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A Phenomenological Investigation of Nurse Faculty Commitment

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A Phenomenological Investigation of Nurse Faculty Commitment

A DISSERTATION

Submitted to the faculty of

George Fox University College of Educational Leadership

in partial fulfillment of the requirements

for the degree of Doctor of Education

by

Timothy A. Yett

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COLLEGE OF EDUCATION | EdD

A PHENOMENOLOGICAL INVESTIGATION OF NURSE FACULTY COMMITMENT, a Doctoral research project prepared by TIMOTHY YETT in partial fulfillment of the requirements for the Doctor of Education degree in Educational Leadership.

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Abstract

Given the lack of research on nurse faculty career commitment, this phenomenological research study aimed to investigate why nurse faculty choose to stay committed to their career when incentives to leave are high during a persistent nurse faculty shortage. This study used phenomenological reduction through the lens of the Three-Component Model (Allen & Meyers, 1990) of commitment to explore the lived experiences of nurse faculty working full-time in the Pacific Northwest. Through the lens of the Three-Component Model, three themes emerged: (a) nursing education as “a calling”; (b) mentoring as a framework for developing and retaining nurse faculty (c) nurse faculty compensation is holistic. This study sought to understand better the stories nurse faculty tell that explain their commitment to stay and what barriers exist that threaten their retention. Implications for this study may help college and university leaders understand the subtle factors that motivate nurse faculty to stay and develop measures to attract, develop, and retain them.

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A Phenomenological Investigation of Nurse Faculty Commitment

Chapter One: Introduction

This chapter introduces a phenomenological study of nurse faculty commitment experienced by faculty from three colleges and universities in the Pacific Northwest. Merriam-Webster (n.d.) defines commitment as (a) an agreement to do something in the future; (b) something pledged; (c) a state or an instance of being obligated or emotionally impelled. The chapter explains the background of the problem providing evidence from current scholarly literature, provides a statement of the problem and significance, and research questions.

Background

Plagued by high turnover, nursing education lags in developing new nurse faculty to replace nurses lost through attrition (Bittner & Bechtel, 2017). For seasoned nurse educators, the reciprocal influences of personal factors and social intention work as mediators when identifying critical career satisfaction and commitment (Lin, 2020).

According to Fang and Krestin (2017), more than one-third of nurse faculty currently in the workforce is expected to retire by 2025. This significant departure is due to an aging workforce, increasing stress, and burnout. A considerable challenge faces those that remain, and retaining high-quality nurse faculty will be more difficult. One reason is that too few nurses seek higher degrees as nurse educators to fill the growing need. Nurse faculty are not just aging out and leaving the classroom. Faculty are leaving in great numbers for other careers, a return to clinical practice, and deeply personal reasons.

For those nurse faculty who have endured, their reasons for committing to nursing education are varied. It is incumbent upon leaders in higher education to understand the subtleties that underlay nurse faculty commitment. Through their stories, valuable insights can be

gained into the factors influencing retention that are critical to the long-term sustainability of nursing education programs (Jones, 2017).

Educational Problem of Practice

According to research conducted by the Department of Health and Human Services (DHHS) (2017) and the Oregon Center for Nursing (OCN) (2017), access to quality healthcare depend on a robust nursing workforce. Yet, the sufficient supply of nurses entering the labor market relies on a vital nursing faculty workforce. Bitner and Bechtel (2017) assert that the stifling faculty shortage nationwide is crushing the demand for greater nursing program capacity. Nursing program capacity, defined by Minnick and Donaghey (2013), is the estimate of how many students a program may admit based on the number of available faculty members. A definitive decision on the number of students a program can admit is contingent partly on partnering hospitals' limited clinical practicum slots. Each hospital will only accept a limited number of students due to competing nursing programs vying for scarce clinical practicum spaces. Moreover, the nursing faculty shortage is not limited to university-based full-time faculty. Nursing programs must hire and retain a large pool of part-time clinical faculty to support nursing student hospital-based clinical learning.

Furthermore, the Bureau of Labor Statistics (BLS) (2015) reports that the registered nurse occupation will fail to attract newly qualified students if the nurse faculty shortage is not solved well into the next decade (Bureau of Labor Statistics, 2015, as cited in OCN, 2017). Moreover, nursing programs across the country and in Oregon express deep concern over the lack of consensus regarding managing the shortage of nurse faculty (OCN, 2017). There is a need to explore the subtle factors that undergird nurse faculty to commit to a career in academia while incentives to stay diminish (Jones, 2017).

According to the OCN and the BLS (2017), the registered nurse occupation is the second-highest job growth sector in the nation. At issue is the ability of colleges and universities to meet capacity in nursing programs as an ever-decreasing faculty workforce deepens. This lack of capacity is alarming when more significant numbers of vacant positions within nursing schools prefer, and many require, a doctoral degree (Daw et al., 2018). The expansion of the Affordable Care Act (ACA) has many states investing in primary healthcare and behavioral health integration. Currently, the country will fail to meet the supply of nurses needed to fill these positions if nursing program capacity does not increase (Chang & Ferris, 2020).

Applicants Turned Away

There is an imminent nursing shortage on the horizon, with more than 175,000 vacancies unfilled per year. The Association of Colleges of Nursing (AACN) between 2019-2020 reports that 80,407 nursing student applicants were turned away in 2020 due to many factors. A significant element was the lack of nursing faculty (National Advisory Council on Nurse Education and Practice, NACNEP, 2020). Since its first report was published in 2010, the NACNEP reported that the national demand for nurses was escalating at the fastest pace in a decade. The literature did not address such periods when a nurse faculty surplus supported the growing demand for nurses as our healthcare infrastructure expanded.

Researchers who study nursing have examined the growing faculty shortage—each express concern over how this will impact nurses' supply moving forward from 2020 into the next decade and beyond (Bittner & Bechtel, 2017; Ganley & Sheets, 2009; Reinert et al., 2012; Richardson, Gilmartin, and Fulmer, 2012; Ross & Karigan, 2020; Shipman & Hooten, 2008; Wyte-Lake et al., 2013).

The literature reveals that poor retention rates, lack of mentoring opportunities, stress, and burnout contribute to faculty shortages nationwide. Couple that with an aging nurse faculty workforce, and it becomes clear that this issue requires more investigation as to why those that remain choose to stay. Ross and Kerrigan (2020) argue that in the United States, well over 75,029 qualified applicants to baccalaureate and graduate degree programs were turned away in 2018 for various reasons, including a national nurse faculty vacancy rate of 7.2%. A pivotal factor is the 89% vacancy rate in positions requiring or favoring a doctoral degree (AACN, 2020).

Conversely, Miner (2019) researched a cohort of nurses in the Midwest who transitioned from the clinical setting to faculty roles. Semi-structured interviews to collect data were conducted. The findings showed that bonding, camaraderie, and mentoring eased their transition to their new faculty roles.

Additionally, Minor used Mezirow's transformative theory was used to guide their critique using comparative contact methodology (Mezirow, 1978, as cited in Miner, 2019). Their research helps administrators identify support measures that improve nurse faculty hiring and retention. However, Smith (2017) admits that misinterpretations in design while conducting research using Mezirow's model have limitations.

Supportive Work Environments Improve Wellbeing

Faber and Payton (2020) confirmed Owens' (2017) reasoning during their cross-sectional survey study of (N=108) nurse faculty. The professional quality-of-life scale measured secondary traumatic stress, burnout, and compassion satisfaction. They concluded that faculty experiencing a supportive work environment and administration that promoted well-being measures such as work-life balance initiatives are critical to reducing burnout and stress.

However, it is challenging to champion a positive work environment without it growing organically, such as through employee-developed socialization and recognition initiatives.

Duffield et al. (2010) state that positive work environments improve employee job satisfaction and retention rates. Leadership traits such as leader visibility and accessibility serve as a foundation, and access to substantive consultation with a trusted leader also positively affects work environments. When leadership publicly recognizes individuals and teams for a job well done, faculty and staff report higher satisfaction with their jobs, leadership, and the work environment. In a related study, Tourangeau et al. (2014) suggest a multi-faceted approach to building positive work environments by focusing on "providing nurse faculty with opportunities to interact with each other, advocating for and ensuring appropriate access to human resources, promoting the development and implementation of high-quality educational programs, and addressing nurse faculty's preferred job status" (p. 946).

Non-competitive salaries are barriers to retaining nurse faculty, while hospitals dramatically increase clinical nurses' wages and benefits. Furthermore, salary disparities among faculty affect the work environment, and pay inequities affect the growing nursing faculty shortage, as Miner (2019) suggests. However, Bouws, Madeira, and Streberger (2020) report that nursing programs turn away qualified applicants due to insufficient funding even as tuition increases and the demand for capacity increases.

If merely understanding the emotions behind why nurses leave clinical practice to seek careers in academia was sufficient, then simply applying resources to address their emotional needs may be all that is needed to solve the problem. However, the research leans toward more significant structural issues that significantly impact faculty shortages. Faculty burnout, exhaustion, and feeling overwhelmed affect students, educators, and administrators alike, and

each contributes to the growing educator shortage. The pressing issue is persistent staffing shortages on campuses, coupled with lagging wages fueling stress and burnout. If other supporting structures such as work-life balance and workload easing are not in place, administrators will experience decreased retention rates among nurse faculty (Owens, 2017).

Purpose of the Research

This study's aim was to understand the lived experiences of nurse faculty at three colleges and universities in Oregon and Washington state who choose to remain in the classroom when nurse faculty turnover is high. The data retrieved will assist colleges and university leaders in understanding better what motivates nurse faculty to stay.

Research Questions

Using the Three-Component Model introduced by Allen and Meyer (1990) to conceptualize nurse faculty commitment, this phenomenological study addressed two questions:

RQ1: What stories do nurse faculty tell that explain their commitment to stay?

RQ2: What barriers exist that threaten their retention?

Study Significance

If employees feel misunderstood, they will not stay (Johnson, 2020). Therefore, if employers understand their workforce's values and motivations, they can develop strategies to retain them (Allen & Bryant, 2012). The United States is facing an emerging healthcare crisis resulting in a potential reduction in access to care because the supply of nurses is not keeping up with demand (hrsa.gov, 2020). Healthcare as an employment sector faces tremendous pressure to meet the growing need for qualified nurses lost due to attrition and a lingering pandemic (Lin et al., 2021). Furthermore, Colleges and universities in the Pacific Northwest struggle to attract and

hire qualified nurse faculty and cannot afford to lose the few that keep the schools of nursing functioning (OCN, 2018).

My research contributes to the literature on nurse faculty career commitment during an increasing nurse faculty shortage. My study gives a voice through the lived experiences of nurse faculty by sharing their stories and explaining what commitment means to them and why they stay. My study presents an opportunity to understand better what motivates nurse faculty to stay when incentives to leave are high.

Definition of Terms

Commitment (Career)

Career commitment is defined as one's motivation to keep working on the career role that has been chosen and is being undertaken at the moment (Herachwati & Rachma, 2018).

Commitment (Organizational)

Organizational commitment is defined as the strength of the employee's perceived relationship to the company, which keeps them in the company they work for (Herachwati & Rachma, 2018).

Epoch

The freedom from Suppositions. Greek: "to stay away from or abstain from" (Husserl, 1931, in Moustakas, 1994, p. 85).

Horizontalization

"Listing every expression relevant to the experience" (Moustakas, 1994, p. 120).

Intentionality

First introduced by 18th-century philosopher by Franz Brentano (1874) [1911/1973]:
 "Intentionality is the power of minds and mental states to be about, to represent, or to stand for, things, properties and states of affairs" (Jacob, 2019, p. 1).

Noema

Derives from the Greek word νόημα meaning "thought," or "what is thought about" (Merriam Webster Online, 2022). "The noema, in perception, is its perceptual meaning or the perceived as such; in recollection, the remembered as such; in judging, the judged as such (Husserl, 1931, p. 258).

Noesis

Husserl (1939): The subjective aspect of or the act in an intentional experience — distinguished from *noema*.

Nurse Educator

The nurse educator role requires specialized training to teach in undergraduate and graduate nursing programs preparing entry-level and advanced practice nurses, nurse educators, nurse administrators, nurse researchers, and leaders in complex healthcare and educational organizations (Billings et al. 2019).

Nurse Faculty

Individual (s) employed full or part-time by an academic institution responsible for developing, implementing, evaluating, and updating nursing program curricula (AACN, 2020).

Bracketing (Epoch) of Potential Bias

Qualitative research is generally conducted from an emic perspective, and participants and the researcher collaborate through direct involvement (Terrell, 2015). Bracketing is a method

in qualitative research that helps researchers mitigate the harmful effects of bias, supposition, and presupposition that may tarnish the research process. As an analysis instrument, the researcher places themselves at the heart of the research (Starks & Trinidad, 2007). Husserl (1931) alerts us to "see what is really there; to stay away from everyday habits of "knowing things, people, and events" (Moustakas, 1994, p. 85)

The subjective nature of narrative inquiry involves the unavoidable transmission of preconceptions and presuppositions throughout the research process (Tufford & Newman, 2010). Acknowledging my professional relationships and personal understanding of nursing education is necessary for my full disclosure as a nurse faculty researcher.

I have over a decade of experience working as a nurse faculty member in higher education. I teach nursing part-time as an undergraduate online nurse educator in a state school outside of Oregon. However, my full-time career is as a clinical nurse working in hospitals and clinics for over 25 years. Since 2020, I have worked as a faculty volunteer in the College of Nursing at George Fox University in the healthcare simulation lab. I enjoy nursing education but have not experienced what it is like to work full-time as a nurse faculty member navigating all the unique challenges intrinsic to the role. Warshawsky (2019) asserts that rigorous research to understand who is leading the charge is needed to understand better where nursing is headed. We must first understand our educators who teach, work, and "lead in our highly volatile, uncertain, complex, and ambiguous clinical practice environments" (p. 229).

To bracket my knowledge and associations to nurse faculty and the research topic, I must acknowledge that I have a vested interest in the topic under study and volunteer as a faculty member in simulation-based nursing education at a private university in Oregon. I must reveal my associations to mitigate any inherent bias or preconceptions when the researcher knows the

participants and the study topic milieu. Through my research, I may better understand the research topic that will more effectively prepare me for my career as an educational leader.

Chapter Two: Review of Literature

This narrative literature review searched varying academic disciplines and drew upon qualitative, quantitative, and theoretical research methods. This review surveyed the state of knowledge on the phenomenon of commitment to provide a background for understanding the topic of this study. I examined various journal articles and books that use conceptual models to explain commitment as a construct through organizational commitment and career commitment studies.

Criteria for Inclusion

An electronic literature search was conducted utilizing critical educational databases to understand the phenomenon under study. I used ProQuest Central, EBSCOhost Education Source, Academic Search Premier, MEDLINE Complete, PsychINFO, Cumulative Index to Nursing and Allied Health literature, and Google Scholar. A search of peer-reviewed journals, periodicals, and textbooks using the key search terms: commitment, organizational commitment, nurse faculty, and nurse faculty commitment guided the review.

Two converging themes emerged from the literature, with each having a direct influence over the other (1) nurse faculty organizational commitment (OC) and; (2) nurse faculty career commitment (CC). However, studies exploring these themes are limited, and the studies chosen helped to understand how each contributes to the nurse faculty commitment phenomenon.

A review of organizational commitment, career commitment, and models used in empirical studies were examined. For this review, "nurse faculty, nurse educator, and nurse teacher" may be referred to in similar contexts.

Conceptual Framework

Through the literature review process, a conceptual framework emerged as a lens to view and better understand commitment as a phenomenon (Merriam & Tisdell, 2015). The Three-Component Model, first theorized by Allen and Meyer (1990), describes employee commitment as "one who stays with the organization through thick and thin, attends work regularly, puts in a full day (and maybe more), protects company assets, shares company goals, and so on "(p. 3). Each of these assertions may be viewed as advantageous to organizations. A downside to this is the notion of a "blind" commitment to the organization leading to deleterious personal choices (Randal, 1987, in Allen & Meyer, 1997).

The psychology of commitment has its origins in attitude and behavior (Mowday et al., 1982). Behavioral choices such as working long hours, working on weekends, accepting assignments away from home, family and friends, pets, and hobbies affect whether one stays committed to their organization. Whereas one can have an attitude of commitment (statement of loyalty) and behavior of commitment (working long hours, weekends, etc.) and suddenly leave for any number of reasons (Aboramadan et al., 2020; Allen & Meyer, 1997).

Moreover, researchers who study organizational commitment show greater interest in predicting employees' attitudes and behaviors and much less in their consequences. However, organizations concerned with their bottom lines look at turnover rates and absenteeism more closely as each has an immediate effect on productivity (Mowday, 1982).

Ballout (2009) explains that the emergence of protean careers has a significant effect on career development and career commitment. This protean career effect especially applies to those who work in large multisite and transnational enterprises. Nurse faculty working in larger state systems may feel committed to the parent enterprise but be far less committed to their

current campus, position, workload, and immediate supervisors (Aboramadan et al., 2020).

Research data from nurse faculty who work in single-site private institutions on the phenomenon of commitment is non-existent.

Allen and Meyer's (1990) Three-Component Model is a theory that is used across many studies of business, psychology, and education. To better understand how the phenomenon of commitment develops, the Three-Component Model was used as a framework for this study. The model calls these key variables antecedent behaviors and defines them as:

- **Affective Commitment:** How employees feel their work experience is rewarding and fulfilling. They think they are there because they want to be there. Years in the field, job scope, degree of autonomy, and role within the organization lend to fulfilling individual needs and are essential.
- **Continuance Commitment:** Continuance commitment is an employee's cost-benefit analysis of whether to stay or leave the organization. They remain with the organization because they believe they must. After careful analysis, they feel that the cost of going is too high and staying on is the best course of action.
- **Normative Commitment:** This is measured by how an employee feels obligated to their organization. They may think it is the right thing to do and a moral obligation.

Allen and Meyer's (1990) model is used widely and is known to have a "laundry list" of significant antecedents that correlate to variables depending on the study and shows to be valid and reliable (p. 46). However, the model is not without its critics. Culpepper (2000) argues that even though Allen and Meyer's scale measuring the three components of commitment is valid and reliable, the literature still contains ongoing criticisms of certain items on the scale, such as poor construct reflection and certain measurement artifacts. Several studies have criticized Allen

and Meyer's measurement methods (Dunham et al., 1994; McGee & Ford, 1987; Hacket et al., 1994; Williams & Williams, 1996, as cited in Culpepper, 2000). Each found measurement artifacts on continuance and normative scales and were resolved when newly revised scales were employed, and confirmatory factor analysis was used on two samples. After several rounds of studies with the new measurement scale, improvements were seen with relatively minor changes.

Nurse Faculty Organizational Commitment

High-functioning faculty are engaged in their work, and constructive feedback on performance is necessary to novice and tenured faculty alike. A study conducted by Aboramadan et al. (2020) concluded that work engagement is a mediating factor in career commitment among higher education faculty. An investigation into the impact of Human Resource Management (HRM) on faculty organizational commitment was mediated through effective employee appraisal.

Consequently, effective performance appraisals promote healthy work environments, and structured HRM appraisal strategies improve nurse faculty support mechanisms. The findings illustrate that when faculty feel engaged at work, their sense of well-being and commitment increases. Overall, Job satisfaction through increased work engagement is a decisive mediating factor in nurse faculty organizational commitment (Aboramadan et al., 2020).

According to Lock (1976) and Soumayaja et al. 2011 (as cited in Bashir & Gani, 2019), "job satisfaction (JS) and commitment are the most lasting yet obscure constructs adopted in the study of industrial relations" (p. 525). Gutierrez et al. (2012) also found that global job satisfaction is part of a relationship between perceived organizational support, work values, person-organization fit, and developmental experiences. They used the three-component model (Allen & Meyer, 1990) and Homan's social exchange theory as a framework to study these

relationships. Their model measured behavioral antecedents determining whether faculty are likely to stay or leave, and the structural equation model presented was predictive of nurse faculty organizational commitment.

In addition, Gormley and Kennerly (2010) sought to add organizational climate and the nurse faculty role to build a multidimensional model of commitment. They found conflicts between the faculty role, role ambiguity, and organizational climate. Both studies support that the affective component of the three-component model was predictive of global job satisfaction and organizational commitment.

Moreover, a recent survey conducted by Bashir and Gani (2019) found that applying affective and continuance factors enhanced job satisfaction through better pay and job security, organizational support, and more challenging job assignments is an excellent way to recruit and retain faculty. The findings across studies leave questions on why faculty reach this point and eventually disengage from organizations. For example, a nurse faculty who are expected to teach from course templates designed by others, with no input into the content or design, feel less challenged in their faculty role. Those who place a high value on content development and creating practical formative and summative evaluation tools feel more challenged and engaged thus more committed. If not challenged, a slow disengagement may happen.

Disengagement and Organizational Commitment

Disengagement is one of many determining factors in nurse faculty turnover (Gormely & Kennerly, 2011). Changing work characteristics, a reorganization of work settings, and citizenship behavior serve as links to why faculty may be disengaging from their institutions. The fear among administrators and human resource managers is how each may harm faculty commitment (Lawrence et al., 2011).

Furthermore, when traditionally conceptualized, teaching, research, and service, both community and institutional, are primary roles of nurse faculty. However, research and service are diminishing as the demand for higher capacity and the need to demonstrate improved outcomes push faculty toward a focus on productivity (Mitten & Ross, 2018). Administrators placing teaching and research above service is contributing to the decline.

Conversely, nurse faculty have a long history of service and view service as essential to good education and research (Lawrence et al., 2011; Mitten & Ross, 2018). One's attitude and commitment toward service appear to differ generationally as well. Lawrence et al. (2011) found that commitment did not significantly affect faculty's duty to service and that service activities were personal endeavors. However, service as a social exchange influenced nurse faculty commitment and their effectiveness on campus.

Generational Aspects of Organizational Commitment

Generational differences remain in nurse faculty commitment and job satisfaction, and each generation responds differently to cultural and societal change over time (Carver et al., 2011). Such differences either support or inhibit the stability of an institution's faculty workforce and organizational commitment (Mitten & Ross, 2018).

Nurse faculty's veteran generation (VG) (1925-1945) scored higher on job satisfaction scales. They reported finding their work more enjoyable, participating in more service activities, and feeling their institution supported them, leading to more significant organizational commitment. They found meaning in their nursing careers, and career meaning enhanced organizational commitment.

Baby Boomers (BB) (1946-1964) and Generation X (GX) (1965-1980) faculty did not differ significantly on job satisfaction scales even though history had maligned them as lacking

commitment to their work and their organizations. The Millennial Generation (MG) proved to be the most fluid in their career choices. Growing up steeped in media and seen as tech-savvy, they are comfortable with diversity and see changing jobs frequently as the norm (Carver et al., 2011).

Each generation (VG, BB, GX, MG) and their relationship to the organization contribute to nursing faculty performance, teaching effectiveness, and organizational commitment. Each generation viewed a trusting supervisor and an ethical working climate as crucial indicators of commitment and effectiveness. Across generations, a feeling that their work mattered and that students demonstrated good clinical judgment due to good teaching supported overall job satisfaction (Carver et al., 2011; Mitten & Ross, 2018).

Faculty Effectiveness and Organizational Commitment

Faculty effectiveness is studied widely in the literature (Grant et al., 2013). Research reveals that faculty members' effectiveness and personal contribution to teaching and research support organizational commitment. A healthy flow of research activities directly relates to improved teaching outcomes (Carver et al., 2011; Mitten & Ross, 2018).

Comparatively, modern faculty teaching effectiveness promotes improved student outcomes and learning achievements. Effectiveness is linked to faculty growth opportunities, knowledge transmission, and knowledge production and research output (Jing & Zhang, 2013). Performance shows as an intervening variable in the relationship between organizational commitment and faculty effectiveness.

To illustrate the relationships, those faculty who experience high organizational commitment demonstrate higher performance levels, resulting in greater faculty effectiveness. Conversely, higher-performing faculty may feel a higher degree of organizational commitment,

leading to improved faculty effectiveness—the more effective the faculty, the better the student outcomes (Jing & Zhang, 2013).

Several studies suggest a need for a robust meta-analysis focusing on the linkages between faculty effectiveness and organizational commitment but so far has not stimulated much attention (Mathieu & Zajac, 1990, as cited in Jing & Zhang, 2013). Studies addressing nurse faculty career commitment appear to be a new study area.

Nurse Faculty Career Commitment

Career development has gained much attention in the literature and is hardly a novel construct. Faculty commitment is also referenced widely and is closely associated with global job satisfaction (Derby-Davis, 2014; Donovan & Payne, 2020). However, nurse faculty career commitment is poorly understood and has garnered little attention, as evidenced by only a single study bearing the title (Jones, 2017). Because of the longitudinal nature of careers, career commitment conceptually has produced scant research.

Job Satisfaction and Commitment

Nurse faculty job satisfaction has gained much attention over the past decade as nurse educator program enrollments decline. Increasing class sizes and lagging salaries fuel the number of faculty leaving the classroom. Global Job satisfaction is a crucial predictor of nurse faculty commitment to stay in academe (Derby-Davis, 2014). Gui et al. (2009-a) conducted a literature review of job satisfaction among nurse teachers. Nurses' job satisfaction is documented in national and international studies and is an area of interest for researchers as the global nursing shortage lingers. However, research into the job satisfaction of nurse teachers has gained little attention and is a topic in need of investigation due to the persistent nurse faculty shortage.

In part two of their literature review, Gui et al. (2009-b) go further and report on the job satisfaction of nurse teachers and its effects and related factors. They note how job satisfaction affects recruitment, retention, intention to leave, burnout, and productivity. Respondents reported that dissatisfaction with a former job was not a critical factor in why they left. Intent to leave was negatively associated with opportunities for promotion, pay, and supervision. Nurse educators' years of experience, successful scholarship, status, and advancement opportunities accounted for 35 % of the variance using multiple regression. Burnout is associated with job dissatisfaction as well. Burnout is related to being overworked, overwhelmed, exhausted, and feelings of helplessness and hopelessness (Maslach & Jackson, 1981, 1986, as cited in Gui et al. 2009-b), indicating less job satisfaction. Role stress and strain also factored negatively in nurse educators' global job satisfaction, especially those experiencing a lack of empowerment. Nurse educators who see their work as more than a job improved overall job satisfaction.

Duffy et al. (2011) hypothesized that experiencing work as a "calling" improved work-related outcomes, increased job satisfaction, and is linked to work-related well-being (p.10). The authors described a calling as "a transcendent summons, experienced as originating beyond the self, to approach a particular life role (in this case work) in a manner oriented toward demonstrating or deriving a sense of purpose or meaningfulness and that holds other-oriented values and goals as primary sources of motivation" (p. 427).

Furthermore, "calling" is a mediating factor in career commitment. Research had found that when students referred to their area of study as a "calling," they were more decisive when choosing a career. Educators and musicians are top of the list of those who identify their career choice as a "calling." To them, their careers have meaning, are self-effacing, have vocational clarity, experience positive work-related outcomes, and have a commitment to their jobs and

organizations. A correlation was found in a career as a "calling" with the work-related outcomes of organizational commitment, career commitment, withdrawal intentions, and job satisfaction.

Research into nurse faculty career commitment is limited and deserves exploration (Duffy et al., 2011). Further exploration into nurse faculty careers as a "calling" may support interest in nursing as a career. Higher education institutions can benefit from research in this area.

Career Commitment Relationships

There are relationships between education, teacher self-efficacy, career satisfaction, and career commitment of nurse faculty (Jones, 2017). Studies support the findings that the higher the level of education a nurse faculty has, the more positively correlated the conclusions are to their commitment to their career and organization (Derby-Davis, 2014; Jones, 2017). Self-efficacy refers to "beliefs in one's capabilities to organize and execute the courses of action required to manage prospective situations. Efficacy beliefs influence how people think, feel, motivate themselves, and act" (Bandura, 1995, p. 2). The intrinsic and extrinsic satisfaction one experiences about their career are referred to as career satisfaction (Judge, Cable, Boudreau, & Bretz, 1995, as cited in Jones, 2017).

Jones (2017) tested an empirically supported model using the dependent variable of "career commitment" to study the relationships between education, teacher self-efficacy, and career satisfaction. Three existing scales were combined to produce the Career Commitment of Teaching Nurse Faculty Survey (CCTNF), which included (1) Career Satisfaction Survey (Greenhouse, Parasuraman, & Wormly, 1990), (2) Teacher Self-Efficacy Beliefs (Dellinger, Bobbett, & Ellett, 2008), and (3) Career Commitment Scale (Carson & Bedeian, 1994, as cited in Jones, 2017).

A demographic section was included to collect faculty characteristics as part of the study. A sample was selected from accredited nursing programs in the northeastern and southeastern regions of the United States. A requirement for inclusion was nursing programs accredited by the Commission of Collegiate Nursing Education (CCNE). A total of 302 schools were selected. Of the faculty respondents, 93% completed the survey demonstrating a 47.4% response rate. The results concluded that career satisfaction and career commitment did not significantly correlate to credit hours of education. However, a direct positive relationship existed between education based on credit hours and teacher self-efficacy. Jones' second hypothesis of whether there was a relationship between teacher self-efficacy and nurse faculty career commitment was confirmed (Jones, 2017).

Jones' (2017) study limitation was that it did not include all variables related to career commitment as a host of constructs may be included. The sample was limited to the northeastern and southeastern regions of the nation. This study supports previous studies focusing on teacher self-efficacy in teachers surveyed in previous nurse faculty samples (Nugent et al. 1999, as cited in Jones, 2017).

Concluding Thoughts

This review aimed to determine what is known about the nurse faculty commitment phenomenon. An exhaustive review of the literature revealed a range of empirical studies exploring the two converging themes, organizational commitment, and career commitment. After a critical review of the studies, what was missing was the voices of nurse faculty and their lived experiences. No qualitative studies exist on nurse faculty commitment. Rich qualitative data gathered through person-to-person interviewing will support existing empirical data. Jones (2017) writes that gaps in the research exist, and there is a need to understand the subtle factors

to help stakeholders better understand what motivates nurse faculty to stay in their careers. A thorough exploration of opinions and feelings toward nurse faculty work experiences, the cost of leaving vs. benefit of staying, and how one may feel obligated to one's career will provide valuable insights supporting prior research. This study will add a voice to the existing research providing a clearer understanding of nurse faculty career commitment. A phenomenological investigation is precisely the aim of this dissertation.

Chapter Three: Methodology

Purpose of the Study

This study aimed to understand the lived experiences of nurse faculty at three colleges and universities in Oregon and Washington state who choose to remain in the classroom when nursing faculty turnover is high, and the nurse faculty shortage persists.

Research Questions

RQ1: What stories do nurse faculty tell that explain their commitment to stay?

RQ2: What barriers exist that threaten their retention?

Research Design

Because I wanted to understand the lived experiences of nurse faculty and their commitment to stay in the classroom, I used a phenomenological approach. Van Kaam (1959/1966) began exploring empirical phenomenology as a working method for research in psychology, seeking to understand what made people feel understood (Moustakas, 2019). Van Manen (2014) describes this method as: "Phenomenology is the way of access to the world as we experience it pre-reflectively. Pre-reflective experience is the ordinary experience that we live in and that we live through for most, if not all, of our day-to-day existence" (p. 28). Schram (2003, p. 71, in Merriam & Tisdell, 2015) explains phenomenology as the study of a person's individual experience that is "everyday life and social action" (p. 26).

Limitations

This study involved face-to-face personal interviews with nurse faculty currently teaching full-time and faculty committed to staying in nursing education in Oregon and Washington. While the information gathered from these interviews is rich and detailed, the

inability of this study to be generalized to the greater nurse faculty population in the United States and Oregon must be considered.

Delimitations

Delimiting factors included selecting participants who have at least ten years working as nurse faculty in higher education and choose to stay in nursing education. The participants were recruited from three small suburban colleges and universities in Northwest Oregon and Washington to participate in the interview process.

Setting

Interviews were conducted off-campus in a closed-door office setting/room, not open to the public via the Zoom video conferencing platform. Each participant agreed to the online format, and privacy and confidentiality were assured.

Participants and Sampling Strategy

I used purposive convenience sampling to recruit four participants from three institutions in Oregon and Washington: (1) Oregon Valley University (pseudonym), a small private university, and; (2) Cascade View University (pseudonym), a private university in Washington, and; (3) Riverbend Community College in Oregon (pseudonym). The participants selected were chosen due to their proximity to this researcher based on location. All were recruited based on the delimiting factor of working in the nurse faculty role for at least ten years. Each of these institutions is unique, and as such, each school's students and faculty share varying characteristics. Each institution was chosen based on proximity, mission, connecting to learning and life, and community as their guiding principles. Cascade View University students and faculty are drawn to the institution because of its focus on student-faculty relationships, beautiful campus, and choices in curricular design. Riverbend College of nursing sits on a large campus

but promotes success through individual learning experiences, hosting a diverse faculty and student body, and a history of nursing excellence.

Data Collection Method

Phenomenology was the approach used in this study derived from nurse faculty sharing their lived experiences of the phenomenon under investigation. Data was collected through a series of interviews using a specific line of questioning to guide the discussions to gather a rich narrative of the phenomenon of nurse faculty commitment (see Appendix D).

Interviews

Brinkman and Kvale (2015, p. 5 in Merriam and Tisdell, 2015) explain that a research interview "is a conversation that has structure and a purpose" (p. 107). Formal research interviews are a systematic activity crafted to be distinct from an everyday spontaneous conversation (Merriam & Tisdell, 2015).

First-person life experiences form the evidence derived from phenomenological reduction, imaginative variation, and synthesis (Moustakas, 2019). My interviews were conducted via three face-to-face informal, semi-structured conversational style interviews with nurse faculty over three weeks from November 2021 through January 2022. No specific instrument was used, and the unit of analysis was "nurse faculty." To provide the space to develop the data, I asked "grand tour" questions to allow the participants the opportunity to express themselves freely and share their lived experiences (Terrell, 2015) (See Appendix D).

Seidman's Three Interview Protocol

Through stories, interviewing as a research method is a "way of knowing" and a "meaning-making" process (Seidman, 2019, p. 7). To better understand the theory and approach to his protocol method, Seidman (2019) presents his approach through four themes: (1) temporal

and transitory nature of human experience; (2) whose understanding it? (Subjective understanding); (3) one's lived experience as the foundation of "phenomena;" and (4) the emphasis on meaning and meaning in context (p. 16-20).

The time I chose to conduct my interviews was challenging for the interviewees. I asked nurse educators to sit for interviews at the end of a busy semester. Each agreed to conduct the interviews online, thus lessening any extra exposure during a pandemic and avoiding travel during inclement weather. With minor revisions, I employed Siedman's (2019) protocol.

Interviews one and two were conducted back-to-back on the same day as concern over meeting three times on different days during their break would be challenging. Sessions one and two each were held in 60-minute blocks, and a period of reflection was observed after completing session one. Session three was conducted after the invariant constituents were selected and analyzed for inclusion in the document.

Interview One: Focused Career History

The interview protocol was designed to elicit responses that explain the transformation from nurse to nurse educator in detail. The interviewer's task is to place the interviewees' lives in context to the phenomenon under study. This first interview allowed the nurse educator the space to explore what led each to choose nursing as a career in the context of their lives (Seidman, 2019).

Interview Two: The Details of Commitment Through Lived Experience

The phenomenon of commitment is subjective. Phenomenology, at its core, is lived experience. The thoughts, feelings, perceptions, and experiences shape the events of our lives that we may take for granted unless stimulated "and do not usually call to mind" (Seidman, 2019, p. 22). My goal was temporality as the short procession of past, present, and future. Each

experience is unique. During this interview, I took a broad stance to my questioning, asking open questions to understand better their expression of commitment and how each perceives and lives their careers.

Interview Three: Reflecting on the Meaning

Seidman (2019) explains that "in interview three, we focus on that question in the context of the two previous interviews and make that meaning-making the center of our attention" (p. 24). The participants shared their understanding of the experience through all three interviews to make meaning of the process. During our third meeting, I presented an abbreviated transcript of the interview perceived through the lens of my conceptual framework, the Three-Component Model.

Meaning at the Heart of Perceiving

Intricate concepts permeate Transcendental Phenomenology. There are no concepts more steeped in complexity than intentionality, noema, and noesis. However, these concepts are essential to human science researchers seeking knowledge. Moustakas (1994) explains:

There is also agreement that intentionality directs consciousness toward something (real or imaginary, actual or non-existent); that the noema gives consciousness its direction toward specific objects. The noema ascribes meaning to what one sees, touches, thinks, or feels. All experience holds within it essential meanings (p. 69).

To arrive at the essence of something, we must look, reflect, and describe what we are attempting to understand (Moustakas, 1994). First introduced by Husserl (1931), The concept of noema forms the idea of mind and spirit, and "awaken us to the meaning or sense of whatever is in perception, memory, judgment, thinking, and feeling" (p. 249, in Moustakas, 1994, p. 69). The

noema and the noesis refer to meanings we find through investigation, and Husserl believed ideas are pulled from context to identify them.

Data Analysis

I chose to use a web-based coding platform application to organize my data better. I coded by assigning labels to each data section (in vivo). I used first, second, and third-cycle coding, analytical memoing, and member checks. First-Cycle coding: This allowed me to see what emerged from the data at the textual level. I gathered my first impression during my initial notetaking. I accomplished this by examining my notes page by page and line by line. Second cycle: To understand patterns, I collapsed, expanded, and categorized codes around frequency, sequence, similarity, and differences to find common codes.

Third cycle: I wrote anaclitic memos (memoing) about repeating cycles one and two in the third cycle. The notes guided what I learned from the data throughout my evaluation. I summarized my significant findings and wrote reflections on my conclusions (Birks et al., 2008). Member checks: Once the transcription of interview two was completed and coding finalized, I asked the interviewee (s) to read an abbreviated summary of the transcript, provided feedback, and validated if the original meaning of the data they provided remained accurate and intact. Any changes made were included in the final transcript (Vogt et al., 2014).

Phenomenological Reduction Analysis Method

To better organize and analyze my findings, I used phenomenological reduction. The table below describes the modified van Kaam method of phenomenological reduction (Moustakas, 1994).

Table 1

Modified van Kaam Method of Reduction (Moustakas, 2019).

Stage	Description
1	Listing and preliminary grouping of relevant experience expressions (Horizontalization)
2	Reduction and Elimination (Invariant Constituent Determination). Each invariant is reduced or eliminated by testing each expression as (a) Is it understood? (b) Can I abstract and label it?
3	Cluster and Thematize: Create and label the core themes of the experience.
4	Validation: Identify themes by application. Verify constituent articles against the complete record.
5	The Individual Textural Description of the Experience: The use of verbatim examples.
6	Participant Individual Structural Description: The meaning and essence of the experience and imaginative variation.
7	Textural Structural Description: The overall essence of the meaning through experience.

Administration and Procedures

I recruited four interviewees, two from one campus, one from a local college, and one from a university out of state. I asked them to sit for three separate interviews. First-round interviews were for building rapport and gaining trust. Establishing trust is crucial. I first explained that no personal data would be collected about their personal or professional lives other than investigating the phenomenon under inquiry. Each may end the interview or refuse to answer further questions if they feel uncomfortable with the interview questions. Second-round interviews asked the study interview questions, gathered the data, and began coding. Third-round discussions were for member checking. The interviewees could see and ensure that their words

and quotes still convey the same meaning and hold to the original context (Terrell, 2015; Vogt et al., 2014).

Ethical Considerations

A proposal was submitted to the George Fox University Institutional Review Board (IRB) for approval before collecting data. I collected a signed informed consent document from each interviewee (see Appendix B). Identifying information collected about individuals during the process will remain confidential. The use of anonymization will maintain the confidentiality of all data, and I used pseudonyms as the only identifier. All interview data and transcripts are kept on a password-protected hard drive in a locked cabinet in an off-site location. These procedures are in place to ensure that any results documented cannot be tracked back to any individual or aggregate. I advised the participants that they could end the interview at any time if reflecting on current or past events causing emotional distress arose.

Concluding Thoughts

This chapter presented phenomenology as the methodology I used to analyze and best answer my research questions. I explained the research design, setting, limitations, delimitations, and ethical considerations. I explained the administrative procedures and presented the method I used to collect and analyze the interview data. Chapter four aimed to show the results of my research using the modified van Kaam method of phenomenological data analysis I introduced in chapter three.

Chapter Four: Research Findings

This chapter presents the following results of my phenomenological study conducted to answer the following research questions:

RQ1: What stories do nurse faculty tell that explain their commitment to stay?

RQ2: What barriers exist that threaten their retention?

I chose to use the data collection and analysis method Moustakas (1994) outlined from modifications he made inspired by van Kaam's psychophenomenological method (PPM) (1959/1956). My approach began by listing and preliminarily grouping the data from my interviews. I made a list of every expression relevant to the experience (horizontalization). Next, I determined the invariant constituents through reduction and elimination. I then asked myself the following two questions for each expression. Each must meet the following two requirements: (a) Does it contain moments of expression necessary to explain the experience as a sufficient constituent leading to understanding? (b) Was I able to abstract the meaning and label it?

Clusters of moments and their labels are at the core of the experience. Furthermore, I moved to cluster and thematize the invariant constituents. Finally, I validated the invariant constituents by identifying themes and checking the resultant compositions compared to the complete record (Moustakas, 1994).

General Demographic Information

Participants in this study all teach in colleges and universities in the Pacific Northwest. Two institutions in Oregon and one in Washington state. Oregon Valley University (pseudonym) and Cascade University (pseudonym) are private institutions having student enrollments between

2,000 and 4,000. Riverbend Community College (pseudonym) is the largest of the three institutions, with an active enrollment of more than 60,000 students. Each participant is a full-time faculty member, either permanent full-time, tenured, or tenure track. Each maintains busy lives with family and friends, civic responsibilities, and navigating an ongoing pandemic in and outside of the classroom.

Table 2

Demographic Information of Participants

Participant	Age	Number of Years Teaching	Number of Years at Current Nursing School
Verna	60s	14	4
Connie	50s	14	3.5
Doreen	60s	25	18
Hollie	50s	33	15

Narrative Descriptions

I chose the verbatim quotation method described by Moustakas (2019). Instead of providing a word-for-word transcript of the interview for review, Moustakas offers a second method in which narratives are constructed by the researcher using each participant's verbatim quotes. After clustering the common categories into themes, I removed any overlapping or repetitive statements, leaving the clustered meanings forming the textural descriptions.

The Three-Component Model as my conceptual framework served as a lens to view the meaning behind the words conveyed by each participant during my analysis (Allen & Meyer, 1990). I coded each participant's interviews first by immersing myself in the narratives, going

over each section word-by-word and line-by-line, examining the essence of the meaning, and categorizing the textural descriptions into the emerging themes. The participants appeared forthright in their descriptions of their experiences, sharing their thoughts, opinions, feelings, and concerns openly, illustrating their commitment to nursing education.

Verna's Textural Description of Commitment

Verna has been a registered nurse for almost 47 years. She began her nursing career in Washington state in 1975. She is currently in her 14th year as a nurse educator.

Verna's Entry to Professional Nursing

Her initial position as a licensed professional was at a summer camp in a rural community outside Seattle. She said, "That was just a summer job," describing the stint as brief only lasting for about three months. She then moved to Portland, Oregon, and joined the staff of a major tertiary hospital. Her genuine interest was doing mission work. She thoughtfully conveyed that she wanted to use her nursing skills to serve others. She credited her mother as inspiration early on.

Verna's mother shared stories she brought home from work during her formative years. "My mother was a secretary for a general surgeon at the VA in my hometown, and she used to bring home stories all the time about nurses." She felt nursing would be a good skill set as she made decisions about her career. Her original plan was to go to community college because she said she wanted to "get out there as fast as I can." While still in high school, Verna met a man who spent many years doing mission work. His work impressed her. She shared her ideas about going to community college after high school, and he told her, "oh, no, you need a bachelor's degree if you are going to do mission work. You will be teaching people in their own country." The man's words had a tremendous impact on her decision to concentrate on higher education.

Verna completed her undergraduate degree in nursing and moved into medical/surgical nursing; however, her real ambition was to work in obstetrics. During the 1970s, there were few opportunities for nurses to move into a specialty, so Verna remained a medical/surgical nurse for another year. For the next 40 years, Verna honed her nursing skills in hospital-based and community nursing. Her journey would eventually lead her to graduate school.

Graduate Education: Requirement for Didactic Teaching

A graduate degree is required for nurse educators to teach didactic learning methods in colleges and universities. The participants of this study each entered through different routes.

After working as a nurse for the next 40 years, Verna entered graduate school in the first cohort of a new specialty as a Clinical Nurse Leader (CNL). She felt this was the right fit for her as she has a passion for teaching leadership in nursing. The CNL program has a clinical education and staff development focus that provided her with a good foundation for future faculty roles.

Description of Current Faculty Role

Verna describes her current faculty role: “Currently, I am an assistant professor in the College of Nursing at my institution, and I teach primarily upper-level courses, mainly seniors in their final semester, but I do have seniors in the first semester of their senior year.” Her institution is a four-year entry to professional nursing program comprised of traditional undergraduate and community college transfer students.

Participant's Description of Commitment

Merriam-Webster Online (n.d.) defines commitment as (a) an agreement to do something in the future; (b) something pledged; (c) a state or an instance of being obligated or emotionally impelled. Verna provides her description of commitment as:

Not just keeping your word. I believe it is doing what you say you'll do with an element of loyalty; that you're invested in the well-being of the organization that employs you.

Commitment connotes that you support the well-being and success of the organization as part of your perspective and also means a commitment to 'me.'

Affective Commitment

While describing her commitment to nursing education and how it makes her feel, she said, "if I didn't love it (teaching), I wouldn't be doing it all day. So there's that. That dichotomy of, I love this, but it's overwhelming. It takes over my life sometimes, but yes, I'm doing it because I love it." She further explains that the art and science of nursing allow her to experience watching new nurses develop:

I believe the most significant blessings are watching students grow. I find it extremely rewarding and super valuable to watch someone become a professional in that way and watch their thinking and skill set, whether it's task-type skills or soft skills, like conflict resolution or learning how to communicate better. I love seeing that.

Though committed to the process of teaching and learning, Verna expressed that there are frustrations and challenges:

On the other hand, I get overwhelmed and frustrated with all the paperwork and grading of the background stuff we have to do as faculty; that's often the unseen work. You

know, the course prep, the writing of tests, and all the appointments after the test. Those things can be overwhelming and frustrating.

Compensation as Normative Commitment

It is overwhelming for Verna to watch the healthcare industry struggle with the growing demand for new nurses and hiring and retaining experienced nurses. At the same time, wages are increasing for frontline nurses when compensation for nurse faculty lag behind. She further explained that:

You don't go into teaching for the money. You just don't. I could probably make at least one and a half times more in the community. That's entry-level, not even a managerial or higher level. I mean, sometimes our graduates in their first year of nursing make more than we do. So, I chose this because it's the work that I want to do and work that I find valuable. I find that my benefits or rewards are in the professional realm and not the monetary or financial side.

For Verna, salary is not a deciding factor in her commitment to stay as nurse faculty:

I did not go into education for the salary. I took a salary cut when I left my job (community nursing) and came into higher ed, but that's not why I did it. So, it doesn't involve my commitment.

Verna explained that having a flexible daily schedule and generous time-off in the summer and holidays makes her teaching career quite desirable over the hustle and grind of the hospital. She remarks that she may take some work home, but working remotely is a favorable option, especially during the pandemic. Verna says, "if I'm working as a nurse in the hospital, I can't stop what I'm doing and decide to work from home."

Mentorship as Affective Commitment

Mentoring relationships are complicated when workloads are high. Verna explained that her experience with mentoring and the impact it has on developing a solid teamwork culture with constructive feedback:

I've always gravitated towards wanting to mentor new employees. I've gotten good feedback from colleagues I work with in terms of my coordinator course, so I have adjunct faculty that I work with, and they have all given me positive feedback. But I think that gets back to my bent towards mentoring and supporting and nurturing people.

Verna further explained her history of being a clinical preceptor and graduate student mentor. It is part of who she is. Nursing education has been moving toward greater dependence on adjunct and part-time faculty. Turnover in these ranks shows that nurse faculty are constantly orienting new faculty, but Verna says, "I've been mentoring new employees for the bulk of my career." She adds that the cycle may continue until the nurse faculty shortage eases and a commitment to professional growth is supported.

Professional Growth as Continuance Commitment

As in most professional healthcare fields, nurses are expected to participate in continuing education opportunities to keep up with an evolving healthcare and education system. Weighing the pros and cons of staying with an organization may be predicated on support for professional development. Verna struggles with the pandemic's effect on her ability to participate in her professional growth. After two years of stagnation, Verna's commitment to quality nursing education through professional development remains strong, saying:

Professional growth is really important to me, and I have found that that's been a strong driver in my years of education. I think that when you're teaching and when you are trying to produce nurses that will meet today's needs in the marketplace, trying to make sure that you're teaching evidence-based practice, you are on the cutting edge. You have to keep up.

Verna found herself grappling with the decision to drive forward in her job or begin her doctoral studies. The cost-to-benefit is always looming in the background when making academic and career decisions. Staying committed when incentives are low is hard; Verna says:

You have to be growing and investing in your professional development. To make sure that you are providing the best education you can, and in most of my nursing education experiences, I've had all kinds of wonderful opportunities for professional growth. The pandemic, frankly, has been a huge deterrent for me, so these past two and a half or three years, you know, has been huge. So I should say that when I got my master's degree, I worked for seven to eight years in a faculty role before starting my doctoral work. I got my doctoral degree in the early summer of 2019. I was exhausted after that, took a few deep breaths, and was ready to dive in again to scholarship when the pandemic hit. I basically have done zero scholarship for the past two and a half years. So, that's been a little bit distressing for me personally. So I just have not had the margin in my life to keep growing. But in terms of writing, poster presentations, or participating in formal scholarship activities, the pandemic has been a challenge.

Structural Description of Verna's Experience of the Phenomenon

The structure encompassing Verna's experience conveys a solid commitment to nursing education. Throughout her career, whether in the hospital, community, or academe, she feels at home teaching nursing and being of service (Affective Commitment). Verna explains the invariant meanings and essence of her experiences, albeit at times, subtle. Commitment to Verna is perceptual (noema). As Moustakas (1994) explains, "the noema ascribes meaning to what one sees, touches, thinks or feels. All experience holds within it essential meanings."

Thus, when exploring salary and compensation, I could sense a subtle reluctance to ascribe the meaning of how compensation influences commitment. Verna admits that salary is not the deciding factor in her decision to stay or leave. Her reward comes in the form of flexibility, time with her family, and professional relationships. She perceives her role in education as "evolving" (noema). In the same way, Verna expressed her affection for nursing education and the professional relationships formed through mentoring, which have helped her develop new educators and build effective teams (Affective Commitment). Still, she admits that time and resources are scarce. Mentoring is part of who she is.

Moreover, she explains that she must grow as an educator through professional development. In addition, increased workloads, and lack of resources limit Verna. The pandemic affects her ability to grow professionally, either by not attending in-person conferences or engaging in new scholarship activities. She stated, "the pandemic, frankly, has been a huge deterrent for me, so these past two and a half or three years, you know, has been huge." In the final analysis, no one knows what may happen to the future of faculty development for those who are not adhering to online conferences and continuing education training. For Verna, only time will tell.

Connie's Textural Description of Commitment

In nursing for over 23 years, Connie's career initially took many turns. She was beginning to find her way as the healthcare marketplace was evolving.

Connie's Entry to Professional Nursing

Connie was fresh out of nursing school. She started her nursing career working on an oncology unit in a major teaching hospital. At first, acute care was not a good fit for her. She states, "I didn't love acute care nursing before the hospital started staffing 12-hour shifts, but it was worse once they did. That pushed me out. I didn't much care for the 12-hour shifts." Connie quickly determined that she needed to make some changes. Hospitals began trying new staffing models to manage nursing resources better early on in her career. Connie became drawn to education. She then turned to community nursing and realized that teaching was what she enjoyed most: "My favorite part of community health nursing was patient education."

Making the change from hospital nursing to academia proved to be a challenge. Connie's first formal nursing education job was muted because she felt that the environment was not supportive. She explained: "I got a job at one of those proprietary career colleges. It was for an LPN program (Licensed Vocational Nurse). It was okay that I didn't have my master's degree. It wasn't even an issue." At her first staff meeting, she heard an alarming comment: "The very first employee meeting I went to the president said, oh, nursing is not that great. In front of everybody!" Reality set in, and she knew her decision was in question. She asked herself: "Oh, what did I get myself into? This did not deter her from wanting to teach. However, she needed to complete graduate school to compete for better opportunities."

Graduate Education: Requirement for Didactic Teaching

Though her first teaching experience was not a positive for Connie, the career college sparked something more profound in her:

I took to education for future nurses. I really took to that. I felt that I had a raw talent for it and maybe even went beyond my nursing talent for patient care. It was just like, click. I love this. So, I ended up going back to school to get my Masters of Science in Nursing Education.

Armed with a graduate degree, the career college promoted her to a program management position. She says,

They had promoted me to program director, which I hated. It wasn't a very supportive organization, and I had no management experience. They were trying to get me to clean house or something and I had no idea what I was doing. So, I almost went back to home health. I contacted the local community college near me if they had an opening. I also contacted my old home health agency and interviewed there. I almost accepted a position to go back to home health when the dean at the community college said, are you interested? I said yes. I ended up going to work for the community college and I worked there for seven years before I came to my current position.

The community college position was very important to Connie's development as a nurse educator. She calls it, "boot camp for nurse educators." Because the school was year-round, the workload was "high volume." This was a time for her to learn to manage a classroom:

It was a lot of experience with classroom management with the best way to teach things for people. Also, the students in that (community college) setting. Since the school was

year-round, this prepared me to be confident in my classroom management and my education. I added on to that while going through my master's program with a specialty in nursing education.

Connie explains that she was ready to explore more challenging faculty roles in higher education. She's committed to lifelong learning and is back in graduate school, earning her doctorate in education. More doors will open for her and expand her teaching and learning horizons.

Description of Current Faculty Role

Connie is an assistant professor in a pre-licensure college of nursing. She currently has a dual role: program coordinator of an online RN to BSN (registered nurse to Bachelor of Science in nursing) program and assistant professor in the campus-based pre-licensure program. She is in the process of "teaching out" the last cohort of nurses in the online section as she states, "enrollments were not where the university wanted them to be to sustain the program long term."

The change brings about challenges and a time for new growth. Connie taught population health to the online students and will now lead the course live to the pre-licensure cohorts. Her history as a practicing nurse and nurse educator prepared her well to teach in the school's fundamentals course as well. She chuckles when describing her current student demographic, stating:

Adult Learning Theory is my preferred teaching style, and I don't think I'll change. I'm teaching a new demographic of traditional college students. I'm still navigating that because traditional undergrads are adults, but new adults. But I need to learn how to

package it differently for this demographic. There are just some things that require more guidance that I usually wouldn't touch on with my non-traditional student learners.

Connie smiles big when talking about the changes and hints at her anxieties fueled by the COVID-19 pandemic and university reorganization. She admits that all the changes are a challenge to navigate. However, she feels up to the task.

Participant's Description of Commitment

Commitment means I stick with something no matter what. But that doesn't represent my relationship or role as a nurse educator because it feels very much at home with me. I am committed to it because it's what I love to do. I don't even consider getting out of academia or educating future nurses. It's not even a thought in my head because I feel like it's where I need to be. And it's where I can make the biggest impact on nursing and healthcare. This is my calling, where I will spend the rest of my career.

Affective Commitment

Connie expresses satisfaction with her career and genially enjoys the work. She feels a deep connection to education and nursing necessary for long-term success. She explains:

Being a nurse educator gives me a lot of personal satisfaction. I love interacting with the students, and I wouldn't necessarily consider myself an extrovert. But I like seeing people learn as I've been teaching less face-to-face and more online. I have always enjoyed the process of creating teaching materials. I don't think it necessarily has to be a creative process, but that's how I like to do it. That's what I enjoy about it.

Connie is an outcome-oriented educator. She is always looking for ways to measure learning outcomes and ways to influence nursing culture:

I love helping to influence the culture of Nursing and Health Care for the future. I feel like healthcare culture is changing and needs to change and I love being able to influence that by educating future nurses other than just the RN to BSN students. I may spend more time in the affective domain than maybe other educators because that's what I'm passionate about. It's been fun.

The job has many ups and downs, and not all aspects of the job are enjoyable. As with most careers, there are downsides:

The parts that I don't enjoy about my job are that I like to have a lot of variety in my day—and I don't enjoy just sitting at a computer. That's hard for me, sometimes motivational-wise, productivity-wise. One of the things that I'd say is I'm going to college, so I don't have to be doing data entry sitting at a computer all day. And what I've learned online is it's not data entry. It's more mentally taxing than that, but sitting in the same room with the same four walls facing a computer all day long, most days a week, is not my favorite thing to do. So, I'm grateful. I'm sad the RN to BSN program is leaving, but, I'm thankful that I'll have more variety in my day-to-day tasks and roles.

Compensation as Normative Commitment

For me, I have to make enough to feel like I'm not living in poverty because I'm a nurse educator. But I took the pay cut every time because what's more important to me is that I'm doing something I love. I'm spending my days enjoying what I do, and I have flexibility in my schedule. I'm not working 12-hour shifts, and I get time off for my

family during Christmas and the summer. And even when I haven't gotten that, I get a little more flexibility than if I had to work 12-hour shifts in the hospital.

A pay cut is a significant deterrent for nurses who make six-figure salaries. For many in nursing, the long shifts and strenuous work in hospitals are worth the higher pay. Connie has strong feelings toward this inequity. However, she admits that she does not have an answer to pay inequality and the current nurse faculty shortage:

I don't know what that answer is to that. I understand that other people in nursing don't mind that 12-hour shifts, and if that means they make 20,000 more dollars a year, they're not going into nursing education, nor are they staying. So it is a critical issue for me. I wouldn't mind making more money, but it does need to be addressed to deal with our nurse faculty shortage.

Finally, Connie clarifies that compensation to her is more about the intangibles that make up the whole. Her overall well-being determines whether her compensation package supports her being satisfied and retained in her role.

Moreover, she explains that working in professional environments without working at night to be with her children and family is an attractive feature of working in academe. If a nurse changes jobs from one hospital to another, they are often required to agree to a certain number of night shifts. Maintaining a daytime schedule and not working nights is a strong attraction.

Mentorship as Affective Commitment

Connie expresses mentoring as reciprocal:

There's difference between training and mentoring someone because it's more of a reciprocal relationship when you mentor someone. There's a back and forth, and each person gets to teach the other. And it almost feels more like a partnership.

Good mentors are difficult to find. When staffing is tight and workloads increase, developing mentoring relationships can make a tremendous difference, especially when finding a path in the workplace. Connie appreciates the care her mentors demonstrate: "I was taught how to navigate education in challenging environments." A lesson she would take with her into future faculty roles.

Professional Growth as Continuance Commitment

Connie sits back in her chair and takes a deep breath as she explains that she has noticed how faculty fatigue and burnout affect not just her but those around her. Continuance commitment relates to how nurse faculty may stay with their organization because they think changing jobs will not improve their careers. Participating in faculty development activities is essential to professional progress. Connie explains how the lack of professional development is affecting her personally:

I can see why people might feel like they're burnout of education and leave, and maybe not quite making the connection between professional development, growth, and engagement. Not being able to go to conferences, get inspired, and publish something is all of the things I think are essential to job satisfaction.

Connie struggles to find the correct words to describe her current situation but gathers herself and brings the conversation closer to home:

I'm going through a personally challenging time right now. It has caused me to not put as much into my craft and relationship with my students. This is probably the most negative I've ever felt about my role as a nurse educator because I feel like I've been mediocre this semester. Just getting by has affected my motivation. I said I would never consider doing anything else. But I've had a couple of days when I said to myself, this job is very hard, and I don't usually think of it that way. I typically think of it as exciting. My job satisfaction, I would say, has decreased by 40%. I'm okay with that. I know my feelings are temporary.

Structural Description of Connie's Experience of the Phenomenon

The essence of Connie's experience is captured when she says, "this job is hard." She feels this way during a time when she is not at her best physically and emotionally. Her spirit remains strong. I can sense the frustration in her voice as she attempts to explain the current state of nursing education globally. Qualified faculty are hard to find, and nursing schools struggle to find highly trained educators. Commitment during lean times is challenging.

Connie expresses her commitment, clearly stating, "I am committed to it (nursing education) because it's what I love to do. This is my "calling." Connie reminds us that nursing as a healthcare profession spans many specialties, from medical/surgical, emergency nursing, critical care, and community health. Nursing education demands a higher level of education but receives lower pay than hospital and community-based specialties. Connie says, "I have to make enough to feel like I'm not living in poverty because I'm a nurse educator. But I took the pay cut every time because what's more important to me is that I'm doing something I love."

Enjoying what she loves is shared during mentoring opportunities as well. Mentoring is an essential aspect of any profession, and nursing education is no exception. Muted professional growth and tight staffing models due to the pandemic and persistent nurse faculty shortages leave Connie less than optimistic.

Doreen's Textural Description of Commitment

Doreen's Entry to Professional Nursing

Doreen's story begins just after high school. She took a year off to explore her career options. Her aunt was an LPN which had a significant influence on her. She was able to take an aptitude test that showed that nursing might be a good fit. She took the advice and began her career as a licensed practical nurse (LPN), providing care to the elderly in nursing homes.

Fortunately, she found that LPNs in the early 1970s were allowed to perform at a high level, much more than now. She was able to work in an intensive care unit (ICU), providing advanced nursing care to critically ill adults. Since then, the license has changed, and LPNs can no longer provide care at the ICU level. She knew she needed more skills. She asked herself, "okay, what's next. Going to nursing school again would give her an edge. "That's my next step." In 1978, she returned to school, graduating with a Bachelor of Science in Nursing in 1980. Once graduated, she returned to the ICU: "I worked in the ICU for probably 11 or 12 years. In the early days of the HIV outbreak, the healthcare system changed fast. The work was hard. After more than a decade of working in critical care, she wanted to make significant changes. She decided to apply to graduate school.

Graduate Education: Requirement for Didactic Teaching

Graduate school brought new challenges. She continued to work and attend school while raising a family. Wanting a more stable schedule, she chose the degree track of family nurse practitioner: “I graduated in 2000 as a family nurse practitioner.” She worked for an ophthalmologist specializing in intricate eye surgery. During this time, she also worked in an outpatient chemotherapy clinic, stating, “that was not a niche for me.” Wanting to make a change, her friend who worked at Riverbend Community College encouraged her to interview for a faculty position. Once hired, she was introduced to her new passion in nursing, healthcare simulation. Over the past two decades, Doreen’s journey into nursing education involved her evolution as a simulation-based nurse educator comprising the bulk of her current faculty role.

Description of Current Faculty Role

Doreen works full-time at Riverbend Community College as the simulation coordinator. She is in the process of making structural changes, not in her control:

The whole structure of Riverbend has changed in the last six months. So the organizational structure has changed. All the consistencies that were there in the past are not there now. So it’s hard to say what my job is. Currently, I’m trying to create a job description. I’m trying to incorporate the international standards while setting up a simulation lab. It is very challenging. It’s more challenging than it’s ever been. My role is simulation coordinator. I also was the skills lab and simulation coordinator until the fall of 2021. I took that job because the person who had done it for 23 years retired. And through COVID and teaching skills remotely, I realized that I wanted to be able to focus on simulation instead of trying to coordinate both areas because it is quite a big job.

Doing more with less is common in most industries. Nursing schools are no exception. Combining two full-time positions, such as simulation and skills lab, often leads to frustration and turnover. Doreen's case is no different. She opted to drop the skills lab role and focus on simulation to avoid burnout. She cannot do both and stay committed. Everyone has limits.

Participant's Description of Commitment

Commitment means hanging in there through good times and bad in nursing. There's a commitment to providing students or individuals with the ability to have a career that can morph into many different ways and give them an education and lifelong work. And can offer them the life that they want. So it's always been about the students because it is fraught with challenges. There are many, many individual challenges. And some of the most significant challenges have been in the last few years to continue that commitment to the students because they have also changed.

There is much to be said about how each generation responds to the world around them. Doreen is feeling the generational shift that questions her commitment. Retirement is always on her mind, even though she still enjoys teaching. She wonders if the new generation of students will continue to inspire her or cause her to give up.

Affective Commitment

"If you see the students learning something and getting it, that's the best. It's like they got it. That is a wonderful feeling."

Healthcare simulation is the area of nursing education that Doreen has excelled at and drives her passion. Doreen shows tremendous affection for her students and enjoys the learning process that simulation provides. Her students' success is her reward.

Compensation as Normative Commitment

For me, compensation doesn't matter. I'm at the top of the pay range because I've been there so long. I am of an age where I could retire if I wanted. I could probably make as much in retirement as I could working. But I do like using my brain in this way. I have a perfect example. I have a friend that was my partner in the lab for three years. He was making \$60,000. He left being a nurse educator at Riverbend and has gone to the private sector and is now making \$112,000 a year. He's working three days a week, not seven as before.

Compensation is much more than just salary. Compensation for Doreen is more comprehensive. Nine-month contracts give faculty time off for vacations and family time and opportunities to work outside of education to sharpen nursing skills or do something completely different from nursing or teaching. Doreen's friend chose to return to clinical practice because the pay is better, and working a three-day, four-day off schedule allows him more time with his family and to enjoy his favorite hobbies.

Mentorship as Affective Commitment

Persistent faculty shortages make mentoring relationships the exception, not the rule. Each can identify at least one person we have considered a mentor, either as students or faculty. Doreen agrees that mentoring can make the difference between understanding and becoming a functioning faculty member, especially adjunct faculty who are not professionally trained educators:

I think mentoring is an incredibly essential job. I see that the operationalization of mentoring can be pretty haphazard. And especially once hired, they have to start working

pretty quickly. I think we do them a disservice. I think it's challenging to utilize more and more adjunct faculty. That must influence our ability to retain faculty.

Turnover is high amongst adjunct faculty. There are as many reasons as there are candidates. Mentoring is one aspect of retaining those who show an aptitude for the nurse educator roles. Until the nurse faculty shortage eases, formal mentors will remain few.

Professional Growth as Continuance Commitment

The simulation-based nurse educator (SBE) is a professional role with a formal certification process. The certification process is challenging and expensive. There is also the on-the-job training and experience aspect as well. The process of becoming a competent SBE can take years to accomplish. Doreen speaks to how nursing programs will need to support nurses interested in the specialty as simulation-based teaching and learning is the fastest-growing segment of healthcare education:

I think the programs need to provide the training. That's how I would grow as a simulation coordinator. No one gets that. They don't get that we need a strategic plan for simulation. It is a specialty within a specialty of nursing education. So, I don't see Riverbend being committed to our growth and development.

Not many nursing programs pay for continuing education. The ones that do will benefit the most. Doreen is very passionate about growing her school's simulation program but knows that few will take the time and extra expense to take a pay cut for the job.

Structural Description of Doreen's Experience of the Phenomenon

Doreen's commitment appears to be from making a difference in students' lives through the simulation experience. She makes possible an understanding of the phenomena of commitment through her passion for nursing and simulation-based education. An account of the structural essence of Doreen's experience is interpreted when she states, "A student sent me an email of her diary from this past term saying that simulation made a big difference in her life. That, I believe, is what simulation does (noema)." Husserl (1931) tells us, "The noema ascribes meaning to what one sees, touches, thinks, or feels. All experience holds within it essential meanings" (p. 249, in Moustakas, 1994, p. 69).

Hollie's Textural Description of Commitment

Hollie's Entry to Professional Nursing

Hollie completed her undergraduate studies in nursing in 1989 and, after graduation, took a job in Children's Orthopedic Hospital working with adolescents. She loved her job. Working with her patients and colleagues brought her joy. She says, when she graduated, "I immediately trundled off to Seattle Children's Hospital, which was Children's Orthopedic Hospital at the time, and proceeded to have a 26-year career at Children's." She found different challenges working in med/surg, gastroenterology, and perioperative units. Students started coming to the nursing floors, and Hollie soon noticed how much she enjoyed teaching the art and science of nursing. A chance encounter during lunch one day placed her face-to-face with a former faculty member from her undergraduate days. This person was a central figure in her nursing program.

Consequently, Hollie expressed to her friend how much she impacted her life and career as the conversation continued. Hollie beamed a big smile and said:

She literally grabbed my shoulders, or it felt like she grabbed my shoulders, and immediately became animated and said, Hollie, you must know that if you're thinking about teaching, it's a calling. Teaching is a calling, and that's something really to pay attention to. The impact on me was like God was saying, this is what I'm trying to tell you.

The next critical step would be to start looking for graduate schools. Choosing the right program is essential. Many factors are at play. Her journey would come full circle back to her alma mater to earn her master's.

Graduate Education: Requirement for Didactic Teaching

Hollie completed her master's in nursing education in 2007 from Cascade View University. She knew she wanted more from her education and needed a terminal degree to reach her career goals. Hollie's choice was a PhD in nursing education. A primary motivator for her was tuition reimbursement. A friend gave Hollie a piece of advice that she would eventually ignore. She told her that getting all her degrees from one university is not good. However, this did not deter Hollie. She was raising small children, and taking on the expense of graduate school was a critical business decision. Her gut told her that she must pursue this "calling," not knowing that her life was about to get interesting. She explains:

I started my master's in nursing education in 2003. I graduated in 2007. Recently, when I finally finished my doctorate, I just got bombarded with responsibilities. It's like, yay, now you're done, now, here you go. Here are all these new things to manage. And we had a bunch of retirements out of our department, and now I'm the second longest-serving faculty in our department.

Description of Current Faculty Role

Hollie is currently a full-time tenured professor of nursing at Cascade View University. She has several leadership roles in her department and within the university. “My leadership within the department is chairing the curriculum committee, and I have other committee responsibilities outside our department.” She explains how her peers see her in her role, saying, “I’m viewed as a resource in our department. I am a person to go to with questions, and even if I don’t have the answers to say, I don’t have the answer.” She chuckles as if to make light of how she sees herself. I got the impression that Hollie is humble, non-assuming, and probably takes on more responsibility than she admits.

Participant’s Description of Commitment

Commitment, for me, has not been static in the sense that my reasons for commitment have changed. And the other piece in terms of intrinsic commitment for me has been multifactorial. Nursing education is a huge area of need. Nurse faculty were in a shortage even then in 2007, and it’s only gotten worse. Commitment is about contributing to the future of nursing. I see my role as part of the bigger picture and ask how we will solve our healthcare industry problems? Every educator is critical to that overall mission. If we don’t have nurse educators, we don’t have a healthcare system.

Affective Commitment

The impact the words of her former professor, who said to her: “It’s a calling. Teaching is a calling, and that’s something really to pay attention to.” Hollie internalized these words. The conviction in her voice is palpable when she shares the story. For Hollie, being a nurse educator is more a spiritual journey than a professional endeavor.

Compensation as Continuance Commitment

Compensation is one of those chokepoints. In academia, everybody wants more pay, and that's really challenging. The difficult thing with a professional school like nursing is that we're talking about people who are clinicians who would be commanding quite a paycheck if they were out there in the clinical world, but who are teaching and that paycheck is significantly less. So many nursing faculty are in that position of working a second job to afford to keep teaching, which is very sad. And at the same time, it has been a part of our reality for a very long time. I realized that I needed to not focus on that pretty early on.

Mentorship as Affective Commitment

I don't think one can overstate the importance of good mentoring. I think faculty mentoring can make or break our workforce as nurse educators in academia, and I have seen this over and over again, even within my department of the voiced intention to mentor new faculty and, whether it happens or not, can make or break whether we retain faculty or not. Part of my commitment is to increase our nursing workforce. We can't do that if we don't have enough faculty. So the other component of that commitment is being available to mentor the new nursing faculty because without them, we don't have a nursing program, and without a nursing program, we don't have nurses.

Professional Growth as Continuance Commitment

Hollie is self-effacing. Throughout our interview, I could sense her confidence. She structures her professional development by following her passion. She explains: "I don't know that opportunities for professional growth necessarily influence my decision to stay." She used a

sabbatical once to participate in the medical reserve corps to help with vaccinations. However, the pandemic has made growth opportunities scarce, as she explains:

Well, under normal circumstances, non-pandemic circumstances, there have been really great opportunities for professional growth, going to conferences and having that subsidized by the university. So those have been great opportunities and they've enhanced staying for sure. I don't know that they've played into a decision to stay, however.

Subsidized professional activities positively impact employees' careers if executed well, Hollie says. Not all campuses have the resources to send nurse faculty to conferences and continuing education programs. Hollie considers the entire package offered by her university. For her, it is working.

Structural Description of Hollie's Experience of the Phenomenon

Hollie's commitment to nursing education comes through clearly when she states: "it's my niche; it's a calling" (Affective Commitment). Her career in nursing started by exploring different specialties and hospital environments. A chance meeting with an educator influenced her life in such a positive way that she took a leap of faith and ventured into academia. Starting graduate school and taking her first teaching job was the first step in her journey.

Hollie feels that she made the right decision completing all her degrees at her alma mater and then continuing as faculty. She enjoys personal, professional, and financial support from the university (Continuance Commitment). However, Hollie admits that failing to provide mentoring and faculty growth support may influence others to leave. Furthermore, professional growth

opportunities have less influence on her commitment, but others may have stronger contrary opinions.

Mentoring can have a significant impact on the success of a nursing program. Hollie feels that providing formal mentoring is crucial to achieving employee stability. Furthermore, formal and informal mentoring can serve as an excellent professional growth medium. Nursing schools must attract and retain large numbers of adjunct clinical faculty. Hollie explains that adjuncts are at the highest risk for turnover when not trained and mentored appropriately. We discussed our experience with colleges and universities with clinical faculty orientation programs for adjuncts, but many fade away because of persistent faculty shortages. If more schools of nursing offered formal clinical faculty training programs, they could boost retention.

Essential topics such as salary and compensation and the future of nurse educator programs remain unclear. Moreover, comprehensive salary and compensation incentives, for Hollie, are priority topics. In her opinion, Hollie feels that the issue of compensation is a “chokepoint” in how colleges and universities respond to the current nurse faculty shortage. She says that the money is not an issue with her choice to stay or leave. However, potential nurse educator candidates may have a different opinion. The lack of nurse educator enrollments in master’s programs to supply future nurse educators is declining, and Hollie understands the adverse effects this will have for nursing education moving forward.

Composite Textural-Structural Description of the Meanings and Essences

Through a composite textural-structural description of the phenomenon of commitment, the invariant constituents of the meanings and essences of the participants’ experiences emerge.

The Three-Component Model (Allen & Meyer, 1990) is the lens through which I viewed the invariant constituents representing the group.

Affective Commitment

Nursing began for Verna, Connie, Doreen, and Hollie, much like any other nursing student, with wide eyes and eagerness for their new careers. Each participant expressed a deep emotional attachment to nursing and nursing education as a specialty. Such words as “I’m doing it because I love it” and “I feel it is where I need to be” are honest and with conviction. Another expresses their commitment to nursing education as “a calling.” Each entered into nursing education from a different place. Each found their initial careers left them with a sense that something was missing. Once they found nursing education, a new sense of purpose was achieved, and unique service opportunities appeared.

Continuance Commitment

Continuance commitment occurs when employees weigh the pros and cons of staying with an organization because they may feel that leaving would not improve their careers. The thought of leaving their faculty jobs because the pay in the hospital is much better makes no difference to the participants. They knew they would take a pay cut transitioning from hospital nursing to nurse faculty. That alone did not deter them from doing what they love, teaching. The ongoing lack of parity between nurse educators and hospital nurses contributes to the persistent nurse faculty shortage. The participants can see the problem year over year through the high turnover rates of adjunct faculty. The base education to be an adjunct clinical faculty member is a bachelor’s degree in nursing. Adjunct pay for these nurses can be as much as half of what they make in the hospital.

Consequently, with each degree earned, such as a master's or doctoral degree, the pay is only marginally increased compared to full-time faculty or leaving academia for the hospital or clinic setting. The essence of the participants' stories is that money is not the issue. The participants each explain the comprehensive nature of their benefits package that supports their lifestyles. However, they are a minor constituent of the nurse educator workforce, and the consequences of ignoring market forces in nursing education are evident.

Normative Commitment

Normative commitment is the degree that an employee feels obligated to stay in an organization as a sense of duty. For this study, normative commitment is the degree that a nurse educator feels accountable to nursing education as a career. There is no question that each feels committed to nursing education for the participants in this research. However, none of the participants made any overtures to leave their organizations or that they were beholden to them (Organizational Commitment). During the interviews, the participants made clear they enjoyed the people they worked with, which was the glue that held them to their organization. One participant explained that she took her current position because she followed a colleague from a competing nursing school. Two other participants agreed that nurse faculty frequently leave in pairs or groups. The issue of being transient in pairs and groups is an interesting finding.

Final Thoughts

This chapter encompasses my phenomenological analysis of nurse faculty commitment as viewed through the lens of the Three-Component Model. My investigation linked my research questions to the essence of the invariant constituent meanings expressed in the interviews. Through listening to the participants' stories, I determined that nurse faculty commitment is a commitment to the students and the advancement of nursing. Even though there were strong

feelings toward salary inequality with hospital nurses, this alone does not appear to determine retention. Their compensation seems holistic. Taking care of their minds, bodies, and spirit and the relationship with their students and colleagues seems to be more of an influence whether they stay or leave.

This chapter sought to draw upon nurse faculty's thoughts, feelings, opinions, and experiences to help us better understand how to attract, mentor, and retain high-quality nurse educators. Chapter five will examine conceptually whether the Three-Component Model can provide insight into the critical concepts of career commitment, compensation, and mentoring. I will discuss how each influence whether nurse faculty stay or leave.

Chapter Five: Discussion

The purpose of this study was to investigate the phenomenon of commitment experienced by four nurse faculty working at three colleges and universities in the Pacific Northwest. The background of this study explored the persistent nurse faculty shortage and how an aging nurse faculty workforce is at a critical juncture leading to an even more significant lack unless more nurses choose nursing education as a career and remain committed to the field. (Jones, 2017; OCN, 2017). The following section summarizes the research findings and discusses my insights as a phenomenological researcher that emerged through the research questions.

The Three-Component Model (Allen & Meyers, 1990) served as a conceptual lens to guide my research and help me answer the research questions presented in chapter one. This chapter summarizes the study and essential conclusions drawn from the data presented in the previous chapter. It discusses the discipline-specific implications for nurse educators, educational leaders, and social science scholars. Three overarching themes emerged from the research findings and are presented in detail, guided by the study's conceptual framework. The chapter concludes with implications for practice, recommendations for further research, and final thoughts.

This study's research findings trace to the essence of the participant's individual experiences of the phenomenon of commitment investigated in chapter four. Participants shared their thoughts, feelings, and opinions openly, explaining what commitment means to them and why they choose to stay. The four participants debated what factors would attract future nurse educators to seek the required graduate degree and leave their patient care nursing careers. Each presented specific factors influencing their commitment to stay and critical insights into what educational leaders may learn about retaining them. The conversations were rich and insightful,

providing an insider's view of their careers as current nurse educators teaching in higher education.

Conceptual Framework: Three-Component Model

Allen and Meyer's (1990) Three-Component Model is a theory that is used across many studies of business, psychology, and education. To better understand how the phenomenon of commitment develops, the Three-Component Model was used as a framework for this study introduced in chapter two. The model calls these key variables antecedent behaviors defined by the authors as (a) Affective Commitment: How employees feel their work experience is rewarding and fulfilling. They think they are there because they want to be there. Years in the field, job scope, degree of autonomy, and role within the organization lend to fulfilling individual needs and are essential; (b) Continuance Commitment: Continuance commitment is an employee's cost-benefit analysis of whether to stay or leave the organization. They remain with the organization because they believe they must. After careful analysis, they feel that the cost of going is too high and staying on is the best course of action; (c) Normative Commitment: a measurement by how an employee feels obligated to their organization. They may think it is the right thing to do and a moral obligation.

The model was first introduced to study employee organizational commitment. For this study, I utilized the model as a lens to investigate nurse faculty career commitment. The modified view allowed me to examine the phenomenon under investigation as a decades-long nurse faculty shortage persists.

What Do Their Stories Reveal?

The participants' stories revealed a deep commitment to nursing student education and how their role impacts the future of nursing. Several described their commitment as "a calling," as not seeing themselves "doing anything else", and "a niche." The relationships developed between their colleagues and the students seem to be the glue that binds their commitment to nursing education. Salary is an ongoing debate carried out at the state and federal levels to address nurse faculty pay inequities (Minor, 2019). This study's participants express that salary is not their primary motivator to stay or leave. Of more importance are the subtle compensation factors which provide each with ample time away over winter and summer, professional standing, comprehensive fringe benefits, and flexibility in their daily schedule.

Consequently, three overarching themes emerged from my research questions guided by the conceptual model to understand better why nurse faculty feel being a nurse educator is (a) "a calling"; (b) mentoring may be the key to improved retention, and; (c) why nurse faculty compensation is "holistic" and meaningful. The following section discusses these subtleties impacting their commitment to nursing education influencing retention.

Theme One: Nursing Education as "A Calling"

Nursing education as "a calling" best describes how the participants view their transition from the patient care setting to professional nurse educator. Duffy et al. (2011) hypothesized that experiencing work as a "calling" improved work-related outcomes, increased job satisfaction, and is linked to work-related well-being (p.1). Developing from the invariant constituents, the meaning behind "a calling" permeated their narratives and emerged as a metaphysical construct. Each was drawn to nursing education and chose to pursue their career through a series of moments, expressing how deep and rich their experiences had become.

Moreover, I found a unifying thread woven into the participants' shared experience that illuminated the construct enabling each to form appraisals toward the meanings behind who they are and who they have become. Connie shares a defining moment when she says, "it was just like, click. I love this. I don't see myself doing anything else. It's not even a thought." Nursing education is a specialty within a patchwork of specialties and choices nurses can make with their careers. "A calling" appears to be at the heart of commitment for these nurse educators. To be called to something seems to imply that alternatives are removed from the decision-making process. This level of commitment seems to benefit both the participants and the students they serve profoundly.

Theme Two: Mentoring as a Framework for Developing and Retaining Nurse Faculty

Mentoring teachers has proven to be one of the most effective means of retaining them (Irby, 2020). Facilitating a robust nurse faculty mentoring program may prove to be the most effective way to develop and retain nurse educators. All four participants agree that prioritizing mentoring is what each wants to see come to fruition. However, the participants reinforce that so few nursing programs have the time or faculty resources to prioritize mentoring for every new faculty member and how mentoring can enhance the skills of seasoned educators.

In addition, the participants found themselves in positions where they were new to classroom teaching. They quickly transitioned into their new roles with little to no mentoring at times. The expectation was to function effectively, sometimes combining two full-time positions to meet programmatic needs. Doreen illustrated this when she shared combining the simulation and skills lab positions; for her, "it is very challenging. It's more challenging than it's ever been." Not only does this seem to be counterproductive, but Doreen seems to feel that this is why

so many faculty do not stay, making it less attractive for faculty when finding ways to retain them is a must.

Theme Three: Nurse faculty Compensation is Holistic

Fry (2021) explains that meaningful compensation is holistic: “employees want more than just pay” (p. 1). However, novice educators must look at how their paycheck will support their families while carrying student loan debt early in their careers, understanding that academia will require them to earn a terminal degree for promotion and tenure. Hollie explained that the current conversation in the literature regarding pay for nurse faculty is a “chokepoint.” However, she feels choosing to stay or leave her role based on salary alone is missing the point.

In addition, Daw and Etta-Mills (2018) concluded that a failure to address pay and compensation of nurses recently completing advanced degrees in nursing education stifle the attraction, hiring, and retention of nurse faculty in many institutions. A focus on comprehensive compensation packages that also address pay incentives may relieve what Heidi calls a “chokepoint” as to why nurses thinking of entering academia decide to remain as hospital-based nurse educators instead of choosing academe.

For this reason, this study’s participants are mid to late-career nurse faculty who may not share the same values as the emerging generation of nurse educators. Each participants’ holistic view of their careers emerges when they say that their nurse faculty role provides them with a deep sense of purpose, collegial work relationships, flexibility, and professional standing. Each was quick to add that salary is not the deciding factor in whether they stay or leave.

Final Thoughts on This Section

The reasoning behind what influenced the participants to choose education over practice is as varied as their journeys to become nurses and nurse educators. Each participant spoke to where they are in their careers, expressing their commitment and place among the nurse educator community. During the interview process, I noticed that before answering questions that sought to clarify commitment and why they chose to become a nurse educator, each paused thoughtfully to explore their feelings and gave their opinions with a sense of mystery and inspired purpose. The phenomenon of commitment remains individual and elusive.

Study Limitations

This phenomenological study's sample met the delimiting criteria of nurse faculty working as full-time nurse educators for at least ten years. This phenomenological investigation was limited to four nurse faculty teaching in colleges and universities in Oregon and Washington. Consequently, the participants do not represent all nurse educators teaching in their respective geographic areas in the Pacific Northwest.

Moreover, this study's data is limited to the participants' experiences and does not reflect the researcher's thoughts, feelings, and opinions as a practicing nurse educator. To restrict any bias or presuppositions (epoch) that may have arisen during the research process, I needed to remain aware of my proximity to the phenomenon under study as a nurse faculty researcher. To further manage bias, I conducted thorough member checks to verify with each participant that the invariant constituents remained true and free of researcher bias before drawing study conclusions.

A concerted effort was made to recruit from a pool of nurse educators, women, and men. Men were not included in this study due to an absence of male nurse educators willing to participate. Therefore, this study cannot be generalized to the nurse faculty populations outside the Pacific Northwest or in the United States.

Implications for Practice

The findings of this investigation complement those of an earlier study on nurse faculty self-efficacy and career commitment (Jones, 2017). Jones' research states that aging faculty, a scarcity of nurse educators with doctoral degrees, and the high cost of tuition fuel the ongoing nurse faculty shortage. She explains that "there is a need to explore the subtle factors" contributing to the scarcity (p. 364). This study supports Jones' work by addressing what she describes as the "subtle factors" of pay, compensation, mentoring, and professional development.

Through this investigation, what emerged were the thoughts, feelings, and opinions of nurse educators who choose to stay because they are committed to their students, see their role as "a calling" (affective commitment), and emphasize an appreciation for holistic compensation (Continuance Commitment).

Because the participants of this study value their non-monetary rewards rather than pay alone, administrators may learn from them and consider implementing more effective compensation packages. They may consider such incentives as reimbursement for professional license and certification renewal, professional conference travel, registration, food, and transportation fees. Marketing strategies may include emphasizing:

- Nine-month contracts enable a generous break during the summer and winter holidays to be with family and friends.

- A respite during spring break.
- Flexible dayshift schedule.
- No night shifts.
- Enjoy extended vacations.
- Time to attend professional conferences.
- Work in clinical practice over breaks to keep nursing skills up to date.

Thus, bridging the gap in economic barriers to professional development may prove a potent attractor. Moreover, the information gathered from the participants' experiences may help college and university leaders and administrators better understand what motivates nurse faculty and ways to support their professional needs.

Consequently, becoming the employer of choice for potential nurse faculty employees must be at the forefront of university human resource recruitment design. Thus, employers must understand their workforce's values and motivations to develop effective retention strategies (Allen & Bryant, 2012). Holistic compensation packages focused on quality-of-life measures may attract high-quality faculty candidates. As leaders, we must first listen to the needs of our workforce. If employees feel misunderstood, they will not stay (Johnson, 2020).

Recommendations for Further Research

Conducting research using a mixed-methods design would help capture quantitative and qualitative data to expand and strengthen conclusions of future studies, especially those addressing employee incentive effects. Noticeably missing from this research are men's voices. Men are the minority in nursing, and a more extensive study including men who are nurse educators may strengthen future studies. The limited geographic area explored in this research is

a significant limitation as to the depth and breadth of nurse educator experiences. Capturing voices spread across more significant geographic regions and nationally may also strengthen future studies.

Furthermore, studies based on behavioral economics can be designed with incentive-driven experiments using methods such as survey data to discover variables that cause nurse faculty to choose one institution over another, improving retention. Additionally, quantitative designs using surveys to collect data on pay, mentoring, professional development, and work environment may assist decision-makers in forecasting future trends in nurse faculty economic needs during uncertain economic climates.

Concluding Statement

This phenomenological research investigation aimed to explore the stories nurse faculty tell that explain their commitment to stay. The results indicate that nurse faculty commitment is highly subjective and visceral. Furthermore, we may conclude that we may understand the potential barriers that threaten their retention by effectively determining their needs.

Furthermore, I attempted to set aside bias and opinion through the epoch to allow the invariant constituents to develop without influence. Thus, I took a phenomenological reduction approach to describe in textural language what the participant sees externally and how their stories explained their internal consciousness through their life and career experiences. What I discovered through this investigation was a degree of reverence and respect. I anticipated a measure of contempt toward nursing education in its current state but found the precise opposite.

As a result, this phenomenological investigation offers a better understanding of nurse faculty and their commitment and passion for teaching in economic environments that may underestimate the new generation of potential nurse educators. Therefore, further research may assist institutional leaders in recognizing the effect protean careers have on recruitment and retention well into the next generation of educators. In the words of John C. Maxwell: “The pessimist complains about the wind. The optimist expects it to change. The leader adjusts the sails.”

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Appendix A

IRB Approval Document

GEORGE FOX UNIVERSITY HSRC INITIAL REVIEW QUESTIONNAIRE

2211143
Amendment
Page 7Title: *Phenomenological Investigation of Nurse Faculty Commitment*Principal Researcher(s): *Tim Yett*

Date application completed:

(The researcher needs to complete the above information on this page)

COMMITTEE FINDING:

For Committee Use Only

☒ (1) The proposed research makes adequate provision for safeguarding the health and dignity of the subjects and is therefore approved.☐ (2) Due to the assessment of risk being questionable or being subject to change, the research must be periodically reviewed by the **HSRC** on a _____ basis throughout the course of the research or until otherwise notified. This requires resubmission of this form, with updated information, for each periodic review.☐ (3) The proposed research evidences some unnecessary risk to participants and therefore must be revised to remedy the following specific area(s) on non-compliance:☐ (4) The proposed research contains serious and potentially damaging risks to subjects and is therefore not approved.

Chair or designated member



Date

Appendix B

RESEARCH SUBJECT INFORMED CONSENT

Project Title: A Phenomenological Investigation of Nurse Faculty Commitment

Principal Researcher: Tim Yett

Dissertation Chair: Dane Christian Joseph, Ph.D., Associate Professor of Education

Organization: George Fox University

Location: 414 Meridian St. Newberg, OR 97132

Contact: tyett18@georgefox.edu 805-886-3036

Prospective Research Subject: Read this consent form carefully and ask as many questions as you like before deciding whether you want to participate in this research study. You are free to ask questions at any time before, during, or after you join in this research.

PURPOSE OF THIS RESEARCH STUDY

Your request to participate in a research study is to explore the lived experience of nurse faculty who have committed to staying in the classroom. These interviews will contribute to a better understanding and awareness of why nurse faculty choose nursing education as a career when turnover is high and a persistent nurse faculty shortage persists.

PROCEDURES

Consenting to be a voluntary participant in this study means you will be asked to participate in two separate interviews, each lasting around 60 minutes. Interviews will be conducted in person (audio only) or, for your convenience, either virtually on Zoom and will be recorded for both audio and video.

POSSIBLE RISKS, DISCOMFORT, OR BENEFITS

There are no known risks from taking part in this study, but in any research, there is some possibility that you may be subject to risks that have not been identified. It may be possible that you may experience discomfort while answering a question that may trigger unpleasant memories. If you feel uncomfortable, please tell the researcher, and he will ask if you want to continue. You will not receive any financial compensation due to the unfunded nature of this study, and you will not receive any other direct benefits from the study.

CONFIDENTIALITY

Due to the nature of this small, qualitative study, the researcher cannot guarantee complete confidentiality. The researcher will diligently take the necessary steps to keep your personal information collected for the study as protected and confidential as possible.

Your identity will be kept confidential by using pseudonyms for participants and institutions and using these codes in working with and discussing the data. Electronic files will be stored on a device with password protection, and all recordings will be destroyed within three years of completing the study.

TERMINATION OF RESEARCH STUDY

Participation in this study is entirely voluntary. Even if you consent now, you are free to withdraw consent later and withdraw from the study at any time. Your decision will not affect your relationship with George Fox University or otherwise cause a loss of benefits to which you might otherwise be entitled. If you choose to withdraw from the study, the researcher will discuss your preferences for any data you were apart from.

VOLUNTARY CONSENT

This document explains your rights as a research participant. If you have questions regarding your participation in this research study or have any questions about your rights as a research subject, please contact Tim Yett using the information listed at the top of this form. Your signature below indicates that you consent to participate in the above study. By signing below, you are indicating the following:

- o You understand that your participation in this study is entirely voluntary and that you may refuse to participate or withdraw from the study at any time without penalty.
- o You understand the procedures described above and fully understand the rights of a potential subject in a research study involving people as subjects.
- o Your questions have been answered to your satisfaction.
- o You agree knowingly to assume any risks involved in the study.
- o You agree to participate in this study
- o You agree to be recorded

AUTHORIZATION

I have read and understood this consent, and I volunteer to participate in this research study. I understand that I will receive a copy of this form. I voluntarily choose to participate, but I understand that my consent does not take away any legal rights in the case of negligence or other legal faults of anyone involved in this study. I further understand that nothing in this consent form is intended to replace any applicable Federal, state, or local laws.

Participant Name (Printed or Typed): _____

Date: _____

Participant Signature: _____

Date _____

Signature of Person Obtaining Consent: _____

Date: _____

Appendix C

Table 1

Modified van Kaam Method of Reduction (Moustakas, 2019).

Stage	Description
1	Listing and preliminary grouping of relevant experience expressions (Horizontalization)
2	Reduction and Elimination (Invariant constituent determination). Each invariant is reduced or eliminated by testing each expression as (a) Is it understood? (b) Can I abstract and label it?
3	Cluster and Thematize: Create and label the core themes of the experience.
4	Validation: Identify themes by application. Verify constituent articles against the complete record.
5	The Individual Textural Description of the Experience: The use of verbatim examples.
6	Participant Individual Structural Description: The meaning and essence of the experience and imaginative variation.
7	Textural Structural Description: The overall essence of the meaning through experience.

Table 2

Demographic Information of Participants

Participant	Age	Number of Years Teaching	Number of Years at Current Nursing School
Verna	60s	14	4
Connie	50s	14	3.5
Doreen	60s	25	18
Hollie	50s	33	15

Appendix D

Semi-Structured Interview Protocol

Interview #1

1. Can you share with me when and where your nursing career started and how it all began?
 - a. Can you explain how you came to choose nursing as a career?
 - b. What degree level was your first nursing program (associate, baccalaureate, or master's), and explain your journey through education?
 - c. What was your first clinical specialty upon graduation?
2. Please explain your decision-making process when you chose to become a nurse educator?
 - a. Where and when did you attend graduate school, and provide details about your experience?
 - b. What was your degree track (nurse educator, clinical nurse specialist, nurse leader, etc.), and how did your degree shape your career decisions?
 - c. What specialty certifications have you acquired, if any, and describe how they support your nurse educator career?
3. What specific experiences inspired you to teach nursing either as a new nurse employee preceptor or student nurse preceptor?
 - a. Can you please walk me through your experience as a clinical preceptor?
 - b. Describe in detail your experience in clinical education?

Interview #2: The Participant's Role as Nurse Faculty

1. Will you please outline for me your current faculty role in higher education and what motivated you to teach in your institution?
 - a. How would you describe yourself in that role?
 - b. How would your department head describe you in this role?
 - c. How would your peers or colleagues describe you in your role?
 - d. Can you describe a typical day as nurse faculty?
 - e. Describe how being a nurse educator make you feel?
2. What is your opinion on faculty mentoring?
 - Can you explain how mentoring influences your perspective on job choices?
3. Can you explain the effect compensation has on your choice to be nurse faculty?
 - Can you share in detail the role salary parity influences your commitment?
4. Can you explain how opportunities for professional growth influence your decision to stay?
 - What exactly does professional growth look like in your current faculty position?
5. Can you explain how you factor promotional opportunities (abundance vs. dearth) into your decision to stay?
 - Can you explain your chain of upward mobility and where you see yourself in 5 years?
6. Can you share in detail how the level of supervisory support determines your decision to stay?
 - What does support look like to you, and how does your support interpretation influence your decision to stay?
7. Can you please summarize your understanding of commitment and how commitment influences your decision to stay as a nurse faculty member?