909 that is used today. This model calls for three broad factors to the wise choice of vocation: (1) a clear understanding of yourself, your aptitudes, abilities, interests, ambitions, resources, limitations, and their causes; (2) a knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work; and (3) true reasoning on the relations of these two groups of facts. This is what is said to be a true rational choice model - one that is based on reason, logic, objectivity, and independence (p. 43).

Interactions with others also help individuals identify potential costs and benefits of possible courses of action, and helps individuals to assess their probability for success. Individuals are likely to be far more hesitant about incurring the costs of career changes if they have no idea if their sacrifices will "pay off" down the road. Receiving encouragement from knowledgeable others that they do indeed "have what it takes" to succeed changes rational calculation of costs and benefits by increasing an individual's confidence that current costs will yield actual rewards down the road.

Section Summary

Rational choice theory argues that humans opt for those courses of actions they believe will yield the highest benefit at the least costs. Rational choice theory seeks to explain how people determine what they want, and why they consider one thing a reward and something else is not.

Some economists have argued that decisions are based on individual reward; others have argued that the choice is not of the individual alone, but taken within a social context. It is because of these arguments that rational choice theories have grown in complexity (Blossfield, p. 181).

Studies pertaining to the career choices of nurse faculty continue to be limited. As stated earlier, these studies primarily focus on job satisfaction. They do not focus on the actual choices made and why they were made. Given this gap, important factors as to why such choices are made might be missing. Using a qualitative study allowing the nursing faculty to voice their decision making process will lend better insight to what factors influenced their decision to enter academia.

We turn our attention now to the final theory examined in this chapter – feminist theory. As previously noted, the majority of both nurses and nurse faculty are women. Important implications of this fact have already been hinted at, for example work loads and better work hours, which can be more easily combined with the family obligations. With feminist theory, such gender-based considerations take center stage.

Feminist Theory

The term Feminist Theory is used to refer to a myriad of kinds of works, produced by movement activists and scholars in a variety of disciplines. In the United States and other advanced industrial countries second-wave feminist scholarship developed in response to the rigid sexual division of labor and limited rights and opportunities afforded women in the post-World War II era. This system of gender stratification was legitimized by the leading social theorists of this time, Talcot Parsons. Parsons considered the asymmetry between men and women's education as being necessary for the good functioning of society, which require a specialization of labor, with men in aggressive-instrumental roles and women in nurturing-

expressive roles in the home (Stromquest 1990, p. 140). Through the reactions of feminists to his theory, feminist theory developed.

Feminist theories overtime have shown a divergence of ideas, commonly divided into three distinct classifications or camps: liberal, radical, and socialist (Stromquest, p. 143). The liberal perspective is dominated by the sex-role socialization paradigm. In this paradigm, it is felt that women have been socialized into having lower level of educational aspirations, and the availability of education has not taken into account the interest of women or their time constraints. According to liberal feminists, the number of women in higher education and their concentration in only a few fields is a result of this socialization (Stromquest, p. 143).

This was also seen in a study done by Harry Martin and Fred Katz (1961). This study not only looked at how professional schools develop an occupational culture, but how they maintain and reinforce the student's motivation at a level that assures successful completion (Martin & Katz, p. 106). This study examined the differences between male and female student's socialization in a professional school. This study emphasized how socialization of women differs from that of men due to the constraints that society puts on women. The aim of the study was to determine if these expectations of society were seen as a threat or potential threat to the professionalism of the women studied. The study pointed out that nursing as a profession has an added dilemma to increasing professional commitment from its students.

Student nurses described nursing school as placing too much emphasis on dedication to nursing. Freshman and Sophomore students felt the strongest in regards to this. The students also reported that they preferred faculty who were married. They reported that when reviewing nursing's history during their first year, it was noted that the pioneers of nursing were not married and that this fact actually made them question nursing as a career choice. Nursing

students were also questioned as to where they saw themselves five years after graduation. Students at all levels (60%) reported that they wanted to be married and working part-time as a nurse. These findings reinforce earlier studies showing that men are more likely to hold their job/career/profession as a priority, but women prioritize marriage and children above their career.

Radical feminist perspective considers that the main cause of women's subordination originates from power relations based on sexual differences (mainly women's ability to conceive and give birth). The primary institution of concern for radical feminists is patriarchy, a system where men are granted systematic control over women's lives and bodies. For this perspective, the perpetuation of women's subordination occurs via a strong defense of the family as a core unit in society and religious and legal sanctions that preclude women's ability to exercise control over reproductive decisions (Stromquest, p. 145).

The social feminist perspective sees an interconnection between ideological and economic forces, in which patriarchy and capitalism reinforce each other (Stromquest, p. 146). This perspective sees the family as a source of oppression that is constantly reinforced by conditions in the labor market, and which serve the interests of men in both the working and capitalist classes. Working class men benefit from women being assigned motherhood and domestic roles within the family, as it frees them from noxious and tiresome duties like cleaning out toilets or doing laundry, increases their leisure time (since they are not responsible for most household and childcare shores), and increases personal prestige and feelings of superiority (as men are considered the head of the household). Capitalists benefit from this arrangement as it provides for the maintenance of an inexpensive and surplus pool of labor.

Feminist theory involves a multitude of directions of study. For the purpose of this dissertation, the focus will be on issues of gender and how they relate to professional decision making. To date, studies have focused on why women make the decisions they do as it pertains to their professional life. A key theme in this literature, drawing on liberal feminism, is the sex role socialization that influences women's behavior and choices (Morgan 1999, p. 126). Evetts (1988) defined gender socialization theory as gender differences in values, interests and thought processes, which are socially produced and reinforced across the course of life rather than innate-causing women to seek professions that are gender appropriate (p. 232). Ridgeway (2001) refers to gender as being more than a trait, but is an institutionalized system of social practices. This system is deeply entwined with social hierarchy and leadership because gender stereotypes contain status beliefs that associate greater status worthiness and competence with men than women (p. 637).

Gender socialization in turn causes women to make career choices based on their perception of their role in life. Research has shown that despite public and policy formation, women continue to make decisions based on this socialization process. More women are entering the work force, yet continue to feel they have the obligation of caring for the family and house hold chores (Evetts 1988, Proctor 1999, Solera 2004, Armenti 2004, McDonald 2006, Ray working paper). Because of this, women continue to struggle with a dual career – inside and outside the home (Morgan, 1999). Despite this struggle, Morgan sites that there is a growing number of women with children entering the workforce – 70% in 1999 as opposed to 30% in 1960.

The increase in numbers of women entering the workforce has encouraged other researchers to focus on the choices women make as to what profession to enter. Song (2001) found that maternal influences on the development of daughter's career choices outweigh other factors

encountered in school. The findings of this study showed that the mother's influence on the daughter's self esteem directed the daughter toward nontraditional choices of profession (p. 81). Others (Simpson 1994, Smith 2000, Evetts 2000, Hull 2000) found that there continues to be gender differences in certain professions despite public and institutional policies.

Smith (2000) found that women are socialized away from the technology field at an early age. Socialization factors that were found to have a positive impact on women entering the technology field were: role models and mentors, same sex models, and collaborative and cooperative learning environment. Evetts (2000) found that the difficulties in women working in the engineering field were not in managing the technology, but lay within the gendered process of the organizations. Promotion into management meant choosing between family responsibilities and career (p. 285). Hull (2000) found that despite the increase in numbers of female lawyers (3% in 1971 to 25% in 2000), those entering partnerships continued to be primarily male due to a family – career conflict.

In academia, studies show that women professors encounter more obstacles than men in obtaining full membership. Armenti (2004) reports that women with children experienced two types of barriers: child-related time crunch and career-related time crunch. Ward & Bensimon (2002) found that women are more likely than men to extend or suspend their graduate school careers, wait to join the professoriate, or attempt to stop or slow the tenure clock.

To date little research can be found on this theory and a nurse's choice to enter academia. It does stand to reason that with the majority of nurses being female, these same findings might be true in the nursing profession. Drawing from the Feminist Theory allows us to understand how women are socialized into certain decisions based on gender. Girls and women are socialized to be more caring, therefore they are encouraged to enter into a field that provides care and service

– nursing, teaching, secretarial work. Boys and men are rewarded for being tough, unemotional, and competitive. Women are expected to put family first then career; men are expected to be career oriented.

The majority of caregivers are women. Stroller (1994) noted that men and women have different meanings of caring. Men tend to be more task oriented, women tend to submerge themselves and form a connection to the one they are caring for. Thus explain why women have difficulties setting limits. Women suffer distress when they are unable to provide all the care needed, yet they continue to provide this care despite competing demands of family, work and community responsibilities.

Patterson (1994) analyzed caring in nursing education. Caring has been widely explored as it pertains to nursing in the clinical setting. She notes that caring has been cited by many authors as the core value of the educator-student relationship (p. 164). What literature has shown is that there is a mother role as a teacher. In an earlier study she did (1990), Patterson found that teachers experienced conflict in their caregiver role and experienced somatic signs of grief when they had to fail a student.

As nurses move from the clinical setting to academia, they acquired a new role which most likely required them to relinquish at least one existing role. It is important to understand the conflicts this might have caused as this might be one reason nurses are so reluctant to enter academia.

Interaction with Others

The majority of nurses and nurse faculty are female. Therefore, most interactions that occur are between women. As these women interact with each other, they realize they have lived similar lives. Most have families and most have pursued their careers. Their interactions have

formed a type of support system, a sisterhood. It is from the support and encouragement that they receive from each other that they might have found the strength to pursue their career in academia.

Specific interview questions derived from the feminist perspective will be discussed in Chapter 3. Below are major areas of conceptual concern which guided the initial formulation of interview questions.

Family Obligations

Family obligations are gender related. This has been found in studies previously mentioned. When women are making decisions as they relate to work, they take into account their family (husband, children, and aging parents). O'Connell (1989) noted that despite women moving into nontraditional professions, women continue to plan for traditional family life.

Role Identity

Individuals have many social identities that maybe donned or shed, muted or made more salient depending on the situation (West, p. 139). West used the example of physicians, when referring to a female physician, it is said as "woman physician", when referring to a male physician, it is said "physician" due to the stereotyping of physicians as being predominantly male. This stereotyping leads female physicians to be singled out and evaluated in a more harsh way than the male physician. The female physician is under pressure trying to prove that she is essentially a feminine being, yet she is held back from participating in certain clinical activities because of this. She is also striving to prove herself as a mother and wife, thus causing a role conflict.

Better Work Hours

Better work hours can be seen in conjunction with family obligations. Clinical nursing often requires working shift work and weekends. Hospitals are open 24 hours a day, seven days a week and 365 days a year. Thus, nurses are required to work summers and holidays when their children are out of school. In academia, weekends are off as well as teaching time, hours in academia can be more flexible when needed. Office hours can be changed and prep work can be done when needed.

Previous Job Satisfaction

Previous job satisfaction is related to work hours and treatment of others in the work place. Nurses are not always treated well by physicians as noted earlier, and the work hours in the clinical setting are not always conducive to families. Thus job satisfaction is poor making the transition into academia look more enticing.

Section Summary

Feminist theory involves a multitude of directions of study. For the purpose of this dissertation I have discussed issues of gender and how they relate to professional decision making. Sex role socialization has played a key role in influencing women's behavior and choices. Through this socialization process women tend to seek professions that are socially acceptable – teaching, secretarial work and nursing.

Social distinction- whether a personal attribute (e.g. gender or race),or a role (e.g. motherhood), becomes a status characteristic when widely-shared cultural beliefs develop that associate greater status and expected competence with one category of the distinction rather that the others (Ridgeway 2004, p. 684). Fuwa (2004) found that patriarchal authority and cultural strengths vary within and between societies. When taking a gender role approach in that men and

women are socialized to conform to socially constructed gender roles, housework is divided accordingly.

West and Zimmerman (1987) in *Doing Gender* wrote that doing gender involves a complex of socially guided perceptual, interactional, and micro political activities that cat particular pursuits as expressions of masculine and feminist natures (p. 126). Gender socialization in turn causes women to make career choices based on their perception of their role in life. Research has shown that despite public and policy formation, women continue to make decisions based on this socialization process.

Despite the fact that more women are entering nontraditional profession, they continue to pursue traditional family roles. The role of the mother, wife and caregiver continues to be a significant part of their life, many times causing conflict. As women make career choices they strive to make choices that will minimize such conflict. In order to gain a better understanding of this one could understand the impact that adult socialization, significant others and turning points have on the decision making process for these women. These concepts are included in symbolic interactionism.

Conceptual Framework

In order to gain a better understanding of the reason why nurses wait to enter academia, and why policy making has not been successful, one could use the theories of Rational Choice, Symbolic Interactionism, and Feminist Theory.

Symbolic interactionism helps us to understand how an individual is ever evolving. Through interaction with others, we redefine who we are. As this occurs, we make decisions based on those who are significant to us and the feedback we receive from them. It is important to gain

further understanding of the impact that the following has: interaction with others, role identity, and self-fulfillment have on the decision to enter academia.

Rational choice theory is one way to help explain how, when and why these decisions occur. The important thing to remember is that one cannot take the decision making process out of context. We must look and understand what was occurring at the time the nurse was making the decision to enter academia. With that understanding we can gain insight to the importance and/or lack there of: financial gain, job satisfaction, lighter work load, prestige, self-fulfillment, and interactions with others. We can also gain a better understanding of whether additional education requirements and family obligations are a constraint or a driving force for such a decision.

Feminist theory will help us determine if nurses are indeed socialized into a caring career as most are women, and how that in turn impacts decisions for entering academia. Whereas literature has shown that women are socialized to "care", and in turn are expected to take on a caring role in their professional and family lives, we are expected to continue to care as professors. We can also understand the impact gender related issues have on the decision making process to academia. Through interaction with others, we gain further insight to the importance our work relationships are. As these women work with other women they form relationships. These interactions might become very significant as career decisions are made. We can also gain further insight to the importance of: family obligations, role identity, better work hours, and previous job satisfaction as they pertain to gender related issues.

It is important to note that several factors identified in the concept map (see Appendix) link to more than one theory, though, as explained above, the emphasis of each theory is different. Thus, for symbolic interactionism "interaction with others" refers to the ways in which new and continuing interaction shape and change the interpretations we give to ourselves and others. For

rational choice theory "interaction with others" emphasizes the potential rewards of such interaction, and the impact such interaction may have on how we weigh the costs and benefits of the options confronting us. When we turn to feminist theory, this concept draws our attention to the gendered nature of social interaction, as seen, for example, through gender socialization but also through support networks formed by women.

 It is also important to note that these theories do have overlap. Socialization in the form of interacting with others is one significant place. As this research project progressed, the complexities of thee women's lives and career trajectories made understanding these points of overlap imperative.

Chapter Summary

With the review of the history of nursing one can see that there are a variety of degrees offered in nursing. We can also see that with these degrees, nurses have a variety of options pertaining to career choices. This dissertation is focused on the career option of academia. With the United States facing a major nurse faculty shortage that greatly impacts the current clinical nurse shortage it is imperative that we understand the trajectory these faculty take to enter academia and what impacts their decisions.

The theories of rational choice, feminist theory, and symbolic interactionism are being used to address the various concepts that are important in the decision making process of entering academia. Through the understanding of the importance of these concepts we can gain better insight as to why nurses wait until they are older than the average faculty who enter academia and might better initiate policy that will have a better impact on increasing the number of nurses entering academia.

CHAPTER THREE

METHODOLOGY

The purpose of this study was to explore with 22 nursing the trajectory of events which lead them to academia, the meaning of this journey to these nursing faculty, and the factors that facilitated and inhibited this journey. It is anticipated that the information discovered through these interviews might be used to enable R.N.'s who are interested in entering academia to do so in a timelier manner either by enhancing those things that encourage their choice to enter academia or by alleviating those things that inhibited them during the process.

This chapter will cover the research sample, research design overview, the data collection methods, data analysis and synthesis, ethical considerations, and issues of trustworthiness.

Research Sample

The majority of Nurse Faculty are white and female (Department of Labor and Statistics, 2006): however, I did attempt to interview minority faculty as well in order to gain richer information. The subjects were selected randomly from various schools of nursing across the state – a random sample was obtained from: ASN and BSN Programs. Criteria for participant inclusion in this study is that nursing faculty had to be tenured or tenure-track, as well as full-time. Part-time and temporary faculty were excluded from this study.

Sample selection was from: Diploma, ASN, and BSN programs. According to the United States Department of Labor Statistics (2006), there are currently 1,629 Schools of Nursing in the United States. The break down is: 4% Diploma, 52% ASN, and 44% BSN. Based on a sample of 40 faculty, the representative sample would be: Diploma – 1, ASN – 21, and BSN – 18. I contacted: Clarion University of Pennsylvania (ASN – 5 interview participants requested), University of Pittsburgh at Titusville Pennsylvania (ASN – 5 interview participants requested),

Lock Haven University of Pennsylvania (ASN- 6 interview participants requested), Butler County Community College of Pennsylvania (ASN-3 interview participants requested), Westmoreland County Community College of Pennsylvania (ASN-3 participants requested), Indiana University of Pennsylvania (BSN – 6 interview participants requested), Edinboro University of Pennsylvania (BSN – 6 interview participants requested), and Slippery Rock University of Pennsylvania (BSN – 6 interview participants requested). I requested list of Nursing faculty who were fulltime tenured or tenure-track. From that list, I randomly choose faculty to invite into the study.

Saturation

Initially it was planned the 30-40 interviews be conducted, however once saturation was met, interviews were stopped at 22. Saturation is the repetitive nature of themes found during the interview process, it is felt that once this occurs, and nothing new is found the interview process can be stopped (Tuckett, p. 49). Although one could argue that saturation was met earlier, I felt that the stories these women were sharing were important and continued to a total of 22 interviews, and that having this number of interviews allows for a better generalization of the findings.

Research Design Overview

Rationale for Qualitative Study

Qualitative research is the method often used by Symbolic Interactionist and Feminist Theorists. It allows people to tell their stories. Most of the research on job satisfaction has been quantitative in nature. Although the research to date has yielded valuable information, it has not told us everything we need to know. Qualitative research on the subject of why some nurses

choose to leave clinical practices for less lucrative academic careers will help to compliment this research by addressing some of these shortcomings

Stanley and Wise (1983) called for a feminist social science, a science which 'should begin with the recognition that the personal direct experience underlies all behaviors and actions'. They go on to say that women need to find out 'what it is that we know and what it is that we experience, we need to reclaim and rename our experiences and our knowledge of the social world we live in and daily construct' (Hagell, p. 230).

Hagell (1989) argues that this is due to the fact that the actual life experiences of the nurses have been ignored. Based on this, I began this research by proposing that in order to gain knowledge that is not taken out of context, nurse faculty need to be able to tell their stories. In order to gain a more precise understanding of why they decided to enter academia, what has made it difficult for them, and what has been positive, we need to talk to them. At this point in time, research into this problem has been limited. Data has been gathered in the form of demographics, and surveys generating information based on variables assumed to be important have been our only means of knowledge to generate policy. Yet, the problem of the nursing and nurse faculty shortage continues to worsen. It is hopeful that this new knowledge might lead us to a better understanding of the career decisions nurses are making and why.

In order to gain a better understanding as to why the average age of a nurse entering academia is 47 years, a qualitative approach was used. Weber (1957) argued that we need to look not only at what people do, but also at what they think and feel about what is happening to them. This meaning or interpretive dimension can not be adequately captured through objective, quantitative measurement techniques (Monette, et. al., p.39).

A qualitative method in the form of an interview was used in order to attempt to gain access to the personal, subjective experiences of the nurse faculty participants. It was felt that due to the lack of research on this subject, interviewing the current faculty might help us gain a better understanding of the current nurse faculty shortage. Again, relating to the fact that very little research has been done in relation to the underlying cause or causes of the nurse faculty shortage, this study is exploratory in nature. Interviewing allowed more probing questions and further explanations from the participants than a questionnaire might allow.

Maxwell's Interactive Research Design Model

Joseph Maxwell designed a model of qualitative research to provide up-front direction to qualitative research projects while at the same time providing the possibility for some flexibility as inductive insights develop over the course of the study. Maxwell reports, "design in qualitative research is an ongoing process that involves tacking back and forth between the different components of the design, assessing the implications of goals, theories, research questions, methods, and validity threats for one another (p. 3).

This interactive model as Maxwell called it has definite structure, but describes how the components are interconnected and flexible (Maxwell, p. 3). These components are: goals, conceptual framework, research questions, methods, and validity. These components are not unique to Maxwell, what is unique to his model is the way the interactions of these components are conceptualized. Maxwell (p. 5) suggests that research questions should have a clear relationship to the goals of the study, and should be informed by what is already known about the phenomena being researched and the theoretical concepts that can be applied. Decisions related to the theory and knowledge is dependent upon the goals and questions- making the research questions the heart of the model.

In this interactive design, Maxwell reports two areas of interaction (p.7). First is the design model as described above with all components having implications for other components. Second, the design of the qualitative study should be able to change in response to the circumstances under which the study is being conducted. This meaning that as a situation might change within the study, it might result in the change of goals, research questions and design

Data Collection Methods

The Interview Guide

The interview guide was developed to elicit information to help me address the value of Rational Choice Theory, Feminist Theory, and Symbolic Interactionism in understanding my topic as well as demographic information. Since in-depth qualitative interviews are designed to elicit stories from respondents, questions are designed to point respondents in the direction of a particular interest but also allow respondents a fair amount of latitude in answering the question. For this reason, it was anticipated that some of the interview questions would likely elicit information pertinent to more than one on the theoretical perspectives in the research (rational choice, feminist theory, symbolic interactionism). Maxwell (p. 75) suggested qualitative researchers focus on three type of research questions: (a) questions about the meaning of events and activities to the people involved in these, (b) questions about the influence of the physical and social context on these events and activities, and (c) questions about the process by which these events and activities and their outcomes occurred.

1. When and where did you receive your nursing degree? **(demographic)**
2. What is the highest degree your currently hold? **(demographic)**
3. What is your current position? **(demographic)**
4. In what year did you become full-time faculty? **(demographic)**

5. What did you do between the time you received your initial nursing degree and you became a full-time faculty? **(Primarily feminist theory)**

6. When did you first starting thinking about becoming a nurse? **(Primarily feminist theory)**

7. Is there any time when you were young that you considered doing something else in your life besides nursing? **(Feminist theory, rational choice theory, symbolic interactionism)**

8. Have you ever considered leaving nursing? **(to gain information as to any regrets in the decisions made and why)**

9. Did you see university teaching as an option early in your nursing career? **(Primarily feminist theory)**

10. What would you define as your first concrete steps that you took toward becoming a nurse faculty person? **(Primarily symbolic interactionism)**

11. Approximately how much time elapsed between the time that you first thought about becoming nurse faculty and you took that first step? **(Rational choice and feminist theory)**

12. During the time that you were thinking about becoming a nurse faculty, what things did you take into consideration when you debated leaving the clinical setting and entering academia? **(Rational choice and feminism)**

13. Now, I am going to give you some probes here and tell me maybe if any of these came to mind as you were making the decision : **(Rational choice and feminism)**
    Prestige
    Previous job satisfaction
    Financial gain
    Self fulfillment
    Better work hours
    Family obligations
    Wanting to leave a legacy

14. During this time when you were considering leaving the clinical path and going the educational route, did you receive any encouragement for that decision to enter academia? Did you receive any discouragement? **(Symbolic interactionism, feminism, rational choice)**

15. Describe for me your transition into academia, from the clinical setting into

that setting, as far as what difficulties did you meet up against, what made it easier, any surprises that you weren't forewarned about or hadn't thought about.**(Primarily rational choice)**

16. Do you feel that clinical experience is necessary to teach nursing? **(to determine if continuing to work the clinical setting for experience is a factor that increases the difficulty for the academic job)**

17. If pursuing a terminal degree was mandatory for your job, would you do it? **(Primarily rational choice)**

18. Would you mind telling me your date of birth? **(demographic)**

19. How would you define your racial or ethnic identity? **(demographic)**

Conducting the Interviews

The faculty were contacted via phone call, with an option to meet me in person if requested prior to the interview. At that time if the faculty was willing to be interviewed an appointment was set up. The interviewee was given the option of the best place and time in order to allow more comfort. All interviews took place at the participants' work place except for one who was interviewed in a restaurant. Interviews were conducted during the summer months when most faculty are off contract, and less busy with courses being taught. Interviews were held at a place suggested by the participant to allow for their comfort, yet a quite neutral place was suggested.

The interviews lasted averaged one hour in length, although two lasted one and one half hour. Four of those interviewed cried during the interview. This was an unanticipated development. The crying took place during the participant telling their trajectory from their initial R.N. degree to when they became fulltime faculty. The interviews allowed me to create a dialogue with the participants in a way to converse with them. Our similar career paths as well as current careers also helped to benefit our relationship.

The interviews were nonscheduled-standardized interviews (Appendix B). This type of interview allowed for core questions to be asked of all participants, yet remained conversational allowing for probing or rephrasing to occur (Monette et. al., p. 172). The interview was recorded, and then transcribed.

Data Analysis and Synthesis

The taped interviews were transcribed by a hired transcriptionist. Transcribed interviews were assessed for common themes. Common themes were then grouped as to their frequency. It is believed that in order to understand the reasons for entering academia can not be taken out of context of those interviewed; therefore there was line-by-line reading looking for processes, actions, assumptions, and consequences (Denzin & Lincoln, p. 275). Memos were kept in regards to the coding process in order for others to better understand the process that took place should there be any question.

Initially the transcribed interviews were coded according to theoretical themes with the use of my original concept map. After that it was apparent that there was data that appeared that was not anticipated. At that point the transcribed interviews were again evaluated and coded based on the trajectory these women took as the entered academia. All questions were reviewed for similar information. An example of this is job satisfaction. Not only the question regarding job satisfaction yielded information, but information regarding job satisfaction was found through out the interviews. Thus, I did not focus on questions alone to code by.

Ethical Considerations

IRB approval was received prior to beginning the interview process. Risk of harm to the participant must always be considered. When developing the interview questions, I determined that information gained would not be detrimental to the participants' careers. Some of those

interviewed were my colleagues, I was clear to them as well as others that anonymity would be maintained throughout the process as each was assigned a number.

Issues of Trustworthiness: Credibility and Dependability

Trustworthiness represents the qualitative approach to validity. It is the degree to which we can depend on and trust the given research findings. This is done through establishing credibility and dependability.

Credibility in qualitative research is established when the data is consistent and cohesive rather than scattered and contradictory (Shank, p. 114). This will be seen in Chapter Four with the data analysis. Credibility is also improved if multiple data sources tell you the same thing (Shank, p. 114). This is addressed with saturation. Dependability refers to our ability to know where the data in a given study comes from, how it was collected, and how it is used. This has been described in depth earlier in the methods section. An audit trail was kept and member check did occur.

Both interview and theoretical triangulation were used to enhance credibility. Triangulation is normally known by the process of converging upon a particular finding by using different sorts of data (Shank, p. 113). Interview triangulation was achieved by using a diverse sample of faculty to be interviewed. The faculty taught at different levels of nursing education as well as worked at different colleges and universities. Theoretical triangulation was used by taking themes from the interviews and using theory to compare. Using the theories of Rational Choice, Feminist, and Symbolic Interactionism, we can gain a better understanding of why these nurse faculty made the decisions they did when entering academia.

Researcher bias is transparent as noted earlier; I am considered the "norm" as a nurse faculty person. I am living the experience of making the decision to enter academia at a later age. I used

member checks in order to determine if my analysis of the interviews were biased. I shared analysis with my colleagues as interviews were transcribed in order to determine this. Due to time constraints and location this was done on six of the interviews.

Inter-rater reliability was also used to assess for bias. I am part of a Ph.D. co-hort, and asked for two volunteers from other Ph.D. cohorts to review two interviews and code them. Two doctoral students who have taken qualitative research classes volunteered. Although these students were not in the nursing field, they did have experience with coding qualitative research. Their coding was then compared to mine to determine reliability. Inter-rater reliability scored at 85%. Their objectivity helped to limit my bias and lent credibility to my study.

Chapter Summary

In summary, by using qualitative research methods in the form of an interview to study the trajectory these nurses took entering academia we will gain a better understanding of what encouraged their decision and what discouraged their decision. With these findings it is hoped that future policy making efforts might alleviate those things that inhibited them from entering academia at an earlier time in their career as a nurse- helping to alleviate the nurse faculty shortage.

Through the use of coding of common themes found in these interviews, and the application of rational choice theory, feminist theory, and symbolic interactionism we can further understand the findings of this research. Trustworthiness of the study has been established through dependability and credibility.

CHAPTER FOUR

DATA ANALYSIS

The purpose of this qualitative study was to explore with 22 nursing faculty the trajectory of events which lead them to academia, and factors that facilitated and inhibited this journey. It is anticipated that the information discovered through these interviews might be used to enable R.N.s who are interested in entering academia to do so in a timelier manner either by enhancing those things that encourage their choice to enter academia or by alleviating those things that inhibited them during the process.

Demographic Information

Of the 22 faculty interviewed: 10 had terminal degrees- 9 Ph.D., and 1 D.Ed., the rest were master's prepared (12) of which 5 were pursuing their terminal degrees. The level of education reported by study participants are consistent with the findings of previous studies showing that only 45% of those interviewed held a terminal degree (Hinshaw, 2001; AACN 2007). All were female and white. Of those interviewed 21 had left higher paying positions for academia.

The average age of the interviewees was 53 years of age; the average age entering academia fulltime was 42. Although the average age of these participants was lower than the national average of 47 years for nurses entering academia (AACN, 2007; NCES, March 2008), it should be noted that three were in their twenties when they began their academic career. This coupled with a limited number of interviews could account for the discrepancy.

The trajectory these women took revealed quite similar courses. The average age of obtaining their initial degree was 24 with only two obtaining their degree after the age of 30. This indicates that most (19) obtained their degrees right after high school. The average age of these women entering academia fulltime was 42, thus making their average trajectory 18 years from their

initial degree to entering academia. During this time, these women married, had children, worked and advanced their degrees. Twenty of the 22 were married during this time. Nineteen had children during this time, one had decided to wait until she obtained her Ph. D., and two did not have children. All of these women worked while advancing their degrees. Most (20) of those interviewed mentioned the support of others through this time. Four of those interviewed cried during the time they were telling their story of their career path. In the following sections, with a fuller analysis of the findings, we might better understand how and why these women made their choice to enter academia despite the demands – both physical and mental they chose to endure.

Symbolic Interactionism

The perspective of symbolic interactionism has been used in various areas to gain a better understanding of the interactions of others, and how those interactions come to influence our lives. A few of these are adult socialization, career paths, and turning points. All of these studies look into how socialization affects a person or the persons studied in various ways. Socialization is based on the interactions between people. As mentioned earlier, this is an on going and changing process. As we come into contact with different people in our lives, we interact, and sometimes change how we view the world around us. This is based upon turning points in our lives and how our significant others can change during these events.

Interaction with Others

Adult Socialization

Howard Becker and Anselm Strauss (1956) noted that as adults socialize with one another, their lives change according to who they socialize with. Initially this was seen when these faculty were deciding to obtain their initial degree in nursing.

Of the twenty-two faculty interviewed, 19 reported their choice of a nursing career as being influenced by others and/or life situations which require interaction around medical concerns. Among those who influenced their decision were: parents, teachers, peers, school nurses and supervisors. Life experiences that brought some faculty to nursing were caring for grandparents and personal experiences with nurses due to illness or injury.

I think my parents, particularly my Dad. He always, I think, kind of wanted me to be a nurse, so I think he was very encouraging. I went to school with two people that I worked with, two friends – colleagues. And, that was helpful, to have people to encourage you along the way – other people going through the same thing and taking the same classes at the same time. I am sure my Nurse Manager at the time in our unit was very encouraging, because she intended to hire us when we were done. (#9)

Our school nurse (name), who we had from kindergarten through high school. And, she was the one who said it was best, even back in the 60's, to go for a Baccalaureate Degree if this was going to be something I was going to be with forever, and so, she made recommendations. (#10)

The three respondents who said their decision to enter academia was not influenced by others remarked that being a nurse was something they had always wanted to do, and that there was nothing tangible that made them feel this way.

The importance of interaction with others can also be seen in these women's decisions to pursue an academic career; twenty of those interviewed noted that they were encouraged to enter academia. As their careers and lives evolved in nursing, these women came into contact with new significant others like coworkers, teachers, preceptors, students and husbands who brought with them new interpretations of what these women might achieve. Using Cooley's idea of the looking glass self, we can think of these new significant others as holding up a "mirror" that showed their own perceptions of these women's potential. Interactions with new significant others helped these women develop new self-concepts and consider new types of role-making.

A lot of support, again, from husband and what family had remained at that time, and the most satisfying part was the positive responses I had from students. (#7)

I was a head nurse on a medical pediatric unit and we had students there and it was the teacher, the faculty person who came, who really encouraged me to go into education because the students came to me with their questions and we had very complex patients. I really enjoyed the students and I really admired how the faculty person was able to care for her students and the patients and the students. And so, she recommended, and then I actually taught for a year before going for a Master's, and I taught pediatrics and maternity and really/really took advantage of her. I did theory teaching as a Baccalaureate Graduate and I also did clinicals in both Peds and OB. (#10)

Well, obviously, my husband is in academics. Many of my friends were academics and all of my nursing mentors had Master's or Ph.D.'s and they have through the years been supportive – always – and emulated someone I wanted to be. And, so, they are all across the country, but we keep in touch and I just always felt like I was selling myself short – not having my Master's and teaching in the academic setting, so I think that it really became more and more that there is still a goal that I have not achieved. (#18)

My parents have always had a strong influence on what I have done professionally –- supporting me in going back to school, encouraging me. My husband, certainly as well, you know, giving up summers so that I could get my Doctorate. I drove across the state and lived in Philadelphia and left him behind so that I could do that. And, he has always been very encouraging. He is very supportive of what I do and the hours that I spend doing it. The family that I have identified –- have always encouraged me to do what I want to do and to continue on, whether it be academia or something else. I don't know that any one person said –- Oh, you know, you should be a teacher, like a Nurse Educator. Again, I was fortunate to have some good faculty in my Master's Program who probably indirectly encouraged me. I mean, they didn't come out and say –- this is really great, you should do this, but I think they gave me support and indicated that I was doing well in what I was doing and felt like that was enough to keep me going. (#3)

    Two of the nurse educators interviewed mentioned being discouraged to enter academia.

At one point, the physician that I was working for as a Nurse Practitioner – of course, he didn't want me to leave, but I remember him saying – Well, you are too young to go into teaching and only do that on a full-time basis. (#9)

Yes, from my head nurse. She didn't think that I had enough time in as a staff nurse and that I would get tired because I was doing the same thing over and over. (#14)

Role Identity

As these nurse educators began their transition into academia, they began to take on a new role identity. They mentioned the support of others as being very important during that transition time. These nurse educators also noted some obstacles and surprises they found upon entering academia.

Faculty also noted the role that other faculty members played in their transition into academia. As mentioned earlier in this paper, occupations and professional careers have been a popular place for other such studies of socialization. These studies have looked at the socialization that occurs within a profession and how that socialization affects those within. Sherlock and Morris (1966) identified that professional roles are acquired through the process of socialization within institutions. Cole (1992) noted in a study on teacher development that becoming a teacher, like becoming a person, is a complex and ongoing process of personal and social interaction and interpretation. What is interesting in this study is that it questions the efficacy of formal mentoring and the assignment of mentors - a concept that is being considered in all fields of work, including nursing and nurse education. Many faculty mentioned mentoring-type relationships helping their transition into academia. Eighteen of the faculty mentioned mentoring to have the most significant positive impact on their transition. This mentoring was for the most part informal, only one had a formal mentor assigned. The others were mentored by other faculty. Four reported no mentoring occurred and noted difficulty in transitioning due to the lack of knowledge of academia. These faculty reported "being thrown in" and "struggling" for the first year.

What made it easier was to have a good mentor and I had a couple of great mentors. I had a great mentor in my Doctoral Program – my PhD Program. My advisor became my Dissertation Chair and actually talked to me before I was even admitted to the program about some collaborative work and things. She is probably still my mentor. When I make a big decision, I still call her. Then, I had a work-place mentor, who, when I came on board – a lot of people were very helpful.(#11)

If it hadn't of been for the one instructor, I don't know if I would still be in the teaching part of it and (name) was really a big help – thank God for her – I'd call her up and say – Well, so and so did this and now what do I do. So, she would be the major resource person, I guess you would call her an unofficial mentor because that program did not have one and I still don't have one.(#17)

And, the biggest things that surprised me were all of the meetings and the committees and all of the work that needs to be done and I really felt like I didn't have a clue – no clue at all that first year. So, I just kind of kept drifting along and attending and taking little notes and doing what I needed to do to get through, but all of that was really a huge shocker.(#9)

I go out to the university setting and it was really a difficult transition. Everybody is on their own agenda. It is academic freedom and everybody is doing something different – the left hand doesn't know what the right hand is doing. Everybody is just doing their own thing and I think in my years that I have been there, I have tried to and I think the faculty are now understanding the need to be more cohesive and have everybody on the same page and now we have like – junior level meetings and sophomore, junior, senior level meetings so we are all on the same page and everybody is doing the same thing. (#16)

Self Fulfillment

Self-fulfillment is a concept that is very individualized. As one reflects on their role in life, they determine if they are satisfied with what they are doing. This is an internal motivating factor that leads us to either continue our current path or change it. As these nurse educators reflected on their path to academia, they noted that self fulfillment was a factor in their decision making process.

All of those interviewed 22 responded yes to this. Noting that life long learning, scholarly work and being able to teach what they loved was the biggest motivator in becoming a professor.

Definitely, self-fulfillment. I think that was the, probably the big thing. I just love what I do. It is sort of a need. But, what I found, during that year that I was temporary full-time temporary, is that I didn't mind getting up and coming to work every day. (#9)

Leaving a Legacy, Prestige, and Financial Gain

Although it was initially thought that these three motivating factors might have had an impact on the decision making process, this was not the case.

It wasn't an influencing factor. Of course, everybody would like to leave a legacy. I would like to be thought well-of, but not a major contributing factor, because I figured I was just as good a nurse as I am an educator. So, if I am going to leave an imprint somewhere, the people that I took care of will remember me as a good nurse or students that I have educated will remember me as a good Nurse Educator. (#7)

Well, I was going to say no at first, but now that I think back, that was kind of something cool to be able to tell people –- that you were teaching at a college or a university. That wasn't a main motivator for me, but I think there is kind of some distinction about being a college professor that is impressive to some people and so, it is a nice thing, but it certainly wouldn't have been the driving thing. (#3)

No, at least not initially, because you can make a lot more money working in practice as a nurse than you can as a beginning educator. It wasn't until I got Tenure and promoted and moved up the salary scales that there was a gain. (#3)

Section Summary

Self-fulfillment was the primary source of decision making for those interviewed. Second to that was significant other/turning points. As these women came into contact with others – clinical instructors, students, family, they were encouraged to pursue a career in academia. This caused a turning point in their career. Interaction with others was also mentioned frequently this is also considered to be a part of socialization. As they entered their initial role as a clinical nurse, they interacted with others such as peers. As they pursued their degrees, they interacted with peers and professors. Through this interaction, they gained a new sense of identity. As their role identity changed through these interactions so did their career course.

Rational Choice Theory

As stated earlier, rational choice theory is at its core a simple action theory that is deemed useful because it allows us to understand how aspects of a social situation can influence choices and actions of individuals (Hedstrom, 1996). Action is "social" insofar as its subjective meaning takes into account the behavior of others and is thereby oriented in its cause. Preferences are derived on the basis of an agent's location in a social structure (Satz, 1994). Karl Popper (1994) went on to explain that the individual's actions are to be explained with reference to the logic of the situation in which they occur. If we know what situation a typical actor is in, and if we made the assumption that the actor is rational, then we will be able to predict what he/she will do (Popper, p. 141).

Rational choice theories looks at how people assess the costs and benefits of a range of options, and choose the one that maximizes benefits and minimizes costs. Existing research suggests the following rewards which nurses might perceive as being more prevalent in academia than in clinical settings: job satisfaction, lighter work loads and better work hours: prestige, self-fulfillment, and interaction with others. Three notable costs and constraints which may shape nurse's decisions to pursue academic career include: financial gain higher in clinical settings, additional educational requirements, and family obligations. Interaction with others provides an important contextual factor which influences how these nurses perceived their probability of success in pursuing an academic career. This section examines how the 22 nurse educators interviewed for this study perceived these rewards and costs and constraints, and how interaction with others influenced their career choices. As these women weighed their options and the impact that their choice might have on the above, they made choices that were rational to them at that given point in time in their lives.

Potential Rewards of Academia

Job Satisfaction

Sixteen of the twenty two nurse educators interviewed noted job satisfaction to be a strong

consideration when deciding to enter academia.

I suppose in some way – because, again, nursing on the floors was getting more difficult because of the acuity of the patients was getting definitely higher and there were a lot of politics going on and issues with you never knew when you would have a job or when you wouldn't. (#9)

Job satisfaction, while important was not considered by the interviewees to be a primary

driving force.

No, I can't say that (job satisfaction) either, because that would infer that there was dissatisfaction that I was going into something else and I liked what I did, it was just that there was more flexibility here. (#1)

Work Load and Job Hours

While the broad category of "job satisfaction" demonstrates many of these nurse educators

had grown dissatisfied with clinical settings before entering academia, the category of "work

load and job hours" provides insight into some of the reasons for that dissatisfaction. Clinical

practice, especially in hospital settings, typically requires shift work, holidays, and weekends.

Seventeen of those interviewed reported better work hours to be a contributing factor to their

decision to enter academia. Flexibility of their work schedule was noted the most.

Definitely, it is nice to be able to have some of that flexibility. I have some more control over my schedule and can pick and choose a teaching assignment that is conducive. (#3)

Well, yea, in a way, because it was going to give me hours that were more compatible with (son's) school hours. I mean, my days and my hours were better than working – you know, -- I loved working 3 to 11, but that is not conducive to family life and as a Nurse Practitioner, my hours weren't horrible, so I can't say that those hours were any better, but – just more of the schedule – the summer, I guess – with him, when he was going to be off or over Christmas break – those hours. That was the most important thing for me. (#9)

Prestige

Six of the 22 nurse educators interviewed for this study noted prestige to be a motivator when deciding to enter academia. It should be noted that even among the six women, prestige was not the primary motivator.

Well, I was going to say no at first, but now that I think back, that was kind of something cool to be able to tell people –- that you were teaching at a college or a university. That wasn't a main motivator for me, but I think there is kind of some distinction about being a college professor that is impressive to some people and so, it is a nice thing, but it certainly wouldn't have been the driving thing. (#3)

Yes, and I would say – I often remember thinking of former faculty and how I admired the work that they had done and their positions and their roles and the fact that they had a PhD and I always found that admirable and looked up to them. So, yes. (#12)

Baruch (2003) reports that careers have been transforming over the years, from one's based on advancement trajectories based within particular occupational and organizational settings to the current idea of "protean careers", which involve shifts in career foci and occupational trajectories over time. The protean person's own personal career choices and search for self – fulfillment are the unifying elements in his or her own life (Boarch, 2003. pg. 65). A person's ability to make career choices based on concerns about self-fulfillment is likely to changes of the life coarse, and may be higher in the individual's age , due to such factors as formerly dependent children grow up and leave the household, spouse's salary increases, mortgages are paid down or paid off, and family savings provide some measure of financial security.

Lindholm (2004) did a significant study of the *Pathways to the Professoriate* that looked at the career paths of those currently teaching. Variables found were autonomy, pursuit of knowledge for its own sake, allure of the university work environment, earlier family experiences, undergraduate and graduate school experiences, and research. The findings of this study are congruent with Lindholm's study.

All 22 interviewed said that their desire for self-fulfillment influenced their decision to enter academia. Noting that life long learning, scholarly work and being able to teach what they loved was the biggest motivator in becoming a professor.

Definitely, self-fulfillment. I think that was the, probably the big thing. I just love what I do. It is sort of a need. But, what I found, during that year that I was temporary full-time temporary, is that I didn't mind getting up and coming to work every day. (#9)
Basically, I went with what I liked to do and where I felt I could make the greatest contribution because that is where you get the internal feedback of – Gee, this is where I should be. (#6)

Family Obligations

In regards to the decision making process and family obligations we can see an overlap of this "better work hours". These women took both into account with their decision making process. Their definition of better work hours were those that were more conducive with having a family and children.

Yea, that (family obligations) plays a big factor in decisions about teaching. I wouldn't want to go back to staff nursing and working those nights. (#3)

Employment Costs and Constraints

Financial Gain

As reported in Chapter 2, salaries of clinical nurses are, on average, higher than salaries in academia. As such, it was not surprising to find that 21 of the 22 nurse educators interviewed for this study had taken a pay cut to enter academia.

…when I left…(private clinical practice setting) to start at (State University), my salary went down $20,000. (#15)

Many respondents said they worked a second job to compensate for the lower academic salaries. Only one nurse educator said she entered academia anticipating a financial gain, noting that the financial gain took a while, only occurring after she had been tenured and received promotion.

Additional Educational Requirements

   Eighteen of the twenty two interviewed stated yes they would pursue a terminal degree (PhD)

if mandatory. This is significant in that more and more institutes of higher education are

requiring the PhD in order for an educator to be considered for a tenure track position.

The only reason I didn't is because I didn't have to and that was at the same time I had my kids. My kids were 2 and 3 and I did with another professor took credits at (state university) – probably 15 credits at (university) that we were going to transfer for a PhD but I never did it because I didn't have to. I probably wished I did at that time do that, but I didn't and there is only so much time in the day. (#5)

Well, I would, but if I am doing it – it is because I love what I do. So, I would do it to be able to continue to do what I am doing if that is what I needed to do. And, now that I am in it, now that I have taken the plunge, I realize the importance of it. It is a pain in the butt. But, I realize that it does help you to be a better thinker in certain ways – I have to do a lot more reading and I just feel better-prepared to deal with things. I think it is a good thing. I know I would have done it if it would have been mandatory, I would have done it. It is not mandatory, and I am doing it. Although, even though it wasn't mandatory, I felt like it was really important. Because, I just still felt like – I would get a Tenure Track position, but that would be it – like I wouldn't go anywhere else if I didn't within this institution. (#9)

   It is interesting to note that those who reported not seeking their terminal degree was based on age related issues:

If I had more years to go out there, I would. But, I am 58. (#22)

Nope. Personally, because I am too old.   Do I think it is valuable for younger people? Yes. (#7)

Contextual Factors: Interaction with Others

   As these women interacted with others, their choice to enter academia seemed more rational.

With the encouragement of those they interacted with, they began to pursue their journey into

academia.

I was a head nurse on a medical pediatric unit and we had students there and it was the teacher, the faculty person who came, who really encouraged me to go into education because the students came to me with their questions and we had very complex patients. I really enjoyed the students and I really admired how the faculty person was able to care for her students and the patients and the students. And so, she recommended, and then I actually taught for a year before going for a Master's, and I taught pediatrics and maternity and really/really took advantage of

her. I did theory teaching as a Baccalaureate Graduate and I also did clinicals in both Peds and OB. (#10)

Section Summary

Based on the responses from the interviews, these women made the choice to enter academia based on their interactions with people at that given time, in addition to weighing the costs and benefits of better work hours, prestige, self-fulfillment and family obligations. At the time they were making their decision, they felt that it was worth decreasing their pay in order to gain better work hours in the way of flexibility and perhaps even a decrease in work hours i.e.: summers, holidays and weekends off that allowed them to attend to their family obligations. In respect to furthering their education, most did not look at this as a deterrent, but had stated that they would do it whether it was required or not.

Feminist Theory

The term Feminist Theory is used to refer to myriad of kinds of work produced by movement activists and scholars in a variety of disciplines which address the broad issues of gender inequality and women's experience in society. The research reported in this dissertation draws on the liberal feminist perspective and its focus on gender socialization and career choices.

Evetts (1988) defined gender socialization theory as gender differences in values, interests and thought processes, are socially produced and reinforced across the course of life rather than innate- causing women to seek professions that are gender appropriate (p. 232). Research has shown that despite public and policy formation, women continue to make decisions based on this socialization process. More women are entering the work force, yet continue to feel they have the obligation of caring for the family and house hold chores (Evetts 1988, Proctor 1999, Solera 2004, Armenti 2004, McDonald 2006, Ray working paper). Because of this, women continue to

struggle with a dual career – wanting to maintain a professional career, yet maintain their career at home as a wife and mother.

Interaction with Others

The majority of nurses and nursing faculty are female. Therefore, most interactions that occur are between women. As these women interact with each other, they realize they have lived similar lives. Most have families and most have pursued careers. Their interactions have formed a type of support system, a sisterhood. It is from support and encouragement that they receive from each other the have found strength to pursue a career in academia.

Eighteen of those interviewed noted that others did have influence on both their choice to enter nursing and to enter academia. We can see this in the following quotation, which is from a woman who had long desired to enter academia, but had to put her dreams on hold for a considerable period of time due to family obligations.

My colleague and I had always stayed in contact. She encouraged me and then my husband and I saw it as a good opportunity in the family, so it was outside influences as well as family influences. (#1)

Family Obligations

The factor of "family obligations" was also covered in the previous section on rational choice theory, where it demonstrated that on of the benefits the nursing educators interviewed for this study saw in an academic career was the ability to more adroitly balance work and family obligations that was possible in the clinical setting. Indeed, this aspect of academic career seemed enticing enough to help offset the lower salaries of academia when compared to clinical settings. In this section, "family obligations" is examined through an explicitly feminist lens. Here, the focus is on the sacrifices women expect to make for their families, sacrifices which have traditionally included giving priority to the husband's career, working part-time to ensure

duties associated with being a wife and mother are also met, and performing care-taking roles for

both immediate and extended family members.

Eighteen of the twenty-two interviewed reported family obligations to be a contributing factor

when deciding to enter academia. Of the four who stated "no", three were not married and had

no children. The following quotations provide some indication of the kinds of sacrifices these

women made to meet their family obligations.

It (desire to enter academia) goes back a long way. It was something I had always wanted to do,
but with my husband's job, it was difficult to do until the time presented itself. (#1)

At the time I went back which was in 1981, I had a husband, a one-year old and a mother-in-law
dying of breast cancer living with me. I was working full-time and I was taking up to 21 credits
a semester and driving from my home to (State University) anywhere from two to four nights a
week. That is about a 60-mile trip one-way. I had a husband who was Mr. Mom. We have a very
close family relationship and I was not at all interested in sacrificing any of that for Academia. I
would have given that up if it would have had any ill-effects on my family. (#7)

The relationship between women sacrificing for their family and pursuit of an academic

career are complex, however. While sometimes the immediate needs of the family meant putting

an academic career on hold, at least for the time being, at other times, pursuing an academic

career was seen to be the best decision for the family. As has been shown in previous sections,

one of the attractions of academia for many of these women was that it offered the promise of

more flexible and less demanding work hours and work loads.

Yea, that (flexible hours) plays a big factor in decisions about teaching. I wouldn't want to go back to
staff nursing and working those nights. (#3)

Yet this promise was not always in the way thee women had expected, and conflicts between

work and family obligations continued to plague many of them.

There are definitely conflicts between work and that mothering role and the time that I have for
my family. You know, the job that I do here is very demanding. It feels like it never goes away
and so I have learned to kind of manage my time. I am here during the day when my kids are at
school, but then I race home to be home or get them off the bus and take them to the activities,
get dinner ready, do home work and all of those kinds of things. And then, after they are in bed,
then I generally do additional work at home in the evenings or I work a number of hours on the

weekend to try and get everything done that I need to get done. So, there definitely is a time demand and sometimes I feel like I am having to take away from one of those roles rather than the other. (#3)

Role Identity/Gender Socialization

Eighteen of the twenty-two women interviewed reported some type of gender socialization an

role identity issues. The importance of gender socialization in shaping early perceptions of

options can be seen in the following quotation:

You could be a nurse or you could be a teacher or you could be a secretary or you could stay at home. That is kind of what I thought and I didn't know any better. Part of me wanted to be a physical therapist, but I didn't do that because my guidance counselor in high school told me that girls aren't physical therapists. (#8)

Central to role identity among these nurse educators was the importance of "care giving" and

"nurturing", identity components that found expression in the roles of wife, mother, clinical

nurse, and nurse educator. The following quotations show the importance of this role identity in

these women's lives.

I think there are some components of being female that come out in a work situation and some of that would be kind of a caring and a nurturing perspective that I take with either students or faculty colleagues. I'm not a girly/girl. In a home or personal situation, again, I think it is some of that nurturing, that mothering role. (#3)
I think I have always been a "Mom", a "helper" and I think – I mean, it is not the only thing that nursing is, but if you aren't a caring, helping person, you probably shouldn't be a nurse. (#5)

Better Work Hours

Of the twenty-two interviewed, seven reported the anticipation of better work hours was a

factor in the decision to enter academia. They also went on to mention that these hours were

important related to family.

When my kids were smaller, I worked a lot of evenings so that I could be home during the day and my husband would watch the kids in the evenings. It is nice to have some time off in the summer over vacations and Christmas breaks and things like that, so definitely, better hours. (#3)

Previous Job Satisfaction

Lack of previous job satisfaction is another factor that encouraged these women to enter academia. Previous sections have already identified several factors, such as shift work and working holidays and weekends, which can lower job satisfaction in the clinical settings. The purpose of the present section is to use feminist theory to identify one additional source of possible job dissatisfaction in clinical settings: that of gendered power and prestige differences in the workplace. Traditionally, physicians have been men and nurses women, creating a job hierarchy that is further reinforced by gender stereotypes. Nurses are thus vulnerable to having their voices silenced and their experience and work belittled or minimized in clinical settings, a situation that can lead to a great deal of frustration, as seen in the following quotations.

I got out of nursing school in 1981, and the time even while I was going back for my Master's, so like 1981 to 1989, when I started my Master's – the doctors were Gods and the nurses really did just what the doctors said. You had a voice, but it was not like it is now, I think. I think we have come a ways. So, I thought at the time I can do more – maybe be a little equaled footing. (#4)

When I had had enough of working for the doctor I was working with, because we weren't on the same page. (#8)

Section Summary

These women all considered interaction with others, family obligations and role identity/gender socialization to be important when making the decision to enter academia. Family obligations were important when looking at work hour flexibility. Role identity/gender socialization played a large part when these women were initially deciding what they were going to pursue in college. Interaction with others impacted their decisions initially when entering nursing, and making the decision to enter academia.

Chapter Summary

    This chapter reviewed the responses of the nurse educators interviewed as they pertained to the theories of symbolic interactionism, rational choice an, and feminist. The findings within these interviews show the overlap of the theories discussed. In the next chapter I will further discuss these findings in depth and how they overlap.

CHAPTER FIVE

INTERPRETATION AND SYNTHESIS OF FINDINGS

The purpose of this qualitative study was to explore with 22 nursing faculty the trajectory of events which lead them to academia, the meaning of this journey to these faculty, and factors that facilitated and inhibited this journey. This chapter will further interpret and synthesize the findings reported in chapter four. It is meant to help better understand how the theories of symbolic interactionism, rational choice, and feminism have impacted the trajectory these nurse faculty have taken.

I begin this chapter with a composite of the "typical" nursing educator of the kind I interviewed for this project. This composite is meant to provide readers with some sense of the richness and complexity of these women's life, a richness often loss in the disaggregated approach to reporting taken in Chapter 4. Next, I briefly overview what I see as the major contributions of symbolic interactionism, rational choice, and feminist theory to understanding the trajectory these women took from nursing students, to clinical nurses, and eventually to nurse educators.

Composite

In this section I provide a composite of a "typical" nurse educator teaching at the college level in Western Pennsylvania in the early 21st century. She is 47 years old, married and has children. She has entered academia within the past 5 years. She may or may not have her terminal degree, but is most likely working on it. As in her past, she is working, going to school, being a wife and a mother all at the same time. As she is interviewed I could feel and on several occasions see the emotional toll this has taken. Several faculty cried during their interview as they discussed how they juggled their schedules to accommodate everything and the sacrifices that were made. She

first decided to enter nursing based on the premise that women had few choices – nurse, teacher, or secretary plus being a wife and mother. As she went to school and worked, she met others who had an influence in her career path. It was at this time that she started thinking about academia. As she began to make the decision to enter academia, she took several things into account: family, work hours, self fulfillment, and money. Given the point in time in her life, money was not the driving force; actually she took a pay cut. Instead it was the work hours, being able to flex them for her family needs, and the self fulfillment of educating good nurses to deliver care.

Desire to Pursue an Academic Nursing Career: Insights Gained from Symbolic Interactionism

As discussed in chapter four, very few of those interviewed had academia in mind when they first entered nursing. Three concepts from the theoretical perspective of symbolic interactionism are especially useful in helping us understand these women's change in career paths: adult professional socialization, career paths, and turning points. Socialization is based on the interactions between people. As mentioned earlier, this is an ongoing and changing process. Occupations of all kinds involve adult socialization; in the nursing profession, such socialization can be conceptualized as an external conveyor belt which propels individuals along a typical career trajectory. Existing literature and personal experience suggests nursing students want a career which allows them to combine work with marriage and motherhood, and anticipate moving into some type of clinical practice upon graduating, initially in a full-time capacity but perhaps transitioning to part-time after they have children (at least while their children are young). To the extent that professional socialization even makes the issue of an academic career

salient to nursing students, it tends to discourage immediate movement into a teaching career as "clinical practice" is seen as necessary to being a successful teacher.

While I did not ask directly about this, the stories my respondents shared highlighted how as children, adolescents, and college students these women interacted most extensively with members of their immediate and extended family, neighbors, school classmates, and teachers. As they moved into young adult, entered the world of work married, had children, and perhaps relocated to new communities(or even new states or regions of the country) their social horizons broadened, resulting in interactions with new and different people with, perhaps, new and different ways of seeing the world. As we come into contact with different people in our lives, we interact, and sometimes change how we view the world around us. Such changes in interactional patterns and accompanying changes in our world views is one example of turning points, which is a juncture in time when our lives move in new, and perhaps unexpected, directions. Other examples of live events which can bring about turning points include the death of a spouse, the loss of a job, or the need to become a caretake3r for elderly parents. In contrast to the kind of professional socialization in nursing schools and in clinical settings, which is adept at moving individuals along an external conveyor belt, the kinds of events likely to become "turning points" in people's lives are much more random in nature, a fact which has important policy implications.

The concept of "career paths," as the term is used by symbolic interactionists, does not refer to the trajectory of one's formal occupational/employment pursuits, but rather are considered any path to which an individual devotes all or part of his or her life. Such dedication results in intense internal motivation, which was obvious in the nursing faculty I interviewed who persevered even when confronted with daunting demands of family, work, and school. The

career paths of the women I interviewed is best characterized as "care taking." These women, furthermore, dedicated their lives to caretaking in several different venues: as wives, as mothers, as clinical nurses, and as teachers. Thus, while entering academia constituted turning point in terms of occupation, it also constituted a continuation of the career path which had driven these women all their lives.
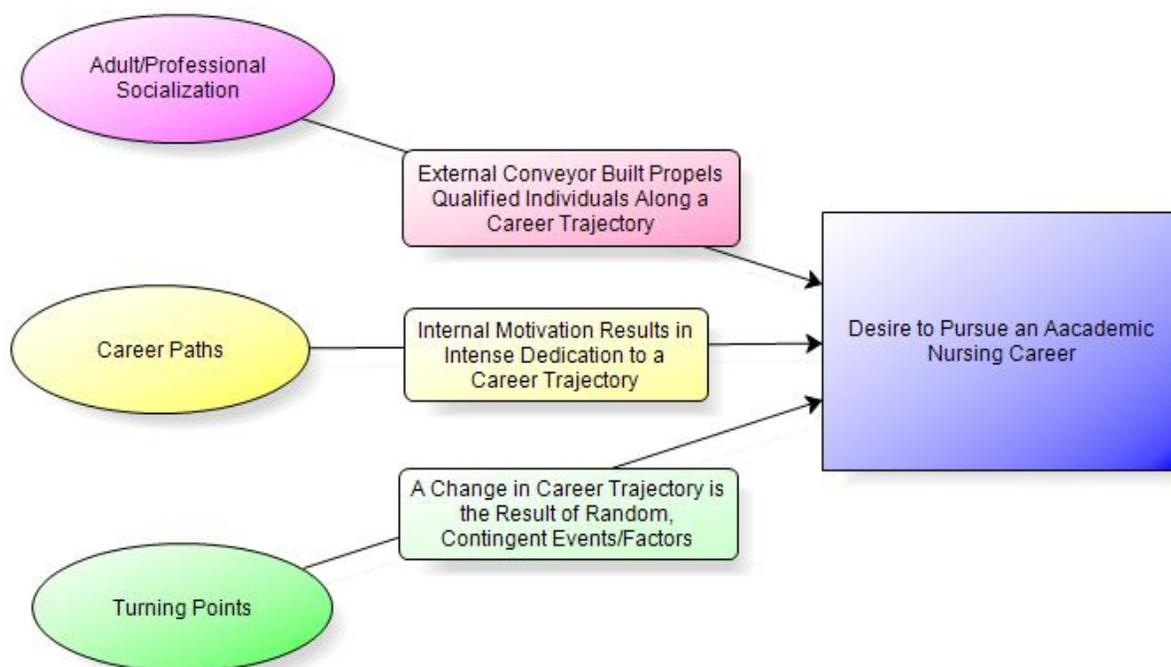
Micro-Level Calculations of Costs and Benefits: Insights Gained from Rational Choice Theory

In the previous section, I used symbolic interactionism to help us understand why a clinical nurse might start considering the possibility of pursuing an academic career. In this section, I examine the insights rational choice theory provides to helping us understand this decision. As the nurse begins to consider entering academia, she will weigh the costs and benefits to this career change.

As is discussed in Chapter 2, when using rational choice theory it is important to place the decision making process within a social context and to consider the factors a person considers when identifying, and weighing, costs and benefits. As discussed in chapter four, money was not a motivating factor. Indeed, nurses almost always take pay cuts to move from clinical practice into academia. One factor that might make this cost acceptable is that the woman's husband was working and the family could support to monetary loss. There could also be other life changes, such as children reaching the age of independence and moving out of the house, or children graduating from college. My interviews also strongly suggests there are other factors which enter into the decision making process which simply superseded money. These factors were found to be family obligations, job satisfaction/work hours, and self fulfillment.

The following figure suggests the array of costs and benefits that are considered, and how the costs and benefits are weighed are likely to vary over time, something we would expect of a theory which stresses the importance of social context to decision making. There seem to be two benefits which these women consistently sought from their work: intrinsic rewards which come from helping others, and the desire for a career that is compatible with family obligations. Both of these can be seen as driven by the "caretaking" career path mentioned in the last section. Other factors were subject to change over time, and might, for example, make clinical practice seem like a less desirable option, make an academic career seem a more desirable option, and/or make the costs (and risks) of pursuing an academic career seem both manageable and worthwhile.
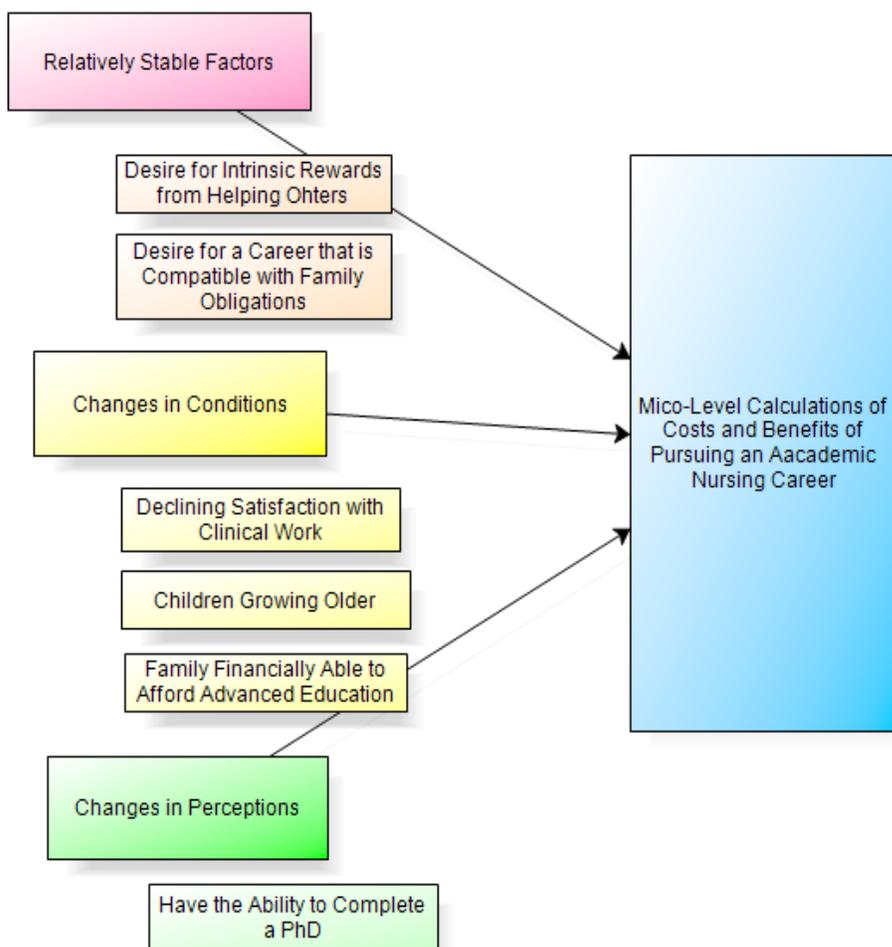
Structural Factors: The Contribution of Feminist Theory

As demonstrated in Chapter 2, nursing has long been and continue to be a female-dominated profession. As reported in Chapter 4, while growing up, many for these women felt that the only choices they had for a career was to be a nurse, teacher, or secretary. Nursing as a profession has long struggled. Being primarily a female profession, there is little upward mobility, and it is one of the lowest paying fields in academia. As stated earlier, women are brought up to "care"; this is noted in the family setting, as well as in academia. Perhaps this is a driving factor for decision making. The nurse cares, and then as she gets married and has children – she has to provide added care. When her clinical job interrupts that caring, she might start thinking about working

another job that provides hours that are more conducive to her family obligations. She enters academia for this reason as well as the fact that she continues to provide care, but it is to students not patients.

I believe it is important to note here that I choose all female faculty as 99% of nursing faculty are female. In the clinical setting there are more males. I question here, why don't the males leave the clinical setting for academia like the females do? This could be related to wages, as it is usually the male who is the primary bread winner in the family. This also leads me to question that if there were more male nursing faculty, would the wages become higher? Perhaps this shows a need for future studies.

Conclusion

As I reflect back on this study and as my thoughts went into developing the composite nurse, I realized that most of my original thoughts were founded. What surprised me the most was how closely the entire nurse faculty was related. As I revealed early on, I am one of those faculty. I went into this study truly wondering if I indeed was the norm. I found that I was. I was also surprised when during certain interviews the faculty cried. It was at that point that I felt like I was actually debriefing them from a stressful event. I have to admit after conducting 22 interviews that were all intense and emotional to a point, I was exhausted.

My biggest finding was how interrelated the three theories were in the study. I knew there would be some overlap as seen in my concept map, yet at times it seemed difficult to differentiate between the theories. This is especially true with Symbolic Interactionism and Feminist Theory when is come to socialization. Then adding Rational Choice Theory to the mix allowed me a better understanding of why these nurses made the decision to enter academia.

As I interviewed the 22 respondents for this study, I could feel, and on several occasions see the emotional toll this has taken. Several faculty cried during their interview as they discussed how they juggled their schedules to accommodate everything and the sacrifices that were made.

CHAPTER SIX

CONCLUSION

This study explored the journey which took 22 nursing faculty from their initial degrees to faculty positions in academia. The purpose of this study was to allow current nursing faculty to express their stories and to determine the underlying factors that facilitate and inhibit the movement from clinical nursing to nursing faculty. It is anticipated that the insights provided by this research will aid in the formulation of policy to increase nursing faculty, a change which will help nursing programs train more students, helping relieve the current nursing shortage. The methodology used in this study was in-depth, personal interviews conducted with a purposeful sample of nursing faculty located in the state of Pennsylvania.

The Nurse Faculty shortage continues despite multiple attempts of policy making to improve it. The attempts to improve this shortage have been based on findings of a few surveys based on job satisfaction. Although job satisfaction is important, the underlying problem continues that the average age of a nurse entering academia is 46 years of age, and older for Ph.D. nursing faculty. The NLN study (2003) looked at faculty satisfaction. Factors they looked at were those influencing decisions to enter, stay in, and leave the role of faculty member. Factors used were similar to those in other satisfaction surveys used by clinical staff and other faculty: working with students, desire to shape the profession, encouragement of others, desire to conduct research, desire to provide patient care, workload, salary, work hours, flexibility, and autonomy. What is not evident in this satisfaction survey is how some of these variables might effect or correlate with others. It is also unclear of how the researchers developed these variables. The

researchers did note the finding that the majority of faculty went into teaching for the students. It remains unclear as to why nurses wait to go into teaching.

Purpose/Research Questions

It was anticipated that this qualitative study would provide answers to the following questions:

1. In what ways do the trajectories nursing faculty follow into academia reflect choices based on the rational calculation of costs and benefits of differing career, family, and other life options?

2. In what ways do the trajectories nursing faculty follow into academia reflect the influence of gender?

3. In what ways do the trajectories nursing faculty follow into academia reflect the influence of socialization from and social interaction with significant and known others?

4. In what ways do the trajectories nursing faculty follow into academia reflect the influence of important life changes, such as death of a spouse?

Scope and Limitations

Twenty-two female nurse faculty were interviewed. Faculty were chosen randomly from Diploma, Associate Degree and Bachelor Degree programs in order to have a complimentary sample of programs across the state of Pennsylvania. In-depth interviews were conducted using interview questions to guide the interview. Participants were also asked to share any thoughts they might have on the nurse faculty shortage in order to gain any other insight that might have been missed through questions. Although this was not a nation wide research, it is felt that those interviewed are a random sample of nurse faculty across the United States. Saturation was met

early in the interview process, but I chose to continue in order to maintain this representative sample.

Conclusions

The trajectory these women took revealed quite similar courses. The average age of obtaining their initial degree was 24 with only two obtaining their degree after the age of 30. This indicates that most (19) obtained their degrees right after high school. The average age of these women entering academia fulltime was 42, thus making their average trajectory 18 years from their initial degree to entering academia. During this time, these women married, had children, worked and advanced their degrees. Twenty of the 22 were married during this time. Nineteen had children during this time, one had decided to wait until she obtained her Ph. D., and two did not have children. All of these women worked while advancing their degrees. Most (20) of those interviewed mentioned the support of others through this time. Four of those interviewed cried during the time they were telling their story of their career path. In the following sections, with a fuller analysis of the findings, we might better understand how and why these women made their choice to enter academia despite the demands – both physical and mental they chose to endure.

Rational Choice Theory

Rational choice theory looks at how people assess the costs and benefits of a range of options, and choose the one that maximizes benefits and minimizes costs. It is at the point in time that one is making the decision that defines what these costs and benefits are. When weighing the costs and benefits of staying in the clinical setting or entering academia, these women considered many things. Based on the responses from the interviews, these women made the choice to enter academia based on their interactions of people at that given time, in addition to weighing the costs and benefits of better work hours, prestige, self-fulfillment and family obligations. At the

time they were making their decision, they felt that it was worth decreasing their pay in order to gain better work hours in the way of flexibility and perhaps even a decrease in work hours i.e.: summers, holidays and weekends off that allowed them to attend to their family obligations. In respect to furthering their education, most did not look at this as a deterrent, but had stated that they would do it whether it was required or not.

These findings show that financial gain is not the reason these women entered academia. Other than family obligation, there are more intrinsic factors that play an important part of this decision making process. Job satisfaction, while important was not considered by the interviewees to be a primary driving force. All of those interviewed acknowledged self-fulfillment as a motivating factor when making the choice to enter academia. This is better explained when the interviewees went on to mention the rewards they received through out their academic career. Fifteen of the twenty-two mentioned such rewards.

Feminist Theory

Evetts (1988) defined gender socialization theory as gender differences in values, interests and thought processes, are socially produced and reinforced across the course of life rather than innate- causing women to seek professions that are gender appropriate (p. 232). Gender is an emergent feature of social situations. Gender socialization in turn causes women to make career choices based on their perception of their role in life. Research has shown that despite public and policy formation, women continue to make decisions based on this socialization process. More women are entering the work force, yet continue to feel they have the obligation of caring for the family and house hold chores (Evetts 1988, Proctor 1999, Solera 2004, Armenti 2004, McDonald 2006, Ray working paper).

These women all considered interaction with others, family obligations and role identity/gender socialization to be important when making the decision to enter academia. Family obligations were important when looking at work hour flexibility. Role identity/gender socialization played a large part when these women were initially deciding what they were going to pursue in college. Interaction with others impacted their decisions initially when entering nursing, and making the decision to enter academia.

Symbolic Interactionism

Howard Becker and Anselm Strauss (1956) wrote of *adult socialization* and career movements within work organizations. They noted that their sociological approach was to view the person as part of a social structure. In this view, the movement one goes through in a career is more developmental than merely filling a status. They noted that as adults socialize with one another, their lives change according to who they socialize with. Initially this was seen when these faculty were deciding to obtain their initial degree in nursing. Turning points are points in one's life when there is a significant change that causes us to form new relationships, and new *significant others*, or those who we interact and form identification with.

Self-fulfillment was the primary source of decision making for those interviewed. Second to that was significant other/turning points. As these women came into contact with others – clinical instructors, students, family, they were encouraged to pursue a career in academia. This caused a turning point in their career. Interaction with others was also mentioned frequently this nurse, they interacted with others such as peers. As they pursued their degrees, they interacted with peers and professors. Through this interaction, they gained a new sense of identity. As their role identity changed through these interactions so did their career course.

Practical Applications and Future Research

The information gained in this study allows us to better understand both the trajectory most women take when moving from clinical nursing to academia as well as what impacts their decision making along the way. This information might be used by policy makers to more fully assess and implement strategies to increase the number of nurse faculty.

In regards to financial gain, it is evident that these women did not enter academia for an increase in pay, however once they were faculty and realized the work and time involved pay might be an issue. Although the work hours were appealing in the fact that they were flexible, faculty did note that they were surprised in the amount of time they committed to course preparation and meetings.

Job satisfaction in the workplace and workload were noted to have an impact on the decision making process. This was especially noted in conjunction with family obligations. Eighteen of those interviewed mentioned entering academia for this reason. They noted that having weekends, holidays and summers off was a plus with having children.

Additional educational requirements were not actually noted by these women to be a deterrent; however it is important to note that it did take them an average of 18 years to obtain their terminal degrees. This is an important finding in that it not only supports other statistical data, but leads to further questions. The first question is why did it take them so long? The second would be: What could be done to make this a shorter process? It was evident during these interviews that the trajectory these women took was not easy for them. As I mentioned, four cried during this. Perhaps policy makers need to consider offering support to these women earlier so that this is a shorter journey.

Gender related issues although difficult to control are important. Although these women were socialized into their roles as mothers, wives, and career women, they continued to have role conflict. This leads us to question: What can be done to minimize this conflict? This conflict could be the primary reason why it took 18 years for the transition from clinical nursing to academia. Perhaps this conflict could be decreased if these women had been encouraged early on to continue their education. With nursing having a strong clinical background we have always questioned how much experience clinically – if any- does one need to have before entering academia. Nursing organizations such as the NLN and AACN need to address this issue. Typically nurse faculty teach both didactic and clinical, perhaps we should consider splitting this. Clinical faculty do need a certain clinical history, however those who teach the courses do not actually need the clinical component to have the knowledge to teach.

Socialization and interaction with others is an ongoing process. It is evident that this has a large impact on decision making. What can be drawn from this is that those of us who do teach have an impact on our students. Perhaps instead of focusing on teaching them and graduating them to clinical nursing, we should look at those who show an interest in education and encourage them to pursue it earlier. As faculty we must also be careful of what we say and how we say it in regards to our job satisfaction. Current faculty many times serve as a significant other to students, and through this relationship have a huge impact on their future choices.

The information gained through these interviews was very rich. Some of this information could be used now for policy makers to pursue other avenues to encourage nurses to enter academia. The findings also could be used to develop a more thorough questionnaire that could be used at a national level to gain more information on why it takes the average nurse 18 years from her initial degree to enter academia.

Future Research Needs

Although this study provides rich data, it also provides insight for future research needs. One such area does pertain to job satisfaction. What is apparent with the findings of this study is that the nurse faculty did not have a clear definition of job satisfaction. Some related it to work hours, others to family obligations. This shows a strong link between the two and needs to be researched further.

Another area in need of future research is the question of once these women entered academia, what were the surprises, what made it easier and what made it difficult. Through the interviews many faculty noted that they were surprised once entering academia, but the purpose of this study was to follow them to this point, not further.

Another area that needs further research is: what would enable amore smoother and timelier transition from clinical nursing to academia. Now that we know that many of those interviewed took similar trajectories, we might further substantiate these findings with a larger study to see number one can this be generalized, and if so what can be done to help.

One area not covered in this research is that of men in nursing and academia. This would be another important area to research to determine if they take the same trajectories as women. It would also be interesting to see what variables men determine as important when making their decision to enter academia.

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Appendix A

Prestige

Financial Gain

Interactions With others

Family Obligations

Better Work Hours

Self Fulfillment

Role Identity

Previous Job Satisfaction

Leaving a Legacy

Symbolic Interactionism

Rational Choice

Feminist Theory

Decision to enter academia