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## Factors Influencing Intent to Stay of Nursing Faculty in Selected Schools of Nursing in Sixteen States within the Southern Region

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FACTORS INFLUENCING INTENT TO STAY OF NURSING FACULTY IN SELECTED  
SCHOOLS OF NURSING IN SIXTEEN STATES WITHIN THE SOUTHERN REGION

A Dissertation

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy  
in  
The Department of Educational Leadership, Counseling, and Foundations

by

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## ABSTRACT

The current nursing faculty shortage makes understanding intent to stay a step toward slowing the exodus of faculty. A wealth of literature exists on reasons nursing faculty leave academia; however, little research exists on reasons nursing faculty stay. Therefore, the purpose of this study was to discover a parsimonious set of predictor variables for intent to stay in nursing education.

An online survey was conducted over six weeks in the spring of 2006 using four instruments, Index of Job Satisfaction, Mentoring Scale, Organizational Commitment Questionnaire, and Leadership Behavior Description Questionnaire. A random cluster sample of schools of nursing in states within the Southern Regional Education Board (SREB) resulted in a sample of 39 nursing schools. In total, there were 316 responses from 782 potential participants; the response rate was 40.4%.

Findings indicated that levels of job satisfaction and organizational commitment were within the range for normative means. Intent to Stay scores for one year and three years were high. Although scores were lower for intent to stay five years, there was more variability in scores. Job satisfaction had a significant positive correlation with Intent to Stay in one year and five years. Slightly over half, 55.7% (176), reported having a mentor; however, mentoring scores alone were not found to significantly predict intent to stay. Organizational commitment scores alone significantly predicted intent to stay one year and five years explaining 19.3% and 20.6% of the variance respectively. Mentored faculty scored significantly higher than non-mentored faculty on organizational commitment. Leadership behaviors measuring consideration significantly

predicted intent to stay one year and five years, but explained a small amount of variance, 6.8% and 8.5%.

Stepwise multiple regression results with all predictor variables indicated that organizational commitment explained 19.7% of the variance in intent to stay one year and 21.2% of the variance in intent to stay five years. There was not a significant prediction for intent to stay three years.

Implications for policy and practice are discussed as are topics for future research.

## CHAPTER ONE

### Introduction

The nursing shortage is responsible for widespread concern nationwide regarding the health and welfare of the American public. Research results indicate that increased patient-to-nurse ratios were associated with increased patient mortality and death from complications (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). The shortage is twofold, practitioners at the bedside and nursing faculty in schools of nursing. National organizations summarized causes for the nursing shortage, both at the bedside and in nursing education, as increased age of nurses, increased demand, decreased supply, decreased nursing school enrollments, and decreased retention after graduation (AACN, 2003a; DHHS, 2002; Hinshaw, 2001; JCAHO, 2002; Kimball & O'Neil, 2002). Nurses graduating with advanced degrees were not choosing careers in education; they were seeking higher paying, less stressful positions in healthcare (AACN, 2004). Although there were 2,264 masters and doctoral students expected to graduate in 2003, of those students only 11% were prepared for faculty roles (SREB, 2003b). Therefore, the apparent dilemma was how to recruit and retain an adequate number of nursing faculty to educate and graduate more nurses, thus adding to the workforce at the bedside and in schools of nursing.

The American Association of Colleges of Nursing (AACN) (2004) reported that 15,944 qualified applicants were not admitted to entry-level baccalaureate nursing programs because of a shortage of faculty. These numbers more than doubled a year later as an estimated 36,615 qualified applicants to baccalaureate nursing programs were denied entrance and even more, 86,680, associate degree applicants were denied admission (Klestzick, 2004). Sixty-four percent of nursing schools turned qualified applicants away because of a shortage of faculty (AACN, 2004). Furthermore, faculty vacancy rates at schools of nursing increased from 7.4% to 8.6%



from 2000 to 2003 (AACN). According to the Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing, qualified applicants were turned away at 38% of bachelor's, 15% of master's, and 12% of doctoral programs in SREB states (2003b). Thus, these trends demonstrated that nationally and regionally schools of nursing were unable to meet the demand for increased numbers of graduates not because of lack of interest in nursing as a career, but because of a lack of nurse educators. Faculty numbers appeared to decrease each year resulting in a continued decrease in student admissions.

The 2003 Annual Survey by the SREB contained the most comprehensive data on nursing education (SREB, 2003a). In addition, it contained valuable information related to nursing faculty and factors related to faculty attrition. The SREB reported that 253 nursing faculty resigned for career advancement or to return to clinical practice, 18% and 23% respectively. Of the 118 faculty that retired in 2002-03, thirty-eight percent had doctorates. In addition, the anticipated number of retirements related to aging of faculty were projected to increase to 151 in 2003-04 and 178 in 2004-05. It was estimated that more than 60% of nursing faculty were over age 50 (Valiga, 2004). When undergraduate faculty resigned, workload increased for remaining faculty in both didactic and clinical teaching (AACN). However, when doctoral faculty resigned, schools of nursing had decreased capacity to educate nurses for roles in nursing education.

AACN recommended both short term and long-term strategies to combat the nursing faculty shortage (2003a). Included in both categories were strategies for professional development, mentoring, and encouragement. The National League for Nursing (NLN) conducted a National Study of Faculty Role Satisfaction in the fall of 2003 and explored why faculty chose the role, why they stayed in it, why they left, and factors that influenced satisfaction (Valiga, 2004). A

formal report was published in 2005 that demonstrated that nursing faculty left academia because of long hours, heavy workload, and poor salaries (NLN, 2005a; Valiga, 2004) while reasons faculty stayed were to work with students, contribute to the profession, work in a stimulating environment, and have autonomy and flexibility (NLN). A sobering finding was that one in three nursing faculty said they would chose another field, discipline, or profession. These reports from NLN and AACN were especially important given that NLN and the Commission on Collegiate Nursing Education (CCNE), the autonomous accrediting body of AACN, grant accreditation for schools of nursing.

Congress and President George W. Bush demonstrated their concern and support for the nursing profession, as well as the state of healthcare in America, by passing the Nurse Reinvestment Act (NRA) P.L. 107-205 in August 2002 (Donley, Flaherty, Sarsfield, Taylor, Maloni, & Flanagan, 2002). Included in the NRA, Section 203, was the Nurse Faculty Loan Program (NFLP) that addressed faculty shortages in schools of nursing. It authorized \$30,000 per year for tuition, books, and fees for masters and doctoral education that prepared registered nurses for faculty positions. Up to 85% of the loan was cancelled if the graduate worked four years full-time in a school of nursing (Donley et al.). Although funding increased each year, the long term effects of the NRA and NFLP were not immediately evident.

### Problem

Shortages of nursing faculty appear to threaten the ability of schools of nursing to educate adequate numbers of students to meet current and future healthcare needs of society (Hinshaw, 2001). Predictions for the future are for worsening faculty shortages with many nursing faculty planning retirement in the next five to ten years (AACN, 2003a). “Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this emerging

crisis” (AACN, 2004, para 1). Given the increasing age of the American public, the pressing question is who will care for the sick elderly? Also, a great concern is the quality of the future nurse if the quality of nursing education is potentially jeopardized due to faculty shortages.

### Purpose

Nursing leaders are challenged to find a solution to the current nursing faculty shortage. A wealth of literature exists on reasons nursing faculty left education, however; there is little research on why nursing faculty remained in nursing education. This abundance of literature on the negative aspects of the faculty role and reasons for leaving begs the question of what are the positive aspects of a faculty role that influence decisions for nursing faculty to stay. Currently, institutions implement changes in the form of accelerated programs for registered nurses to obtain masters and doctoral degrees in an effort to increase faculty numbers. Merely increasing the numbers of nursing faculty does not ensure that schools of nursing retain these new faculty members if the root causes for nursing faculty resignations and attrition are not addressed.

Thus, this research is an effort to identify factors associated with the retention of nursing faculty. Additionally, most researchers investigated the effect of one or two factors on nursing faculty’s intent to leave. Therefore, the purpose of this study was to discover a set of predictor variables, demographic, academic, experiential, or attitudinal, that best predicted intent to stay in nursing education.

### Overview of Conceptual Framework

The framework of this study is based largely on the work of Sorcinelli (1994) on mentorship and Bland and Bergquist (1997) on faculty vitality, satisfaction, and productivity. To ensure faculty vitality, satisfaction, and productivity, Bland and Bergquist recommended a systems approach to include individual, institutional, and leadership features. Based on these two seminal

works, the concepts of job satisfaction, mentorship, organizational commitment, and leadership were explored to discover factors that predicted nursing faculty intent to stay in nursing education.

Individuals' satisfaction with their work was reported as essential for retention (Gormley, 2003). Further, the importance of satisfaction was highlighted by a recent national survey of nursing faculty job satisfaction (NLN, 2005; Valiga, 2004). Conversely, dissatisfaction with workload was a reason for loss of younger faculty from nursing education (AACN, 2003a). The presence of a mentor/protégé relationship was an important institutional feature that facilitated not just retention but faculty productivity (Bland & Bergquist, 1997; Sorcinelli, 1994). Based on interviews with six nursing faculty from a school of nursing in the southern United States, Garbee (2005) identified that a lack of mentorship lead to feelings of dissatisfaction, frustration, and a sense of overwhelming expectations by nursing faculty. Organizational commitment and leadership were key variables for this research. According to Disch, Edwardson, & Adwan (2004), leadership factors included "having a highly regarded, able scholar as the dean or director who keeps the goals visible, initiates structure, uses an assertive participative style, and proactively brokers opportunities" (p. 325). In summary, these two frameworks and key concepts guided this research on nursing faculty intent to stay.

#### Overview of Methodology

Quantitative research methods were chosen for this study so that results can be generalized from the sample to the larger population of nurse educators. A random cluster sample of nursing faculty currently teaching in schools of nursing in the SREB, with low, medium, and high faculty shortages, was invited to participate. An online survey was sent to faculty from selected nursing

schools. Data analyses were conducted using Statistical Package for the Social Sciences (SPSS) software, version 12.0, for descriptive statistics, ANOVA, and Multiple Regression.

### Research Questions

Guiding this research was the following omnibus research question: What is the most parsimonious set of predictor variables, from the variables of job satisfaction, mentoring, organizational commitment, and leadership behavior, for nursing faculty's intent to stay in nursing education? More specifically, the study addressed the following questions:

1. What is the relationship between job satisfaction and intent to stay in nursing education?
2. Can mentoring experiences predict a nursing faculty's intent to stay in education?
3. Is organizational commitment to the school of nursing predictive of faculty intent to stay in nursing education?
4. Are faculty perceptions of their dean's leadership behaviors predictive of faculty intent to stay in nursing education?

### Definition of Terms

For the purposes of this research study, the following were conceptual and operational definitions of terms used throughout this study.

*Faculty shortage* referred to an inadequate number of nursing faculty to educate current and future nursing students to meet expanding healthcare needs (AACN, 2004; Hinshaw, 2001). "Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this emerging crisis" (AACN, 2004, para 1). Basically, there was an increased demand for nursing faculty with a decreased supply.

*Intent to stay* was the intention of nursing faculty to remain in nursing education at their current institution. Factors that influenced intent to stay were reported as leadership, group cohesion, satisfaction at work, age, and number of years of service (Sourdif, 2004).

*Job satisfaction* was the participant's evaluation of their satisfaction with the components of the nursing faculty role such as teaching, research, and service. Dissatisfaction with workload was reported as a reason for loss of younger faculty from nursing education (AACN, 2003a).

*Leadership behavior* referred to behaviors of the dean, director, or chief nursing academic officer of the school of nursing. They were the observed behaviors of the leader in action. According to Disch, Edwardson, & Adwan (2004), leadership behaviors included "having a highly regarded, able scholar as the dean or director who keeps the goals visible, initiates structure, uses an assertive participative style, and proactively brokers opportunities" (p. 325).

*Mentoring* addressed the aspects of career development, achievement, and success in the role of a nursing faculty (Yoder, 1990). The mentor and protégé formed a long-term relationship, usually three to 10 years, and were loyal to each other as well as acted selflessly to meet the other person's needs (Yoder, 1990).

*Nursing Faculty* referred to a nurse with an advanced degree, masters or doctoral, that taught in a school of nursing preparing registered nurses at the associate degree or higher level. In addition to teaching, nursing faculty were involved in producing scholarship, conducting research, participating in community and university service, and obtaining extramural funding (AACN, 2003). Furthermore, nursing faculty invested hours "advising and mentoring students outside the classroom, updating curricula, developing new courses, reading to remain current, and mastering new advances in technology" (AACN, 2003a, para 20). Nursing faculty that were employed full-

time in a school of nursing were included as part of the sample. Excluded from the sample of nursing faculty were part-time faculty and administrative faculty.

*Organizational Commitment* was defined as a "... commitment to the goals and values of the organization, and employee willingness to work on the organization's behalf" (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, p. 251, 2002).

### Significance

Multiple influences were theorized as factors leading to the current shortage of nursing faculty (e.g., AACN, 2003a; Hinshaw, 2001) and it followed that multiple influences were needed to improve retention. In response to the gap in the literature on intent to stay, this research identified factors that influenced nursing faculty decisions to stay in nursing education. From a practical standpoint, by discovering a set of predictor variables for intent to stay in nursing education, administrators were given recommendations for changes that had the potential to enhance retention of faculty. This research investigated the predictive ability of satisfaction, mentoring, organizational commitment, and leadership behavior on intent to stay in nursing education. This study contributes to the literature by investigating multiple factors instead of merely one or two factors, such as satisfaction or leadership. Thus, it provides more insight into the complex problem of faculty shortages.

### Organization of Study

Chapter one provides an introduction to the study, identifies the problem and purpose, discusses the significance of the research and rationale for quantitative methods, lists research questions, and defines terms. Chapter two reviews the literature on the history of nursing faculty shortages, the current faculty shortage, satisfaction, mentoring, organizational commitment, leadership behavior, and intent to stay, and discusses the conceptual framework that informs the

research questions. Chapter three provides detailed information on quantitative methodology including participant selection, research instruments, data collection, and analysis. Chapter four describes participants and presents research findings. Chapter five discusses results, relates results to the research questions, literature, and conceptual framework, and identifies implications for policy, practice, and future research.



## CHAPTER TWO

### Review of Literature

Job satisfaction appears to be a key issue in retention of nurses as well as nursing faculty. Research on nursing faculty satisfaction has been limited and tends to look at merely one or two factors (Gormley, 2003). However, nursing faculty roles involve multiple responsibilities and factors that have the potential to influence decisions to stay in the role. For example, nursing faculty are responsible for maintaining clinical competency, giving theory lectures, clinical teaching, community service, committee work, conducting research, and publishing in referred journals (Gormley; Mobily, 1991; Siler & Kleiner, 2001). Thus, in some respects, nursing faculty are similar to faculty in academic fields, while at the same time their clinical responsibilities make them different and related more specifically to practice disciplines such as medicine. Hence, this review of literature incorporates literature on academic and medical faculty, as well as nursing faculty, with emphasis on factors that enhance satisfaction and retention. In addition, this review of literature starts with a historical perspective on faculty shortages in nursing education then focuses mainly on variables of interest to this research including faculty satisfaction, mentoring, organizational commitment, leadership behaviors, and intent to stay. This chapter concludes with a discussion of the conceptual framework and how it influenced the research questions.

### Setting the Context

#### *Historical Perspective*

Throughout early history, care of the sick was taught by word of mouth and apprenticeship. Practice was born out of a response to disease and war with religious orders providing much of the nursing care. It was in 1836 that the first most successful school of nursing was founded,

Deaconess School of Nursing in Kaiserswerth, Germany (Anderson, 1981). Florence Nightingale studied at Deaconess briefly before volunteering to go to the Crimean War. Nightingale, of course, was a strong influence in early nursing. Based on the Nightingale model of nursing, there were three schools of nursing opened in the United States in 1873, Bellevue Training School for Nurses in New York, Connecticut Training School in New Haven, and Massachusetts General Nursing Training School (Anderson). In the years following their opening, there was rapid growth of training schools and wide differences in the quality of programs.

From 1900 to 1930, the United States population increased 62% while trained nurses increased 2,374% (Committee on the Grading of Nursing Schools, 1934). Furthermore, the committee reported that many of these nurses were poorly trained in schools with too few patients and little variance in the types of medical or surgical conditions. Born out of this concern for quality, the Committee for the Study of Nursing Education was commissioned and funded by the Rockefeller Foundation; their research resulted in the landmark work entitled *Nursing and Nursing Education in the United States*, commonly referred to as the Goldmark Report (Anderson, 1981; Goldmark, 1923; Krampitz, 1983). This commission conducted an extensive investigation between the years of 1919 and 1921 evaluating twenty-three training schools, daily assignments of 250 nursing students during their three years of training, personal history of 2,000 nursing students, and 200 supervisors and teachers in training schools. Additional data were analyzed such as an unpublished survey of 80 schools of nursing and a review of 200 student records from 100 different schools of nursing. The Goldmark Report laid the foundation for nursing education reform, continued research, and efforts to elevate nursing to a professional status. The Goldmark Report was compared to the Flexner Report of 1910 that

reformed medical education in the United States, however; the two reports had very different impacts (Garling, 1985).

The Goldmark Report prompted further study into nursing education whereas the Flexner Report resulted in immediate change (Garling, 1985). *Nursing Schools Today and Tomorrow* was the final report of the Committee on the Grading of Nursing Schools (1934), an eight year study that encompassed nursing economics, nursing education, and nursing activities. Themes that emerged from these two national documents were the need for reforms in the following areas: (1) improved nursing school curriculum with no duplication of learning experiences, (2) improved faculty qualifications to teach in a school of nursing, college graduates as faculty, and (3) elimination of non-nursing duties.

The first reason for nursing education reform was lack of a standardized curriculum with duplication of learning experiences. The training school and hospital were connected making the primary goal to supply nursing service for the hospital while the secondary goal was nursing education. Therefore, if there were a need on the medical ward for nursing tasks, in the laundry to fold linen, or to mend gloves, a nursing student was assigned to that area regardless of the student completing the required hours for that training. “It is evident that the dilemma of the training school is at bottom a financial one. Its failure-the worst failure of which an educational institution can be guilty-is the failure to teach” (Goldmark, 1923, p. 209).

The second compelling reason for reforms was the poor quality of nursing faculty. The Goldmark Report identified that teachers were underqualified and overworked leading to exhaustion, lack of interest, inaccurate lectures and blackboard sketches, and lack of laboratory space and human dissection. By 1934, the Committee on the Grading of Nursing Schools called

for heads of schools of nursing to be college graduates and for the majority of faculty to be college graduates as well as with experience in both nursing and education.

Raising faculty qualifications and hiring more college graduates was not an easily achieved goal. During the 1920's, there existed only a few university-based Schools of Nursing, although most were still in experimental stages. Teachers College in 1899 offered the first university training for graduate nurses. According to the Goldmark Report, the Department of Nursing and Health at Teachers College was instrumental in the movement to educate faculty qualified in pedagogy whether it was a short four month course, a two year degree, or a diploma in teaching in a school of nursing. Nurses recognized this need even before the Goldmark Report and in 1920 the *American Journal of Nursing* (AJN) set forth a challenge for every state to conduct summer school institutes for superintendents and teachers of nursing. Despite these recommendations, in 1932, a mere 20% of nurse educators had one or more years of college (Gaynon, 1985).

Additionally, the Goldmark Report identified that nursing schools offering university degrees had no uniform curriculum; however they were some combination of either two to three years of college and two to three years of hospital training, awarding both a college degree and a nursing diploma. Some schools offered two years of college, two years of hospital training and a fifth year of specialization in areas such as public health nursing, supervision in the hospital, or advanced specialties in private duty. The supervision specialization involved dual development as a head nurse and teacher incorporating techniques in ward instruction, quizzes, conducting classes, and yielded a trained teacher as well as an expert in nursing practice. Another situation that delayed progress for nursing education was the fact that most university schools of nursing

were under a male dominated department such as a Medical School, Science Department, or Liberal Arts, as opposed to an independent nursing department with self-governance.

Last, the third reform, elimination of non-nursing duties, was demonstrated in the everyday life of a student nurse. The Goldmark Report frequently cited students performing non-nursing duties such as folding linen, washing lettuce, and cleaning bathrooms. Obvious recommendations were to hire permanent staff to perform these non-nursing duties. Even so, little changed by 1934 when students still spent hours arranging flowers, mending rubber gloves, and preparing surgical dressings (Committee on the Grading of Nursing Schools, 1934).

Most schools evaluated in the Goldmark Report had an elaborate system where students guided each other as opposed to faculty guidance; experienced nursing students supervised students below them and relieved students above them. Beginning students, or probationers as they were called, spent most of their time performing housekeeping duties and cleaning bathrooms. Senior level nursing students were the only staff on a nursing unit to manage the unit and care for patients often without a graduate nurse or faculty for supervision. An apparent question became what was the quality of this self direction and patient care? Therefore, the Committee on the Grading of Nursing Schools (1934) recommended that an estimated six out of ten schools of nursing close. As a result of these recommendations, 500 nursing schools closed between 1933 and 1947 (Anderson, 1981).

Alternatively, medical schools made quicker reforms following the Flexner Report of 1910. Abraham Flexner conducted an 18 month study of medical education in the United States and Canada visiting all 155 medical schools (Garling, 1985). In addition, Garling reported that Flexner identified similar inadequacies in medical education as nursing education, low educational standards for admission, inadequate clinical and laboratory facilities, and production

of too many poorly trained doctors. Armed with this information, Flexner recommended closing inferior schools and strengthening better schools. Accordingly, medical schools followed Flexner's recommendations and in a mere 10 years, by 1920, there were 85 rather than 155 medical schools and all had increased their admission requirements to at least one or two years of college. Sadly, for nursing education, it took 24 years from the Goldmark Report of 1923 until 1947 to close an estimated 500 inferior nursing schools (Anderson, 1981).

Since the end of World War II, consistent efforts to improve nurse educators and nursing education were demonstrated by various studies and legislation that improved both quality and quantity of nurse educators (Anderson, 1981). Noteworthy was the Brown Report of 1948, *Nursing for the Future* that called for mandatory accreditation of nursing schools and for nursing faculty to have a baccalaureate or higher degree. However, by 1950 a survey of 10,000 nurse educators revealed that 45% had no academic degree (West & Hawkins, 1950). One of the areas that received funding by the Nurse Training Act of 1964 was traineeships for graduate education of faculty (Anderson). Yet, progress was slow as evidenced by the identification of many of the same problems in 1970 by the National Commission for the Study of Nursing and Nursing Education as identified in the Goldmark Report of 1923 (Krampitz, 1983). Also, between 1945 and 1965 there was a shortage of nurses that hospitals attributed to women staying at home with young children and nurses attributed to low pay and deplorable working conditions (Grando, 1998). These two factors highlighted a lack of progress for the nursing profession.

In the 1980s, there were decreases in nursing school enrollments such that there was a decrease in faculty positions (Hinshaw, 2001). In the early 1990s, enrollments rebounded, however nursing schools were only able to recruit part-time faculty. By the late 1990s, Hinshaw reported that enrollments dropped once again and faculty positions were frozen even though

there were vacancies related to resignation or retirement. As a result, in 2001, there was an increased need for nursing faculty and nurses at the bedside.

### *Current Nursing Faculty Shortage*

As of 2001, only 50.2% of faculty teaching in baccalaureate or higher level nursing programs were prepared at the doctoral level compared to much higher levels in other disciplines prompting a policy agenda that required doctorates not masters degrees to teach (Hinshaw, 2001). According to AACN (2003a), factors influencing the shortage of faculty were faculty age, decline in interest in academic life, salary differences, diminishing pipeline of graduate students, age of doctoral recipients and time to degree, workload and role expectation issues, and alternative career opportunities. Average age for doctoral faculty was 53.3 years and 48.8 for masters prepared faculty. Furthermore, AACN reported that young faculty were scarce and accounted for a mere 0.6% of the workforce under age 35 and 18.1% age 35 to 45. One explanation for the lack of young faculty was that increased opportunities for women in previously male dominated professions decreased the pool of potential nurses and nurse educators.

Congress and President George W. Bush demonstrated their concern and support for the nursing profession, as well as the state of healthcare in America, by passing the Nurse Reinvestment Act (NRA) P.L. 107-205 in August 2002 (Donley, Flaherty, Sarsfield, Taylor, Maloni, & Flanagan, 2002). It amended Title VIII of the Public Health Service Act and, most importantly related to faculty shortages, provided for a Nurse Faculty Loan Program (AACN, 2003b).

Title I, Section 102 addressed the central issue perpetuating the nursing shortage at all levels. It represented a massive strategy to improve the image of nursing through public relations and

overcome negative stereotyping. “Nurses are presented as underpaid, under appreciated, and overworked” (Donley et al., 2002, p.5). Section 102 was a crucial step to entice students to choose nursing as a profession and, by doing such, increased the eligible pool of candidates to pursue advanced degrees in nursing education.

The Nurse Faculty Loan Program of the NRA, Section 203, addressed faculty shortages in schools of nursing. It authorized \$30,000 per year for tuition, books, and fees for education as a nurse educator at the masters or doctoral level. According to Donley et al. (2002), up to 85% of the loan was cancelled if the graduate worked four years full-time as a nursing faculty in a school of nursing.

Even if funding for the Nurse Faculty Loan Program increased enrollment in graduate nursing programs, the question remained if institutions of higher education were able to recruit and retain these graduates as new faculty. To address this concern, the National League for Nursing (NLN) published suggestions for a healthy work environment that promoted quality nursing education as well as retention of nursing faculty (2005b). According to NLN, the following principles and elements were important for a healthful work environment: (1) a culture of collaboration, (2) communication-rich culture, (3) culture of accountability, (4) adequate numbers of qualified faculty and support staff, (5) recognition of faculty contributions and accomplishments, (6) presence of expert, competent, credible, visible leadership, (7) shared decision-making at all levels, and (8) encouragement of professional development including mentoring.

In summary, nursing faculty shortages are not new. The number and quality of nurse educators was a concern since 1900. The current shortage is compounded by the fact that young nurses were not choosing academia as career choices. In addition, the American Association of Colleges of Nursing has been requesting doctorates not just masters degrees as qualifications to



teach. To promote recruitment and retention of new faculty, NLN recommended that schools of nursing evaluate their work environments, leadership, and mentoring practices

### Job Satisfaction

Job satisfaction encompasses many components; it was not merely one factor whose presence or absence guaranteed satisfaction. In an attempt to understand the complexities of factors contributing to satisfaction and intent to stay in nursing education, this review of literature on satisfaction focused on multiple aspects that contribute to a nursing faculty member's satisfaction with their role, job, and career.

A recently published meta-analysis of nursing faculty satisfaction revealed only six research articles on baccalaureate or higher nursing faculty satisfaction (Gormley, 2003). Using a calculated effect size by converting correlation coefficients to  $d$  statistics, Gormley reported high effect sizes for the following factors that influenced satisfaction, perception/expectation of the chairperson's role in curriculum and instruction ( $d = .738$ ), consideration ( $d = .802$ ) and initiating structure ( $d = .688$ ) behaviors, role conflict ( $d = .806$ ), and role ambiguity ( $d = .588$ ). The  $d$  statistic was reported as a common index for effect size where .20 was considered small, .50 was medium, and .80 was a large effect (Huck, 2004). According to Kennerly (1989) mutual trust, respect, warmth, and rapport between faculty and leadership were the basis for consideration while initiating structures occurred when the leader organized and defined activities and relationships in a group.

In contrast, there were a few national surveys of nurse faculty job satisfaction (Moody, 1996; NLN, 2005a; Snarr & Krochalk, 1996). Moody surveyed 44 schools of nursing and with random sampling techniques obtained a sample size of 285 of the 511 full-time nursing faculty surveyed with a 56 percent response rate. Variables of interest were demographic variables, organizational

characteristics, role orientation, and job satisfaction. Moody reported that mean scores for satisfaction were ranked from highest to lowest in this order, the work itself, supervision, the job in general, and coworkers while the sample reported neutral feelings towards pay and opportunities for promotion. However, using a stepwise linear regression analysis, she identified that salary, degree program teaching in, and length of contract explained 35% of the variance in job satisfaction with a  $p < .001$ . The strongest positive relationship was reported between salary and satisfaction. Second strongest relationship was that nursing faculty who taught masters or doctoral students had higher satisfaction levels than nursing faculty who taught associate or baccalaureate students. Third strongest relationship was nursing faculty that had 9-month contracts were more satisfied than faculty with 12-month contracts.

In a second national survey of nursing faculty, Snarr and Krochalk (1996) compared satisfaction and organizational characteristics. Although their sample was similar to Moody's (1996) in size, Snarr and Krochalk surveyed 25 baccalaureate schools of nursing and included deans in their research. Private colleges and universities comprised 60% of the sample in Snarr and Krochalk's study, whereas Moody did not discuss descriptive statistics for the sample. Snarr and Krochalk had faculty complete a satisfaction questionnaire while the deans completed an organizational characteristics questionnaire. Snarr and Krochalk reported no predictive value using stepwise multiple regression between job satisfaction and organizational characteristics; the model explained a mere 3% to 7% variance.

The third national survey, *A National Study of Faculty Role Satisfaction*, was conducted by NLN in the fall of 2003 and explored reasons faculty chose the role, stayed in the role, left the role, and factors that influenced satisfaction (2005a). Of the estimated 19,000 nursing faculty and administrators nationwide, 5,561 participated in the on-line survey. Associate Degree faculty

comprised the largest group, 28.5%, while baccalaureate faculty accounted for 23.4% of the sample. Graduate, diploma, and practical nursing faculty comprised 7.7%, 4.9%, and 7% of participants respectively. Slightly more than a fourth of the participants, 28.5%, taught in two programs or a combination of several programs.

NLN (2005a) published a formal report in 2005 that identified the reasons faculty stayed in the role were to work with students, contribute to the profession, work in a stimulating environment, and have autonomy and flexibility. Factors that influenced decisions to leave were long hours, heavy workload, and poor salaries. Regarding satisfaction, NLN reported that significant influences were grouped into individual, institutional, and leadership factors.

Individual factors associated with satisfaction included a commitment to one's own career; a commitment to one's students, the profession, and one's colleagues' and a clear picture of one's goals. Institutional factors include having a high degree of input into how one spent one's time, a well-developed network of colleagues, and a sense of community and collegiality within the department or school. Leadership factors played a key role, as well, in that faculty who were more satisfied felt there was a commonly held vision for the school, and expressed confidence in the direction in which the school was headed (p. 35).

An open-ended question at the end of the NLN survey on role satisfaction asked respondents to give suggestions on ways to promote recruitment and retention of nursing faculty. Six themes emerged: (1) compensation and benefits, (2) workplace environment in schools of nursing, (3) role preparation and professional development, (4) scholarship, (5) access to resources, and (6) marketing and recognition. The importance of mentorship and leadership were addressed in several of these categories. Clearly, with only 68% of respondents stating they would choose to become faculty members again, changes were needed. In May of 2005, NLN addressed theme number two when it released a statement titled *Healthful Work Environments for Nursing Faculty* (2005b).

Shifting from national to state-based research, Disch, Edwardson, and Adwan (2004) modified a research instrument used to study medical school faculty in Minnesota and studied nursing faculty. They surveyed full-time nursing faculty statewide in Minnesota, n = 298 respondents, on their satisfaction with individual, institutional, and leadership factors. In this research, participants were very different from those studied by Gormley (2003), Moody (1996) and Snarr and Krochalk (1996) in that only baccalaureate or higher faculty were included. Faculty that taught in licensed practical nurse programs and associate degree programs were invited to participate as well as baccalaureate faculty. Disch, Edwardson and Adwan identified that regardless of the type of nursing program, the faculty roles of teaching and scholarly activity (e.g. presentations, consulting, and writing) were engaged in most often. The majority of nursing faculty in Minnesota reported that they would choose to be in their current profession (82%), current college (63%), and were committed to the success of their college or university (92%). A mere nine percent reported that they would not choose a faculty career again.

In New York, research was conducted in six counties in the Central Finger Lakes Region and determined nurses job satisfaction, organizational commitment, and career intent in one and five years (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002). A random sample of all nurses in the area yielded a response rate of 46% with n = 1,575. Included in this sample were nurse educators and advanced practice nurses, 3.6% and 7% of the sample respectively. The researchers reported that nurses older than 50 and masters prepared were significantly more satisfied; nurse educators had the highest degree of job satisfaction and those nurses that taught in a school of nursing were the most satisfied overall. Yet, within the nursing school, administrators or faculty who taught pediatrics, community health or family health were significantly more satisfied while faculty who taught critical care, medical-surgical, and

rehabilitation were the least satisfied. The authors did not explain why nursing faculty who taught critical care, medical-surgical, and rehabilitation had lower job satisfaction. Ingersoll et al. merely pointed out that other research reported that critical care nurses were satisfied. Although an interesting finding, there was a reduced ability to generalize the findings to a larger population because of the small sample size of nurse educators. However, it was an area for future investigation.

Research on hospital based nurses provided some insight into nurse's satisfaction and retention. Sourdif (2004) studied nurses at a university health center and reported that satisfaction at work and satisfaction with administration were highly correlated with intent to stay and explained 26.6% of the variance for intent to stay. In addition, Sourdif reported a statistically significant correlation between nurses with a diploma and their intent to stay. The rationale given for this finding was that diploma nurses had fewer career options compared to nurses with higher degrees. Nursing faculty had a minimum of a masters degree and many had doctorates, thus; the logic offered by Sourdif was that with higher degrees and more career options, faculty were less likely to stay in one job over time.

Similarly in research with military nurses, Prevosto (2001) studied the effect of mentoring relationships on satisfaction and intent to stay of army nurses. Prevosto reported a significant difference in job satisfaction between mentored and nonmentored groups of United States Army Reserve Nurses; the mentored group had higher satisfaction ( $p = .001$ ).

In summary, a variety of factors are reported to influence nursing faculty satisfaction. From this review of literature on satisfaction, the complex issues and interwoven nature of satisfaction become apparent. The review highlighted the fact that nursing faculty cared about their job and students, but had much to balance in their roles. Faculty caring was never questioned; rather

faculty needed to overcome variables that detracted from satisfaction and ultimately intent to stay. Some variables that affected satisfaction such as level of students taught, length of contract, and specialty area taught were not under the control of faculty. Similarly, leadership and mentorship were frequently cited in the literature as influencing satisfaction; yet most faculty had little control over their leadership while mentorship occurred with or without institutional or leadership guidance.

### Mentoring

Mentorship influences satisfaction and, more importantly, intent to stay. Research provides evidence that mentoring was not only valuable for nurse educators, but faculty in other academic disciplines as well. Therefore, the review of literature on mentoring starts with an explanation of the basic concept then progressed to academic faculty and concluded with nursing faculty. Also overarching concepts that explain the value of mentoring, socialization and faculty development, are discussed as well.

Mentoring was a concept frequently used in business. According to Yoder (1990), mentoring is defined as a long-term relationship that lasted from three to ten years and involved both career and psychosocial aspects. The outcome of the mentoring relationship varied based on mentor and protégé personalities; the outcomes were not always positive. Oftentimes, Yoder explained, the mentoring relationship was described as positive, however; negative consequences occurred when a mentor fell out of favor in an organization and the protégé was viewed negatively based on association. Another example of a negative outcome was when a mentor was fired and the protégé had not reached his/her career goals. Yoder offered other examples, failure of either the mentor or protégé to meet expectations, failure to be loyal, failure to produce work, or failure to

protect the protégé from jealous peers or superiors. Women and minorities were reported as vulnerable to negative consequences of cross-gender or cross-racial mentoring (Yoder).

Kram (1983) studied eighteen mentoring relationships between managers from different management levels at a large northeastern utility company. Using interviews, she identified four phases of the mentoring relationship; initiation, cultivation, separation, and redefinition. In addition, Kram reported that mentoring relationships facilitated career development through sponsorship, exposure and visibility, coaching, protection, and challenging assignments. Further, mentoring had the potential for psychosocial development by role modeling, acceptance and confirmation, counseling, and friendship. Initiation phase occurred in the first six months to one year of the mentor relationship. Cultivation and separation lasted from two to five years and ended with a redefinition of the relationship into more like a peer friendship. Separation phase was often created by a promotion; however some senior managers resisted separation and blocked promotion. Ambivalence and discomfort often accompanied the redefinition phase as both mentor and protégé adjusted to a new relationship.

In 1985, Kram and Isabella researched an alternative to the mentoring relationship, relationships with peers. They interviewed fifteen pairs of managers in early, middle, and late career stages. Similar to a mentoring relationship, peer relationships had career enhancing functions as well as psychosocial functions. An important difference reported was that some peer relationships lasted as long as 20 or 30 years. Peer relationships existed on various levels from information peer, to collegial peer, to a special peer. A special peer relationship was the most intimate form of peer relationships and the rarest with participants reporting either one to three such relationships or none. In conclusion, Kram and Isabella identified peer relationships as an acceptable alternative to a mentoring relationship.

Mentoring was a powerful predictor of “good starts” for new faculty (Boice, 2000). However, new faculty expressed the following reservations against having a mentor: they were too busy, mentoring was remedial help, graduate school advisors were not helpful, and mentoring was superficial. Boice conducted a year long observation of naturally occurring or spontaneous mentoring. He identified that spontaneous mentoring ended early and occurred for merely one-third of new faculty. He also identified that exemplary new faculty made careful deliberations when choosing a mentor and their mentoring relationships lasted over several years.

Additionally, Boice conducted a six and a half year study of 41 mentoring relationships at two campuses. At campus one, the type mentoring relationship and activities were determined by the mentor and protégé while campus two paired exemplary mentors with new faculty and used active mentoring. Of new faculty at campus one, Boice reported only one-third were on track at reappointment and an estimated 15 percent left the campus early or were terminated during the probationary period. In contrast at campus two with exemplary mentors, new faculty were always close to expectations for scholarly productivity, always exceeded expectations for teaching, always were rated collegial and cooperative, and none left the campus. Effective mentoring lasted at least three years in this research.

According to ADVANCE Center for Institutional Change at the University of Washington (2003), mentoring was central to retention and satisfaction. Mentoring was not only beneficial to new faculty but also mid-career faculty and stalled faculty. Boice (2000) discussed middle-aged, disillusioned colleagues (MADC), and sometimes referred to them as problematic faculty, those least-valued by their department chair. MADC blamed their disillusionment on early experiences or lack thereof. Boice reported that new faculty at risk for disillusionment had experiences of collegial isolation/neglect, a perception of general collegial disapproval, self-doubts about



competence, and feelings of victimization beyond repair. Conversely, he identified new faculty making “good starts” as those who identified useful social supports/networks, ways to admire and enjoy colleagues, had acceptance from students, and received outside requests for review, consults, and travel.

Researchers reported a gap between the vision and reality of an academic career (Rice, Sorcinelli, & Austin, 2000). In interviews with graduate students and early career faculty, they reported concerns about a lack of a comprehensible tenure system, lack of community, and lack of an integrated or balanced life. Lack of community related to a lack of mentoring and lack of a community of peers. Many early-career faculty experienced isolation, loneliness, and competition that sent them outside the campus to find support. Women faculty, faculty of color, and part-time faculty expressed similar experiences. Faculty of color, “called for a stronger ethos of collegiality and mentorship” (Rice et al., 2000. p. 20). Consequently, Rice and colleagues suggested changes in graduate education and department level changes that offered orientation and mentoring. According to Rice et al., the “real problem is not that we don’t know what to do, but rather that we don’t do what we know” (p. 22).

As a result of the work of Rice and colleagues, Sorcinelli (2000) formulated ten principles of good practice to support early career faculty. Three of the ten principles related to the lack of community finding expressed by graduate students and early career faculty. These three principles were aimed at encouraging collegial relations mainly through mentoring; mentoring by senior faculty, mentoring of graduate students aspiring to be faculty, and the department chair as a career sponsor. According to Sorcinelli, examples of mentoring programs were the use of assigned mentors, mentoring by committee, or emeritus faculty mentor. Also, good practices involved institutions providing opportunities for mentorship and rewards for senior faculty

mentors. Mentoring graduate students who aspire to be faculty members helped bridge the gap between their vision of a faculty role and reality. Sorcinelli further reported that the department chair was vital to oversee and monitor mentoring of new faculty, provide opportunities for collaboration, expand orientation programs if needed, and support faculty beyond their first year.

Oftentimes, socialization and faculty development are overarching concepts that explain the value of mentoring activities. Socialization is defined as how faculty learned to be faculty and it occurs in two stages; the anticipatory stage during graduate school and the organizational stage that has two phases initial entry as a beginning novice faculty and role continuance (Tierney & Rhoads, 1994). Anticipatory socialization occurs during both undergraduate, but mainly, graduate education. By the time of graduation, Tierney and Rhoads stated that graduates had a good idea of faculty responsibilities and faculty life.

However, Tierney and Rhoades stated that "...organizational socialization occurs informally and haphazardly" (1994, p. 26). They identified six dimensions that described how organizational socialization occurred, (1) collective versus individual, (2) formal versus informal, (3) sequential versus random, (4) fixed versus variable, (5) serial versus disjunctive, and (6) investiture versus divestiture. The first four dimensions were somewhat self explanatory; group socialization activities versus individual, formalized activities versus laissez-faire or trial and error, identifiable steps versus unclear steps, and a timetable of activities versus an unclear, vague timetable. However, serial versus disjunctive referred to the presence of a role model, a senior faculty member to enact planned training of new faculty, versus no role models. Tierney and Rhoads explained investiture as more affirming while divestiture transformed or striped away characteristics that were incompatible with the organization. Tierney and Rhoads discussion pointed out the importance of peer support for new faculty.

Furthermore, Tierney and Rhoads (1994) discussed challenges facing women faculty and faculty of color and their experiences of inadequate anticipatory socialization, weak mentoring, fewer networking opportunities, divergent priorities, and additional demands especially family demands. Compounding these challenges was the fact that a mere one in eight African American faculty had a mentor (Alexander-Snow & Johnson, 1999). Alexander-Snow and Johnson stated that a mentor-mentee program was central to the success of faculty of color in the promotion and tenure process, for teaching support, and research productivity. In addition, they stated that a socialization process that honors difference was important.

Austin (2002) raised interesting concerns related to aspiring and early career faculty members. First, graduate preparation for the faculty role was not systematic or organized; it was more an apprenticeship without explicit discussions of faculty work. Second, there was inadequate and irregular feedback; an issue also discussed by Rice and colleagues (2000). Third, there was a limited understanding of the full array of faculty responsibilities, higher education history, and institutional differences. Last, there were concerns about the quality of life for faculty with too many tasks in too little time, lack of balance, and an absence of collegiality that made work outside the academy look more appealing.

Mullen and Forbes (2000) researched the issues of transition and adjustment to a faculty role and mentorship of untenured faculty in higher education in the United States, Canada, and Australia. The researchers disseminated reflective questionnaires to faculty at conferences and through electronic discussion groups of professional associations. A total of sixty reflections were returned that yielded three themes affecting faculty socialization, (1) criteria for gaining tenure, (2) collegiality as collaboration and competition, and (3) politics and the academic power structure. An interesting finding was that some participants said they socialized with members of

their former graduate cohort and mentored one another. Collegiality and power structure were described by Mullen and Forbes with vivid adjectives such as shark-infested, predatory shark, or simply predators. They also reported that research universities provided inadequate mentoring. Recommendations from this research that were equally applicable to nursing faculty were improving or replacing ineffective mentoring programs and partnering senior faculty with beginning faculty on research projects to enhance promotion and tenure.

Regarding aspiring and early career nursing faculty, attracting nursing students to faculty positions was also a problem as many nursing doctoral students decided to pursue research or consultation over academia after graduation (Seldomridge, 2004). According to Seldomridge, the anticipatory socialization that occurred in graduate school was so poor that many nursing graduate students were socialized out of pursuing a career in academia. In an effort to peak interest in the faculty role as a future career option, Seldomridge instituted a faculty shadowing experience for undergraduate nursing students. Of the 54 students that participated, 32% stated they would consider teaching as a career, 46% would not, and 22% were undecided. Reasons cited for lack of interest in teaching were the complexity of the role, the responsibility combined with liability issues of supervising students, time constraints of a job that never ends, workload, and low salary. Students that indicated an interest in becoming a nursing faculty reported a desire to contribute to the profession. Seldomridge recommends highlighting strengths not just weaknesses of the faculty role to increase interest. Moreover, she concluded that faculty attitudes must change because "...an environment laden with unhappiness and complaining will never appeal to newcomers" (p. 258).

In Minnesota, Disch, Edwardson, and Adwan (2004) reported that slightly more than half, 55%, of nursing faculty had a well-developed network of colleagues in their department to

discuss research, scholarly activities, and education. However, this also meant that almost half or 45% did not have a support network or mentors in their department. An analysis of variance identified that baccalaureate and higher nursing faculty had unassigned mentors that provided scholarly guidance at a significantly higher rate than faculty at associate degree programs. In addition, Disch and colleagues reported that weekly conversations about research and education occurred less frequently with only 32% of the sample saying it occurred at the department level, 28% within the profession, and 17% within the college or university.

Mobily (1991) researched the relationship between role strain and socialization experiences in baccalaureate or higher degree nursing faculty. She defined role strain as the consequence of not meeting role expectations. The main weakness in this research was the small sample size of 102 faculty even though the sample was evenly distributed from across the country. Mobily reported nine statistically significant relationships between socialization, personal characteristics, and the degree of role strain. Six were related to socialization experiences. Mobily reported increased role strain when faculty taught in the undergraduate program, had clinical only or both clinical and classroom responsibilities, spent ten hours or more a week in clinical, had no opportunity to attend faculty development offerings in research, and there was a lack of fit between the academic role and that of the dean. In addition, she identified that much of role strain was related to role overload and working over 53 hours per week. This research highlighted the need for administrators to evaluate socialization experiences and ensure there was a match between individual and institutional orientations.

In a study of faculty mentoring practices and administrative support in masters programs at schools of nursing, Kavooosi, Elman, and Mauch (1995), surveyed 417 faculty and identified that 75% were involved in mentoring activities. The top three mentoring activities were teaching the

job, demonstrating trust, and sponsoring the new faculty member. In addition, they reported that administrators identified informal mentoring as the most common form. However, they did not find a statistically significant relationship between the level of administrative support for mentoring and the type of mentoring activities.

Interviews with undergraduate nursing faculty in the southeastern United States revealed a lack of mentorship that resulted in dissatisfaction, frustration, and a sense of overwhelming expectations (Garbee, 2005). Even though there was a small sample of just six participants, each recounted stories of both inadequate anticipatory and organizational socialization. Role transition from graduate student to faculty member and from clinical nurse to academic nursing faculty was missing. According to Garbee, many respondents thought they knew what a faculty position involved; but instead reported they learned by trial and error without role models, written job descriptions, or clear expectations. Additionally, three faculty expressed a desire to leave their school of nursing with one actually interviewing for a new position.

In summary, mentorship is important for new and non-tenured faculty regardless of the subject matter taught. This review of literature on mentorship demonstrates that mentoring increased productivity in teaching and research (Boice), increased retention and satisfaction (ADVANCE, 2003; Prevosto, 2001), and led to more “good starts” (Boice). However, despite published advantages of mentoring, in practice, effective mentoring programs are lacking in schools of nursing. Instead, the use of informal mentoring and unassigned mentors were more commonplace for nursing faculty, although they were the least effective for retention.

Mentorship and socialization in a faculty role were lacking in undergraduate and graduate nursing education, as well as for aspiring faculty, and new faculty. An apparent question is without adequate mentoring did new faculty feel welcomed and capable of success? Without

these feelings, will new faculty persist in the role and/or at the institution? If our goal as nursing faculty was to provide quality education, then it followed that we did what was necessary to ensure development of high quality faculty that feel supported by senior faculty, department chairs, and deans.

### Organizational Commitment

Organizational commitment is defined as the strength of identification and involvement in an organization (Bluedorn, 1982; Price & Mueller, 1986). It was linked with satisfaction and turnover (Bluedorn; Parasuraman, 1989). When organizational commitment is strong there is a belief in and acceptance of goals and values of the organization, a willingness to exert effort for the organization, and a desire to remain a member in the organization (Price & Mueller).

Satisfaction was reported to be an antecedent of organizational commitment (Testa, 2001). Testa identified that job satisfaction lead to organizational commitment, and as a result, organizational commitment led to a greater service effort. In addition, the department chair and collegial relationships contributed to a sense of commitment and loyalty (Sorcinelli, 1994). According to Tierney and Rhoads, faculty whose work was oriented more to disciplinary pursuits, or cosmopolitans, were less committed to the institution than were locals whose work was more institution focused (1994). Thus, it was reasonable to theorize that locals had more organizational commitment, gave more effort to their organization, and were less likely to leave. This suggested that there might be institution type differences in commitment since faculty in doctoral institutions were more likely to be cosmopolitans.

Since organizational commitment and satisfaction were often linked (Bluedorn, 1982; Parasuraman, 1989; Testa, 2001), institutional factors reported to influence satisfaction of nursing faculty included a high degree of input into how faculty spent their time, a well-

developed network of colleagues, and a sense of community and collegiality (NLN, 2005a). NLNs national survey also reported that faculty at smaller nursing schools reported a greater commitment to contributing to their schools success.

Minnesota nursing faculty reported satisfaction with two organizational factors, a good communication system, 80%, and understanding the expectations for promotion, 73% (Disch, Edwardson, & Adwan, 2004). In addition, the researchers used an analysis of variance to discover that baccalaureate and higher nursing faculty have unassigned mentors that provide scholarly guidance at a significantly higher rate than faculty at associate degree programs.

Ingersoll, Olsan, Drew-Cates, DeVinney, and Davies (2002) attempted to identify predictor variables for organizational commitment of registered nurses in the Finger Lakes Region of New York. Regression analyses identified that age greater than 50, employment setting, and nursing role predicted organizational commitment,  $p < .001$ , however; there were no correlation values reported. Although nursing faculty were the most committed, they identified nurses in critical care, medical-surgical, women's health, and psychiatric/mental health specialties were the least committed. However, there were no comparison data for nursing faculty teaching other specialties or their commitment. To keep things in perspective, the fact that the sample had relatively small numbers of advanced practice nurses, 7%, and nursing faculty, 3.6%, limits the generalizability to either the population of nurse faculty in New York or across the country.

A healthy, supportive work environment was important for nursing faculty (Rudy, 2001). Essential components, identified by Rudy, of a supportive work environment were good communication, clear expectations, a two-track faculty structure of either clinical practice or research, recognition for accomplishments, and support for faculty decisions. Further, Rudy explained that faculty empowerment motivated faculty and increased organizational



effectiveness. In contrast, not all work environments were supportive. Garbee reported that nursing faculty had unclear job expectations and felt unsupported in their role and student decisions resulting in three of six faculty (50%) expressing a desire to leave the institution (2005).

Nursing faculty at public universities were significantly more satisfied than those at private universities (Moody, 1996). However, the reader was not told the percentage of the sample from either public or private institutions. In addition, Moody reported that satisfaction with pay was significantly higher when the university had large student enrollments, offered tenure and nontenure positions, and had a collective bargaining unit. In contrast, Snarr and Krochalk (1996) identified no relationship between faculty satisfaction and organizational characteristics with a sample that was slightly over half, 60%, from private institutions.

The effectiveness of organizational commitment, satisfaction at work, satisfaction with administration, and work group cohesion were researched to determine predictor variables for intent to stay in a university health center (Sourdif, 2004). She studied 108 nurses at a 400 bed university hospital in Montreal. Linear regression analysis, for each predictor variable, identified that satisfaction at work was the best predictor,  $R^2 = 22.2\%$ , followed by satisfaction with administration,  $R^2 = 21.5\%$ , organizational commitment,  $R^2 = 14\%$ , and work group cohesion,  $R^2 = 7\%$ . However, stepwise regression analysis identified the best predictor model was satisfaction with work and satisfaction with administration,  $R^2 = 25.5\%$  ( $p < .001$ ).

In summary, organizational commitment is associated with satisfaction and turnover. The literature suggested that institution type and size results in differences in organizational commitment. Hence, faculty at a small school of nursing with a local perspective had greater organizational commitment than faculty at a larger doctoral institution; that were cosmopolitans.

A supportive healthy work environment, recognition for accomplishments, and support for faculty decisions are essential components of an organization and arguably enhanced organizational commitment.

### Leadership Behavior

Leadership behaviors influence a broad spectrum of the working environment at schools of nursing. Leaders set the tone and practices at schools of nursing including mentoring practices. According to NLN's national survey, leadership factors associated with satisfaction were a common vision for the school of nursing and confidence in the direction of the school (2005a). Additionally, Disch and colleagues (2004) reported that satisfaction was influenced by leadership behaviors that provided faculty with a sense of how their work related to the institutions vision and goals. Approximately two thirds of nursing faculty surveyed believed their opinions were solicited (66%) and seriously considered by leaders (65%) at their school. This was interpreted as a display of respect by leaders for faculty and thereby increased faculty satisfaction. Additional research reported that staff nurses satisfaction with administration was a predictor for intent to stay at a university health center (Sourdif, 2004).

However, in the research by Disch and colleagues in Minnesota, even though two-thirds of faculty stated they had confidence in the school (65%) and department (63%), a mere two-fifths (44%) had confidence in the direction of the nursing profession (2004). In contrast, the national NLN survey of nursing faculty (2005a) reported almost identical percentages had confidence in the university and their department, while slightly more than half, 54%, had confidence in the direction of the nursing profession. These findings were of great concern given the existence of nursing shortages both at the bedside and nurses in higher education. According to Gormley (2003), to impact faculty satisfaction, chairpersons took a participative role in curriculum and

instruction. However, this finding was somewhat isolated in comparison to the many facets of a faculty role and responsibilities.

According to Rudy (2001), the most demoralizing thing a leader did was to not support faculty decisions particularly related to curriculum revisions and decisions on student grades. Faculty needed to feel a connection to the school and ownership of its workings for a healthy work environment. Rudy further stated that healthy work environments were created or destroyed by either the dean or department chair. She suggested a climate of support and sharing with both individual and collective power as positive attributes.

According to NLN (2005b), a healthy work environment included elements of leadership. NLN recommended an expert, competent, credible, and visible leader. These leaders advocated for nursing education and allocated resources to maintain excellence. Furthermore, NLN recommended a leader that used shared decision-making and supported faculty development including mentoring. Moreover, NLN stated that leadership was essential for forming the culture at a school of nursing, hiring adequate numbers of staff, recognition of faculty work, and establishing reasonable workloads.

Deans and department chairs were in unique positions to offer institutional support, guidance, and mentoring for new faculty to correct problems identified in the *Heading New Voices* study (Rice, Sorcinelli, & Austin, 2000). In addition, *Principles of Good Practice: Supporting Early-Career Faculty* recommended that deans, department chairs, and leaders improve the tenure process and ease stress related to time and balance (Sorcinelli, 2000). Further, Tierney and Rhoads (1994) stated that leaders were aware of the kinds of transformations, socialization, that new faculty needed to fit in the organization and as such leaders supported these activities. Nursing leaders were encouraged to change ways of viewing scholarship (NLN, 2005a).

In summary, leadership behaviors of the dean or department chair create or destroy a healthy work environment. Leadership at a school of nursing that demonstrated respect for its faculty through their actions created a culture where faculty had greater satisfaction, organizational commitment, and, in turn, increased intent to stay. Once again, the interwoven nature and impact of leadership behaviors highlighted its overall importance in not only recruiting faculty but in their continuance in the role. Also, the literature reported that leadership support for mentorship is essential for new faculty success.

### Intent to Stay

Intent to stay is important for this research as a criterion variable. The urgency of the nursing faculty shortage made understanding intent to stay a step towards slowing the exodus of faculty. However, the literature on intent to stay in a faculty position was sparse. Intent to stay was defined as the desire to remain within an organization (Price & Mueller, 1981; Yoder, 1995). Intent usually preceded an action, thus, lack of intent to stay was often a predictor of turnover as was intent to leave (Bluedorn, 1982). Thus, this review of literature contains studies on intent to stay in general, intent to stay in a nursing faculty position, and intent to stay in nursing. Although intent to stay and intent to leave are not the same, a few studies on intent to leave were included for contrast.

Bluedorn (1982) studied insurance company employees over a one year period and developed a unified model of turnover from three turnover models. Bluedorn asked participants about both their staying and leaving intentions. Using path analysis, he identified that determinants of turnover were environmental opportunity, intentions to stay or leave, routinization, and age. Additionally, a positive correlation existed between intent to leave and actual turnover. Based on

these results, Bluedorn concluded that a positive relationship also existed between intent to stay and the actual act of staying.

NLN's national survey of nursing faculty role satisfaction identified that the leading factor for staying in a faculty role was whether or not they worked with students (2005a). Additional factors identified by nursing faculty for staying in their positions were to contribute to the profession, work in an intellectually stimulating environment, and have autonomy and flexibility in work. In contrast, reasons nursing faculty provided for considering to leave the faculty role were low salary, heavy workloads, and long work hours.

In the NLN survey, nursing faculty were asked an open-ended question soliciting suggestions on recruitment and retention of nursing faculty. Numerous responses expressed dissatisfaction and frustration with workload and pay. Similar to satisfaction and other variables discussed in this review, retention prompted comments showing the interwoven, overlapping nature of the issue. For example, workload was discussed with compensation issues as well as the environment and workplace while role strain was discussed as a consequence of research, scholarship, and the environment.

Therefore, the work environment played an important role not only in satisfaction, but with intent to stay in a nursing faculty position (NLN, 2005a, NLN, 2005b). Rudy (2001) explained the consequences of a work environment that was unhealthy and unsupportive of nursing faculty,

...if a work setting is stressful, dysfunctional, unsupportive, or demeaning, you can work to change it, or accept it and feel poorly about a large portion of your life. More powerful than either of those choices, you can leave! (p. 402).

In addition, Rudy discussed factors that contributed to a positive academic work environment.

These factors included two broad categories, faculty (faculty structure, responsibility, and

ownership of the school) and leadership (communication, recognition, and support of faculty, and leadership without coercion).

In contrast, research with military nurses investigated the affect of mentorship on intent to stay. Military nurses intent to stay scores were significantly different between mentored nurses and nonmentored nurses and indicated that mentored nurses had a greater intent to stay,  $p = 0.038$  (Prevosto, 2001). Thus, Prevosto concluded that mentoring facilitated socialization and also positively impacted the mentored nurse's satisfaction and intent to stay.

Intent to stay was identified as significantly correlated to satisfaction at work and satisfaction with administration in research with 108 nurses at a university health center in Montreal, explaining 25.5% of the variance for intent to stay (Sourdif, 2004). In addition, Sourdif reported statistically significant correlations between four demographic variables. First, satisfaction with administration was higher for unmarried nurses; second, intent to stay was higher for nurses with less education, e. g. diplomas in nursing; third, satisfaction with administration was higher the more hours worked per week; and fourth, number of years at the hospital correlated with organizational commitment.

Adult Critical Care nurses,  $n = 214$ , in two Midwestern cities were studied to determine factors that influenced their intent to stay in their nursing positions (Kosmoski & Calkin, 1986). The researchers reported that increased intent to stay was correlated with high levels of satisfaction with work, head nurse, promotions, and co-workers while less intent to stay was correlated with nurses with advanced degrees or those working on advanced degrees. Furthermore, multiple regression revealed five variables, satisfaction with work, lower level of nursing education, decreased intent to work on another nursing degree, less participation in work-related educational activities, and satisfaction with pay, that explained 28% of the variance

of intent to stay, satisfaction with work explained the most, 19%. Therefore, these findings suggested that the four other variables collectively accounted for 9%, a relatively small contribution to the model.

Price and Mueller (1981) studied 1,091 registered nurses from seven hospitals to determine a model for turnover. They also reported that intent to stay was related to job satisfaction and that nurses with higher degrees were more likely to leave while nurses with kinship responsibilities, described as marital and family responsibilities, were least likely to leave. Also, promotional opportunities and opportunity for alternative jobs in the organization influenced intent to stay.

Switching to the literature on intent to leave, Barnes, Agago, and Coombs (1998) studied the effect of job-related stress on faculty intention to leave academia. They researched slightly over 3,000 faculty and reported that frustration with time commitments and a lack of a sense of community explained 21% of the variance in intent to leave. Similar to other researchers (NLN, 2005a, NLN, 2005b; Rudy, 2001; Sourdif, 2004), their findings pointed to areas that leadership could intervene to create a supportive environment and facilitate coping with demands.

In contrast, Johnsrud and Rosser (2002) studied 1,511 faculty at a ten campus system in a western state. They studied the relationship of faculty morale on intent to leave. Johnsrud and Rosser identified that when faculty were engaged, had a sense of well-being, and institutional regard; they were less likely to leave. Further, they identified that perceptions of worklife and morale had a direct impact on intent to leave.

Nursing faculty in New York reported a greater likelihood of leaving nursing in one year while their career intent for five years was to permanently leave nursing (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002). However, these findings contradicted the researcher's statement that nurses with graduate degrees were less likely to change positions, institutions, or

leave nursing in five years. The authors explained that nurses reporting intent to leave had high scores in both satisfaction and organizational commitment and thus the finding was probably related to aging and retirement. Ingersoll and colleagues also identified that if workgroups were supportive and less critical of the organization, they were more likely to stay.

In summary, the literature demonstrates the interwoven, overlapping nature of variables associated with intent to stay. Most frequently, satisfaction and the work environment were reported to impact intent to stay. Furthermore, the effects of leadership and mentorship on intent to stay were important, as were the rewards of working with students and the fact that over 5,000 nursing faculty reported such. Therefore, theoretically, if a school of nursing utilized the literature to increase intent to stay, more faculty would actually stay, and there would be greater faculty retention.

#### Conclusions from the Literature

The literature reported the complexities of variables influencing nursing faculty shortages and their intent to stay in academia. Each variable seemed to be interwoven with yet another. It was difficult to determine from merely reading the literature which variable was the most influential to increase faculty numbers. Certainly, satisfaction was important as was mentorship that in turn affected satisfaction, retention, and led to “good starts”. In addition, the work environment was crucial to satisfaction, organizational commitment, and intent to stay. Also, the environment was influenced by leadership behaviors. Ultimately, however, the literature gap existed in the area of intent to stay in a nursing faculty position. Specifically, this research extended current research by investigating multiple factors instead of merely one or two factors and gained more insight into the complex problem of faculty shortages. In this literature review, the amount of explained variance for intent to stay ranged from 25.5% to 19% (Kosmoski & Calkin, 1986; Sourdif,



2004). By investigating four predictor variables, this research attempted to explain more of the variance for intent to stay than previous research.

### Conceptual Framework

Multiple influences were theorized as factors that led to the shortage of nursing faculty (e.g., AACN, 2003a; Hinshaw, 2001). Thus, the conceptual framework combined two models as well as incorporated the findings from the literature review. I attempted to integrate all the variables into one model for intent to stay. I acknowledged up front that this was a monumental task, to tease out the variables; but I felt that at this time and this place in history it was needed to gain insight into how to impact the nursing faculty shortage. Otherwise, the risk for history to repeat itself was present, but this time with serious implications for shortages of nurses at the bedside. Therefore, the framework of this study was based on the work of Sorcinelli (1994) on mentorship, Bland and Bergquist (1997) on faculty vitality, satisfaction, and productivity, and the aforementioned literature.

#### *Mentorship*

Faculty dissatisfaction and role stress were discussed in the literature as causes of faculty leaving higher education (e.g. Disch, Edwardson, & Adwan, 2004; Gormley, 2003) and as such contributed to understanding how to retain new faculty. The work of Sorcinelli (1994) on faculty development and mentoring programs effect on work satisfaction and stress were important to this study. Over time, she reported that satisfaction declined and stress increased. According to Sorcinelli, satisfaction was based on intrinsic and extrinsic rewards as well as the perceived culture of the academic department. Intrinsic rewards were the academic work itself, intellectual stimulation, enhanced sense of accomplishment, and opportunity to influence others. In contrast, extrinsic rewards were benefits, salary, and job security.

Five factors were perceived by new faculty as most stressful that benefited from mentorship: time constraints in research and teaching; lack of collegial relations; inadequate feedback, recognition, and rewards; unrealistic expectations; insufficient resources; and lack of balance between work and personal life (Sorcinelli, 1994). According to Sorcinelli, new faculty sought support in the scholarship of teaching and research. Sorcinelli suggested that addressing all of the above concerns through faculty development and mentoring programs facilitated faculty retention and possibly recruitment.

#### *Vitality, Satisfaction, and Productivity*

Bland and Bergquist (1997) developed a model that attempted to explain senior faculty vitality, satisfaction, and productivity. Senior faculty were defined as those over 50 years-old, in the “late-middle” career stage, that remained productive in their research and teaching. Both intrinsic and extrinsic factors influenced this vitality and productivity. Through research, Bland and Bergquist identified that senior faculty had a deep sense of commitment to the institution.

To ensure faculty vitality, satisfaction, and productivity, Bland and Bergquist recommended a systems approach to include individual, institutional, and leadership features (Figure 1). This comprehensive approach suggested the need for a supportive climate and leadership. Individual factors were socialization, past mentors, work habits, career development, network of colleagues, multiple projects, commitment, and morale. Institutional factors included clear, coordinated goals, emphasis on core faculty functions, supportive academic culture, participative governance, frequent communication, resources, and opportunities for growth. Bland and Bergquist described leadership factors as those that facilitated quality work, developed and supported faculty members, coordinated individual and organizational goals, ensured fair personnel policies, and were committed to the values and mission of the institution.

Figure 1.

Conceptual Framework

$$\begin{matrix} \text{Individual} & + & \text{Institutional} & + & \text{Leadership} & = & \text{Satisfaction} & + & \text{Productive Organization} \\ \text{Features} & & \text{Features} & & \text{Features} & & & & \end{matrix}$$

Adult Development	Career Development	Highly Regarded Able Academic
Socialization	Clear Coordinating Goals	Research/Teaching Oriented
Motivation	Emphasizes Priority Goals	Attends to Individual & Institution Characteristics that Facilitate Productivity
Content Knowledge & Research/Teaching Skills	Culture	
Vital Network-Professional Communication	Positive Group Climate	<ul style="list-style-type: none"> <li>Keeps goals visible</li> </ul>
Simultaneous Projects	Assertive Participative Governance	
Sufficient Work time	Decentralized Organization	<ul style="list-style-type: none"> <li>Initiates structure</li> </ul>
Orientation	Communication	<ul style="list-style-type: none"> <li>Uses assertive participative style</li> </ul>
Autonomy & Commitment	Resources-Including Local Peer Support & Technical Support	
Morale	Group Size/Age/Diversity	<ul style="list-style-type: none"> <li>Proactively brokers opportunities</li> </ul>
Work habits	Salaries & Other Rewards	
Mentors	Recruitment & Selection	
	Brokered Opportunity Structure	

Adapted from Bland & Bergquist, 1997

### *Key Variables from Literature*

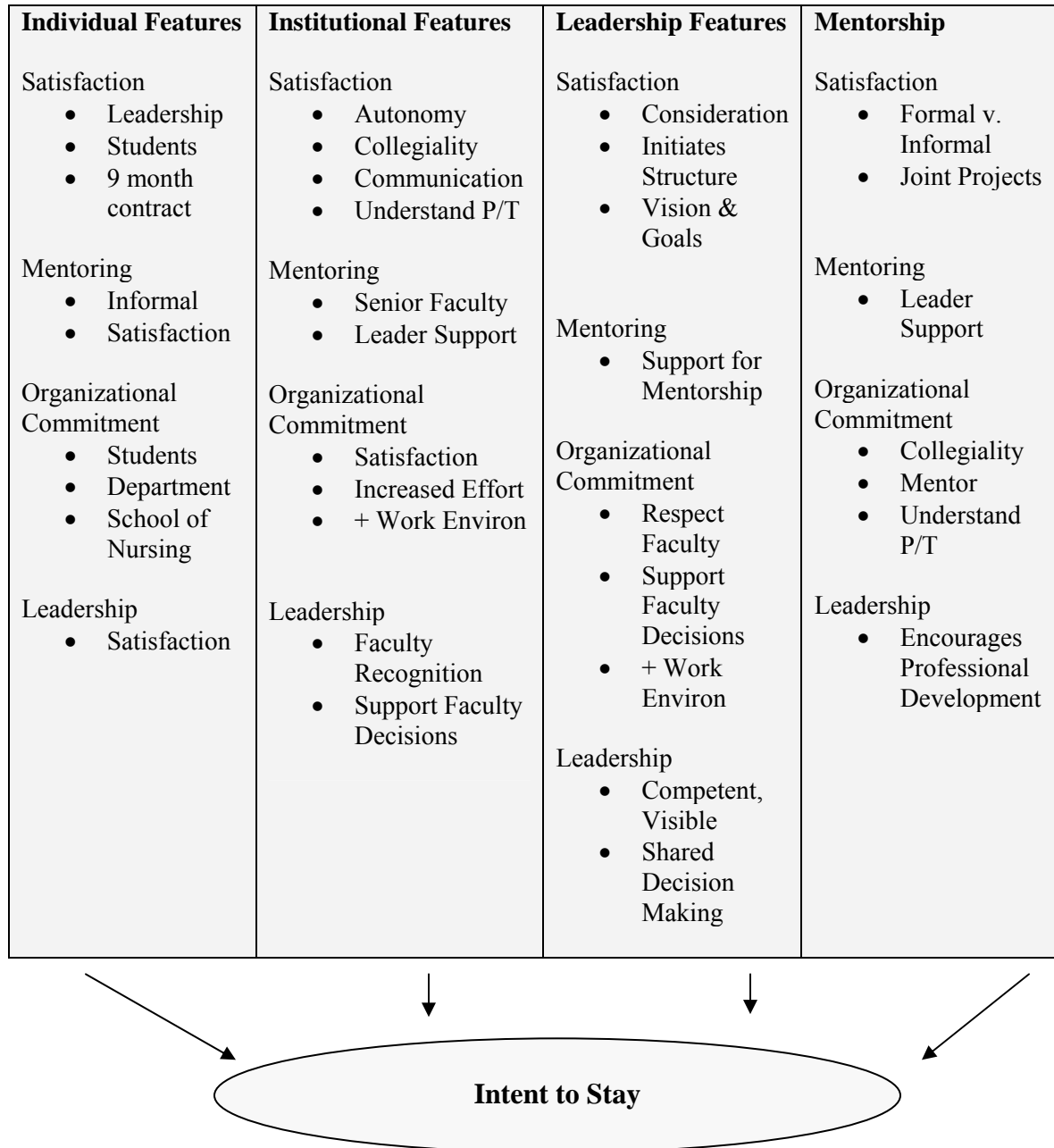
Satisfaction, mentoring, organizational commitment, and leadership were key variables from the literature that related to the individual, institutional, and leadership features of Bland and Bergquist's model. Mentorship was reported as a significant factor related to satisfaction, productivity, "good starts", and intent to stay. Mentorship seemed so important in the literature and in interviews with nursing faculty (Garbee, 2005) that it was elaborated on in the proposed framework (Figure 2a).

It appeared from the literature that the four chosen predictor variables for this research were suited to yield valuable information on intent to stay. First, an individual's satisfaction with their work was essential for retention (Gormley, 2003). Further the importance of satisfaction was highlighted by a recent national survey of nursing faculty job satisfaction (NLN, 2005a). Second, the presence of a mentor/protégé relationship was an important institutional feature that facilitated not just retention but faculty productivity (Bland & Bergquist, 1997; Sorcinelli, 1994). A lack of mentorship was reported by Garbee (2005) as associated with dissatisfaction, frustration, and a sense of overwhelming expectations by nursing faculty. Third and fourth, organizational commitment and leadership were key variables. The overlapping nature of the variables was displayed in the proposed framework with examples in each category from the literature review (Figure 2a). In summary, the conceptual framework and the variables of satisfaction, mentorship, organizational commitment, and leadership were explored to discover factors that predicted nursing faculty intent to stay in nursing education. Thus, the aim was to discover factors that contribute to nursing faculty retention.

Figure 2a.

Proposed Conceptual Framework

Satisfaction + Mentoring + Organizational Commitment + Leadership Behaviors = Intent to Stay



Adapted from Bland & Bergquist, 1997 and Sorcinelli, 1994

## Summary

In summary, this review of literature reported the interwoven nature of study variables. It set the historical context for nursing faculty shortages and legislative actions. Satisfaction, mentoring, organizational commitment, and leadership were key variables that affected one another, and ultimately, affected intent to stay. Each of these variables was organized under individual, institutional, and leadership features. Mentorship, however, was identified as a significant influence, and as such, was separated from the original framework, under individual features, into its own column. The proposed framework facilitated more insight into the complex problem of faculty shortages.

## CHAPTER THREE

### Methodology

Faculty shortages in nursing education are a growing concern nationwide as large numbers leave the profession and/or retire each year. There exists a greater demand than supply of nurse educators. Strategies to remedy the situation range from accelerated programs for masters and doctoral study and enactment of the Nurse Reinvestment Act (NRA) that include provisions for a Nursing Faculty Loan Program (NFLP) to recruitment of nursing faculty from retirement ranks (e.g. AACN, 2003; Glazer, Doheny, & Geolot, 2004) (see Chapter 2 for more information on the NRA and NFLP). Much of the literature was focused on the negative aspects of a faculty role and exploration of reasons faculty left education with little research focused on reasons faculty stay. This study addressed the gap in the literature on intent to stay by exploring factors that influenced decisions of nursing faculty to stay in nursing education. As a result, this study offers insights into retention strategies.

This chapter presents a summary of the methodology used to explore factors affecting intent to stay. A quantitative research design was used to study four factors effect on intent to stay in nursing education; more specifically, this study investigated the predictive ability of job satisfaction, mentoring, organizational commitment, and leadership behavior on intent to stay in nursing education. Included in this chapter are discussions of research questions, research design, ethical considerations, participant selection, research instruments, data collection procedures, and data analyses.

### Research Questions

Guiding this research was the following omnibus research question: What is the most parsimonious set of predictor variables, from the variables of job satisfaction, mentoring,

organizational commitment, and leadership behavior, for nursing faculty's intent to stay in nursing education? Specifically, the study addressed the following questions:

1. What is the relationship between job satisfaction and intent to stay in nursing education?
2. Can mentoring experiences predict a nursing faculty's intent to stay in education?
3. Is organizational commitment to the school of nursing predictive of faculty intent to stay in nursing education?
4. Are faculty perceptions of their dean's leadership behaviors predictive of faculty intent to stay in nursing education?

### Quantitative Research Design

Quantitative research methods were selected for this study so that results could be generalized from the sample to the larger population of nursing educators (Creswell, 2003). The sample size along with reliability and validity of research instruments allowed inferences to be made related to the predictive value of satisfaction, mentoring, organizational commitment, and leadership behavior, the independent/predictor variables, on intent to stay in nursing education, the dependent/criterion variable. Additionally, data were collected on demographic variables. Demographic variables of interest included age, gender, race, years licensed as a registered nurse, years in nursing education, highest degree held, primary teaching responsibility such as undergraduate or graduate program, academic rank, tenure status, and academic contract length. Descriptive data were collected on institutional characteristics such as public or private control, number of nursing students enrolled, and number of full time faculty at the participant's school of nursing. A series of post hoc analyses was conducted to determine the relative relation each variable had on nursing faculty's intent to stay in the profession. Data collection occurred for six weeks during the spring of 2006 and used emailed letters of consent that described the research



with a hyperlink to the online questionnaire. If the nursing faculty agreed to participate, clicking the hyperlink took them to the questionnaire on [surveymonkey.com](http://surveymonkey.com). [Surveymonkey.com](http://surveymonkey.com), an online service that allows professionals to create surveys, collect up to 1000 responses a month, and analyze data for a minimal monthly fee, was used to administer the survey ([www.surveymonkey.com](http://www.surveymonkey.com), 2005).

Demographic data were used in descriptive analysis of participants. The data were analyzed for differences in subgroups. However, the three main groups were states with high, medium, and low nursing faculty shortages. The degree of faculty shortages was based on data from the U. S. Department of Health and Human Services, Health Resources and Services Administration (2002) (see the section on Participants for more information).

The researcher chose a multiple regression design with four predictor variables as the most efficient method to obtain predictive results. The best variables were those highly correlated with the dependent variable, but not highly correlated with other independent variables (Munro, 2005). These criteria were evaluated using Pearson correlations. Additionally, Munro suggested using no more than four or five predictor variables because of intercorrelations as well as practical considerations. Further, she stated that more than four or five variables did not contribute significantly to the *R* squared or the proportion of variance explained by the model.

#### Ethical Considerations

To ensure ethical standards were met, University of New Orleans (UNO) Institutional Review Board (IRB) approval was obtained prior to data collection (see Appendix A). IRB approval became mandatory in the United States in 1974 when Congress enacted laws with codes for conducting ethical research and guidelines for protection of human subjects (Creswell, 2003;

Gay & Airasian, 2003). Central to these codes are requirements for informed consent and protection of participants from harm.

With survey research, after an informed consent was provided along with a hyperlink to the survey, completion of the survey was in itself consent to participate and was so stated in instructions to participants. The University of New Orleans identified eight basic elements of consent that were included in the informed consent for this research. The eight elements included a statement on the purpose and procedures of the research, description of foreseeable risks, description of any benefits, disclosure of alternative procedures, confidentiality, any compensation, contact persons, and a statement that participation was voluntary (UNO, 2005). A copy of the consent form is included in Appendix B (see Appendix B).

In addition, letters of support from the random cluster sample of schools of nursing deans were obtained for inclusion with the IRB application. A sample of the request for a letter of support is included in Appendix C. Not only did this letter of support provide access to participants, it identified a gatekeeper who forwarded the email consent and hyperlink to the questionnaire to all nursing faculty at the school of nursing. Permission to use the research instrument on mentoring was obtained from its developer. See Appendix D for a sample permission letter.

By using a gatekeeper, confidentiality of respondents was protected since the researcher did not have access to individual faculty emails. The use of a gatekeeper was important for this study as a means of gaining entry and access to faculty. It also had the potential to increase response rate since faculty were contacted by the gatekeeper and not by an unknown email address; in light of concerns related to viruses sent by email, knowing the sender increased the likelihood that the email was opened, read, and responded to in the form of a completed survey.

Confidentiality was protected when a participant asked questions or requested a copy of the results. In addition, no individual schools of nursing were identified in reporting results.

### Participants

The population of interest was full-time nursing faculty members that taught at schools of nursing in SREB states. Educators in the SREB were selected because of the varying levels of faculty shortages existing in that region with high, medium, and low shortages. The degree of shortages were determined based on data from the U.S. Department of Health and Human Services (2002) Health Resources and Services Administration (HRSA) regarding projected supply and demand of Registered Nurses through the next 20 years. It was decided to use this data instead of budgeted unfilled faculty positions reported by SREB since budget data could be manipulated, whereas HRSA data reflected the need for registered nurses and thus the need to nurse educators in the region.

According to HRSA data, five SREB states had high shortages ranging from 29% to 14% shortages with projections for 45% to 28% shortages by the year 2015. Six states had medium shortages of 10% to 5%, and six states had low shortages of less than 3%. To determine a random cluster sample, states were divided in the SREB according to those with high, medium, and low shortages. Second, nursing schools were numbered in each group and using a table of random numbers, three schools were selected in each of these categories: (1) Schools of Nursing teaching all levels of nursing students from basic RN preparation to doctoral education, (2) Baccalaureate and Masters nursing programs only, (3) Baccalaureate only, and (4) Associate degree only. Once the schools were selected, university websites were searched to determine the number of faculty listed for each school and thus the potential number of participants. For schools with small faculty numbers, additional schools of nursing were selected using the table

of random numbers. The dean or director of the program was mailed a letter requesting a letter of support for their faculty to participate in the study and to identify a gatekeeper (see Appendix B).

According to Cohen (1992), the sample size for four predictor variables, a priori alpha ( $\alpha$ ) level of .05 and a medium effect size, is 84 subjects per group. With three groups, high, medium, and low faculty shortages, the target sample size was 252. An alpha level of .05 indicated that only five out of 100 times a true null hypothesis was rejected, a Type I error (Huck, 2004). In addition, the large sample size decreased the risk of a Type II error; accepting the null hypothesis when it was false (Huck, 2004). The estimated power,  $1 - \beta$  ( $\alpha$ ), is .80, which was substantial power to find significant relationships (Huck).

### Instruments

Four research instruments were used to measure the predictor variables. The four instruments were combined into one survey instrument administered online via surveymonkey.com (Appendix E). For research question one, related to job satisfaction, the Index of Job Satisfaction was administered to participants (Brayfield & Rothe, 1951; Price & Mueller, 1986). Mentoring, relevant to research question two, was measured using Dreher and Ash's (1990) Mentoring Scale. The Organizational Commitment Questionnaire (OCQ) measured factors relevant to research question three (Testa, 2001). Leadership behaviors were measured using the Leadership Behavior Description Questionnaire (LBDQ) to answer research question four (Mebane & Galassi, 2003; Stogdill, 1963). Demographic data and academic data were collected using a researcher developed survey (Appendix E). Last, faculty intent to stay in nursing education, the dependent variable, was measured using Price's Intent to Stay scale (Yoder, 1990). Three open-ended questions at the end of the survey solicited responses on satisfaction, dissatisfaction, and

further comments related to the issue of faculty shortages. The following paragraphs discussed specifics of each research instrument.

### *Index of Job Satisfaction*

Brayfield and Rothe (1951) developed the Index of Job Satisfaction using female office employees and adult night-school students. It was determined to be a valid and reliable measure of satisfaction. Price and Mueller (1986) report that compared to the Hoppock Job Satisfaction instrument of 1935; correlation was high, (0.92), and reliability was 0.87. The Index of Job Satisfaction was used in research with nurses, nurse's aids, and hospital support staff. Kennerly, in 1989, used the Index of Job Satisfaction in research of nursing faculty satisfaction. She reported that the Cronbach alpha ( $\alpha$ ) estimate of reliability was .85.

The instrument consisted of 18 questions that are answered on a five point Likert scale: strongly agree, agree, undecided, disagree, and strongly disagree. According to Price and Mueller (1986), scores ranged from 18 to 90, low satisfaction and high satisfaction respectively. Normative data were reported as a mean of 70.4,  $SD = 13.2$ , range of 29 to 89 (Price & Mueller). Sample items were: "I feel fairly well satisfied with my present job." "Most of the time I have to force myself to go to work." and "I find real enjoyment in my work." (Price & Mueller, 1986, p. 217). Because of the age of this instrument, permission from the authors was not needed because it was in the public domain (U.S. Copyright Office, 2005).

### *Mentoring Scale*

Dreher and Ash (1990) developed a mentoring scale that gave a global measure of mentoring experiences based on the work of Kram (1985) who looked at the career and psychosocial functions of mentoring. There were a total of 18 items with an internal consistency, coefficient alpha, of .95 (Dreher & Ash, 1990; Prevosto, 2001). Items were rated on a 5-point Likert scale

ranging from “not at all” to “to a very large extent”. Sample items were: “To what extent has a mentor gone out of his/her way to promote your career interests?” and “To what extent has a mentor encouraged you to talk openly about anxiety and fears that detract from your work?” (Dreher & Ash, 1990, p. 542). Permission to use this instrument was obtained from the authors and the American Psychological Association (see Appendix D). Prior to the mentoring scale, participants were asked if they had a mentor; if they answered no, they skipped the questions on mentoring and proceeded to the Organizational Commitment questionnaire.

#### *Organizational Commitment Questionnaire*

The Organizational Commitment Questionnaire was developed by Mowday and Steers (1979) as the result of research on nine different work organizations including university employees and hospital employees (Price & Mueller, 1986). A short form consisted of nine positively worded items with a 7-point Likert scale ranging from strongly disagree (1) to strongly agree (5) (Testa, 2001). Price and Mueller reported a Cronbach’s alpha range of 0.82 to 0.93 and normative data of mean scores that ranged from 4.0 to 6.1,  $SD = 0.90$  to 1.30. Examples of items were: “I am proud to tell others that I am part of this organization” and “I would accept most any type of job assignment in order to keep working for this organization” (Price & Mueller, 1986, p. 79). The authors pointed out the risk for response set bias since all the statements were positive. Mowday was contacted for permission to use the instrument; he informed me it was not copyrighted and existed in the public domain.

#### *Leadership Behavior Description Questionnaire*

Ohio State University Leadership Studies developed the Leader Behavior Description Questionnaire (LBDQ) in 1957 and revised it in 1963 (Stogdill, 1963). Form XII, short form, contained 20 items that measure two dimensions, consideration and initiating structure (Mebane

& Galassi, 2003). Consideration had a human relationship orientation with items such as “Showed flexibility in making decisions” and “Helped others feel comfortable in the group” (Mebane & Glassi, 2003, p.262). Initiating structure had a task orientation with sample items “Told group members what they were supposed to do” and “Set standards of performance for group members” (Mebane & Galassi, 2003, p.262).

LBDQ was rated on a five-point scale and was used in research with army leaders, highway patrol, corporation presidents and college presidents, to name a few (Stogdill, 1963). Reliability coefficients when used with college presidents were .76 for consideration and .80 for initiating structure (Stogdill). The LBDQ manual and questionnaire existed in their entirety on the World Wide Web; it was also in the public domain with no cost for its use.

#### *Intent to Stay Scale*

The Intent to Stay Scale was developed by Price and Mueller (1981) and had a reported Cronbach  $\alpha$  and internal consistency of 0.94 (Prevosto, 2001). This scale was used to measure nurse’s intentions for continued membership in an organization using a single question (Curry, Wakefield, Price, Mueller & McCloskey, 1985; Larrabee, Janney, Ostrow, Withrow, Hobbs, & Burant, 2003; Prevosto, 2001; Price & Mueller, 1981). The question was, “Which of the following statements most clearly reflects your feelings about your future in the hospital? (a) Definitely will not leave, (b) Probably will not leave, (c) Uncertain, (d) Probably will leave, (e) Definitely will leave” (Price & Mueller, p. 546).

Yoder (1995) and Kosmoski and Calkin (1986) expanded the measure to seven and six questions respectively. Their rationale for increasing the number of items was for increased reliability and to include more aspects of intent. Yoder reported a coefficient alpha of .89 while Kosmoski and Calkin found internal reliability of .90. The latter researchers included questions

on nurse's intent to leave their unit, leave their hospital, and the time frame. Based on these findings, six questions were used to measure intent to stay in the current job and present university, the current job but not the current university, and the time frame (one year, three years, or five years).

#### *Review by Doctoral Nursing Faculty*

Seven doctorally prepared nursing faculty, who taught masters and/or doctoral nursing students, were asked in a pilot study to review the instruments and comment on their appropriateness for use with nursing faculty. This review by doctoral nursing faculty served as content validity of the survey instruments. Unanimously, the faculty reported that the terms mentor and leader were somewhat confusing because they had different meanings to individuals. For instance, was the leader the dean, department head, or course coordinator? They all recommended defining the terms in a few sentences before the corresponding instrument. Thus, mentor and leader were defined.

On the Index of Job Satisfaction, one nursing faculty commented that there were too many qualifiers such as usually, fairly well, rather, and pretty. Also, she felt it lacked questions about intellectual satisfaction and the work environment. However, since the Index of Job Satisfaction was an established instrument with reliability, it was not changed. Rather, open-ended questions were used to obtain more data on satisfaction and the work environment.

The Mentoring scale was received favorably by the majority of reviewers, six of the seven reviewers, with the seventh commenting on the length of two of the questions. Once again, since the instrument had high internal consistency, a decision was made to not change the two long questions.



The Organizational Commitment Questionnaire also contained qualifiers as pointed out by one reviewer. LBDQ received no comments with the exception of defining the leader. They were not changed.

Three of the original intent to stay questions were not understood by three faculty members regarding the statements of staying in the current job but not in the current university. This set of questions was changed to the intent to leave their current university for a similar job at a school of nursing.

In addition, there was also a question as to why there were both five and seven-point Likert scales; however, this was the format of the original instruments and as such not changed. The total length of the survey was mentioned and it was recommended to offer an incentive for completing the survey. In a single trial administration of the combined instruments, a faculty member completed a paper version of the survey in eight minutes.

Response rate is always a concern with surveys and, since faculty time is valuable, a lengthy survey had the potential for low response rates. Several strategies were used to counter the time requirements or perceived burden of a long survey. First, participants were told the approximate time required to complete the survey and the number of items. Second, participants had the ability to leave the survey and return at another time, resuming the questions where they stopped. Third, as an incentive to participate, those that completed the survey had the option to submit their email address and enter a drawing for an iPod 30GB model.

#### Data Collection

Once the survey was closed, responses were downloaded to an Excel file, then to Statistical Package for the Social Services (SPSS), version 12.0, in preparation for analysis. Responses were assessed to determine if the respondent was employed full-time in a school of nursing and

if the survey was completed in its entirety. Then, participants were coded according to groups based on the level of faculty shortage. Each instrument was appropriately scored according to methods outlined by the user manuals.

### Data Analysis

Data analyses were conducted using the Statistical Package for the Social Sciences (SPSS), version 12.0. First, descriptive statistics were calculated to provide statistical information that described the three groups, schools of nursing with high, medium, and low faculty shortages (based on their state), and for each independent variable. The descriptive statistics yielded means, standard deviations, and ranges.

Second, Pearson correlation was used to determine the relationship between job satisfaction scores and scores on intent to stay, research question one. Then multiple regression was used to determine the influence of each independent variable on the dependent variable as outlined in research questions two through four. The researcher verified that all assumptions underlying a multiple regression were met; (1) the sample was representative of the population; (2) it was normally distributed; (3) for each value of the independent variable the dependent variable scores had equal variability called the assumption of homoscedasticity; and (4) the relationship between independent variables and dependent variable was linear (Munro, 2005). Once the assumptions were verified, the coefficient of determination,  $R$  squared, was evaluated to determine whether it was significant. The  $R$  squared told the researcher the amount of variance explained by the predictor variables while the  $F$ -test determined the significance of  $R$  squared.

However, merely having a significant  $R$  squared did not mean that all the independent variables were contributing significantly to the explained variance. An analysis of variance (ANOVA) was conducted to test the significance of  $R$  and thus indicated if the model predicted

at a significant level. Next, computing and analyzing regression coefficients, betas, for each independent variable determined if the variables contributed significantly to explaining the variance.

Stepwise multiple regression determined a parsimonious, efficient and effective, set of predictor variables for nursing faculty's intent to stay in nursing education, the omnibus research question. Each independent variable was entered into the regression equation in a stepwise fashion. The SPSS computer program determined the order the independent variables entered the equation (Huck, 2004). Stepwise combined both forward and backward regression in that as each variable was added, it was also assessed to see if its contribution was still significant (Munro, 2005). Post hoc analyses were conducted as appropriate following data analyses.

Responses to open-ended questions were analyzed qualitatively; although this was not a mixed method study, the goal was to identify factors the survey instrument overlooked that faculty felt were important for intent to stay. The responses served as direction for future research.

Nonetheless, responses were first read, re-read, listed, coded, and analyzed for themes (Creswell, 2003). A data display was created and a brief cross-case analysis was conducted with responses to questions on satisfaction and dissatisfaction using the techniques described by Miles and Huberman (1994). Trustworthiness was addressed through attempts at data triangulation, cross-case analysis, use of participant quotes, and looking for discrepant cases.

### Summary

This chapter presented a summary of the methodology used to explore factors affecting intent to stay. A quantitative research design was used to study four factors effect on intent to stay in nursing education. Included in this chapter were discussions of research questions, research

design, ethical considerations, participant selection, research instruments, data collection procedures, and data analyses.

## CHAPTER FOUR

### FINDINGS

The purpose of this study was to discover a set of predictor variables, demographic, academic, experiential, or attitudinal, that best predicted intent to stay in nursing education. Further, this study examined the predictive ability of job satisfaction, mentoring, organizational commitment, and leadership behavior for intent to stay one year, three years, and five years. In addition, this study evaluated the predictive ability of age, gender, race/ethnic background, level of students taught, academic rank, highest degree of the participant, tenure status, hours worked in a week, contract length, years as a registered nurse, years as a nursing faculty member, university control, degree programs at the school of nursing, years at the current school of nursing, size of the student body, and number of faculty. The goals of this study were to explain more of the variance in intent to stay and, since intent often precedes an action, to enhance understanding of factors influencing retention of faculty. Included in this chapter are descriptions of participants, their schools of nursing, and results of data analyses.

#### Characteristics of the Sample

Participants for this study were selected from a random cluster sample of schools of nursing in states within the Southern Regional Education Board (SREB). States were divided according to high, medium, and low faculty shortages based on HRSA data of actual and projected shortages. Nursing schools were selected using a table of random numbers for each category (1) Schools of Nursing (SON) teaching all levels of nursing students from basic registered nurse preparation to doctoral education, (2) Baccalaureate and Masters programs, (3) Baccalaureate only, and (4) Associate degree only. Letters of support from the Dean or Director of each SON

were obtained and included as part of the Institutional Review Board application for approval of the study. Faculty numbers for each SON were obtained from program websites.

The initial sample consisted of 25 SON with 494 potential participants. There were three groups representing three levels of nursing faculty shortages, Group 1 – high shortage containing 201 potential participants, Group 2 – medium containing 157 potential participants, and Group 3 – low with 136 potential participants.

An online survey was conducted in the spring of 2006 between March 6<sup>th</sup> and April 17<sup>th</sup>. A consent form that explained the research was emailed to contact persons at each school of nursing. This email was then forwarded to all nursing faculty at the institution. If a faculty member agreed to participate in the study, a hyperlink at the end of the email took the participant immediately to the questionnaire on SurveyMonkey.com. Time to complete the survey ranged from eight minutes to fifteen minutes.

The first email coincided with Spring Break at many schools and yielded only 52 responses. Therefore, recruitment of additional schools of nursing began particularly in the medium and low shortage groups. A second email encountered additional schools on Spring Break and yielded another 21 responses, for a total of 73. Deans and directors were telephoned prior to sending the survey a third time. Three schools from the original sample had no responses; consequentially, after either conversations with the Dean or non-response from the Dean, these three were withdrawn from the study prompting further recruitment in all groups. At the end of the third week there were 140 responses, fourth week 205, fifth week 279, and by the sixth and final week 337 responses. The final sample included 39 SON with 782 potential participants, 200 in Group 1 (high shortage), 273 in Group 2 (medium), and 309 in Group 3 (low). Three hundred thirty-seven surveys were completed of which 20 were part-time faculty and one that did not complete

any of the questionnaires, representing a usable sample of 316 for a response rate of 40.4%.

Response rate based on groups indicated that Group 1 (high) had 96 responses of 200 potential participants for 48% response while Group 2 (medium) had 108 responses from 273 or 39.9%, and Group 3 (low) had 107 of 309 or 34.6% response rate. Five of the 316 participants did not indicate a state and could not be placed within a group.

All SREB states were included in the sample with the exception of the District of Columbia. The total number of faculty participants per state and their grouping according to high, medium, and low nursing faculty shortages are displayed in Table 1. Group 1 consisted of the following states, Delaware, Georgia, Tennessee, and Virginia. Group 2 included Alabama, Arkansas, Florida, Maryland, Oklahoma, and Texas while Group 3 was composed of Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and West Virginia. Tennessee had the most participants with 40 while Mississippi had the fewest with two participants. In addition, Texas and Virginia were in single digits with nine participants from each state.

Table 1  
 Frequency Distribution of Participants by State and Group

Group 1	<i>n</i>	%	Group 2	<i>n</i>	%	Group 3	<i>n</i>	%
DE	15	15.6	AL	5	4.6	KY	12	11.2
GA	32	33.3	AR	22	20.4	LA	14	13.1
TN	40	41.7	FL	21	19.4	MS	21	1.9
VA	9	9.4	MD	21	19.4	NC	38	35.5
			OK	30	27.8	SC	12	11.2
			TX	9	8.3	WV	29	27.1
Total	96			108			107	

*Note.* AL = Alabama, AR = Arkansas, DE = Delaware, FL = Florida, GA = Georgia, KY = Kentucky, LA = Louisiana, MD = Maryland, MS = Mississippi, NC = North Carolina, OK = Oklahoma, SC = South Carolina, TN = Tennessee, TX = Texas, VA = Virginia, WV = West Virginia, Group 1 = High Shortages, Group 2 = Medium Shortages, Group 3 = Low Shortages

Females accounted for an overwhelming majority or 94.3% (298) of participants while males were 5.4% (17) with one non-responder for gender. There were similar gender percentages based on group membership with female the predominant gender, Group 1 (high shortage) 94.8% (91), Group 2 (medium) 92.5% (99), and Group 3 (low) 96.3% (103). Gender frequencies are presented in Table 2.



Table 2  
 Frequency Distribution of Participants by Gender and Group

Gender	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Female	298	94.3	91	94.8	99	92.5	103	96.3
Male	17	5.4	5	5.2	8	7.5	4	3.7
No Response	1	.3			1			
Total	316	100.0	96		108		107	

Comparing the total sample on age, a little over half of participants were 50 to 59 year-olds, 50.9% (161), with 23.7% (75), 40 to 49 year-olds. Frequency distributions for participants by age and group are displayed in Table 3. Approximately 10% of participants were either 31 to 39 year olds or 60 to 65 year olds, 11.1% (35) and 9.8% (31) respectively. Those less than 30 and age 66 or older each accounted for 1.9% (6). In addition, age of group members displayed similar frequencies with 50 to 59 year-olds the most prevalent in Group 1, 49% (47), Group 2, 50% (54), and Group 3, 53.3% (56) (Table 3). Two participants did not reveal their age.

Table 3  
 Frequency Distribution for Participants by Age and Group

Age	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 30	6	1.9	2	2.1	2	1.9	2	1.9
31-39	35	11.1	13	13.5	9	8.3	13	12.4
40-49	75	23.7	26	27.1	27	25.0	21	20.7
50-59	161	50.9	47	49.0	54	50.0	56	53.3
60-65	31	9.8	2	2.1	14	13.0	11	10.5
66 or >	6	1.9	2	2.1	2	1.9	2	1.9
No Response	2	0.6					2	
Total	316	100.0	96		108		107	

Participants were asked to identify their race/ethnic background; frequencies appear in Table 4. Most participants identified themselves as Caucasian, 86.4% (273). African American accounted for 6.6% or 21 participants. There were six (1.9%) Asian American participants, four participants (1.3%) were Hispanic, and three were Native Americans participants (0.9%). Six participants responded to *other*, two identified themselves as Asian, one as Caucasian and American Indian, one as Human, one as Italian American, and one as Celtic. Once again, group members reflected similar frequencies with the exception of Group 3 that has the least diversity and was decidedly Caucasian 97.2% (103) (Table 4).

Table 4  
 Frequency Distribution of Participants by Race/Ethnic Background and Group

Race/Ethnic	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
African American	21	6.6	13	13.5	5	4.7	1	0.9
Asian American	6	1.9	3	3.1	2	1.9	1	0.9
Caucasian	273	86.4	78	81.3	89	84.0	103	97.2
Hispanic	4	1.3	1	1.0	3	2.8	0	.0
Native American	3	0.9	0	.0	3	2.8	0	.0
Other	6	1.9	1 <sup>a</sup>	1.0	4 <sup>b,c,d,e</sup>	3.8	1 <sup>a</sup>	0.9
No Response	3	0.9			2		1	
Total	316	100.0	96		108		107	

*Note.* Other are reflected by the following superscripts, a = Asian, b = Caucasian and American Indian, c = Human, d = Italian American, e = Celtic.

The majority of participants, 62.3% or 197, taught undergraduate students. In contrast, 16.8% (53) taught graduate students and 19.9% (63) taught both undergraduate and graduate students. Frequency distributions based on level of students taught are presented in Table 5. Three participants did not identify the level of student they taught. Comparing groups, more faculty taught undergraduate students in all groups.

Table 5  
 Frequency Distribution of Participants by Level of Student Taught and Group

Level	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Undergraduate	197	62.3	61	64.2	59	55.1	74	69.8
Graduate	53	16.8	12	12.6	24	22.4	16	15.1
Both	63	19.9	22	23.2	24	22.4	16	15.1
Missing	3	0.9	1		1		1	
Total	316	100.0	96		108		107	

Participants were asked to identify their academic rank; frequencies are displayed in Table 6. Most participants were at the rank of Assistant Professor, 38.3 % (121) while the Professor rank was least represented 12.7% (40). Instructor rank accounted for 25.9% (82) of participants followed by Associate Professor with 21.8% (69) of participants (Table 6). Four participants did not indicate a rank. Groups were similar with respect to rank except Group 1 had slightly more Associate Professors than Instructors.

Table 6  
Frequency Distribution of Participants by Academic Rank and Group

Rank	Total Sample		Group 1		Group 2		Group 3	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Instructor	82	25.9	17	18.1	31	29.0	33	31.1
Assistant Professor	121	38.3	44	46.8	43	40.2	33	31.1
Associate Professor	69	21.8	20	21.3	18	16.8	28	26.4
Professor	40	12.7	13	13.8	15	14.0	12	11.3
No Response	4	1.3	2		1		1	
Total	316	100.0	96		108		107	

Frequencies for participant's responses for their highest degree are reported in Table 7. Highest degree held by participants was the Masters degree, 57.6% or 182, while the Doctorate was the highest degree for 38.9% or 123 participants (Table 7). Similarly, group members had predominately Master's degree as the highest degree. Eleven participants did not reveal their highest degree.

Table 7  
Frequency Distribution of Participants by Highest Degree and Group

Degree	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Masters	182	57.6	54	57.4	58	55.2	68	66.7
Doctoral	123	38.9	40	42.6	47	44.8	34	33.3
No Response	11	3.5	2		3		6	
Total	316	100.0	96		108		107	

Participant’s frequencies for tenure track are displayed in Table 8. Participants were evenly divided between tenure and non-tenure track, 48.7% (154) with eight non-responders to the inquiry. Group 2 frequencies were the closest to even with 47.2% (50) tenure track and 52.8% (56) non-tenure track. However, Group 1 had slightly more tenure track nursing faculty, 59.6% (56), while Group 3 had slightly more non-tenure track, 56.7% (59).

Table 8  
Frequency Distribution of Participants by Tenure and Group

Tenure Track	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Tenure	154	48.7	56	59.6	50	47.2	45	43.3
Non-Tenure	154	48.7	38	40.4	56	52.8	59	56.7
No Response	8	2.5	2		2		4	
Total	316	100.0	96		108		107	

Hours worked in one week were 40 for slightly over half of participants, 53.2% (168). Frequencies for hours worked in a week are presented in Table 9. Working 50 hours in one week was reported by 26.6% (84) of participants with 14.2% (45) working 60 hours a week (Table 9). Nineteen participants, 6.0%, reported working more than 60 hours in one week. The majority of group participants worked 40 hours a week.

Table 9  
Frequency Distribution of Participants by Hours Worked in a Week and Group

Hours	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
40	168	53.2	55	57.3	46	42.6	64	59.8
50	84	26.6	26	27.1	31	28.7	26	24.3
60	45	14.2	10	10.4	19	17.6	15	14.0
>60	19	6.0	5	5.2	12	11.1	2	1.9
Total	316	100.0	96		108		107	

Slightly more than two-thirds of nursing faculty participants had 9 month contracts, 67.4% (213), while 30.4% (96) had 12 month contracts. Frequency distributions by contract length are reported in Table 10. Comparing groups, the nine month contract was most prevalent. Seven participants did not respond.

Table 10  
Frequency Distribution of Participants by Contract and Group

Contract	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
9 Month	213	67.4	77	81.1	58	54.7	75	72.1
12 Month	96	30.4	18	18.9	48	18.9	29	27.9
No Response	7	2.2	1		2		3	
Total	316	100.0	96		108		107	

Years as a registered nurse (RN) ranged from a minimum of three years to a maximum of 47 years with a mean of 27.46, standard deviation (*SD*) of 9.28, median 29, and mode of 30.

Groupings were created based on frequencies and are shown in Table 11. Group 2 and Group 3

had most of their participants with 30 to 34 years experience as an RN, 24.1% (26) and 25.7% (27) respectively. However, most of the participants in Group 1 had 11 to 20 years experience, 20.8% (20).

Table 11  
Frequency Distribution of Participants for Years as an RN

Years	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
3-10	22	7.0	9	9.4	6	5.6	7	6.7
11-20	49	15.5	20	20.8	16	14.8	13	12.4
21-25	42	13.3	12	12.5	19	17.6	10	9.5
26-29	54	17.1	17	17.7	18	16.7	18	17.1
30-34	69	21.8	16	16.7	26	24.1	27	25.7
35-39	50	15.8	17	17.7	11	10.2	20	19.0
40-47	27	8.5	5	5.2	12	11.1	10	9.5
Missing	3	0.9						
Total	316	100.0	96		108		105	

Years as a nursing faculty ranged from less than one year to a maximum of 39 years with a mean of 14.61, standard deviation (*SD*) of 10.06, median 13, and mode of 15. Groupings were created based on frequencies and are shown in Table 12. Group 1 and Group 2 contained participants with the least amount of experience, less than four years, as a nursing faculty, 28.4% (27) and 22.6% (24) respectively. Whereas, Group 3 participants had slightly more experience than the overall group with 19.8% (21) with 20 to 25 years experience and 18.9% (20) with 26 to 34 years as a nursing faculty.



Table 12  
 Frequency Distribution of Participants for Years as a Nursing Faculty and Group

Years	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
< 4	63	19.9	27	28.4	24	22.6	12	11.3
5-9	53	16.8	17	17.9	18	17.0	17	16.0
10-14	49	15.5	14	14.7	16	15.1	18	17.0
15-19	45	14.2	16	16.8	16	15.1	13	12.3
20-25	51	16.1	13	13.7	15	14.2	21	19.8
26-34	40	12.7	6	6.3	14	13.2	20	18.9
35 or >	10	3.2	2	2.1	3	2.8	5	4.7
Missing	5	4.5						
Total	316	100.0	95		106		106	

Years at the current school of nursing ranged from less than one year to a maximum of 38 years with a mean of 9.53, standard deviation (*SD*) of 8.56, median 6.0, and mode of 1.0. Groupings were created based on frequencies and are shown in Table 13. Group 1 and Group 2 participants reported the least amount of time at their current SON, less than four years, 44.2% (42) and 41.7% (45) respectively. Although Group 3 reported a large percentage of faculty with less than four years at their SON 27.9% (29), they had larger frequencies of faculty with 20 to 25 years at the SON, 16.3% (17).

Table 13  
 Frequency Distribution of Participants by Years at Current SON and Group

Years	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<4	116	37.3	42	44.2	45	41.7	29	27.9
5-9	69	21.8	24	25.3	23	21.3	20	19.2
10-14	44	13.9	10	10.5	21	19.4	12	11.5
15-19	37	11.7	12	12.6	9	8.3	16	15.4
20-25	24	7.6	3	3.2	3	2.8	17	16.3
26-34	20	6.3	4	4.2	7	6.5	9	8.7
35 or >	1	0.3	0	.0	0	.0	1	1.0
Missing	5	1.6						
Total	316	100.0	95		108		104	

The majority of faculty taught at public universities or colleges 75.6% (239) with 22.5% (71) teaching at private universities or colleges. Frequencies are displayed in Table 14. Group frequencies were similar; although, Group 1 reported working at more public universities or colleges 92.6% (88) while Group 2 reported working at more private universities or colleges 40.7% (44) than the overall sample.

Table 14  
 Frequency Distribution of Participants by Control of SON and Group

Control	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Public	239	75.6	88	92.6	64	59.3	84	81.6
Private	71	22.5	7	7.4	44	40.7	19	18.4
Missing	6	1.9						
Total	316	100.0	95		108		103	

Participants were asked to identify degree programs offered at their SON; the largest number of participants identified Baccalaureate (BSN), Masters (MSN) and Doctoral (DOC) degree programs, 30.4% (96). Second, BSN and MSN programs accounted for 24.7% (78), followed closely by BSN only programs, 18% (57), and Associate degree (ASN) only programs, 17.4% (55). Degree programs at the participants SON are listed in Table 15. Comparing groups, Group 2 had the same order of program frequencies as the overall sample. However, Group 1 had a majority of participants from SON with BSN and MSN programs, followed by BSN only, and ASN only SON. Group 3 had a majority of participants from BSN, MSN, and DOC degree programs followed by ASN programs, then BSN programs (Table 15).

Table 15  
 Frequency Distribution of Participants by All Degree Programs at SON and Group

Programs	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
ASN	57	17.4	18	18.9	10	9.3	24	22.6
BSN	57	18.0	22	23.2	17	15.7	18	17.0
MSN	6	1.9	2	2.1	3	2.8	1	0.9
DOC	1	0.3	0	.0	0	.0	1	0.9
ASN, BSN	8	2.5	6	6.3	0	.0	2	1.9
ASN, BSN MSN	9	2.8	1	1.1	2	1.9	6	5.7
ASN, BSN MSN, DOC	4	1.3	0	.0	1	0.9	3	2.7
BSN, MSN	78	24.7	35	36.8	34	31.5	8	7.5
BSN, MSN DOC	96	30.4	11	11.6	41	38.0	43	40.6
Missing	2	0.6						
Total	316	100.0	95		108		106	

*Note.* ASN = Associate of Science in Nursing, BSN = Baccalaureate of Science in Nursing, MSN = Masters of Science in Nursing, DOC = Doctorate in Nursing

Participants were asked to identify an approximate number of nursing students enrolled at their nursing school. The number of students at the participant's SON ranged from a minimum of 30 to a maximum of 1300 with a mean of 361.67, standard deviation (*SD*) of 242.80, median 300, and mode of 500. Groupings were created based on frequencies and are shown in Table 16. Group 1 had slightly smaller SON compared to Group 2 and Group 3. Group 1 had 13.8% (13) reporting 30 to 100 students and 21.3% (20) reporting 101 to 150 students.

Table 16  
 Frequency Distribution of Participants SON by Number of Students and Group

Students	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
30-100	32	10.1	13	13.8	5	4.9	13	12.5
101-150	45	14.2	20	21.3	13	12.6	12	11.5
151-250	55	17.4	23	24.5	20	19.4	12	11.5
251-400	70	22.2	17	18.1	24	23.3	27	26.0
401-600	66	20.9	17	18.1	26	25.2	22	21.2
601-1300	37	11.7	4	4.3	15	14.6	18	17.3
Missing	11							
Total	316		94		103		104	

The number of nursing faculty at the university or college were estimated by participants as a minimum of four to a maximum of 200 with a mean of 35.56, standard deviation (*SD*) of 30.03, median 25.5, and mode of 30. Groupings were created based on frequencies and are shown in Table 17. The largest percentage of participants indicated that they had between 11 and 20 nursing faculty members 28.2% (89) compared to the smallest percentage of participants at SON with 75 to 200 faculty 9.5% (30). However, Group 3 had the largest group of reported nursing faculty numbers with 28.2% (29) reporting 45 to 70 faculty and 9.7% (10) reporting 75 to 200 faculty.

Table 17  
 Frequency Distribution of Participants SON by Number of Nursing Faculty and Group

Faculty	Total Sample		Group 1		Group 2		Group 3	
	<i>N</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
4-10	33	10.4	16	16.8	1	1.0	16	15.5
11-20	89	28.2	33	34.7	31	31.6	23	22.3
21-30	54	17.1	17	17.9	24	24.5	12	11.7
32-40	39	12.3	17	17.9	9	9.2	13	12.6
45-70	55	17.4	10	10.5	15	15.3	29	28.2
75-200	30	9.5	2	2.1	18	18.4	10	9.7
Missing	16	5.1						
Total	316		95		98		103	

### Research Questions

#### *Research Question 1*

What is the relationship between job satisfaction and intent to stay in nursing education? The first step to answer this question was to calculate scores for the Index of Job Satisfaction (IJS). According to Price and Mueller (1986), scores can range from 18 to 90, low satisfaction and high satisfaction respectively. Normative data for the Index of Job Satisfaction were reported as a mean of 70.4, *SD* of 13.2, and range of 29 to 89 (Price & Mueller). Job satisfaction scores ranged from a minimum of 33 to a maximum of 89 with a mean of 70.93 and a *SD* of 8.19 indicating average levels of satisfaction. Group scores are presented in Table 18.

There was not a significant difference in mean job satisfaction scores in the three groups based on comparisons using a one-way ANOVA ( $F(2, 307) = .139, p > .05$ ). Further, job satisfaction scores were not significantly different,  $p > .05$ , based on the following demographic

and institutional variables, gender ( $F(1, 312) = .047$ ), age ( $F(5, 307) = .977$ ), race ( $F(5, 306) = .460$ ), level of students taught ( $F(2, 309) = 2.533$ ), programs at the SON ( $F(8, 304) = .521$ ), academic rank ( $F(3, 307) = 1.634$ ), highest degree ( $F(1, 302) = 1.763$ ), tenure status ( $F(1, 305) = 1.785$ ), hours worked in a week ( $F(3, 311) = .678$ ), contract length ( $F(1, 306) = 2.497$ ), state ( $F(15, 294) = .951$ ), public or private control ( $F(1, 307) = .001$ ), years to retirement ( $F(5, 287) = .309$ ), mentored or non-mentored faculty ( $F(1, 313) = 16.450$ ), years as an RN ( $F(6, 305) = 2.419$ ), years as a nursing faculty ( $F(6, 303) = .535$ ), years at the current SON ( $F(5, 293) = .337$ ), number of students enrolled at the SON ( $F(5, 298) = 1.310$ ), or number of faculty ( $F(6, 303) = .618$ ). Hereafter, these variables are collectively referred to as demographic and institutional variables.

Table 18  
Means and Standard Deviations for Index of Job Satisfaction Scores by Group

Group	<i>N</i>	Mean	<i>SD</i>
Group 1	96	71.04	8.33
Group 2	108	71.16	8.02
Group 3	106	70.59	8.31
Total	310	70.93	8.19

*Note.* Group 1 = High Shortage, Group 2 = Medium Shortage, Group 3 = Low Shortage

A Pearson correlation coefficient was calculated for the relationship between participant's job satisfaction and intent to stay for one year, three years, and five years. A moderate positive correlation was found ( $r(313) = .401, p < .001$ ), for intent to stay one year and job satisfaction, indicating a significant linear relationship. It is presented in Table 19. In addition, there was a moderate positive correlation between intent to stay five years and job satisfaction ( $r(313) =$

.358,  $p < .001$ ). Participants with higher job satisfaction rated higher intent to stay for one year and for five years.

Table 19  
Pearson Correlation Coefficients for Job Satisfaction and Intent to Stay

	Correlation Coefficients with Job Satisfaction	Correlation Coefficients with		
		ITL 1 year	ITL 3 years	ITL 5 years
ITS 1 year	.401*	-.197*	-.360*	-.340*
ITS 3 years	.022	-.358*	-.081	-.084
ITS 5 years	.358*	-.031	-.440*	-.467*
ITL 1 year	-.020			
ITL 3 years	-.265*			
ITL 5 years	-.289*			

*Note.* ITS = Intent to Stay, ITL = Intent to leave, \* =  $p < .001$

In addition, a Pearson correlation was calculated examining the relationship between job satisfaction and intent to leave in one year, three years, and five years. The results of correlations between job satisfaction and intent to leave are presented in Table 19. A significant weak negative correlation was identified, ( $r(313) = -.265, p < .001$ ), between job satisfaction scores and scores for intent to leave in three years as well as for job satisfaction scores and scores for intent to leave in five years ( $r(313) = -.289, p < .001$ ). Participants with high job satisfaction rated their intent to leave in three and five years low and those with low job satisfaction rated their intent to leave higher (Table 19).

Correlations also suggest several weak to moderate negative relationships that were significant between intent to stay scores and intent to leave scores in all time frames indicating that when intent to stay was high, intent to leave was low and vice versa as shown in Table 19. For example, intent to stay five years and intent to leave five years yielded the following



correlations ( $r(313) = -.467, p < .001$ ). Thus, intent to stay scores indicated a reliable relationship and were used in all regression analyses as the criterion variable.

*Research Question 2*

Can mentoring experiences predict a nursing faculty’s intent to stay in education? Slightly more than one half of the sample, 55.69% (176) reported having a mentor in their career as a nursing faculty member while 44.3% (140) did not have a mentor. Scores were determined for each participant who had a mentor on the Mentoring Scale (MS). Dreher and Ash (1990) did not report normative data for the MS. The mean score for the overall sample was 3.53 with a standard deviation of 0.79. Female participants had mean scores of 3.50, *SD* .77 while male participant’s means were 3.90 and *SD* of 1.03. Thus, male participants in this study had slightly higher mentoring and slightly more variability. Mean group scores on the Mentoring Scale are displayed in Table 20.

Table 20  
Means and Standard Deviations for Mentoring Scale Scores by Group

Group	<i>N</i>	Mean	<i>SD</i>
Group 1	49	3.54	0.69
Group 2	68	3.48	0.90
Group 3	56	3.55	0.74
Total	173	3.52	0.79

There was not a significant difference in mean mentoring scores in the three groups based on comparisons using a one-way ANOVA ( $F(1, 306) = 2.497, p > .05$ ). However, mentoring scores were significantly different based on the highest degree ( $F(1, 169) = 5.144, p < .05$ ) and contract length ( $F(1, 170) = 7.677, p < .05$ ). Tukey’s *HSD* was used to determine the differences and

revealed that faculty having doctorates scored significantly higher,  $M = 3.69$ ,  $SD$  of 0.81, and faculty with a 12 month contract scored significantly higher,  $M = 3.77$ ,  $SD$  of 0.72.

Each participant was asked to rate their intent to stay one year, three years, and five years on a scale from zero to ten. Mean scores for each measure and group are presented in Table 21. Mean scores on intent to stay one year were 9.45 with a  $SD$  of 1.35, indicating high intent to stay. Likewise, intent to stay three years scores were high,  $M = 8.02$ ,  $SD$  of 2.54. However, participants rated their intent to stay five years lower,  $M = 6.88$ ,  $SD$  3.09, although, with more variability. Results of a one-way ANOVA revealed there was not a significant difference in mean intent to stay scores in the three groups, intent to stay one year ( $F(2, 308) = 1.467, p > .05$ ), intent to stay three years ( $F(2, 308) = .458, p > .05$ ), and intent to stay five years ( $F(2, 308) = 2.174, p > .05$ ).

To compare mentoring scores and intent to stay scores with demographic and institutional variables, a series of one-way ANOVA were conducted. There was a significant difference in mean scores for intent to stay three years and the hours worked in one week ( $F(3, 312) = 3.060, p < .05$ ). Tukey's *HSD* was used to determine the differences and revealed that faculty working 40 hours in a week scoring significantly higher,  $M = 8.24$ ,  $SD$  2.48, than faculty working 60 hours a week,  $M = 7.13$ ,  $SD$  2.45. Although this research found no significant difference in mentoring scores based on the level of students taught ( $F(2, 170) = .792, p > .05$ ), 44.1% (78/177) participants in the mentored group taught on graduate or both undergraduate and graduate level while only 27.9% (38/136) of the non-mentored group taught upper level students.

Table 21  
Means and Standard Deviations for Intent to Stay by Group

Group	<i>N</i>	ITS 1 Year		ITS 3 Years		ITS 5 Years	
		Mean	<i>SD</i>	Mean	<i>SD</i>	Mean	<i>SD</i>
Group 1	96	9.54	1.15	8.21	2.36	7.39	3.09
Group 2	108	9.26	1.68	7.95	2.39	6.56	2.96
Group 3	107	9.53	1.17	7.88	2.86	6.64	3.20
Total	311	9.44	1.36	8.01	2.55	6.84	3.10

*Note.* ITS = Intent to Stay

To determine the predictive ability of mentoring for intent to stay, three separate regression analysis were conducted for intent to stay one year, three years, and five years. The results of the ANOVA for the regression of intent to stay one year are reported in Table 22 and revealed that the model cannot predict at a significant level ( $F(1, 174) = .200, p > .05$ ) with an  $R^2$  of .001.

Table 22  
ANOVA for Regression of Intent to Stay One Year on Mentoring

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	.271	1	237.34	.200	.655
	Residual	235.042	174	3.44		
	Total	235.312	175			

Results of the regression of intent to stay one year on mentoring are presented in Table 23. The regression was not significant ( $t = -.448, p > .05$ ) (Table 23). Mentoring scores were not significant predictors of intent to stay one year.

Table 23  
Regression Results for Mentoring Predicting Intent to Stay One Year

Model		B	SE B	$\beta$	<i>t</i>	<i>p</i>
1	(Constant)	9.739	.403		24.173	.000
	Mentoring	-.050	.111	-.034	-.448	.655

The results of the ANOVA for the regression of intent to stay three years are reported in Table 24 and similarly revealed a non-significant prediction model ( $F(1, 174) = .120, p > .05$ ), with an  $R^2$  of .001.

Table 24  
ANOVA for Regression of Intent to Stay Three Years on Mentoring

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	.865	1	.865	.120	.730
	Residual	1255.357	174	7.215		
	Total	1256.222	175			

Results of the regression of intent to stay three years are shown in Table 25. The regression was not significant ( $t = .346, p > .05$ ) (Table 25). Mentoring scores were not significant predictors of intent to stay three years.

Table 25  
Regression Results for Mentoring Predicting Intent to Stay Three Years

Model		B	SE B	$\beta$	<i>t</i>	<i>p</i>
1	(Constant)	7.521	.931		8.077	.000
	Mentoring	.089	.258	.026	.346	.730

Results of the ANOVA for the regression of intent to stay five years are reported in Table 26 and revealed that the model cannot predict at a significant level ( $F(1, 174) = 2.099, p > .05$ ), with an  $R^2$  of .012.

Table 26  
ANOVA for Regression of Intent to Stay Five Years on Mentoring

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	17.227	1	17.227	2.099	.149
	Residual	1428.131	174	8.208		
	Total	1445.358	175			

Regression results of intent to stay five years on mentoring are shown in Table 27. The regression was not significant ( $t = 1.449, p > .05$ ) (Table 27). Mentoring scores were not significant predictors of intent to stay five years.

Table 27  
Regression Results for Mentoring Predicting Intent to Stay Five Years

Model		B	SE B	$\beta$	<i>t</i>	<i>p</i>
1	(Constant)	5.874	.993		5.915	.000
	Mentoring	.398	.275	.109	1.449	.149

### *Research Question 3*

Is organizational commitment to the school of nursing predictive of faculty intent to stay in nursing education? Organizational Commitment Questionnaire (OCQ) scores were calculated for each participant and the means for each group are displayed in Table 28. According to Price and Mueller (1986) a score of 7 indicates high commitment and a score of 1 low commitment. Price

and Mueller reported normative data of mean scores ranging from 4.0 to 6.1 with a *SD* of 0.90 to 1.30. The sample had an overall *M* of 5.68 and *SD* of 1.16 indicating levels of organizational commitment within the range of normative means. However, there were respondents that scored as low as 1 and as high as 7 on commitment.

There was not a significant difference in mean organizational commitment scores in the three groups based on comparisons using a one-way ANOVA ( $F(2, 308) = .224, p > .05$ ). However, scores were significantly different based on whether the faculty member had a mentor or not ( $F(1, 314) = 10.005, p < .05$ ). Faculty with mentors scored significantly higher on organizational commitment,  $M = 5.85, SD$  of 1.12.

Table 28  
Means and Standard Deviations for Organizational Commitment Questionnaire Scores by Group

Group	<i>N</i>	Mean	<i>SD</i>
Group 1	96	5.70	1.19
Group 2	108	5.73	1.08
Group 3	107	5.63	1.23
Total	311	5.68	1.16

To determine the predictive ability of organizational commitment for intent to stay, three separate regression analysis were conducted for intent to stay one year, three years, and five years. The results of the ANOVA for the regression of intent to stay one year are reported in Table 29 and revealed that the model can predict at a significant level ( $F(1, 314) = 75.012, p < .001$ ), with an  $R^2$  of .193.

Table 29  
ANOVA for Regression of Intent to Stay One Year on Organizational Commitment

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	111.471	1	111.471	75.012	.000
	Residual	466.615	314	1.486		
	Total	578.085	315			

Thus, organizational commitment explained 19.3% of the variance in intent to stay one year.

Significant regression results,  $t = 8.661$ ,  $p < .001$ , are shown in Table 30.

Table 30  
Regression Results for Organizational Commitment Predicting Intent to Stay One Year

Model		B	SE B	$\beta$	<i>t</i>	<i>p</i>
1	(Constant)	6.535	.343		19.047	.000
	Organizational Commitment	.513	.059	.439	8.661	.000

In addition, the results of the ANOVA for the regression of intent to stay three years are reported in Table 31 and revealed that the model cannot predict at a significant level ( $F(1, 314) = .584$ ,  $p > .05$ ), with an  $R^2$  of .002.

Table 31  
ANOVA for Regression of Intent to Stay Three Years on Organizational commitment

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	3.777	1	3.77	.584	.445
	Residual	2030.109	314	6.465		
	Total	2033.886	315			

Regression results are presented in Table 32. The regression was not significant ( $t = .764, p > .05$ ) (Table 32). Organizational commitment scores were not significant predictors of intent to stay three years.

Table 32  
Regression Results for Organizational Commitment Predicting Intent to Stay Three Years

Model		B	SE B	$\beta$	$t$	$p$
1	(Constant)	7.483	.716		10.457	.000
	Organizational Commitment	.094	.124	.043	.764	.445

Results of the ANOVA for the regression of intent to stay five years are reported in Table 33 and revealed a model that can predict at a significant level ( $F(1, 314) = 81.225, p < .001$ ), with an  $R^2$  of .206.

Table 33  
ANOVA for Regression of Intent to Stay Five Years on Organizational Commitment

Source		$SS$	$df$	$MS$	$F$	$p$
Model 1	Regression	617.663	1	617.663	81.225	.000
	Residual	2387.768	314	7.604		
	Total	3005.430	315			

Thus, organizational commitment explained 20.6% of the variance in intent to stay five years.

Significant regression results,  $t = 9.012, p < .001$ , are displayed in Table 34.



Table 34  
Regression Results for Organizational Commitment Predicting Intent to Stay Five Years

Model	B	SE B	$\beta$	<i>t</i>	<i>p</i>
1 (Constant)	.026	.776		.034	.973
Organizational Commitment	1.207	.134	.453	9.012	.000

#### Research Question 4

Are faculty perceptions of their dean’s leadership behaviors predictive of faculty intent to stay in nursing education? Two dimensions, consideration (human relationships) and initiating structure (task oriented activities), were used from the Leader Behavior Description Questionnaire (LBDQ) to address this question. Scores can range from 10 to 50 with 50 indicating the highest rating of leader behaviors. Stogdill (1963) reported that college presidents mean scores on the two scales were 43.5 on consideration with a *SD* of 4.5 and 37.7 for initiating structure with a *SD* of 4.2.

The mean for the overall sample on consideration was 37.62 with a *SD* of 8.81. In contrast, the initiating structure scores had a *M* of 38.28 and *SD* of 6.54. Participants in this study rated their leader slightly lower on consideration than reported in the literature, but with more variability. Table 35 presents mean scores for all groups. Using a one-way ANOVA, there was a significant difference in mean scores between groups on both dimensions, initiating structure ( $F(2, 307) = 7.451, p < .05$ ) and consideration ( $F(2, 307) = 3.728, p < .05$ ). Tukey’s *HSD* was used to determine the differences and revealed that Group 1, high shortage, scored significantly higher than Group 2, medium shortages, on both dimensions,  $M = 40.00$  with  $SD = 7.04$  on initiating structure and  $M = 39.65$  with  $SD = 8.31$  for consideration.

On the initiating structure dimension, there were significant differences in scores based on the state where the faculty taught ( $F(15, 294) = 2.555, p < .05$ ) and the number of nursing faculty at the SON ( $F(5, 294) = 3.578, p < .05$ ). Tukey's *HSD* was used to determine the differences and revealed that nursing faculty in Georgia and Virginia scored significantly higher than nursing faculty in Oklahoma,  $M = 41.78, SD$  of 7.25 and  $M = 43.33, SD$  of 4.77, respectively. Additionally, nursing faculty in SON with four to 10 faculty scored significantly higher on initiating structure than faculty at SON with either 45 to 70 faculty or 75 to 200 faculty,  $M = 41.85, SD$  of 5.85. However, the small number of nursing faculty surveyed in each of these states limits practical significance.

Mean scores on the consideration dimension were significantly different among participants based on the state where they taught ( $F(15, 294) = 3.206, p < .05$ ), number of nursing faculty at the SON ( $F(5, 294) = 2.994, p < .05$ ), and years as an RN ( $F(6, 305) = 2.300, p < .05$ ). Tukey's *HSD* revealed that mean consideration scores were significantly higher for faculty in Georgia,  $M = 42.22, SD$  7.63, and Tennessee,  $M = 40.26, SD$  of 7.62, than faculty in Maryland or West Virginia. Once again, questions of practical significance arise from state differences. Also, participants from SON with four to 10 faculty scored significantly higher than participants at SON with 45 to 70 faculty,  $M = 41.36, SD$  of 7.09. Last, nursing faculty with 35 to 39 years experience as an RN scored significantly higher than faculty with 30 to 34 years as an RN,  $M = 40.86, SD$  of 7.88.

Table 35  
Means and Standard Deviations for Leadership Behavior Description Questionnaire by Group

Group	<i>N</i>	Consideration	<i>SD</i>	Initiating Structure	<i>SD</i>
Group 1	95	39.65	8.31	40.00	7.04
Group 2	108	36.67	8.78	36.55	6.34
Group 3	107	36.80	8.90	38.58	5.91
Total	310	37.63	8.76	38.31	6.56

To determine the predictive ability of leadership behavior for intent to stay, three separate multiple regression analyses were conducted for intent to stay one year, three years, and five years. The results of the ANOVA for the regression of intent to stay one year are reported in Table 36 and revealed a significant prediction model for intent to stay one year and consideration ( $F(1, 312) = 22.70, p < .001$ ), with an  $R^2$  of .068.

Table 36  
ANOVA for Regression of Intent to Stay One Year on Leadership Behavior

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 2	Regression	39.044	1	39.044	22.0700	.000
	Residual	536.641	312	1.720		
	Total	575.685	313			

Thus, leadership behaviors of consideration explained 6.8% of the variance in intent to stay one year. Significant regression results,  $t = 4.764, p < .001$ , are displayed in Table 37.

Table 37  
Regression Results for Leadership Behavior Predicting Intent to Stay One Year

Model	B	SE B	$\beta$	<i>t</i>	<i>p</i>
2 (Constant)	7.924	.329		24.113	.000
Consideration	.041	.009	.260	4.764	.000

The results of the ANOVA for the regression of intent to stay three years are reported in Table 38 and revealed a model that cannot predict at a significant level ( $F(2, 311) = .027, p > .05$ ), with an  $R^2$  of .000.

Table 38  
ANOVA for Regression of Intent to Stay Three Years on Leadership Behaviors

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1					
Regression	.346	2	.173	.027	.974
Residual	2028.625	311	6.523		
Total	2028.971	313			

Thus, leadership behaviors of consideration and initiating structure are not significant predictors of intent to stay three years,  $t = .154, p > .001$  for consideration and,  $t = -.229, p > .001$  for initiating structure. Regression results are presented in Table 39.

Table 39  
Regression Results for Leadership Behavior Predicting Intent to Stay Three Years

Model		B	SE B	$\beta$	<i>t</i>	<i>p</i>
1	(Constant)	8.130	.870		9.342	.000
	Consideration	.003	.020	.011	.154	.878
	Initiating Structure	-.006	.027	-.016	-.229	.819

Results of the ANOVA for the regression of intent to stay five years are reported in Table 40 and revealed a model that can predict at a significant level ( $F(1, 312) = 28.877, p < .001$ ), with an  $R^2$  of .085.

Table 40  
ANOVA for Regression of Intent to Stay Five Years on Leadership Behaviors

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 2	Regression	250.847	1	250.847	28.877	.000
	Residual	2710.252	312	8.687		
	Total	2961.099	313			

Thus, leadership behaviors of consideration explained 8.5% of the variance in intent to stay five years. Significant regression results,  $t = 5.374, p < .001$ , are presented in Table 41.

Table 41  
Regression Results for Leadership Behaviors Predicting Intent to Stay Five Years

Model	B	SE B	$\beta$	<i>t</i>	<i>p</i>
2 (Constant)	3.022	.738		4.093	.000
Consideration	.103	.019	.291	5.374	.000

*Omnibus Research Question*

What is the most parsimonious set of predictor variables, from the variables of job satisfaction, mentoring, organizational commitment, and leadership behavior, for nursing faculty's intent to stay in nursing education? Mean scores for the four predictor variables were entered into a multiple regression analysis with intent to stay scores as the criterion variable.

First, stepwise multiple regression was performed on intent to stay one year with the four predictor variables. All the assumptions underlying a multiple regression were met; it was a random sample, normally distributed, with homoscendasticity, and the regression was linear. The coefficient of determination, *R* Square, was .183 indicating that two of the predictor variables, organizational commitment and mentoring, explained 18.3% of the variance in intent to stay one year. ANOVA was used to test the significance of the *R* squared and indicates that the model will predict intent to stay one year at a significant level ( $F_{2, 171} = 19.128, p = .000$ ) (see Table 42). Therefore, the two predictor variables, mentoring and organizational commitment predict intent to stay scores at a significant level.

Table 42  
ANOVA Results for Regression of Intent to Stay One Year on Predictor Variables

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 2	Regression	42.536	2	21.268	19.128	.000
	Residual	190.136	171	1.112		
	Total	232.672	173			

Regression coefficients (betas) were computed and analyzed to determine if each independent variable contributed significantly to explaining the variance (see Table 43). Beta weights were tested with t-tests. The observed value of  $t = 6.159$  for organizational commitment and  $t = -2.503$  for mentoring were significant,  $p < .05$ . Therefore, organizational commitment and mentoring were significant predictors of scores on intent to stay one year. Further, an examination of tolerances indicated that mentoring and organizational commitment had high tolerances, .898, indicating that multicollinearity was not a problem. The shared variance was 10.2%.

Table 43  
Summary of Regression for Variables Predicting Intent to Stay One Year

Model	B	SE B	$\beta$	<i>t</i>	<i>p</i>	Tolerance	VIF
2 (Constant)	7.762	.490		15.830	.000		
Mentoring	.467	.076	.449	6.159	.000	.898	1.114
Org. Commit	-.267	.107	-.183	-2.503	.013	.898	1.114

*Note.* Org. Commit = Organizational Commitment

Second, multiple regression was calculated on intent to stay three years with the four predictor variables and yielded a model that did not predict at a significant level

( $F(5,168) = .630, p > .05$ ). Thus, job satisfaction, mentoring, organizational commitment, and leadership behaviors did not predict intent to stay three years.

Third, stepwise multiple regression was preformed on intent to stay five years with the four predictor variables. The coefficient of determination,  $R$  Square, was .168 indicating that one of the predictor variables, organizational commitment, explained 16.8% of the variance in intent to stay five years. ANOVA was used to test the significance of the  $R$  squared and indicated that the model can predict intent to stay five years at a significant level ( $F_{1,172} = 34.665, p < .05$ ) (see Table 44). Therefore, the predictor variable, organizational commitment, can predict intent to stay scores for five years at a significant level.

Table 44  
ANOVA Results for Regression of Intent to Stay Five Years on Predictor Variables

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	234.572	1	234.572	34.665	.000
	Residual	1163.888	172	6.767		
	Total	1398.460	173			

Regression coefficients (betas) were computed and analyzed with results presented in Table 45. The observed value of  $t = 5.888$  for organizational commitment was significant,  $p < .05$  (Table 45). Therefore, organizational commitment was a significant predictor of scores for intent to stay five years.



Table 45  
 Summary of Regression for Variable Predicting Intent to Stay Five Years

Model	B	SE B	$\beta$	$t$	$p$
1 (Constant)	1.152	1.062		1.084	.280
Organizational Commitment	1.044	.177	.410	5.888	.000

In conclusion, Pearson correlation coefficients were calculated for demographic and academic variables and intent to stay scores. Four of the 20 demographic and academic variables were significantly correlated with intent to stay scores; however, these correlations were weak. Thus, these variables were not entered into multiple regression. Three weak negative correlations that were significant were identified for intent to stay one year and degree programs at the SON ( $r(306) = -.157, p < .05$ ), intent to stay three years and race ( $r(313) = -.111, p = .05$ ), and intent to stay five years and whether the participant had a mentor or not ( $r(316) = -.128, p < .05$ ). A weak positive correlation that was significant was found for intent to stay five years and years to retirement ( $r(294) = .151, p < .05$ ).

#### Post Hoc Analysis

Three questions prompted post hoc analyses; (1) Why were none of the regression models significant predictors for intent to stay three years? (2) Why were none of the regression models significant with mentoring as a predictor for intent to stay? and (3) What is the parsimonious set of predictor variables when mentoring scores are not entered in the regression? Question three allowed 312 participant scores to enter the multiple regression compared to the original regression that only included 173 participant's with scores on all predictor variables, mentoring included.

To answer the first question, a Pearson correlation coefficient was calculated examining the relationship between participant's scores on job satisfaction, mentoring, organizational commitment, and leadership behavior, dimensions of initiating structure and consideration, and intent to stay three years. Weak correlations that were not significant ( $p > .05$ ) were found for scores on intent to stay three years and scores on all predictor variables: job satisfaction ( $r(333) = .012$ ), mentoring ( $r(181) = .034$ ), organizational commitment ( $r(330) = .040$ ), initiating structure ( $r(326) = .017$ ), and consideration ( $r(325) = .014$ ). Predictor variable scores were not related to scores on intent to stay three years. Thus, these findings demonstrate that the relationship was not linear, violating one of the basic assumptions of regression.

To answer the second question, a Pearson correlation coefficient was calculated examining the relationship between participant's scores on mentoring and intent to stay one year and five years. A weak negative correlation that was not significant was identified for mentoring and intent to stay one year ( $r(174) = -.034, p > .05$ ), and a weak positive relationship that was not significant for intent to stay five years ( $r(174) = .109, p > .05$ ). Thus, these findings indicated a nonlinear relationship that was not useful for prediction.

To answer the third question, stepwise multiple regression was performed on intent to stay one year and the predictor variables of job satisfaction, organizational commitment, and leadership behavior dimensions of initiating structure and consideration. ANOVA was used to test the significance of the  $R$  squared and indicated that two models will predict intent to stay one year at a significant level ( $F_{1,311} = 76.278, p = .000$ ) for Model 1 and ( $F_{2,310} = 46.486, p = .000$ ) for Model 2 (see Table 46). Therefore, two predictor variables, job satisfaction and organizational commitment predicted scores on intent to stay one year at a significant level.

Table 46  
ANOVA Results for Regression of Intent to Stay One Year on Three Predictor Variables

Source		<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Model 1	Regression	113.327	1	113.327	76.278	.000
	Residual	462.054	311	1.486		
	Total	575.380	312			
Model 2	Regression	132.750	2	66.375	46.486	.000
	Residual	442.630	310	1.428		
	Total	575.380	312			

Regression coefficients (betas) were computed and analyzed to determine if each independent variable contributed significantly to explaining the variance (see Table 47). Beta weights were tested with t-tests. The observed value of  $t = 8.734$  for organizational commitment in Model 1 was significant,  $p < .05$  as was the observed value of  $t = 5.310$  for organizational commitment and  $t = 3.688$  for job satisfaction in Model 2,  $p < .05$ . Therefore, organizational commitment and job satisfaction were significant predictors of scores on intent to stay one year explaining 23.1% of the variance. However, an examination of tolerances indicated that job satisfaction and organizational commitment had tolerances of .686, indicating that multicollinearity was a problem. The shared variance was 31.4%. Therefore, Model 1 was accepted; organizational commitment scores predicted scores for intent to stay one year explaining 19.7% of the variance.

Table 47  
Summary of Regression for Three Variables Predicting Intent to Stay One Year

Model	B	SE B	$\beta$	<i>t</i>	<i>p</i>	Tolerance	VIF
1 (Constant)	6.489	.346		18.776	.000		
Org. Commit	.520	.060	.444	8.734	.000	1.000	1.000
2 (Constant)	4.710	.590		7.989	.000		
Org. Commit	.374	.070	.319	5.310	.000	.686	1.458
Job Satisfaction	.037	.010	.222	3.688	.000	.686	1.458

Note. Org. Commit = Organizational Commitment

Similarly, stepwise multiple regression results for intent to stay five years on the predictor variables revealed two models that will predict at a significant level ( $F_{1,311} = 83.464, p = .000$ ) for Model 1 and ( $F_{2,310} = 45.349, p = .000$ ) for Model 2 (see Table 48). Therefore, the two predictor variables, job satisfaction and organizational commitment predicted scores on intent to stay five years at a significant level.

Table 48  
ANOVA Results for Regression of Intent to Stay Five Years on Three Predictor Variables

Source		SS	df	MS	F	<i>p</i>
Model 1	Regression	626.364	1	626.364	83.464	.000
	Residual	2333.943	311	7.505		
	Total	2960.307	312			
Model 2	Regression	670.061	2	335.030	45.349	.000
	Residual	2290.246	310	7.388		
	Total	2960.307	312			

Regression coefficients (betas) were computed and analyzed to determine if each independent variable contributed significantly to explaining the variance (see Table 49). Beta weights were tested with t-tests. The observed value of  $t = 9.136$  for organizational commitment in Model 1 was significant,  $p < .05$  as was the observed value of  $t = 6.262$  for organizational commitment and  $t = 2.432$  for job satisfaction in Model 2,  $p < .05$ . Therefore, organizational commitment and job satisfaction were significant predictors of scores on intent to stay five years explaining 22.6% of the variance. Further, an examination of tolerances indicated that job satisfaction and organizational commitment had tolerances of .686, indicating once again that multicollinearity was a problem. The shared variance was 31.4%. Therefore, Model 1 was accepted; organizational commitment scores predicted scores for intent to stay five years explaining 21.2% of the variance.

Table 49

Summary of Regression for Three Variables Predicting Intent to Stay Five Years

Model	B	SE B	$\beta$	$t$	$p$	Tolerance	VIF
1 (Constant)	-.063	.777		-.081	.936		
Org. Commit	1.223	.134	.460	9.136	.000	1.000	1.000
2 (Constant)	-2.732	1.341		-2.037	.042		
Org. Commit	1.004	.160	.378	6.262	.000	.686	1.458
Job Satisfaction	.055	.023	.147	2.432	.016	.686	1.458

*Note.* Org. Commit = Organizational Commitment

In conclusion, Model 1 of both regressions yielded a significant prediction model ( $p < .05$ ) and indicated that organizational commitment was the parsimonious predictor variable for intent to stay one year and five years explaining 19.7% of the variance in scores for intent to stay one

year, and 21.2% of the variance in scores for intent to stay five years. Thus, using a larger sample of participants (n = 312) and one less predictor variable yielded similar results in terms of a significant predictor variable, organizational commitment; and slightly more variance explained in intent to stay five years. Nonetheless, there still remains a large portion of the variance unexplained.

### Qualitative Themes

Participants were prompted to answer three open ended questions as part of this study with the goal to identify factors not addressed in the survey instruments, but that faculty felt were important for intent to stay. Responses were analyzed qualitatively by first listing, coding, and analyzing for themes. Then, a data display was created and a brief cross-case analysis was conducted. There were 1,074 comments related to satisfaction, 914 comments related to dissatisfaction, and 252 additional comments.

The first open ended question prompted participants to identify three to five factors that contributed most to their satisfaction from work. After analysis, data were reduced and ten themes emerged. Frequencies for each theme are presented in Table 50. Overwhelmingly, six of the ten themes involved areas related to the individual and their work, Altruism (Making a Difference), Love of Nursing, Flexibility, Autonomy and Academic Freedom, Faculty Colleagues, and Being Part of Student Success. Many respondents stated that they loved nursing and feel like nursing education allowed them to “give back to the profession,” “to make a difference in nursing,” “shape future nurses,” and “improve health.” The theme Being Part of Student Success was eloquently stated by one participant, “to harvest the gifts within students and help them see their own personal worth.”

Participants equated their faculty colleagues as “family”. Examples of participants feelings toward their colleagues were: “We have a great group of people who one can trust and who care about each other as well as the college,” “positive feedback from coworkers,” “love working with my colleagues,” “interaction with other nursing faculty and faculty across the university,” “faculty members are wonderful Christians and a joy with whom to work,” “The strong family connection between faculty members where we take care of each other during all times of crisis,” and “work with smart interesting people.”

Two themes were related to the institution itself and the participant’s satisfaction, Collegial Environment and Image of Excellence. Examples of comments include “pride I feel for working for this state’s flagship institution & the largest in the state” and “support within the academic community.” Leadership was important to participants and was reflected in the theme of a Supportive Chair/Administrator/Dean. Leadership behaviors equated with satisfaction by participants were a leader that listened to faculty, acknowledged and rewarded accomplishments, showed respect for faculty, employed fair treatment of all faculty, and communicated with faculty. Comments related to participant’s leaders included: “administrative attitude of, ‘how can we make you successful?’” “my department chair will go to bat for me,” “administrations interests in the needs and personal advancement of faculty members,” “Administrators thrive on excellence and commitment and expect same from faculty. They include faculty in decisions made that affect students, staff, and the whole school,” “feeling that opinions and work are highly valued,” and “Dean is proactive and a great role model.” Last, Mentorship was a frequent theme contributing to satisfaction.

Table 50  
Frequency of Satisfaction Themes

Theme	N	%
Being Part of Student Success	197	20.1
Flexibility	155	15.8
Faculty Colleagues	152	15.5
Collegial Environment	150	15.3
Supportive Chair/Administrator/Dean	99	10.1
Autonomy and Academic Freedom	73	7.4
Love of Nursing	68	6.9
Altruism	38	3.9
Mentorship	31	3.2
Image of Excellence	18	1.8

A second open ended question prompted participants to identify three to five factors that contributed to their dissatisfaction with their work. Once again, ten themes emerged from responses. Frequencies for each theme are displayed in Table 51. Themes affecting individual dissatisfaction were Student Attitudes, Low Pay, Faculty Attitudes and Lack of Accountability, and Lack of Faculty. Participants commented on student attitudes “handling students who feel entitled to getting an A on every assignment” “ethics and morals of student population” and “Parent interference when students do poorly in the clinical setting.” They referred to their salary as an “insult” for their level of education and stated that “I intend to stay, but if offered more money I would probably leave.” Faculty attitudes were “faculty who do not ‘pull their own weight’” “faculty divisiveness” and “faculty climate not as cohesive/devoted as in years past.”



Participant dissatisfaction with institutional factors accounted for three themes, Time Demands, Working Environment, and Long Commute.

Dissatisfaction with leadership came across in two themes, Bureaucracy and Extremes in Leadership Behavior. The Extremes in Leadership Behavior ranged from micromanagement of faculty to lack of assertiveness. Examples of extremes in leadership were “dogmatic rigidity & ‘only one right way’ (theirs)” leaders that did not hold faculty accountable, bent the rules for students, lacked appreciation for faculty, did not support faculty decisions, and lacked accountability themselves. Participants stated that they experienced conflicting views of what type of work was valued by their leader. They identified several dichotomies related to what activities were valued: teaching students or conducting research, education or practice, research or practice, and teaching or community service. Promotion and tenure issues were raised by participants with their dissatisfaction comments related to the lack of encouragement for clinical practice, service, and lack of credit for teaching students in the clinical setting. Last, the theme of No Mentors or Socialization was identified.

Table 51  
Frequency of Dissatisfaction Themes

Theme	N	%
Time Demands	225	29.3
Extremes in Leadership Behavior	110	14.3
Low Pay	104	13.5
Faculty Attitudes and Lack of Accountability	99	12.9
Work Environment	70	9.1
Student Attitudes	53	6.9
Bureaucracy	45	5.9
No Mentors or Socialization	33	4.3
Long Commute	17	2.2
Lack of Faculty	13	1.7

A third open ended question gave participants an opportunity to share other comments about their work or career. From these comments, four themes emerged, two related to satisfaction and two related to dissatisfaction; they were similar to other identified themes and as such combined with them. Seventeen participants stated that they just “love it” teaching nursing and were included with the Love of Nursing theme. Nine responses related to a “Dean with vision” and were included with the Supportive Chair/Administrator/Dean. Nine individuals had comments related to “low pay”, which were incorporated with the Low Pay theme. Seven participants discussed “Role Stresses” that fit nicely with the theme of Time Demands.

A brief cross-case analysis using the components of the conceptual framework, individual, institutional, leadership, and mentorship, indicated that each of the ten dissatisfaction themes

were the opposite of or related to one or more of the ten satisfaction themes. The cross-case analysis is displayed in Table 52. Thus, findings suggest that if Chief Nursing Academic Officers promote or support factors identified as positive satisfaction themes, their nursing faculty would experience greater satisfaction. And as illustrated by the correlation, greater satisfaction suggests increased intent to stay.

Three examples of discrepant cases were discovered all associated with dissatisfaction. Even though they were incorporated in identified themes, they stood out as different. First, participants expressed feeling a disparity in treatment between undergraduate and graduate faculty something they termed as a “class system between PhD/research and instructor/clinical only faculty” or “research elite.” Also, participants cited “favoritism” by their leader. Second, participants listed “having to bring work home interferes with personal roles and responsibilities” “time off is not time off” and “taking work home at night, weekends and on vacation.” Third, there were a few comments on “gender discrimination” “sexual harassment that occurs against men” and “different rules for different people.”

Table 52  
Cross Case Analysis

Individual	Institutional	Leadership	Mentorship
+ Being Part of Student Success	+ Collegial Environment	+ Supportive Chair/ Administrator/Dean	+ Mentorship
- Student Attitudes	- Time Demands	- Bureaucracy	- No Mentors
+ Faculty Colleagues	- Work Environment	- Extremes in Leadership Behavior	or Socialization
- Faculty Attitudes & Lack of Accountability	- Lack of Faculty	- Work Environment	
	- Low Pay	- Time Demands	
	- Long Commute		
+ Flexibility	+ Image of Excellence		
- Low Pay	- Time Demands		
- Lack of Faculty			
+ Love of Nursing			
+ Autonomy & Academic Freedom			
+ Altruism			

## Summary

This chapter presented characteristics of participants and results of the study. Overwhelmingly, participants were female, Caucasian, age 50 to 59, taught undergraduate students, held the rank of Assistant Professor, worked at public institutions, and held a 9-month contract. Participants were placed in one of three groups based on high faculty shortages, medium shortages, or low shortages. The only statistically significant differences between mean group scores were that Group 1, high shortage, scored significantly higher on initiating structure and consideration than Group 2, medium shortage.

The first research question evaluated the relationship between job satisfaction and intent to stay. Correlations suggested moderate positive correlations that were significant between intent to stay one year, intent to stay five years, and job satisfaction. Participants with higher job satisfaction rated their intent to stay one year and five years higher; however, there was not a significant relationship between intent to stay three years and job satisfaction.

The second research question evaluated mentoring scores as predictors for intent to stay. Regression coefficients were not significant; mentoring scores were not significant predictors of intent to stay one year, three years, or five years.

The third research question related to the predictive ability of organizational commitment scores on intent to stay. Regression showed that organizational commitment explained 19.3% of the variance in intent to stay one year and 20.6% of the variance in intent to stay five years, both at significant levels. However, for intent to stay three years,

organizational commitment scores were not a significant predictor of scores for intent to stay three years.

A fourth research question sought to determine if leadership behaviors, measured with LBDQ consideration and initiating structure scores, could predict intent to stay scores. Leadership behaviors related to consideration yielded a significant regression equation for intent to stay one year and five years explaining 6.8% and 8.5% of the variance respectively. Once again, there was not a significant prediction model for intent to stay three years and leadership behaviors.

The omnibus research question was answered using stepwise multiple regression of intent to stay scores on job satisfaction, mentoring, organizational commitment, and leadership behaviors. A stepwise regression was used to determine a parsimonious set of predictor variables for intent to stay. The results demonstrated that mentoring and organizational commitment explained 18.3% of the variance in scores for intent to stay one year with a significance level of  $p < .05$ . In addition, organizational commitment explained 16.8% of the variance in intent to stay five years,  $p < .05$ . There was not a significant prediction for intent to stay three years from any of the predictor variables.

Post hoc analyses answered three questions. First, Pearson correlations determined that scores on intent to stay three years were not significantly related to scores on any of the predictor variables, thus explaining the regression analyses that were not significant for intent to stay three years. Second, Pearson correlations demonstrated that mentoring scores were not significantly related to scores on intent to stay one year and five years. This explained why regression analyses were not significant for mentoring as a predictor of intent to stay one year or five years. Third, stepwise multiple regression of intent to

stay scores on job satisfaction, organizational commitment, and leadership behaviors indicated a significant prediction model, but with problems related to multicollinearity between job satisfaction and organizational commitment; there was 31.4% shared variance. However, organizational commitment scores alone significantly explained 19.7% of the variance in scores for intent to stay one year, and 21.2% of the variance in scores for intent to stay five years. Thus, organizational commitment was the parsimonious predictor variable for intent to stay one year and five years. Nonetheless, there still remained a large portion of unexplained variance.

More positive qualitative comments related to satisfaction were expressed than comments related to dissatisfaction. Further, this finding was reinforced by quantitative analysis; mean job satisfaction scores for the overall sample and individual groups were similar to normative means. Of note, some of the themes such as Altruism and Love of Nursing were intrinsic and not amenable to change by administrators. However, many areas were open to the influence of administrative change especially related to the work environment, time demands, and having an active mentoring program for faculty.

Chapter Five discusses research findings in depth. Findings are compared to existing research. A revised conceptual framework based on findings is introduced. Limitations and implications for future research are also addressed.

## CHAPTER FIVE

### DISCUSSION

The results of this study indicated a set of predictor variables for intent to stay one year and five years in a nursing faculty position. Qualitative data analysis identified ten themes related to satisfaction and ten themes related to dissatisfaction in a nursing faculty role. There was not a significant difference in faculty intent to stay scores based on whether the participant taught in a state with high, medium, or low faculty shortages; that is, current conditions of faculty shortages did not seem to make a difference in intent to stay for faculty respondents.

The purpose of this study was to discover a set of predictor variables, demographic, academic, experiential, or attitudinal, that can best predict intent to stay in nursing education. Further, goals for this study were to explain the variance in intent to stay and, since intent often precedes an action, to enhance understanding of factors influencing retention of nursing faculty.

#### Overview

The following pages address the research findings relative to each research question and review of literature. Next, revisions to the conceptual framework based on study findings are presented. Limitations of the study are discussed. Last, implications for policy and practice are addressed as well as topics for future research.

#### Research Questions

*What is the relationship between job satisfaction and intent to stay in nursing education?*

Participants mean scores on the Index of Job Satisfaction (Brayfield & Roth, 1951) suggest average levels of job satisfaction as indicated by a mean score of 70.93, *SD* of



8.19 compared to normative data for the Index of Job Satisfaction,  $M = 70.4$ ,  $SD = 13.2$ , (Price & Mueller, 1986). There was not a significant difference in mean job satisfaction scores in the three groups, high, medium, and low nursing faculty shortages. Further, job satisfaction scores were not significantly different based on the following demographic and academic variables, gender, age, race, level of students taught, programs at the SON, academic rank, highest degree, tenure status, hours worked in a week, contract length, state, public or private control, years to retirement, mentored or non-mentored faculty, years as an RN, years as a nursing faculty, years at the current SON, number of students enrolled at the SON, or number of faculty. Hereafter, these variables are collectively referred to as demographic and academic variables.

Most literature focused on factors that influenced satisfaction (Gormley, 2003; Moody, 1996; Prevosto, 2001; Snarr & Krochalk, 1996). Moody identified that high salary, teaching masters or doctoral students, and having a 9-month contract explained 35% of the variance in satisfaction. In contrast, Snarr and Krochalk, reported no predictive value between job satisfaction and organizational characteristics. These results were supported in this study; there was not a significant difference in satisfaction scores based on demographic or institutional variables. However, related to salary, low pay was a theme reported with dissatisfaction by 13.5% (104) participants. Further, participants referred to their salary as an “insult” for their level of education and stated that if offered more money, they would leave. Perhaps the level of students taught did not make a significant difference in job satisfaction scores because only 16.8% (53) participants reported teaching graduate students while 19.8% (63) taught both undergraduate and graduate students, slightly more than a third of participants. It is unknown why there was

not a significant difference in scores based on contract length since the majority of participants had 9-month contracts, it would make sense that they were satisfied with not working the summer semester.

Job satisfaction scores were identified to have a moderate positive correlation that was significant with intent to stay one year,  $r = .401$ , and five years,  $r = .358$  (see Table 19, p. 84). Additionally, job satisfaction scores had a weak negative correlation that was significant with intent to leave three years,  $r = -.265$ , and five years,  $r = -.289$ . Therefore, these findings suggested that as job satisfaction scores increased, intent to stay scores for one and five years increased and as job satisfaction scores decreased intent to stay scores decreased. Alternatively, as job satisfaction scores increased intent to leave scores for three and five years decreased and vice versa.

Qualitative data indicated ten themes that influenced nursing faculty satisfaction. The themes, in order of frequency include Being Part of Student Success, Flexibility, Faculty Colleagues, Collegial Environment, Supportive Chair/Administrator/Dean, Autonomy and Academic Freedom, Love of Nursing, Altruism, Mentorship, and Image of Excellence. In addition, ten themes emerged that related to dissatisfaction, Time Demands, Extremes of Leadership, Low Pay, Faculty Attitudes and Lack of Accountability, Work Environment, Student Attitudes, Bureaucracy, No Mentors or Socialization, Long Commute, and Lack of Faculty. Two of these themes were not reported in the literature, Faculty Attitudes and Lack of Accountability and Extremes in Leadership. It was somewhat surprising to discover that faculty attitudes and lack of accountability were reported by faculty given the professional and caring nature of

nurses. Participants were specific regarding leader actions such as micromanagement of faculty, lack of assertiveness, and bending the rules for students.

A brief cross-case analysis indicated that each of the ten dissatisfaction themes were the opposite of or related to one or more of the ten satisfaction themes (see Table 52, p. 112). These findings suggest a yin/yang type relationship between satisfaction and dissatisfaction themes suggesting the delicate balance of factors that influence satisfaction. Thus, findings suggest that if Chief Nursing Academic Officers promote or support factors identified as positive satisfaction themes, their nursing faculty would experience greater satisfaction or a greater balance of positive and negative influences affecting their satisfaction. And as illustrated by the correlation, greater satisfaction was related to increased intent to stay in the short and long term, one year and five years.

However, job satisfaction scores were not significantly correlated with scores on intent to stay three years; thus, no accurate predictions can be made. Since there were no significant correlations between intent to stay three years and any of the predictor variables, it is possible that participants had difficulty rating their intent in a three year time frame. It appeared participants could rate their intent to stay in one year possibly because of job satisfaction or contract commitments. Participants could rate their intent to stay in five years, possibly because of job satisfaction, commitment, academic rank, tenure, or other factors not measured in this study such as retirement or other benefits. Yet, intent to stay three years was difficult to assess; possibly explanations are that it was too close in time for participants to rate or too far away in time with too many unknowns for participants to rate. This suggests that the three year time period may be a critical time

when interventions to enhance organizational commitment and retention are most successful and warrants further investigation.

*Job satisfaction literature.* There was only one study that researched satisfaction and intent to stay, the national survey of nursing faculty by NLN (2005a). The NLN survey reported that satisfaction was influenced by commitment to one's career, students, profession, and colleagues; a sense of community and collegiality; and effective leadership. Nursing faculty in the NLN study also reported that the number one reason they stayed in the faculty role was to work with students as well as contribute to the profession, work in a stimulating environment, and have autonomy and flexibility; reasons faculty leave are first and foremost salary, then workload, and work hours.

This research supported NLN findings in its qualitative themes related to satisfaction; Being Part of Student Success was reported most frequently. However, low pay was not the most frequent dissatisfaction theme; it was third, while time demands was first, and extremes in leadership second. Thus, these findings from faculty in nursing schools in the SREB supported some findings of the national faculty survey conducted by NLN. A possible explanation for differences in pay rating was that slightly over half of participants in this research, 55.1% (174), taught in BSN, MSN, and DOC programs or BSN and MSN programs whereas, NLN participants were 28.5% ASN faculty and 23.4% BSN. Therefore, to a certain extent, pay may be lower for faculty at two year colleges or pay may not be as important for faculty teaching in four year colleges.

Leadership behaviors of consideration have been reported as correlated with satisfaction (Gormley, 2003). The theme, Supportive Chair/Administrator/Dean, was expressed by 10% (99) participants. Examples that participants gave for how the chief

nursing officer can be supportive ranged from respecting faculty, informing faculty of decisions, trusting faculty, and seeking faculty opinions, to being a proactive leader. This finding was similar to the respect, trust, warmth, and rapport between faculty and leadership that Kennerly (1989) discussed as the basis for consideration.

Mentoring and leadership were cited as influencing satisfaction (NLN, 2005a; Prevosto, 2001). Once again, qualitative responses supported this finding with the themes of Mentorship and Supportive Chair/Administrator/Dean. It appeared that informal mentoring in the form of peer support was most prevalent among participants given the large number of positive responses, 15.4% (152), related to satisfaction with faculty colleagues. The literature reported peer relationships as an alternative to mentoring relationships (Kram & Isabella, 1985). Formal mentoring was reported by a small number of participants 3.2% (31).

*Can mentoring experiences predict a nursing faculty's intent to stay in education?*

Slightly more than one half of the sample, 55.69% (176) reported having a mentor in their career as a nursing faculty member. Participants mean scores on the Mentoring Scale were 3.53 with a *SD* of 0.79; however, no normative data were reported by Dreher and Ash (1990), limiting comparisons. There was not a significant difference in mean mentoring scores in the three groups, high, medium, and low nursing faculty shortages; thus, suggesting no difference in mentoring experiences in the SREB or because of faculty shortages.

However, mentoring scores were significantly different based on the highest degree and contract length with faculty having doctorates scoring higher,  $M = 3.69$   $SD = 0.81$ , and faculty with a 12 month contract scoring higher,  $M = 3.77$   $SD = 0.72$ . Given the

expectation of increased scholarly productivity associated with having a doctorate makes mentoring experiences valuable and may explain the higher mentoring scores. Similarly, faculty with 12 month contracts may have greater expectations for productivity than faculty with 9 month contracts. Faculty with 12 month contracts may be encouraged or even required to complete research, write articles, or other projects in addition to regular workload during the summer months and, as such, engage in mentoring activities to meet these expectations..

Participants rated their intent to stay one year, three years, and five years on a scale from zero to ten. Mean scores on intent to stay one year were 9.44 with a  $SD = 1.36$ , indicating extremely high intent to stay. Likewise, intent to stay three years scores were high,  $M = 8.01$ ,  $SD = 2.55$ . However, participants rated their intent to stay five years lower,  $M = 6.84$ ,  $SD = 3.10$ , although, with more variability. There was not a significant difference in mean intent to stay scores in the three groups, high, medium, and low nursing faculty shortages; suggesting no difference in intent based on level of shortage. Comparing demographic and academic variables, there was a significant difference in mean scores for intent to stay three years and the hours worked in one week with faculty working 40 hours in a week scoring significantly higher,  $M = 8.24$ ,  $SD = 2.48$ , than faculty working 60 hours a week,  $M = 7.13$ ,  $SD = 2.45$ . It follows that faculty who consistently work 60 hours a week would be more likely to experience burnout or other ill effects and as such leave. Also, it suggests that faculty working 60 hours a week had lower scores on intent to stay three years. Thus, what can be done if faculty are not managing their workload after three years? Three years appears to be a vulnerable time for retention.

Mentoring scores were not identified as significant predictors of intent to stay scores,  $p > .05$ , for one year, three years, and five years. Yet, mentorship has the potential to help faculty deal with the demands of the collegial environment including scholarship requirements, time demands, and the overall work environment that participants reported with dissatisfaction comments. Although qualitative data showed that mentorship was reported with satisfaction by participants, lack of mentorship or socialization was reported with dissatisfaction comments. Even so, mentorship was reported less frequently than other factors affecting satisfaction or dissatisfaction, 3.2% (31) and 4.3% (33) respectively.

A probable explanation for regression equations that were not significant was that mentoring was not significantly correlated with intent to stay one year, three years, or five years. Without a significant linear relationship, there is violation of one of the basic assumptions of regression and predictions cannot be made.

*Mentoring literature.* Mentorship was reported as important for new and untenured faculty regardless of the subject matter taught (Alexander-Snow & Johnson, 1999; Boice, 2000; Disch et al., 2004; Mullen & Forbes, 2000; Rice et al., 2000; Sorcinelli, 2000; Tierney & Rhoads, 1994). Slightly more than half of participants in this study reported having a mentor to guide their career, similar to the 55% of faculty in Minnesota that reported having mentors (Disch et al.). However, tenure did not significantly influence mentoring scores in this research, nor did years as a nursing faculty, or years at the current SON. These findings were surprising because tenured faculty may need more support, mentoring, to navigate through promotion and tenure requirements, and novice and new faculty need guidance as well. Additionally, it was surprising that participants

with less than four years experience as nursing faculty accounted for the largest group of participants, 19.9% (63), as did participants with less than four years at their current SON, 36.7% (116), suggesting some novice faculty and some that recently changed employment. Yet, there was not a significant difference in their mentoring scores. Nonetheless, even if nursing faculty were experienced, when they are new to a SON, they can benefit from mentoring.

Research universities were reported in the literature as providing inadequate mentoring (Mullen & Forbes, 2000). Although this research identified no significant difference in mentoring scores based on the level of students taught, 24.7% (78), participants in the mentored group taught graduate or both undergraduate and graduate level while only 12% (38) of the non-mentored group taught upper level students.

Peer support was cited in the literature as an example of informal mentoring, but the least effective in terms of productivity and retention (Boice, 2000). Mentoring was also reported by Boice as increasing productivity in teaching and research. Yet, this same productivity was viewed by participants as both positively and negatively impacting satisfaction. The themes of Collegial Environment and Image of Excellence highlight how much faculty value an academic career; the stimulating environment and opportunity to contribute to the profession were important to participants. They support the NLN faculty satisfaction survey (2005a). However, these same factors increase time demands and workload contributing to dissatisfaction.

Rice, Sorcinelli, and Austin (2000) reported a gap between the vision and reality of an academic career. Additionally, Sorcinelli (2000) identified the department chair as vital to mentoring new faculty. This research was supported by participant's qualitative



responses that they experienced conflicting views of what type of work was valued by their leader. They identified several dichotomies related to what activities were valued: teaching students or conducting research, education or practice, research or practice, and teaching or community service. Once again, a mentor would have the potential to assist faculty with sorting through priorities, how to balance what they view as important so that there is a true fit between the faculty and their position. Qualitative responses suggest that knowing how to balance demands and prevent the necessity to bring work home could ease some of the dissatisfaction. Balance was not prominent in the review of literature. However, balance was evident between satisfaction and dissatisfaction.

Lack of mentorship was related to dissatisfaction, frustration, and a sense of overwhelming expectations (Garbee, 2005). Although, participants in the current research supported this report with the theme of No Mentors or Socialization as a factor related to dissatisfaction, only 4.3% (33) reported this influence. These findings highlight the fact that nursing schools, e.g., leaders within the schools, need to ensure development of high quality faculty that feel supported by senior faculty, department chairs, and deans.

*Is organizational commitment to the school of nursing predictive of faculty intent to stay in nursing education?*

Participants mean scores on the Organizational Commitment Questionnaire suggest levels of organizational commitment that are consistent with normative data, mean scores ranging from 4.0 to 6.1 with *SD* range of 0.90 to 1.30 (Price & Mueller, 1986).

Participants in this study had mean score of 5.68 and *SD* = 1.16. There was not a significant difference in mean organizational commitment scores in the three groups, high, medium, and low nursing faculty shortages. Once again, no differences in scores

based on level of faculty shortages suggesting that commitment was not influenced by shortages. However, scores were significantly different based on whether the faculty member had a mentor or not. Faculty with mentors scored significantly higher on organizational commitment,  $M = 5.85$   $SD = 1.12$ . Mentored faculty may have scored differently if they felt supported by the mentoring relationship. Further, organizational commitment scores were identified as significant predictors of intent to stay scores,  $p < .05$ , for one year, and five years, explaining 19.3% and 20.6% of the variance in intent.

However, the regression equation for predicting scores for intent to stay three years was not significant. Pearson correlations revealed that organizational commitment and intent to stay were not significantly related. This finding again highlights the fact that intent to stay three years may be difficult for participants to rate and, ultimately, violated the assumption of a linear relationship needed for regression. Further, this finding suggests that if administration can keep faculty committed and engaged beyond the first year; they may influence decisions to stay three years.

In comparison, qualitative data suggested that participants were both committed to the profession of nursing and the institution. Respondents stated that they love nursing and feel like nursing education allowed them to give back to the profession, to make a difference. These findings support those of NLN (2005a). Participants went as far as to equate their faculty colleagues as “family.” This begs the question, are nursing faculty staying because of faculty/peer support or organizational commitment? This cannot be determined from the present study.

On the other hand, participants were satisfied with the collegial environment and the image of excellence from holding a faculty position. Once again, the variable of

organizational commitment suggests a delicate balance between positive and negative influences. When faculty are truly devoted to the profession and making a difference, they are at risk for giving too much, agreeing to or “not saying no” to further demands including increased workload. Regarding workload, a leader is often associated with faculty assignments and overall work environment; however, do they distribute work evenly?

*Organizational commitment literature.* Organizational commitment was linked with satisfaction and turnover (Bluedorn, 1982; Parasuraman, 1989; Testa, 2001). Further, Testa reported that job satisfaction led to organizational commitment, that in turn, led to greater service effort. Although, in this research, participants scored relatively high in organizational commitment and satisfaction; service effort was not measured. Yet, these high scores in organizational commitment and satisfaction were further supported by over 1,000 comments related to satisfaction.

Nursing faculty at smaller nursing schools reported a greater commitment to contributing to their schools success (NLN, 2005a). In this analysis, there was not a significant difference in participant’s organizational commitment scores and the number of students enrolled at the school, the number of faculty at the school, or the type of programs offered at the SON all of which could have offered insight into the institutional type. Therefore, the influence of a local (committed to the institution) or a cosmopolitan (committed to the discipline) perspective, as described by Tierney and Rhoads (1994), could not be determined.

Good communication affects satisfaction with an organization (Disch et al., 2004; Rudy, 2001). This research was supported in the theme of poor communication reported

by participants. This same poor communication has the potential to influence all ten of the themes related to dissatisfaction especially faculty attitudes and lack of accountability and overall work environment, all of which reflect back on the SON leadership. Faculty need to know their expectations and that they will be held accountable just as students are held accountable; they must model professionalism.

A supportive healthy work environment, recognition for accomplishments, and support for faculty decisions are essential components of an organization (Rudy, 2001). These are examples of how a leader can impact the entire organization by establishing and maintaining the SON environment. Participants commented that a Supportive Chair/Administrator/Dean influenced satisfaction while extremes in leadership behavior were reported with dissatisfaction comments. These extremes in leadership behavior were not reported in the literature; examples were lack of assertive leaders, bending the rules for students, lack of appreciation for faculty, and lack of accountability.

*Are faculty perceptions of their dean's leadership behaviors predictive of faculty intention to stay in nursing education?*

Participants rated their leader's behavior on the dimensions of consideration and initiating structure of the Leader Behavior Description Questionnaire. Mean scores on consideration were 37.62,  $SD = 8.81$  while initiating structure scores were  $M = 38.28$ ,  $SD = 6.54$ . There was a significant difference in mean scores for both dimensions between the high shortage group and medium shortage group with the high shortage group scoring significantly higher on both dimensions. This was the only difference identified in scores in based on level of nursing faculty shortage and was not reported elsewhere in the literature. When faculty shortages are present, it follows that more structure may be

needed or more direction from leaders to accomplish SON mission and goals; yet, in the same vein it follows that more consideration from the leader would take place given the added stresses and workload accompanying shortages.

On the initiating structure dimension, nursing faculty in Georgia and Virginia scored significantly higher than nursing faculty in Oklahoma,  $M = 41.78$ ,  $SD = 7.25$  and  $M = 43.33$ ,  $SD = 4.77$ , respectively. Additionally, nursing faculty in SON with four to 10 faculty scored significantly higher on initiating structure than faculty at SON with 45 or more faculty. These results suggest that leaders at smaller SON exert more structure for faculty or perhaps faculty have more interactions with leaders that are interpreted as structure. Whereas, leaders at larger SON do not provide structure for large numbers of faculty. SON with large numbers of faculty may allow, to a certain extent, more autonomy. Additionally, although there was a significant difference in mean scores based on state, the number of nursing faculty participants in this research from each state in relation to total faculty in the entire state was quite small prompting questions of the practical significance of state differences.

Mean scores on the consideration dimension were significantly different among participants based on the state where they teach, number of nursing faculty at the SON, and years as an RN. Mean consideration scores were significantly higher for faculty in Georgia,  $M = 42.22$ ,  $SD = 7.63$ , and Tennessee,  $M = 40.26$ ,  $SD = 7.62$ , than faculty in Maryland or West Virginia. Once again, questions of practical significance arise from state differences. Also, participants from SON with 4 to 10 faculty scored significantly higher than participants at SON with 45 to 70 faculty,  $M = 41.36$ ,  $SD = 7.09$ . Last, nursing faculty with 35 to 39 years experience as an RN scored significantly higher than

faculty with 30 to 34 years as an RN,  $M = 40.86$ ,  $SD$  of 7.88. These findings suggest that leaders at smaller SON engage in more behaviors that demonstrate consideration or have more interactions with faculty that are perceived as such. According to Stogdill (1963), consideration behaviors show regard for contributions, status, and well being. Further, findings suggest that faculty with more years experience as a RN perceived their leader as displaying more affirming behaviors. However, there are many variables that may influence this response one of which is that with more years experience as a RN, participants are likely to be older and as such afforded more respect. Another reason is that more experience as an RN enhances what faculty bring to the educational process and it may be this expertise that was regarded by leaders.

Consideration scores were identified as significant predictors for intent to stay scores,  $p < .05$ , for one year, and five years, explaining 6.8% and 8.5% of the variance in intent. Although significant, a lot of variance remains such that its overall contribution to explaining intent was small. Again, consideration scores did not significantly predict intent to stay three years. Pearson correlations showed a nonlinear relationship between consideration and intent to stay three years. Initiating structure scores did not contribute significantly to explaining additional variance. Qualitative data suggest that a supportive chair, administrator, or dean can create or diminish satisfaction, in other words - balance. Additionally, leadership behaviors equated with satisfaction by participants were a leader that listened to faculty, acknowledged and rewarded accomplishments, showed respect for faculty, employed fair treatment of all faculty, and communicated with faculty, all part of consideration as reported in the literature (e.g., NLN, 2005a; Rudy, 2001).

*Leadership behavior literature.* Leadership behaviors can impact nursing faculty satisfaction when there are common visions and goals, leaders show respect for faculty, and support faculty decisions (Disch et al., 2004; Rudy, 2001). According to NLN (2005a) national survey, leadership is essential for forming a culture at a school of nursing, hiring adequate numbers of staff, recognition of faculty work, and establishing reasonable workloads. Participant's comments support this literature. Once more, factors related to leadership behavior were part of both satisfaction and dissatisfaction comments. If participants were satisfied with a supportive leader; they were dissatisfied with an autocratic or non-assertive leader. Participants stated they did not like being micro managed by the leader or having their decisions reversed. Also, participants expressed feeling a disparity in treatment between undergraduate and graduate faculty something they termed as a "class system" or "research elite." Although these exact terms were not specifically reported in this literature review, it was reported that leaders support faculty and create a supportive environment (NLN, 2005a; Rudy, 2001).

An expert, competent, credible, and visible leader was recommended by NLN for faculty satisfaction (2005a). In this study, participants expressed similar qualities for a leader related to satisfaction. Participants reported that they wanted a dean with vision for the school. They were dissatisfied with leaders that were weak, did not hold students accountable, and did not hold faculty accountable.

Leadership support for mentorship was reported as essential for new faculty success (NLN, 2005s; Rice et al., 2000; Sorcinelli, 2000). In addition, leaders can guide socialization and needed transformations to increase success and retention of faculty as well as "fit" in an organization (Tierney & Rhoads, 1994). Participants reported feeling

dissatisfied with the differences in what faculty value and what administrator's value: teaching students or conducting research, education or practice, research or practice, and teaching or community service. Hence, leaders should support mentoring to facilitate transitions and demonstrate an investment in faculty and their future success.

Mentoring, improving the tenure process, and easing stress related to time and balance were included in ten principles to guide deans, department chairs, and leaders (Sorcinelli, 2000). Similarly, viewing scholarship in new ways was recommended by NLN (2005a). These are examples of the interrelated and overlapping nature of the variables. A leader can promote mentoring that in turn addresses promotion and tenure issues, gives faculty a sense of their expectations and how to manage them, all of which assist to decrease time demands and facilitate balance. Promotion and tenure issues were raised by participants with the lack of encouragement for clinical practice, service, and lack of credit for teaching students in the clinical setting. These findings supported the aforementioned literature, but the issue of balance was not in the literature.

*What is the most parsimonious set of predictor variables, from the variables of job satisfaction, mentoring, organizational commitment, and leadership behavior, for nursing faculty's intent to stay in nursing education?*

Organizational commitment was the parsimonious predictor variable identified to significantly predict intent to stay one year in nursing education,  $p < .05$ , and explained 19.7% of the variance in intent. In addition, organizational commitment significantly predicted intent to stay five years,  $p < .05$ , explaining 21.2% of the variance in intent. However, these regressions leave a lot of unexplained variance, 80.3% and 78.8% respectively. In addition, there is a gap between one year and five years that scores for



intent to stay three years cannot address. These findings do not seem to offer much assistance to increase intent and thus actual retention of nursing faculty. Perhaps, three years is a time period where interventions to enhance retention would be more effective. If three years is a time of uncertainty for nursing faculty regarding whether to stay or leave, providing a work environment and leadership that is supportive may make a difference. This was a contribution to the literature on intent to stay.

Since there was not a significant correlation, relationship, between intent to stay three years with any of the predictor variables, scores for intent to stay three years were not entered into a multiple regression with the predictor variables. Hence, findings suggest that chief nursing academic officers might be able to increase intent to stay, and thus retention, if they endorse factors or programs that enhance organizational commitment in all time frames, but especially beyond the first year into the third year.

*Intent to stay literature.* Mentored nurses were reported to have higher intent to stay secondary to increased satisfaction from the mentoring relationship (Provosto, 2001). This study did not support Provosto's research. Mentoring was not identified as a predictor of intent to stay scores; although, in qualitative data, mentorship was a theme related to satisfaction. However, mentored faculty scored significantly higher on organizational commitment.

Organizational commitment was a predictor for intent to stay in a nursing faculty position one year and five years. When organizational commitment is strong there is a belief in and acceptance of goals and values of the organization, a willingness to exert effort for the organization, and a desire to remain a member in the organization (Price & Mueller, 1986). Furthermore, the work environment plays an important role in intent to

stay in a nursing faculty position (NLN, 2005a; NLN 2005b, Rudy, 2001). Specifically, the faculty and leadership shape the academic work environment and decisions to stay or leave (Rudy).

Participants' comments supported the literature. They expressed satisfaction comments related to their colleagues and leaders that emphasize the extent and depth of their organizational commitment. Examples of comments related to their colleagues include: "We have a great group of people who one can trust and who care about each other as well as the college," "positive feedback from coworkers," "love working with my colleagues," "interaction with other nursing faculty and faculty across the university," "faculty members are wonderful Christians and a joy with whom to work," "The strong family connection between faculty members where we take care of each other during all times of crisis," and "work with smart interesting people." Conversely, comments related to their leader include: "administrative attitude of, 'how can we make you successful?'" "my department chair will go to bat for me," "administrations interests in the needs and personal advancement of faculty members," "Administrators thrive on excellence and commitment and expect same from faculty. They include faculty in decisions made that affect students, staff, and the whole school," "feeling that opinions and work are highly valued," and "Dean is proactive and a great role model."

Evaluating intent to stay from another perspective, intent to leave, when faculty are engaged, have a sense of well-being, and institutional regard, they are less likely to leave (Johnsrud & Rosser, 2002). In addition, time commitments and a lack of a sense of community explained 21% of the variance in intent to leave (Barnes, Agago, & Coombs, 1998). These studies seem to speak to the issue of organizational commitment,

perceptions of shared values and goals keep faculty engaged; satisfaction with colleagues and leadership can lead to a sense of well-being; while respect and encouragement from administration help demonstrate institutional regard. Further, a sense of community relates to the shared values and goals along with relationships with colleagues and administration.

### Revised Conceptual Framework

The framework for this study was based on the work of Sorcinelli (1994) on mentorship and Bland and Bergquist (1997) on faculty vitality, satisfaction, and productivity. According to Sorcinelli, satisfaction is based on intrinsic and extrinsic rewards as well as the perceived culture of the academic department. Bland and Bergquist also identified intrinsic and extrinsic factors that influence vitality and productivity. A summary of the proposed conceptual framework for this study is presented in Figure 2b. Quantitative and qualitative data triangulation now suggest a revised framework (see Figure 3).

Examples of intrinsic rewards are the academic work itself, intellectual stimulation, enhanced sense of accomplishment, and opportunity to influence others (Sorcinelli, 2000). Qualitative responses mirrored these findings: the love of nursing was a prominent theme; altruism or wanting to make a difference in nursing, new nurse development, or the health of others, serving others; and the image of excellence. Further, Sorcinelli stated that extrinsic factors are benefits, salary, and job security. Of these, low pay was the only factor mentioned by participants with their dissatisfaction comments. However, indirect benefits of an academic career were reflected in comments about the collegial environment that is intellectually stimulating and “never dull”, autonomy and academic

freedom, ability to be flexible and creative, opportunity for professional growth, ability to engage in faculty practice, and research and service opportunities.

Bland and Bergquist (1997) suggest a comprehensive approach to vitality, satisfaction and productivity that includes individual, institutional, and leadership features. Many of their individual factors such as socialization, past mentors, and career development are related to mentorship and were moved as a separate category in the model to highlight the importance of mentorship. Intrinsic individual factors were work habits, network of colleagues, commitment, and morale while extrinsic factors were the opportunity to work on multiple projects. Participants identified similar satisfaction themes such as the ability to be creative, love of nursing, altruism, and being part of student success; as one participant stated, “to harvest the gifts within students and help them see their own personal worth.” Extrinsically, the chance to have flexibility at work, experience professional growth, and work on research interests, community service, and faculty practice contributed to satisfaction.

*Figure 2b.*

Summary of Proposed Conceptual Framework

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Satisfaction + Mentoring + Organizational Commitment + Leadership Behaviors = Intent to Stay

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Institutional factors were decidedly extrinsic in nature including clear goals, emphasis on core faculty functions, supportive academic culture, participative governance, frequent communication, resources, and opportunities for growth (Bland & Bergquist, 1997).

Participant’s comments corresponded to these with statements related to a supportive dean with a vision, the collegial environment, and opportunity for professional growth and advancement.

Leadership factors identified by Bland and Bergquist (1997) include intrinsic factors such as facilitate quality work and coordinate individual and organizational goals that are similar to participant comments related to the image of excellence, maintaining standards, love of nursing, and the “fit” between faculty and the organization. For example, the ability to do work that is important to the faculty member, service, research, or faculty practice. Extrinsic factors are the supportive leader, fair policies, and commitment to the values and mission of the institution. Participants identified a supportive leader as one with fair policies and rewards for faculty good work as well as a clear vision for the school. A leader with good communication with faculty was important to participant’s satisfaction.

Figure 3  
Revised Conceptual Framework

		Organizational Commitment => Intent to Stay		
	<b>Mentoring</b>	<b>Individual</b>	<b>Institutional</b>	<b>Leadership</b>
<b>Intrinsic</b>	Love of Nursing Altruism Image of Excellence	Part of Student Success Creativity Love of Nursing Altruism		Image of Excellence Maintains Standards Love of Nursing Organization Fit
<b>Extrinsic</b>	Peer Support Leader Support for Mentoring	Professional Growth Research Service Faculty Practice Flexibility Faculty Colleagues	Collegial Environment Professional Growth Supportive Dean Dean with Vision Faculty Colleagues	Supportive - Fair - Vision Rewards Faculty Communication

This revised conceptual framework shows the interwoven nature of factors contributing to intent to stay. Further, the framework highlights the fact that some factors are amenable to change, extrinsic, while others are more intrinsic in nature. Thus, the framework suggests the importance of hiring faculty with existing intrinsic qualities for success as a nursing faculty as well as qualities that “fit” with the organization, in other words, corresponding values and goals. Consequentially, it then behooves leadership to provide faculty with extrinsic factors necessary for success such as mentoring experiences, professional growth, and other programs that enhance organizational commitment with the goal to increase intent to stay and thereby, actual retention.

The differences between this framework and the proposed framework is that organizational commitment was the parsimonious predictor variable for intent to stay one year and five years. Also, peer support was reported more often as well as faculty interest in recognition for service, faculty practice, and teaching students in clinical. Leadership behaviors of consideration and initiating structure contributed small amounts to prediction of intent to stay. Ultimately, results suggest that balance was important between positive and negative factors influencing satisfaction in the collegial environment. Each of the ten satisfaction themes were the opposite of or related to one or more of the ten dissatisfaction themes suggesting the delicate balance of factors influencing satisfaction. These themes can be influenced largely by leaders at SON, but also by nursing faculty colleagues.

#### Limitations

A major limitation of this study was that mentoring scores were obtained on slightly more than one-half of the sample, 176, thereby limiting the number of participants

entered into the multiple regression that answered the omnibus research question. In total, 140 participant scores on job satisfaction, organizational commitment, leadership behavior dimensions of consideration and initiating structure were not entered into the final analysis to determine a parsimonious set of predictor variables. However, post hoc analyses without mentoring scores were conducted since mentoring scores were not significantly correlated with intent to stay scores. Thus, the influence of mentoring was lost. Upon reflection, a better approach would have all participants answer mentoring questions. Some participants may not have understood the statement describing a mentor, answered in the negative, and as such lost the opportunity to answer mentoring questions. In addition, participants could rate the quality of their mentoring experience on a scale of zero to 100. Also, another research instrument may be a better measure for mentoring.

Second, the response rate was affected by data collection coinciding with spring break at many institutions. As a consequence, data collection transpired over a longer time period than anticipated and required recruitment of additional SON to reach target numbers of participants. The effect of faculty time off during spring break on their responses to the survey cannot be determined. In addition, Louisiana and Alabama, low shortage and medium shortage group, were the last states recruited and, as such, their participants had fewer reminders to complete the survey. When sample size goals were reached, no additional reminders were sent to SON contact persons in an effort to prevent low and medium shortage group sizes from increasing more than the high shortage group.

Third, the length of the survey and time demands to complete it may have affected response rate. In addition, instruments were chosen with the total number of items in consideration. As a consequence, the instruments themselves may not have measured the

concept as well as other, longer instruments. In an attempt to compensate for the length of the survey, participants were given the opportunity to enter a drawing for an iPod after completion of the survey.

Fourth, the results are limited by the questions or instruments themselves. Results are obtained on questions asked and answered. To compensate for this limitation, three open ended questions solicited responses to capture factors of concern to nursing faculty for their satisfaction and dissatisfaction as well as to guide future research.

Fifth, on-line survey methods may limit the number of participants excluding those that are unfamiliar with taking on-line surveys, navigating the internet, or inexperienced in computer use. Since the survey was not available in another format, responses were limited to those comfortable with online surveys. Additionally, participants could decide to answer or not answer questions, they can lose their place in the survey and skip questions all of which contribute to response bias. Non-responders may have different opinions than those expressed by participants.

Sixth, intent to stay may be an illusive concept to evaluate and measure. Certainly, there are other variables that impact intent to stay that were not addressed in the study such as family and personal issues, spousal change of employment, a certain time in the semester, lack of adequate pay, and the possibility of boredom or a faculty member that just wants a new challenge. Perhaps, faculty who are not very good in teaching or in terms of productivity rated their intent to stay high because they fear their ability to get another position or fear increased responsibilities.

Last, the survey was limited to faculty in the SREB who chose to respond to an on-line survey. Also, it was limited to SON whose deans or directors agreed to participate.



Although this was a random cluster sample of SON in all 16 states in the SREB, opinions may be different in SON that did not participate or faculty that chose not to participate.

### Implications for Policy and Practice

#### *Policy*

National and regional policy recommendations are for NLN and the SREB to fund research on methods that enhance organizational commitment, the work environment, and improve leadership. Further, it is recommended that NLN and the SREB provide funding to establish mentoring programs and to research the effectiveness of various types of mentoring programs in an effort to establish best practices for mentoring of nursing faculty and leadership.

State policy recommendations to increase intent to stay are to increase funding for pay raises for nursing faculty in an effort to close the gap in salary between faculty and nurses in practice settings. Additionally, allocate state funds as incentives for SON that have higher faculty retention rates, ear making the incentives for faculty pay raises.

Last, it is recommended that SON develop policies that are driven by faculty input. It is widely accepted that faculty owns the curriculum, but how many faculty can claim ownership of policies at their institution? By inviting faculty input to policy revisions, leaders can show respect for faculty opinions and facilitate buy-in of policies. In addition, seeking faculty input offers the opportunity for leaders to recognize faculty, respect faculty opinions, and support faculty decisions all of which are reported in the literature to increase organizational commitment and thus, intent to stay (NLN, 2005s; Rudy, 2001). Moreover, it is recommended that SON institute changes to policies on tenure and

awareness of the issues related to intent to stay, specifically, organizational commitment and mentoring. Anticipatory socialization, in graduate school, is essential to develop successful leaders that enter the profession fully aware of their responsibilities and the academic culture. To accomplish anticipatory socialization, it is recommended that higher education students be partnered with faculty leaders to learn the role. This partnership would allow close observation and interaction with the leader such as during meetings and faculty interactions. This partnership should have specific goals and last over a minimum of one year to allow a variety of experiences, formation of a relationship with the leader, and provide networking opportunities within the institution.

### *Faculty*

Nursing faculty need mentors, ideally, a formal mentoring program; but, at the very least an informal mentor or peer mentor. Faculty cannot and should not be expected to learn the faculty role alone. Leaders need to establish policies and procedures that support faculty in their first year whether they are novice faculty or they come to the SON with experience as a faculty member. Certainly, faculty need to support and encourage one another in all aspects of the faculty role. We are all in this together, faculty with common vision and goals, and it is this togetherness, sense of community that enhances intent to stay.

### *Administrators*

With the number of participants citing dissatisfaction with leaders, it begs the question of whether leaders on all levels had mentors, formal training for their leadership role, and either anticipatory or organizational socialization. In addition, what was the quality of the leader's socialization and/or mentorship? Perhaps more leaders would value mentoring if

promotion that reward faculty practice and service as highly as research. Participant comments suggest this policy change as did reports in the literature (NLN, 2005a).

### *Practice*

In practice, leaders at schools of nursing need to recognize the importance of factors affecting organizational commitment and mentorship. Leaders cannot rely solely on intrinsic factors or characteristics to keep faculty satisfied and to remain in nursing education. It is time for schools of nursing to effect changes that respect all faculty, celebrate and reward faculty accomplishments, and give credit for various types of scholarship. The philosophy, vision, and goals of the SON should not be just words on paper, but rather should be enacted, celebrated, and visible to all. Last, leaders at SON need to ensure an environment that supports faculty, has equitable workloads, offers encouragement, and fosters a sense of community (Barnes, Agago, & Coombs, 1998; NLN, 2005a). Leaders should encourage faculty to collaborate with and encourage each other so that all faculty reap the benefits of an academic career.

Lack of significant findings related to intent to stay three years suggests it is a time when faculty can be influenced to stay or leave. Leaders at SON need to institute programs and create an environment that is favorable to staying. The development of a formalized mentoring program is one program example.

### *Students*

Higher education graduate students and graduate level nursing students need to fully understand the environment they are preparing to enter and manage. They will have the burden of continuing the excellence associated with an institution or working to improve the status of an institution and its faculty. To accomplish these goals, students need

they themselves had mentors and personally experienced its value. This research suggests a need for executive coaches and/or mentors in nursing higher education.

Administrators need to develop mentoring programs for their nursing faculty. These mentoring programs need to focus on faculty from their first to third years of employment. Research supports the beneficial effects that novice faculty receive from mentors (Boice, 2000); additionally, this research suggests that faculty intentions to stay are somewhat uncertain in the time period from one to three years. Thus, providing faculty support in the form of mentoring may influence decisions to stay.

#### Future Research

Future research should continue to build on factors enhancing intent to stay given the current nursing faculty shortage and estimates for worsening shortages. Specifically, in this study, organizational commitment predicted intent to stay one year in a nursing faculty position and five years. Intent to stay three years was not related to any predictor variables and suggests that it may be either too difficult for participants to rate or it may be a time when interventions could enhance retention. The following paragraphs suggest directions for future research using both quantitative and qualitative approaches.

First, a future research recommendation is to replicate this study using a larger sample from the SREB, however, limit the sample to nursing faculty with mentors. This would allow larger numbers of participants to enter the full regression model using all four predictor variables. Also, investigate other instruments for mentoring that have normative data so that comparisons can be made. Thus, these methods would verify results and predictor variables for intent to stay and further investigate the contribution of mentoring.

Additionally, a paper and pencil version of the survey should be available for participants.

Second, future research can extend findings by conducting phenomenological research with nursing faculty and leaders to determine their definitions of organizational commitment, how they observe it enacted in the work environment, and how vision and goals are enacted at their school of nursing. An appropriate sample would be a random sample of participants scoring high on organizational commitment and their respective leaders. Since the literature suggests that both faculty and leaders contribute to the work environment, the aforementioned methods would allow cross case analysis of both faculty and leader perspectives.

Third, future research can interview nursing faculty to explore methods to promote balance between satisfaction and dissatisfaction with the faculty role. Interview questions might include: What in your work environment enhances a feeling of balance? What behaviors by faculty do you find most supportive? Tell me about leader behaviors that are supportive. How has your home environment changed as a result of your faculty position? How do you “keep up” with paperwork? Nursing faculty might find this information useful in terms of successful strategies to find balance between work and home responsibilities.

Fourth, future research with nursing school leadership could investigate mentoring or socialization experiences that prepared them to assume leadership of the school. Once again, an appropriate sample would be composed of leaders whose faculty scored high on organizational commitment. Interviews could provide a richness of data not merely on methods to prepare for a leadership role, but, additionally, how to make goals and values

visible in the organization, recognize faculty, and make faculty feel valued and, as such, want to stay. Nursing leaders or aspiring leaders could use these results to guide their preparation for the role and as examples of programs or actions that worked.

Last, future research could compare different types of mentoring programs for similarities and differences with the goal to determine the most successful program in terms of faculty retention. This research can be conducted using quantitative, qualitative, or mixed methods. The researcher would need to describe each program, interview mentors and protégés, measure outcomes based on faculty retention and productivity as well as progress towards tenure and promotion. In addition, interviews could capture perspectives on ways to improve the mentoring process.

### Conclusions

This study sought to discover a set of predictor variables, from the variables of job satisfaction, mentoring, organizational commitment, and leadership behavior, for intent to stay in nursing education. Additionally, this study identified differences in mean scores on mentoring, intent to stay three years, organizational commitment, and LBDQ dimensions of initiating structure and consideration for the demographic/academic variables of contract length, highest degree, hours worked in one week, mentor group, faculty shortage group, state, number of faculty at the SON, and years as an RN. Further, participants commented on factors contributing to their satisfaction and dissatisfaction with their work. Overall, the goals for this study were to explain more of the variance in intent to stay and enhance understanding of factors influencing retention of nursing faculty.

Findings from this study indicates that organizational commitment was the parsimonious predictor variable for intent to stay one year and five years in nursing academia. When organizational commitment is strong there is a belief in and acceptance of goals and values of the organization, a willingness to exert effort for the organization, and a desire to remain a member in the organization (Price & Mueller, 1986). Furthermore, the work environment plays an important role in intent to stay in a nursing faculty position (NLN, 2005a; NLN 2005b, Rudy, 2001). Specifically, the faculty and leadership shape the academic work environment and decisions to stay or leave (Rudy). Thus, findings suggest that chief nursing academic officers might be able to increase intent to stay, and thus retention, if they endorse factors or programs that enhance mentoring and organizational commitment.

Although there were differences in mean scores on several demographic and academic variables, two variables were of interest. First, mentored faculty scored significantly higher than non-mentored faculty on organizational commitment. Thus, this finding suggests that mentoring was an important part of organizational commitment. Second, intent to stay three years was not correlated with any predictor variables and suggests that participants were unsure of their intentions and thereby amenable to interventions to stay.

Further, qualitative responses indicated that some factors related to satisfaction were intrinsic in nature and, as such, not amenable to change. Qualitative responses suggest that balance was important to satisfaction. Some participants expressed comments that their leaders were doing a good job while others had opposite feelings. In other words, balance, the participant's perception of all factors and whether the factors associated with satisfaction outnumbered the factors associated with dissatisfaction. In addition, it was

apparent that variables could also be grouped under individual, institutional, leadership, and mentorship categories of the conceptual framework with more themes in the individual category.

This study explained 19.7% of the variance in intent to stay one year and 21.2% of the variance in intent to stay five years in a nursing faculty position. The literature on intent to stay in a faculty position was sparse. Review of literature identified two studies that employed multiple regression to determine predictor variables for intent to stay in hospital nurses and critical care nurses (Kosmoski & Calkin, 1986; Sourdif, 2004). These studies reported that satisfaction explained 19% and 25.5% respectively of the variance in intent to stay. Although this research did not explain more of the variance in intent to stay than other researchers, this study did explain intent to stay in a nursing faculty position and suggested that three years may be a critical time for faculty decisions.

The urgency of the current nursing faculty shortage made understanding intent to stay a step towards slowing the exodus of faculty. Nursing leaders need to find ways to enhance organizational commitment through vision and goals that are more than mere words, vision and goals that are enacted and celebrated in the work environment by faculty and leaders alike. Further, leaders at SON need to ensure an environment that supports faculty, has equitable workloads, offers encouragement, and fosters a sense of community (Barnes et al., 1998; NLN, 2005a). Leaders should encourage faculty to collaborate with and encourage each other so that all faculty reap the benefits of an academic career. It is time for nursing faculty to speak up and work with leaders to create a favorable work environment and workload in which they can be happy, survive, and even thrive for their own sake and for their current and future students.



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*Appendix A*

Insert IRB Approval here



**University Committee for the Protection  
of Human Subjects in Research  
University of New Orleans**

---

*Campus Correspondence*

Dr. Jim Killacky  
Deborah Garbee  
ED 348

3/3/06

RE: Relationship of nursing faculty satisfaction, mentoring, organizational  
commitment, and leadership behavior to intent to stay in nursing education

IRB #: 02mar06

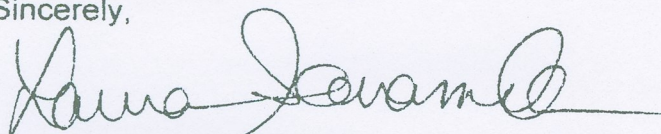
The IRB has deemed that the research and procedures are compliant with the  
University of New Orleans and federal guidelines.

Please remember that approval is only valid for one year from the approval date. Any  
changes to the procedures or protocols must be reviewed and approved by the IRB  
prior to implementation.

If an adverse, unforeseen event occurs (e.g., physical, social, or emotional harm), you  
are required to inform the IRB as soon as possible after the event.

Best of luck with your project!

Sincerely,



Laura Scaramella, Ph.D.

Chair, University Committee for the Protection of Human Subjects in Research

*University Committee for the Protection  
of Human Subjects in Research  
University of New Orleans*

Form Number: 02mar06

*(please refer to this number in all future correspondence concerning this protocol)*

Principal Investigator: Jim Killacky Title: Associate Professor

Department: Educational Leadership, Counseling, and Foundations College: Education

Project Title: Relationship of nursing faculty satisfaction, mentoring, organizational commitment, and leadership behavior to intent to stay in nursing education

Dates of Proposed Project Period From March 3, 2006 to March 2, 2007

Approval Status:

Full Board Review

Approved Date: 3/3/06

Expedite

Deferred Date:

Exempt

Disapproved Date:

Project requires review more than annually. Review every \_\_\_\_\_ months.

*\*approval is for 1 year from approval date only and may be renewed yearly.*

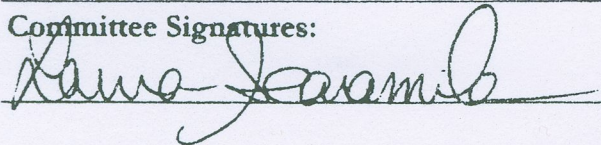
1<sup>st</sup> continuation Signature of IRB Chair \_\_\_\_\_ Date: \_\_\_\_\_

2<sup>nd</sup> continuation Signature of IRB Chair \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> continuation Signature of IRB Chair \_\_\_\_\_ Date: \_\_\_\_\_

4<sup>th</sup> continuation Signature of IRB Chair \_\_\_\_\_ Date: \_\_\_\_\_

Committee Signatures:



Laura Scaramella, Ph.D. (Chair)

Pamela Jenkins, Ph.D.

Anthony Kontos, Ph.D. (Associate chair)

Richard B. Speaker, Ph.D.

Gary Talarchek, Ph.D.

Kari Walsh

Kathleen Whalen, LSW

L. Allen Witt, Ph.D.



Department of Educational Leadership, Counseling, & Foundations

Factors Affecting Intent to Stay of Nursing Faculty

Statement of Informed Consent  
Principal Investigator: Dr. Jim Killacky

Dear Nurse Educator:

I am a doctoral student at the University of New Orleans conducting research on nursing faculty shortages in SREB nursing schools, more specifically factors influencing faculty retention. Your school of nursing was selected as part of a random sample for participation in a confidential, online survey in hopes of discovering a set of predictor variables for intent to stay in nursing education. You are invited to take part in this research study. This survey should only take about 15 minutes or less to complete. You will have the ability to leave the survey, if necessary, and return at a later time at the same point to complete the survey. Your participation in this study is entirely voluntary. You may discontinue participation at any time or refuse to answer any question that you do not want to answer. Before you decide to be in this study, I am required to share with you the benefits and potential risks of your participation. This consent form will answer questions you may have about the research.

1. **What is the purpose of this research?** The purpose of this research is to discover a set of predictor variables, demographic, academic, experiential, or attitudinal, that best predict the intent to stay in nursing education.
2. **What risks are associated with participation?** Your participation in this study is not expected to cause any undue risks or discomforts. However, in the course of completing the survey, emotions may surface about your experiences as a faculty member.
3. **What are the benefits associated with participation?** (1) You may reflect on your feelings as a nursing faculty and the positive features of your role that strengthen your desire to continue in nursing education. (2) You may not benefit much yourself, but what I learn from you may help others in nursing education enhance intent to stay and, ultimately, retention. (3) At completion of the survey, you can choose to submit your email address and become eligible for a drawing for an iPod 30 GB.

4. **Is there an alternative to the online survey?** There are not alternatives to the online survey; you may choose not to participate.
5. **Is there confidentiality of the online survey data?** Yes, your identity will never be known.
6. **Can I find out the survey results?** Yes, at completion of the survey you can choose to submit your email address for a copy of survey findings. After sending the information about the study to you, your email address will be deleted from our database. The identity of all participants and their schools of nursing will be held confidential and separate from survey responses and stored in a safe in a locked room.
7. **If I want more information, whom can I contact about this research?** You may contact Deborah Garbee at 504-280-6449 or [ddgarbee@uno.edu](mailto:ddgarbee@uno.edu) or Dr. Jim Killacky at Department of Educational Leadership, Counseling, and Foundations, 348 Bicentennial Education Building, 2000 Lakeshore Drive, University of New Orleans, New Orleans, LA 70148, 504-280-6449 or [ckillack@uno.edu](mailto:ckillack@uno.edu).

Please contact Dr. Anthony Kontos (504-280-6420) at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding a research-related injury.

By clicking on the link below, you are consenting to participate in the Factors Affecting Intent to Stay of Nursing Faculty study. To start the survey, click on the link embedded in the text below and you will automatically start the questionnaire. Thank you in advance for your participation in this research.

Sincerely,

Deborah D. Garbee  
University of New Orleans  
Doctoral Student

---

If you agree to participate in this study, please click on the link below and begin the survey.

<http://www.surveymonkey.com/s.asp?u=928531645833>

CLICK HERE TO BEGIN THE SURVEY

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*Appendix C*

Dear Dean \_\_\_\_\_:

I am a doctoral student at the University of New Orleans pursuing a PhD in Higher Education Administration. My dissertation topic is nursing faculty shortages in SREB nursing schools more specifically factors influencing faculty retention. A wealth of literature exists on reasons nursing faculty leave education, however little is known about why nursing faculty stay. Your school of nursing was selected as part of a random sample of nursing schools in the SREB. I plan to conduct an anonymous, online survey in hopes of discovering a set of predictor variables for intent to stay in nursing education. The findings could be useful for schools of nursing and administrators for retention and recruitment efforts.

I am writing to request a letter of support for your nursing school to participate in this research. Once I have your support, I would like you to identify a contact person or gatekeeper whom I can email an explanatory letter of consent with a link to the anonymous survey that they will in turn forward to all nursing faculty. Anticipated time of data collection is early 2006.

Thank you for your time and consideration in this matter. If you have further questions regarding this study, please contact Deborah Garbee at 504-889-1025 or [ddgarbee@uno.edu](mailto:ddgarbee@uno.edu) or Dr. Jim Killacky at 504-866-3701 or [ckillack@uno.edu](mailto:ckillack@uno.edu). I look forward to hearing from you.

Sincerely,

Deborah D. Garbee  
University of New Orleans  
Doctoral student  
5505 David Drive  
Kenner, LA 70065  
[ddgarbee@uno.edu](mailto:ddgarbee@uno.edu)

*Appendix D*

July 8, 2005

Dr. George F. Dreher  
Kelly School of Business  
Indiana University  
Room 640G  
Bloomington, IN 47405

Dear Dr. George F. Dreher:

I am a doctoral student at the University of New Orleans working on a PhD in Educational Administration in Higher Education. My dissertation will study nursing faculty's satisfaction, mentorship, organizational commitment, leadership and intent to stay. I would like permission to use your Mentoring survey (Dreher & Ash, 1990) as part of my research because it appears perfect for my needs.

At present, anticipated data collection will commence on or about January 2006 using an on-line survey with written copies available for those preferring that format. If you like, I would be happy to send you a copy of the survey once on-line.

If you have any questions, I can be reached at ddgarbee@uno.edu or 504-568-4183. My major professor is Dr. Jim Killackey [dkillack@uno.edu](mailto:dkillack@uno.edu) or 504-280-6449.

Thank you for considering my request for permission to use your Mentoring survey.

Sincerely,

Deborah D. Garbee  
PhD candidate  
348F College of Education & Human Development  
University of New Orleans  
New Orleans, LA 70148



Close

**From:** Dreher, George F. [SMTP:dreher@indiana.edu]**To:** Garbee, Deborah**Cc:****Subject:** RE: Permission to use instrument**Sent:** 7/13/2005 1:21 AM**Importance:** Normal

Hi Deborah:

You have my permission to use the mentoring research instrument. Also, the copyright holder is the American Psychological Association (you need to seek their permission as well - but they regularly grant such requests). Good luck with your research project.

Regards,

George Dreher

-----Original Message-----

**From:** Garbee, Deborah [mailto:DGarbe@lsuhsc.edu]

**Sent:** Tue 7/12/2005 3:19 PM

**To:** Dreher, George F.

**Cc:** 'Cecil J Killacky'

**Subject:** Permission to use instrument

July 12, 2005

Dear Dr. George F. Dreher:

I am a doctoral student at the University of New Orleans working on a PhD in Educational Administration in Higher Education. My dissertation will study nursing faculty's satisfaction, mentorship, organizational commitment, leadership and intent to stay. I would like permission to use your Mentoring survey (Dreher & Ash, 1990) as part of my research because it appears perfect for my needs.

At present, anticipated data collection will commence on or about January 2006 using an on-line survey with written copies available for those preferring that format. If you like, I would be happy to send you a copy of the survey once on-line.

If you have any questions, I can be reached at [ddgarbee@uno.edu](mailto:ddgarbee@uno.edu) <<mailto:ddgarbee@uno.edu>> or 504-568-4183. My major professor is Dr. Jim Killacky [ckillack@uno.edu](mailto:ckillack@uno.edu) <<mailto:ckillack@uno.edu>> or 504-280-6449. A paper copy of this request will be sent to you via mail.

Thank you for considering my request for permission to use your Mentoring survey.

Sincerely,

Deborah D. Garbee

PhD candidate

University of New Orleans





AMERICAN  
PSYCHOLOGICAL  
ASSOCIATION

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Date: August 19, 2005

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Deborah Garbee  
University of New Orleans  
348 F College of Education and Human Development  
New Orleans, LA 70148

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ACCEPTED AND AGREED TO BY:

Deborah Garbee

Applicant

9-22-05

Date

PERMISSION GRANTED ON ABOVE TERMS:

Burton Beck BB

for the American Psychological Association

8-19-05

Date

I wish to cancel my request for permission at this time.

*Appendix E*

**Instructions**

Please select the response for each statement that best describes how you feel about your present job as a nursing faculty member. There are no right or wrong answers. We want your honest opinion.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1. My job is like a hobby to me.					
2. My job is usually interesting enough to keep me from getting bored.					
3. It seems that my friends are more interested in their jobs.					
4. I consider my job rather unpleasant.					
5. I enjoy my work more than my leisure time.					
6. I am often bored with my job.					
7. I feel fairly well satisfied with my present job.					
8. Most of the time, I have to force myself to go to work.					
9. I am satisfied with my job for the time being.					
10. I feel that my job is no more interesting than others I could get.					
11. I definitely dislike my work.					
12. I feel that I am happier in my work than most other people.					
13. Most days I am enthusiastic about my work.					
14. Each day of work seems like it will never end.					
15. I like my job better than the average worker does.					
16. My job is pretty uninteresting.					
17. I find real enjoyment in my work.					
18. I am disappointed that I ever took this job.					

**A mentor is someone you form a relationship with that works selflessly on your behalf. A mentor is also a person that helps with aspects of career development, achievement, and success in the role of a nursing faculty. Do you or did you have a mentor in your career as a nursing faculty? Yes \_\_\_ No \_\_\_ If yes, answer the following questions.**

**If no, go to question 37.**

<b>To what extent has your mentor...</b>	Not at All	To a Small Extent	To Some Extent	To a Large Extent	To a Very Large Extent
19. Given or recommended you for challenging assignments that present opportunities to learn new skills?					
20. Given or recommended you for assignments that required personal contact with administrators in different parts of the school of nursing?					
21. Given or recommended you for assignments that increased your contact with higher level administrators?					
22. Given or recommended you for assignments that helped you meet new colleagues?					
23. Helped you finish assignments/tasks or meet deadlines that otherwise would have been difficult to complete?					
24. Protected you from working with other administrators or departments before you knew about their likes/dislikes, opinions on controversial topics, and the nature of the political environment?					
25. Gone out of his/her way to promote your career interests?					
26. Kept you informed about what is going on at higher levels in the school of nursing or how external conditions are influencing the school of nursing?					
27. Conveyed feelings of respect for you as an individual?					
28. Conveyed empathy for the concerns and feelings you have discussed with him/her?					
29. Encouraged you to talk openly about anxiety and fears that detract from your work?					
30. Shared personal experiences as an alternative perspective to your problems?					
31. Discussed your questions or concerns regarding feelings of competence, commitment to advancement, relationships with peers and department heads or work/family conflicts?					
32. Shared history of his/her career with you?					
33. Encouraged you to prepare for advancement?					
34. Encouraged you to try new ways of behaving on the job?					
35. Served as a role model?					
36. Displayed attitudes and values similar to your own?					

**Dreher, G. F. & Ash, R. A. (1990). A comparative study of mentoring among men and women in managerial, professional, and technical positions. *Journal of Applied Psychology*, 75 (5), 539-546. Copyright 1990 by the American Psychological Association. Adapted with permission.**

**With respect to your feelings about the particular school of nursing in which you are now working, please indicate your agreement or disagreement with each statement.**

	Strongly Agree	Moderately Agree	Slightly Agree	Neither Disagree nor Agree	Slightly Disagree	Moderately Disagree	Strongly Disagree
37. I am willing to put in a great deal of effort beyond that normally expected in order to help this school of nursing be successful.							
38. I talk up this organization to my friends as a great organization to work for.							
39. I would accept almost any type of job assignment in order to keep working for this school of nursing.							
40. I find that my values and the school of nursing's values are very similar							
41. I am proud to tell others that I am part of this school of nursing.							
42. This school of nursing really inspires the very best in me in the way of job performance.							
43. I am extremely glad that I chose this school of nursing to work for over others I was considering at the time I joined.							
44. I really care about the fate of this organization.							
45. For me this is the best of all possible schools of nursing for which to work.							

**For the following items, think about how frequently you observed your leader engage in the behavior described by the statements. Leader is defined as the Dean/Director (Chief Nursing Academic Officer) for your school of nursing.**

	Always	Often	Occasionally	Seldom	Never
46. Lets group members know what is expected of them.					
47. Encourages the use of uniform procedures.					
48. Tries out his/her ideas in the group.					
49. Makes his/her attitudes clear to the group.					
50. Decides what shall be done and how it shall be done.					
51. Assigns group members to particular tasks.					
52. Makes sure that his/her part in the group is understood by the group members.					
53. Schedules the work to be done.					
54. Maintains definite standards of performance.					
55. Asks that group members follow standard rules and regulations.					
56. Is friendly and approachable.					
57. Does little things to make it pleasant to be a member of the group.					
58. Puts suggestions made by the group into operation.					
59. Treats all group members as his/her equals.					
60. Gives advance notice of changes.					
61. Keeps to himself/herself.					
62. Looks out for the personal welfare of group members.					
63. Is willing to make changes.					
64. Refuses to explain his/her actions.					
65. Acts without consulting the group.					

**For the next six items, please rate your career intent on a scale of 0 to 10 with 0= Will Not and 10=Definitely will.**

66. Rate your intent to stay in your current job and present university for one year. \_\_\_\_

67. Rate your intent to stay in your current job and present university for three years. \_\_\_\_

68. Rate your intent to stay in your current job and present university for five years. \_\_\_\_

69. Rate your intent to leave your current university for a similar job at a school of nursing in one year. \_\_\_\_

70. Rate your intent to leave your current university for a similar job at a school of nursing in three years. \_\_\_\_

71. Rate your intent to leave your current university for a similar job at a school of nursing in five years. \_\_\_\_

72. How many years more do you anticipate until you retire? \_\_\_\_

Please identify 3 to 5 factors that contribute most to your satisfaction from your work.

Identify 3 to 5 factors that contribute to your dissatisfaction from your work.

Are there other comments about work or your career that you would like to share?

**Gender:** F \_\_\_\_ M \_\_\_\_

**Age:** select a range

**Race/ Ethnic Background:** \_\_\_\_\_

**Degree Program/Level Students Taught:** Undergraduate \_\_\_\_ Graduate \_\_\_\_

**Degree Programs offered** (check all that apply): Associate \_\_\_\_ Baccalaureate \_\_\_\_

Masters \_\_\_\_ Doctoral \_\_\_\_

**Rank:** Instructor \_\_\_\_ Assistant Professor \_\_\_\_

Associate Professor \_\_\_\_ Professor \_\_\_\_

**Highest Degree:** Masters \_\_\_\_ Doctorate \_\_\_\_

**Tenure:** Tenure \_\_\_\_ Non-tenure \_\_\_\_

**Hours Worked per Week:** \_\_\_\_\_

**Contract:** 9 Month \_\_\_\_ 12 Month \_\_\_\_

**Years as an RN:** \_\_\_\_\_

**Years as a Nursing Faculty in a School of Nursing:** \_\_\_\_\_

**Years in Current School of Nursing:** \_\_\_\_\_

**What State do you teach in?** \_\_\_\_\_

**My school of nursing is:** Private \_\_\_\_ Public \_\_\_\_

**Approximate number of students enrolled in nursing programs** \_\_\_\_\_

**Approximate number of Full-time faculty at your school of nursing** \_\_\_\_\_

**Thank you for your time and input completing this survey.**

If you would like a copy of the results or to enter a drawing for an iPod 30GB, please email me at the following email address [ddgarbee@uno.edu](mailto:ddgarbee@uno.edu)

## VITA

Deborah Delaney Garbee was raised in Chalmette, Louisiana. She earned an Associate of Science in Nursing degree in 1975 from Louisiana State University Health Sciences Center in New Orleans, Louisiana. In 1988, she earned a Bachelor of Science in Nursing degree from Loyola University in New Orleans and, in 1998, earned a Masters in Nursing degree in Adult Health Nursing from Louisiana State University Health Sciences Center in New Orleans.

Deborah completed the Doctor of Philosophy degree in The Department of Educational Leadership, Counseling, and Foundations at the University of New Orleans in August 2006.

Deborah is a licensed Advanced Practice Registered Nurse in the state of Louisiana and she is also board certified as a Clinical Nurse Specialist in Medical-Surgical Nursing. She has nursing experience with a variety of patient populations and has worked in several specialty nursing units including the operating room, postanesthesia care unit, and the emergency room. Deborah has presented at local and state conferences, published articles in peer reviewed nursing journals, and was a contributing author in several nursing textbooks with topics including cataract surgery, stress and coping related to the surgical experience, preoperative teaching, music therapy in the perioperative area, pain management, qigong and tai chi, chest tube assessment, and history of nursing education in Louisiana. Deborah has held office in several professional nursing organizations.

Deborah has a position as Assistant Professor in the Department of Adult Health Nursing at Louisiana State University Health Sciences Center in New Orleans, Louisiana.