From Clinician to Academic: The Impact of Culture on Faculty Retention in Nursing Education


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**ABSTRACT**

The US Department of Labor has identified nursing as one of the fastest growing occupations in terms of growth through 2014, when over one million nurses will be needed to fill the nation’s health care needs (Monthly Labor Review, 2005). In order to educate these and additional nurses, there need to be enough nursing schools that have competent and qualified nursing faculty to teach. This presents a daunting challenge to existing programs which are currently experiencing a shortage of nursing faculty (Grossman, 2007).

Research performed by National League for Nursing (NLN) illustrates that the present scarce population of nursing faculty educators has impacted the level of enrollment into nursing programs. Specifically, more than 74% of schools that are turning away qualified applicants cite the lack of faculty as the major reason (Fang, 2006).

With faculty shortages impacting the ability of nursing education programs to meet the national demand for nurses, nurses in practice settings are starting to consider entering the educational arena. A major challenges for the novice educator involves the “disconnect” in the transition from clinician to academic, which includes expertise in daily patient care supervision, skills in leadership as well as collaboration, and a “profound understanding of what it means to learn” (Tanner, 2005, p. 248).

How do we prepare, nurture and support this future generation of nurse educators for the challenges ahead? As the rising shortage of nursing faculty continues, knowledge of how this cultural shift from clinician to educator impacts the future faculty roles, should be of major concern to administration (Kowalski, 2007). Does this transition lead to cultural dissonance? Does cultural dissonance lead to conflict in novice nurse faculty as the values they bring from clinical practice affect their transition into nursing education? Can the barriers created by cultural dissonance be lifted through educational, collegial, mentoring and administrative support?

**Key Words:** nurse clinicians, nurse educator novice, nursing faculty shortage, faculty mentoring

**Nursing Education Today**

There is a need to empower and enlighten a new generation of nursing faculty. The pathway from nurse clinician to faculty
educator is not without obstacles, however many who have survived that first year of teaching characterize it as “baptism by fire” (Little, & Milliken, 2007). Role transition is often stalled by unrealistically high expectations, which can lead to uncertainty and anxiety (Penn, Wilson, & Rossiter, 2008). The transition from nurse clinician to nurse educator requires a change in awareness, skills and behaviors to plan for the newly assimilated roles, environment and goals (Benner, 1984). In her article on nurse educator mentoring, Sandra Baker states that “nurse educators should not feel they are in boot camp during their first full-time teaching year, but instead should feel they are being nurtured and provided with the tools they need to be successful in academia” (Baker, 2007, p. 238). The reality for many novice educators is quite the opposite. They often find no guidelines or strategies upon entry into the culture of academia (Siler, & Kleiner, 2001). Orientation manuals exist however, how likely the manual is used depends on the time and fortitude of the new educator to navigate its weighty contents. Despite job descriptions and manuals, many newcomers to the academic arena have no idea what the job truly involves (Smith, & Zsohar, 2007). Investment in faculty is expensive as well as time consuming, while the process can be disconnected and frantic. Nursing administrators race in late August to “fill the holes” with both clinical and classroom faculty. Once employed, the realities set in for the new educator. Demonstrating competence in the clinical trenches, lecturing in front of at least sixty nursing students (compared to the 1-1 ratio of nurse-client education) in overcrowded classrooms, and possessing expertise with computer technology are but minimal initial expectations of the administration for the new educator. Discovering that there is no end to the day, attending to college service responsibilities, maintaining clinical expertise, researching and publishing, in addition to receiving a salary that is often half that of hospital staff nurse positions discourage and overwhelm novice faculty (Gormley, 2003).

Formal mentoring programs exist however, questions emerge related to program management and to the value placed on the mentoring position (Byrne, & Keefe, 2002; Lewallen, Crane, Letvak, Jones, & Hu, 2003; Gazza, & Shellnabarger, 2005; Barker, 2006; Matthew-Maich, Mines, Brown, Lunyk-Child, Carpio, Drummond-Young, Nosegaard, & Linten, 2007; Blauveltand, & Spath, 2008). Is there a reduction in work hours for faculty or administration monitoring this orientation program? Are mentors assigned, or do they volunteer? Is the position salaried? How long does this relationship continue?

An awareness of how these challenges and cultural differences influence transition into the faculty role, can assist nursing programs to employ strategies to attract and retain nurses contemplating a career in nursing education (Kostovitch, & Thurn, 2006). Although differences among the various nursing roles have been acknowledged in the literature, the move to the nurse faculty role has not been studied from a cultural perspective (Schriner, 2007).

**Cultural Dissonance**

Cultural dissonance is an uncomfortable sense of conflict or uncertainty experienced by those undergoing change in their cultural surroundings. Often, these changes are unexpected and incomprehensible because of variables in cultural dynamics (Leininger, & McFarland, 2002).

The following excerpt from a discussion group post gives a poignant example of the cultural dissonance created when a proficient clinician is placed in the educational setting without appropriate direction. It is a salient reminder of the need for professional, long term mentoring support during this cultural transition:

The most humiliating experience...
of my life occurred when I was hired to teach clinical .... I had one day with another instructor who toured the floor with me and introduced me to the students. I did an orientation to the hospital and that was it. I thought I would be fine, and I thought I could ask questions if I needed help. I was on the floor once or twice. I helped the students do a few IM’s, some simple wound care, removing a Foley – nothing hard. When we removed the Foley, one of the staff nurses came in, and I said something like ’I’m glad you’re here; if we need something, you can tell me where it is – I am having trouble finding supplies.’ Maybe that was a stupid remark. One patient had an IV that was positional. I checked on the IV, turned off the alarm and told the nurse it might need some attention. I couldn’t find insulin so I asked someone where regular insulin was kept. I also asked what brand of regular insulin they carried in their facility. Oh, and when I helped a student give some Demerol, I showed her how to draw the medication out of the pre-filled syringe into a regular 3 cc syringe, because I don’t like the “carpajet” or “tubex” containers. A nurse in the med room told me she did the same thing all the time. A few days later I received a call from my ‘mentor’. She said the floor had called them questioning my competency. Apparently they told her that: I don’t know how to use a carpajet; that I kept turning off the IV pump on an IV that needed to be restarted, but I didn’t tell anyone; I didn’t know what regular insulin was; I needed help to remove a Foley. The mentor went to the students and asked them if I was doing ok. They told her, every one of them, that they were having an excellent experience and they really liked me. The next time I saw the students they asked me what it had all been about – apparently they were called in to the office one by one and questioned – they were all scared to death that they had done something wrong. The ‘mentor’ showed up and followed me around for a part of another day, and said, “you really do seem to be doing fine. I don’t think you need me at all”. She left, and I was on my own again. I didn’t say another word to any of the staff nurses. I was afraid to ask where the bathroom was. Somehow I got through it. I finished out the semester – another 6 weeks or so – and then was told that I would not be hired back. So I was not fired, but I certainly felt as if I was...And I feel like you must be reading this and thinking, she probably didn’t know what she was doing. Because, you know, that’s what nurses are like. You can’t ask questions because they will think you don’t know anything.

The shortage of faculty with adequate foundation and direction to teach will truly influence sound nursing education, unless more formal programs to recruit, nurture and retain qualified faculty are developed, piloted, and critiqued by experienced educators in the profession (Beres, 2006; Berk, Berg, & Mortimer, 2005).

Shriner’s research (2007) demonstrated that the shift from clinical practice to faculty roles proved stressful for the participants in her study, with clinical faculty facing the greatest challenge in their new role. One clinical instructor stated, “New clinical faculty are on the front line with the day-to-day interactions with students, which is very stressful. They come in and they don’t know what they’re doing. There's nobody to tell...
them this is what you need to get done” (Shriner, 2007, p. 147).

Understanding the culture of both novice and seasoned nursing faculty members in academia is necessary to provide insight for administrators, students and practicing nurses as to what it is truly like to live this role (Dempsey, 2007). Billings (2003) states that the answer to the question “What does it take to be a nurse educator?” needs to integrate the nurse educator role, the feedback of experienced nurses who are or could be educators, the preparation of educators and the manner in which they are welcomed into the educational culture.

Being a nurse educator necessitates working in surroundings where teaching is appreciated, respected and supported (Brady, 2006; Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008). The educational setting must be flexible in how it integrates individual educators’ contributions of skill and expertise to the overall teaching effort (Mann, 2004). Haigh and Johnson (2007) found in their research that values developed by students throughout their education may be affected in different degrees by the nurse educators to whom the student is exposed. The authors conducted an international interview of nurse educators from nineteen different countries. Educators reported high regard for the values of honesty and intellectualism, while maintaining a more cautious, although still positive, attitude toward altruism in health care. The study illustrates the importance of educators’ strengths related to values and attitudes. Honesty, altruism and intellectualism are viewed as significant strengths of nurse educators.

Dempsey (2007) examined the experiences of clinical nurses in Ireland who transitioned to the role of nurse lecturer. Themes emerging from the study included role stressors, educational preparation and the availability of support systems. Similarly, research by Siler and Kleiner (2001) revealed that educators’ expectations were contrary to what actually took place, and that novice educators were unprepared both educationally and experientially for the multiple role expectations. Educators stated that they were unfamiliar with the language, culture and practices of the new role, and the workload was much more than they expected.

Nursing Faculty Retention

The nursing shortage has contributed to a domino effect that perpetuates the nursing faculty shortage. Clinical settings regulate salaries to keep a competitive edge; this attraction prevents nurse clinicians from entering academia (Garbee, & Killacky, 2008). In 2006, the average salary of a nurse faculty member with a master’s degree was $55,712, 23% less than the $72,480 that a master’s prepared nurse practitioner earned (Mennick, 2007).

A 2006 NLN survey found a 5.6 percent vacancy rate for full time budgeted nursing faculty positions in Associate degree nursing programs. Factors affecting recruitment and retention were salary, workload and work hours. In 2007, a study of nurse educators was conducted by the National League for Nursing/Carnegie Foundation. Citing a 44 percent job dissatisfaction rate, two thirds of faculty surveyed say workload exceeded what they anticipated when they accepted employment. Excessive faculty workload was directly correlated with reduced faculty retention. More than one in four nursing educators who said they were likely to leave their current job cited the desire for reduced workload as a motivating factor (NLN/Carnegie Foundation for the Professions Program, 2007).

In a separate NLN/Carnegie survey, nurse educators responded that they would likely leave their current position, citing salary as a key motivator. “More compensation” was reported by 53 percent of those who said they would leave their jobs in the next year. For those planning to leave in the next five or
ten years, salary was mentioned by fully one half of respondents (NLN/Carnegie National Survey, 2007).

An additional variable contributing to the scarcity of nursing educators is the aging of the nursing faculty workforce (Falk, 2007). Zungolo (2002) points out that not only is nursing losing faculty to retirement, nursing is losing the pioneers who “developed nursing in higher education”. She adds, “We have also failed to build up a sufficient commitment to educate nurses to take their place” (Zungolo, 2002, p. 210).

Born between 1946 and 1964, baby boomers include the principal sector of the nursing faculty work force today. Female baby boomers are the first generation of women for whom working outside of the home became the norm. Bellack (2003, & 2004) suggests that the elimination of mandatory retirement, increased longevity and economic necessity may keep faculty in their careers. Adding that the profession has lost the wisdom that older faculty brings to academia, Bellack encourages retention of seasoned educators with creative approaches such as shared positions, mentoring of new faculty, and maintaining equal pay “to retain seasoned nurse educators as the valuable resources they are” (Bellack, 2004, p. 244). Schumacher, Risco and Conway (2008) concur: “Bringing back retired faculty for special projects, teaching a course, or guest lecturing can capitalize on a resource often overlooked, ignored or discarded.” (Schumacher et al, 2008, p. 575).

Beres (2006) suggests that a resource to consider is the staff development educator, who may be contemplating a transition to the nursing faculty role. Staff educators have expert clinical knowledge, skills and experience in developing educational practice competencies. Challenges cited here include sufficient, quality orientation and adaptation to the academic environment.

### Nursing Faculty Mentoring

Assistant professors from the University of North Carolina described innovative strategies to decrease stress for the novice nurse educator. Heavy workloads, pressure to attain tenure status, increased emphasis on technological competence and the need to maintain expertise in one’s field, all illustrated the importance of having a mentor. This study described a creative approach to enhance role success through the initiation of a personal and professional self governing support group (Lewallen et al, 2003).

In Ontario, a new faculty development program employed mentored focus groups, which identified common themes for success as a nursing educator: becoming certain in the midst of uncertainty; embracing the philosophy of problem based learning; valuing faculty development; and evolving in the role of nurse educator. Participants felt that the success of the program lay in the use of members’ collaborative efforts. Emerging as a common theme was the sense of growth as nurse educators through a community of faculty development (Matthew-Maich et al, 2007).

Gazza and Shellenbarger (2005) as well as Lander (2004) cite the significance of efforts to retain faculty through long-term mentoring programs. This program consists of continuing formal quality orientation sessions, guidance in institutional academic procedures and evaluative practices, introduction to resources available within the institution (technical support, academic support services), discussion of faculty commitments outside of education, and the establishment of group sessions to support reflective practice.

As a mentorship guide, the Schumacher model (2008) provides a structure for developing excellence in nursing education, and a tool for recruiting new faculty. Both novice and seasoned educators work together to strategize best practices in nursing education, outlining methods to capitalize on
one another’s strengths. Schumacher and associates note that the model’s success depends on the faculty’s philosophy. To facilitate cohesiveness, the shared vision, mission goal and direction of the group should be regularly reviewed. A commitment to looking at what each member brings to the group respects individual differences and strengths. The model identifies 12 essential roles necessary for fostering scholarship and excellence within the nursing faculty unit, ranging from “networker” to “editor” to “philosopher”. Additionally, it recognizes potential barriers to success: institution pressures, society issues, lack of faculty, increased students age myths. The authors conclude that through this collaboration of mentor and protégée, the cultural transition from clinical to educational environment can occur efficiently and effectively.

**Faculty Culture in Nursing Education**

Clinical nursing, the nursing academy, and the nursing professoriate all hold values associated with a culture common to each component (Shriner, 2007). The culture of nursing and its specific beliefs was first documented by Leininger in the 1960s. Related research focusing specifically on the culture and academic discipline of nursing declined after this pioneering work. Shriner’s study sought to “identify and describe the similarities and differences among the cultures of the nursing profession, the academic discipline of nursing, and the professorate as described by nurses who were in the process of making the transition from the clinical nursing role into a faculty role within a college of nursing” (Shriner, 2007, p. 146). This qualitative study included an assessment of behavioral patterns, values and beliefs of each culture. Emerging themes were identified as: stressors and facilitators of transition; deficient role preparation; changing student culture; realities of clinical teaching and practice; hierarchy and reward; and cultural expectation versus cultural reality.

For Shriner’s study participants, being ill equipped for the educator role impacted their role transition. Differences were found in what faculty members anticipated from the teaching role compared to what they in fact discovered. Novice faculty felt competent in their clinical skills, but doubted their capability as an educator. Additionally, student attitudes, values and behaviors were inconsistent with novice faculty’s expectations. The existing student culture influenced novice educators’ teaching methods and directly impacted role transition.

**CONCLUSION**

Beginning nursing educators must become aware that the values of the cultures of nursing and practice are distinct, leading to cultural dissonance between practice and educator roles. Research has demonstrated that the lack of educational grounding for the faculty role results in novice educators questioning their teaching abilities. In light of the current nursing faculty shortage, methods to attract, nurture and retain nurse educators must be developed. Additionally, there is a pressing need to provide accessible, affordable, quality graduate nurse educator programs.

Research also illustrates the significance for novice educators to maintain formal, long term contact with a seasoned mentor. Resources and support must be provided to build, practice and refine teaching skills, evaluation methods, and clinical instruction. Reward structures based on the innate values of the nursing profession must be in place. Rather than expecting novice faculty to adjust completely to the culture of the institution, policies must be implemented to appreciate fundamental nursing values.

Cultural dissonance is a reality for nurses transitioning to academia. The values that guide nurses in clinical practice often conflict with the values important for success in the faculty role.
As novice faculty begin to question which value system they will follow in their new role, they experience a distinct challenge. To address this dissonance, cultural changes need to be in place in academic settings, in order to respect and appreciate the values which initially attracted academic administrators to hire these individuals. The lack of educators with the appropriate foundation to teach will truly impact nursing education, unless formal programs are established, administered and evaluated by program developers sensitive to transition challenges for nurses entering academia.

REFERENCES


