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Experiences and Perceptions of Novice Associate Degree Nursing Faculty Assuming a Classroom Instructors Role

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Abstract

The purpose of this research was to explore the classroom experiences and perceptions of novice faculty in the classroom setting of an Associate Degree of Nursing programs, located in community colleges. The transition from expert practitioner to novice teacher can be a difficult experience for new classroom nursing instructors. Novice nursing faculty often has very limited educational preparation or background in classroom instruction skills. Nursing research, typically conducted at university level, has minimal applicability for the community college nursing programs. Community colleges educate sixty percent of the graduate Registered Nurses in the United States and have scant research into their programs and faculties. Historically, faculty in registered nursing programs is hired for expert clinical skills in a specific area of nursing practice. Participant inclusion for this study was limited to novice faculty in Associate Degree of Nursing programs located in the community college setting. The study was specific to instructors with classroom lecture assignments and with less than four years teaching. The participants did not have prior instructional or educational experience in the college classroom instructor role. Participating community colleges in this investigative research were in southern Louisiana and Mississippi.

Qualitative emergent research was conducted to explore the perceptions of the novice faculty prior to and after assumption of the teaching role. Lived experiences were described using semi-structured interviews that provided the opportunity for narratives which shared experiences of the transition to nursing educator process. Unexpected student cultures, attitudes, and uncivil behaviors, and lack of academic orientations were components of the findings in this research. However, the overall love of teaching and nursing education was communicated by all of the participants. I love to teach was the overwhelming reason the instructors had selected

academics. The transition from the role clinical expert in the practice setting to the role of

academic novice faculty in a community college setting can be chaotic and filled with

unexpected issues. Effective preparation with administrative support and resources can enhance

the career transition to produce a successful and confident nursing instructor.

different program, academic orientations, teaching the test, faculty assumptions

Chapter 1

Introduction

Nursing as a practice profession has an educational format that encompasses two major

areas: theory and clinical practice. Nursing faculty typically have limited or no experience in the

classroom setting component of nursing education. The current registered nursing shortage has

impacted all areas of the profession, including the Associate Degree Nursing educational setting.

Declining availability of nursing faculty with the appropriate academic preparation and practice

background has forced nursing education to seriously evaluate current nursing curriculums and

clinical programs. Nursing faculty historically has been hired for excellence in clinical practice

areas with skill sets that are reflective professional practitioner expert status (Hinshaw, 2001).

The nursing faculty with advanced degrees of masters or doctorates in nursing traditionally

focuses on research or clinical practice component of the nursing profession. The 2007-2008

review of academic nursing doctoral programs by the American Association of Colleges of

Nursing noted of the 158 programs surveyed, that 61% of the nursing doctoral programs were

research focused with the remaining 49% clinical practice focused (American Association of

Colleges of Nursing, 2009). Recruitment for nursing educators from the master's prepared

clinical expert may provide the university and community college faculty with the appropriate

skills credentials to teach, however, the acquisition of expertise in a specific clinical area does

not assure the ability to effectively convey the knowledge in the classroom. The lack of

foundation in educational instruction and curriculum development has led to a traditional format

of teaching that fails to meet the needs of modern health care or students of nursing. The system

of teaching as one was taught is increasingly found to be deficient in meeting the needs of

today's nursing graduates as new theories of care are driving the nursing profession into the

future. Higher education must explore new methods of curriculum instruction that can meet the

outcome competency demands of healthcare industries and maintain the precious resource of

nursing educators. The professional transition from clinical expert to novice faculty can be

difficult, particularly in the area of classroom, where the ability to lecture and maintain a

learning environment is not within the experience of the new nursing faculty. The two largest

programs for Registered Nurse training in the United States are the community college setting,

Associate Degree Registered Nurse (ADN) and the university prepared Baccalaureate of Science

in Nursing (BSN). The community college ADN programs are preparing 60-65% of American

nurses (Benner, et al, 2010; Harrington, 2009; National Council of State Boards of Nursing

[NCSBN], 2005). However, majority of research with nursing faculty has been completed at the

university BSN level of education.

The National League for Nursing introduced *Core Competencies for Nurse Educators*

with a formalized definition of expectations for a nursing professorate and recommendations of

competencies required for university nursing educators (National League of Nursing, 2005). The

competencies identified in the National League of Nursing report were designed for the

baccalaureate and graduate degree programs located in universities and did not address the

nursing educators in the community college settings. The roles of the university faculty and

community college nursing faculty are different in scopes and responsibility. The Associate

Degree of Nursing programs, located in community colleges, have a different program structure

for nursing educators, and stress the teaching component of the program with no requirements

for scholarship publishing and minimal community service (Brady, 2006).

The differences in both culture and paradigms of registered nursing educational programs merit further investigation of the educational process and professional transitional issues. Nursing research in the community college nursing programs has been limited. Research that has been conducted focused on the complexities of the assumption of both teaching and clinical roles and the issues of retention (Little & Milliken, 2007; Schriner, 2007). The transition to classroom instructor for novice nursing faculty requires the acquisition of a new and many times, unfamiliar set of skills. The perceptions and experiences of novice faculty can provide information and insight into the issues and difficulties of the career change from clinical expert to novice.

Statement of the Problem

The nursing shortage in the United States has created a crisis in health care that threatens not only the current nursing professional, but extends to the development of future skilled healthcare providers. Nursing, as a practice profession, must integrate the theory of patient care into clinical practice with critical thinking skills to graduate a knowledgeable and skilled heath care practitioner. The past two decades have evidenced changes in professional nursing practice expectations, teaching methodologies, and educational competency outcomes. Traditional educational methods that have been the foundation of nursing education are increasingly tried and found to be wanting as nursing gropes for the means to meet the needs of modern healthcare. Investigation of the perceptions of the educational preparation and transition to the educational culture of those nurses who are moving to university academia provide insight into the total experience of change. The current nursing shortage has impacted all areas of the profession including the university and community college setting. Declining availability of nursing faculty with the appropriate academic preparation and practice background has forced nursing education to seriously evaluate current nursing curriculums. The National League of Nursing research

documents that currently 74% of schools of nursing are turning away qualified applicants due to the shortage of nursing faculty (Fang, Wilsey-Wisnieweski & Bednash, 2006).   According to the American Association of Colleges of Nursing report (2010-2011) United States nursing schools have turned away 67,563 applicants from baccalaureate and graduate schools alone. This number may be significantly larger when community college statistics are considered as well. Associate Degree of Nursing programs have assumed the largest portion of nursing education and now graduate sixty percent of all nursing graduates (Benner, et al, 2010; Harrington, 2009; National Council of State Boards of Nursing [NCSBN], 2005). The new health care mandate as well as the aging of America will require significant increases in the number of registered nurses available to provide care.

Nurse educators have typically been hired for excellence in their field of practice; few have academic preparation from the field of education (Hinshaw, 2001). The lack of foundation in educational instruction and curriculum development has led to a traditional format of teaching that fails to meet the needs of modern health care or students of nursing. Nursing education instructional paradigms must investigate to identify what programmatic issues that have created a workforce where a mere thirty-five percent of the graduates are considered competent (Del Bueno, 2005). Nursing executives and administrators estimate that a meager 10% of Registered Nurse graduates are fully prepared to provide safe care (Berkow, Virkstis, Stewart & Conway, 2009; Del Bueno, 2005). The system of teaching as one was taught is increasingly found to be deficient in meeting the needs of today's nursing graduates as new theories of care are driving the nursing profession into the future. The inability to connect the theory and experiences of university classes to the reality of what is expected in the workplace has an estimate as high as

50% of registered nurses leaving the profession at record rates within the first five years of practice (Drury, Francis & Chapman, 2009).

The transition required from clinical expert to nurse educator has been characterized as "baptism by fire" by some novice faculty (Little & Milliken, 2007). Job descriptions, policies and manuals cannot fully relate the complex and demanding new role of educator, and consequently many new faculty have no idea what the job of educator actually entails (Siler & Kleiner, 2001; Smith & Zsohar, 2007). Differences in professional culture, academic language and other diffuse roles that define academics are a maze of confusion for many new nursing educators. The classroom instructor role is a responsibility that most new faculty is ill-prepared to assume. Novice faculty's expectations were not actually what took place when they assumed the educator's role and many new educators were unprepared educationally and experientially for the demands of nursing instructors (Duphily, 2011; Siler & Kleiner, 2001). Research of the novice faculty's perceptions of their educational preparation for the transition to professional educator has largely focused on the total role development of the university professoriate or on the clinical aspect of nursing education (Culleiton & Shellenbarger, 2007) Generalizations from research of baccalaureate programs can be helpful, but this research does not address differences in the educational scopes and goals for nursing educators in associate degree programs in the community college settings. Programs of associate degree nursing education setting have scant information relative to the transition to classroom nurse educator.

Perceptions and experiences of new faculty can provide insight and direction for the development of interventions and supports to enhance the assumption of teaching responsibilities. Cultural dissonance between clinical practice and educational roles can lead to novice faculty questioning of teaching abilities and unsure of how to handle conflicts between

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clinical values and values required for success in education (Duphily, 2011). Effective transition and the successful assumption of new roles and responsibilities aid in the recruitment and retention of desperately needed nursing faculty. Nursing faculty has indicated that challenges facing new educators include sufficient and quality orientation and the ongoing adaption to the academic culture and environment (Beres, 2006). The failure to recognize expectations and needs of novice nursing faculty in the assumption of educator roles leads to an educational orientation that does not successfully support and retain nursing faculty.

Purpose of the Study

The purpose of this phenomenological study will be to develop understanding of professional transition experiences of Associate Degree Nursing instructors to community college nursing education programs (Creswell, 2007; Creswell, 2009). The definition of professional transition for this research will be the perceptions and expectations of novice nursing faculty of classroom teaching prior to assuming that role and the actual lived experiences in the assumption of classroom teaching role. The qualitative study will interview novice nursing faculty without prior college teaching background and less than four years instructional experience in the nursing classroom to focus on the novice nursing faculty's perceptions and expectations of a classroom teaching role and actual lived experiences of novice faculty. The lived experiences of professional transition for the novice nursing faculty will be unique to the Associate Degree Registered Nurse programs in a community college setting.

Context between the perception of what novice faculty thought or assumed about the academic teaching role and actual experience of role assumption will provide a perspective that is unique to Associate Degree nursing programs in the transition clinical professional to that of classroom instructor.

Chapter 2

Literature Review

The continuing loss of trained professionals in education and nursing is a problem that has reached crisis level, not only in the United States of America, but internationally. Estimates of attrition rates for these professions within the first five years of practice can be as high as 50% (Changying, 2007; Crow et al 2005b; Crowley et al 2002; DEST 2002; Drury, Francis & Chapman, 2009; ICN, 2004; Ingersoll, 2001; Luckens et al, 2004; RCN UK 2005). Clearly, the ongoing loss of teachers and nurses is an issue that will impact the very fabric of society, affecting our culture in ways that will have a ripple effect in the coming years. The professional entry into practice has long been identified as a minefield that can and does cause many to leave frustrated and disillusioned with their choice of profession (Boswell, et al, 2004; Collins and McDaniel, 2000; Dutcher, 2001; Kopkowski, 2008; Winter- Evans, 2001). The transition of professionals into their fields of practice has become such a traumatic event for some that the term "reality shock" is used to describe that particular transition (Kramer, 1974). The fields of nursing and teaching have been typified at times as professions that "eat their own young" (Anhorn, 2008; Duchscher and Corwin, 2004; Pigott, 2001; Quinn and D'Amato-Andrews, 2004; Renard, 2003). Coping with the losses of professional staff is cost prohibitive, labor intensive and in the end, a never-ending battle to meet the needs of the stakeholders who require services. Richard Ingersoll, researcher from the University of Pennsylvania, has compared the problem of hiring enough teaching staff to pouring water into a bucket with a hole in it. Educational preparation, if measured on an outcome-based criterion of professional retention, must take a novel look at the finished product. Agencies that employ these new professionals are increasingly beginning to question the academic preparation of new graduates and challenge the

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higher education institutions that prepare them. The reality shock new graduates experience as the assumption of professional roles ultimately leads to the question, what can aid in the resolution these practice issues and more effectively prepare for professional practice?

Professional Nursing Preparation and Attrition

The issue of transition to practice and professional attrition rates has been the focus of numerous studies (Crowley et al 2002; Crow and Hartman, 2005a; Gaynor, et al, 2006; Ingersoll, 2001). Researchers have identified disconnects between the academic setting and the reality of professional practice in the nursing and educational professions. The term "reality shock" was initially used by Kramer (1974) and applied to new graduate nurses in their first employment. Her definition of reality shock is "the specific shock-like reaction of new workers when they discover themselves in a work situation, for which they have spent several years preparing, thought they were going to be prepared, and they suddenly find they are not ready" (vii-viii). Clinical skills, critical thinking and organizational abilities are all expected for the new nursing professional, and according to research, not possessed by recent graduates (Beyea, Von Reyn & Slattery, 2007; Burns & Poster, 2008; Del Bueno, 2005; Good & Williams, 2004; Hodges, et al, 2008). The term "reality shock" has become a frequently applied term across the professional spectrum as graduating students make the leap from academic setting to professional practice. There is a problem if the academic preparation for professional practice has little to do with the reality of the expected performance of the job. Academic preparation of professional graduates entering the workforce has been the source of numerous research initiatives and has at times been cited as a burden that will create severe economic consequences if not managed. The estimated cost of a new registered nurse leaving the first hire within one year can be as high as

$40,000 (Halfer & Graf, 2006). Industry interventions to provide more practice readiness such as internships, externships, lengthy orientations and mentors on site can be even more cost prohibitive with a single internship of several months estimated to cost between $45,000 and $75,000, clearly not a cost effective intervention where financial constraints are pressing (Burns and Poster, 2008). The work place is requiring accountability in higher education to develop a professional that is adequately prepared, able to assume basic practice and ready to step into the role of professional.

The transition from student to professional has been investigated, and patterns of process have emerged (Benner, 1984; Del Bueno, 2005; Delaney, C., 2003; Goh and Watt, 2003; Hodges, Keeley, & Troyan, 2008; Secrest et al, 2003; Yancey, 2005). The transition to professional is hallmarked with anxiety, self doubt and challenge as new work settings may be worlds away from the projected employment that is anticipated. The first six to twelve months of professional transition have been identified as crucial to the successful development of a professional practitioner, particularly in the field of nursing (Engleke, & Swanson, 2008; Mashburn, Engleke & Sawnson, 2009; Scott and Swanson, 2008). Newly graduated professionals possess what is considered the most basic or minimum skills for entry into the practice arena. Academic professionals or schools of thought have provided theory with a minimum of practice experience. The reassurance to graduates that the workplace will be able to provide more on the job training that will aid in the transition process to professional has not been entirely accurate. Registered Nurses without clinical grounding are often hired into high stress specialty areas that require rapid decision-making and skill in critical complex patient care situations. Specialty areas were traditionally reserved for Registered Nurses with at least one to

two years of clinical experience in medical surgical nursing prior to consideration for such critical care areas.

The nursing shortage is a current issue in the United States of America and is evidencing a critical shift in care provider characteristics. Increasing attrition rates of seasoned and experienced registered nursing staff are reaching retirement age and leaving the nursing profession. New graduates that are the replacements for seasoned staff have neither the clinical experience or judgment skills to make decisions in critical situations of increased acuity and ever increasing workplace demands (Del Bueno, 2005; Dutchsner, 2008; Roberts & Farrell, 2003, Taylor, 2002). The idealistic expectations of Registered Nurse graduates versus the reality of today's pressured hospital practice, places new nurses at risk of frustrated disillusionment. Transition into the practice of nursing may leave the new nursing graduate exhausted and overwhelmed, with the final result of high numbers of burnout cases within the first 18 months of practice-a condition that was once reserved for those nurses that practiced in the high stress critical care areas (Duchschner, 2008; Cho, Laschinger & Wong, 2006). Hospitals and agencies assume that the new graduate is in possession of a degree and/or licensure to have a basic level of practice, which unfortunately, many times is not the case (Del Bueno, 2005).

There is a difference between the supervised experiences of being a student and full responsibility for one's professional actions. The inability to connect the theory and experiences of classrooms to the reality of what is expected in the workplace has an estimate as high as 50% of registered nurses and teachers leaving the profession at record rates within the first five years of practice (Drury, Francis & Chapman, 2009). Nursing education must examine curriculums and instructional paradigms to identify what programmatic issues that have created a workforce where thirty-five percent of the graduates are considered competent (Del Bueno, 2005).

History and Development of Nursing Education

Nursing, unlike any other profession has three entry levels of practice, bachelor's prepared, associate degree and diploma prepared Registered Nurses. Although the educational tracks of each of these programs are different, all graduates must take the same National Council Licensing Examination (NCLEX-RN) for Registered Nurse licensure. As a practice art, nursing had been viewed as a skills-based knowledge format, with acquisition classroom learning and experience ins patient care setting required to integrate nursing skills. The history of educational preparation of nurses in the United States of America reflects a series of changes and movements that eventually moved from the hospital apprentice setting to academic institutions of higher learning. The nursing educational format in the early 1900's through 1920 served a function of not just nurses training, hospital financial stability was assured by the resource of unpaid labor supplied by the nursing student (Harrington, 2009). Nursing students were provided with free education in exchange for patient care services. Student nurses in some hospitals worked sixteen hours a day, six days a week, with their educational programs provided by working nurses and dictated by hospital administrators (Harrington). Nursing did not have a mandatory licensure requirement, curriculum standard or definition of professional role until the mid-twentieth century (Kalish, B. and Kalish, P., 1995).

Historically, nursing profession has experienced the majority of training within the hospital setting. Prior to 1970, clinical experience was the pivotal point of nurse training, and diploma programs facilitated by hospitals were the largest nursing education providers. Traditionally, by the time a student nurse was educational prepared to take the NCLEX-RN for licensure, required time had been expended within the practice setting (Dworkin, 2002; Dyess & Sherman, 2009). The nursing student was prepared and educated in the hands-on principles of

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what was encompassed in the care of patients, primarily because that clinical experience had been a major part of the instructional process.   The hospital setting provided opportunity for socialization into the hospital culture and insight into the professional role of registered nurse was enhanced. Student nurses were required to work multiple clinical rotations on the same nursing unit, learning by actual experience within the confines of instructor supervision. Academic courses were, of course, required to underpin the bio-physiology of care, integrated with nursing theory of the dynamics of patient care. The student nurse, upon completion of required nursing theory and core courses; could care for multiple patients and perform basic nursing intervention skills. The new registered nurse graduates were tested at appointed times, and allowed to work with close professional supervision as Registered Nurse Applicants (RNA). The nurse graduates completed the requirements for their educational programs, but still required passage of the professional licensing examination. The RNA status provided an opportunity for the graduate nurse to assimilate into the culture of a new profession, but at a practice level that recognized the limitations of a new nursing practitioner.

The 1970's brought a new paradigm for nursing education, a drive to develop a registered nurse that was a professional, based in the knowledge of science. Training was moved into universities and colleges where the primary educational setting was the classroom. Actual hospital clinical experience metered out in much diminished time allotments when compared to historical training models. New graduates are prepared in the theory of nursing care, however, the delivery of nursing care in chaotic hospital setting with multiple patients who acutely ill is daunting experience for most new registered nurse graduates. The inability to deliver care by new nurses has been referenced in nursing research the "theory to practice gap" (Burns and Poster, 2008; Dyess and Sherman, 2009). Graduate Registered Nurses are unable demonstrate

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clinical decision making skills as one or two patient's cared for as a nursing student exploded into seven or eight in the hospital setting (Boswell, S., Lowry, L., and Wilhoit, K., 2004; Etheridge, 2007). International research reports that the move into the university for professional training is not isolated to the United States of America (Crowley and West, 2002; Gaynor, Glasch, Yorkton, Stewart, and Turner, 2006). New graduate perceptions that transition to practice is marked with perceptions of being "not ready", with too much time spent in the classroom lectures and not enough time in clinical settings for skill acquisition, is proving to be an ongoing problem of world wide scope (Landers, 2000).

The initiation of computerized testing for licensure in 1994 allows registered nurse graduates to take the NCLEX-RN within days of nursing education program completion and be hired into professional roles that may extend far beyond their clinical skill capacities (Burns & Poster, 2008; Del Bueno; Li & Kenward, 2006; Spector & Li, 2007). Prior to computerized testing, new registered nurses worked within a restricted capacity, RNA, and were recognized within hospital settings as needing support and direction in their new fledging practices. The passage of the NCLEX-RN is not an assurance of a clinically skilled graduate registered nurse. Nursing executives and administrators estimate that a meager 10% of Registered Nurse graduates are fully prepared to provide safe care (Berkow, Virkstis, Stewart & Conway, 2009; Del Bueno, 2005).

The perception of many Registered Nurse graduates is that nursing schools are developing curriculums that are specifically designed to insure passage of the NCLEX-RN, but are not as developed for the acquisition of clinical practice skills. The end result could be interpreted as successful test takers, without clinical practice skills readiness. Del Bueno (2001) developed the Performance Based Development System as a tool to evaluate Registered Nurse

graduates in the acute care hospital setting. The intent of the original research was to investigate the areas of educational deficit of Registered Nurse graduates following licensure. The identification of Registered Nurse graduates' educational preparation deficits would aid in the development of clinical skill instruction and professional orientation interventions to facilitate a process that would enhance the development of a new skilled nursing professional (Del Bueno, 2005). Designed to assess the needs of new Registered Nurse graduates, Del Bueno's (2005) research indicated that approximately only 30-35% of new graduates were what could be considered competent to safely manage patient care. The research findings indicted that the new registered nurse graduates possessed an informational foundation, or theory base. The ability to organize patient care, critically think, identify potential medical complications, and successfully demonstrate clinical problem solving were all areas of difficulty (Del Bueno, 2005; Etheridge, 2007). New registered nurse graduates in transition to professional status are often unaware of the level of responsibility is entailed in the clinical practice nursing and lack of confidence in their ability make clinical judgments (Etheridge, 2007; Harrington, 2009; Landers, 2000). The use of classroom simulations and electronic mannequins may instruct the nursing student with healthcare and diagnostic information, but such instruction cannot provide the contextual setting of clinical healthcare and the dynamics of acute patient care settings (Benner, Sutphen, Leonard and Day, 2010).

If graduate Registered Nurses cannot demonstrate the acquisition of clinical nursing skills to provide safe nursing care and the ability to make professional clinical judgments following completion of an educational nursing curriculum, when and where are those skills to be developed, and who is responsible for the additional educational interventions to produce a practice ready skilled Registered Nurse?

Nursing Faculty Shortage

As the education of nurses changed and moved into the college and university educational settings, a corresponding change in nursing educators was required to meet the requirements of higher education credentialing agencies. Following the apprentice model, hospital diploma nursing programs did not require university degreed nursing instructors. The training format focused on nursing as a practice, and skills acquisition was reinforced as the major objective of the educational program. The shift to community colleges and universities created a need for educational preparation for nursing faculty at the advanced graduate master's and doctorate levels of preparation. The community college educational programs, Associate Degree of Nursing, have assumed the largest portion of nursing education and now graduate sixty percent of all nursing graduates (Benner, et al, 2010; Harrington, 2009; National Council of State Boards of Nursing [NCSBN], 2005). The shortage of qualified nursing faculty in nursing education at secondary educational levels is widely known and has been the subject of studies and research (American Association of Colleges of Nursing, 2005; Fang and Hut, 2008; Hessler and Ritchie, 2006; Lewallen, et al, 2005). The shortage of advanced degreed doctorate prepared nurse educators was surveyed at fifty percent in 2000, much lower than other academic disciplines represented in the university setting (AACN, 2000; Benner, et al, 2010; Hinshaw, 2001). The American Association of Colleges of Nursing (2009b) estimates that 400-500 advanced degreed nursing instructors will leave the profession within the next ten years. Recent surveys for bachelor's and higher degree programs in nursing education have reported more than 800 nursing faculty vacancies for the 2009-2010 academic year (American Association of Colleges of Nursing, 2009b; Tanner and Bellack, 2010). The vacancy numbers that are cited by the American Association of Colleges of Nursing reflect only those colleges and universities that

offer a bachelor's degree in nursing, where the doctorate degree is the preferred faculty degree. The American Association of Colleges of Nursing did not include in the report community college nursing Associate Degree of Nursing programs that require a minimum of a master's degree in nursing. The number of Registered Nurses who select nursing education as a career field is declining, creating even greater shortages within nursing education, as a graying faculty retires (American Association of Colleges of Nursing, 2009b; Brendtro and Hegge, 2000; Buerhaus, Staiger & Auerbach, 2000; Dattilo, Brewer & Streit, 2009; Hinshaw, 2001; Kopkowski, 2008; Seldomridge, 2004). Current data implies that the number and focus of current graduate nursing degree programs cannot meet the continuing requirements for well qualified nursing educators (Tanner and Bellack). The shortage of nursing faculty and economics have forced existing nursing faculty to assume greater duties leading to stress and burnout, creating retention problems and vacancies in all areas of nursing education (DalPezzo and Jett, 2010; Hewitt and Lewallen, 2010; Shirley, 2006). Alternative options for postgraduate nurses can include administrative, clinical research and clinical practice, which provide compensation that renders faculty salaries non-competitive (Hinshaw, 2001).

The dilemma of adequately prepared nursing faculty has been an issue since the shift to academic settings for nursing education. Fitzpatrick and Heller addressed this issue in an article, as early as 1980, and in the last thirty years, the problem has not been effectively resolved. The Fitzpatrick and Heller (1980) investigation purported the beginnings of the lack of appropriately trained nursing instructors could be traced to the American Nurses Association (ANA), 1969, position statement which placed emphasis on clinical specialization rather than functional role preparation. A later 1983 American Nurses Association report raised the question of a potential critical shortage of nursing educators, with a large majority of master's-prepared and doctorate

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prepared nurses opting for clinical specialization instead of academics. The 2007-2008 review of academic nursing doctoral programs by the American Association of Colleges of Nursing noted of the 158 programs surveyed, that 61% of the nursing doctoral programs were research focused with the remaining 49% clinical practice focused (American Association of Colleges of Nursing, 2009a). Only 20% of the 92 research-focused doctoral educational nursing programs require a teaching practicum (Minnick, Norman, Donaghey, Fisher and McKirgan, 2010). The development of the Doctor of Nursing Practice (DNP) has further supported the advanced nursing degree in the arena of clinical practice. The increasing number of Doctor of Nursing Practice programs in the United States of America is anticipated to reverse these numbers in the future, granting more clinical specialization doctorates in nursing clinical practice than research focused degrees (Tanner and Bellack, 2010). The graduate education draft by the American Association Colleges of Nursing focused on the clinical skills expertise of the advanced nursing practitioner, with extensive practicum in practice requirements, which does not readily align with the needs of nursing education faculty (American Association of Colleges of Nursing, 2010). The National League for Nursing introduced *Core Competencies for Nurse Educators* with a formalized definition of expectations for a nursing professorate and recommendations of competencies required for university nursing educators (National League of Nursing, 2005). The competencies identified in the National League for Nursing report were designed for the baccalaureate and graduate degree programs located in universities and did not address the nursing educators in the community college settings. The focus of graduate nursing education preparation is advanced clinical nursing practice, research, or healthcare leadership roles. Currently, there is no acknowledgement from the American Association of Colleges of Nursing for the role of advanced specialized practice in nursing education.

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Transition from Clinical Setting to Academics

The academic solution for the shortage of nursing faculty was and is to select educators for the advanced practice or clinical skills that are credentialed by advanced degrees and clinical specialization (Anderson, 2009; Benner, et al., 2010). Recruitment from the master's prepared clinical experts may provide the academic faculty with the appropriate credentials to teach, however, the acquisition of expertise in a specific clinical area does not assure the ability to effectively convey the knowledge related to that topic. The attainment of clinically advanced nursing masters degrees that focus on the practice of nursing skills, do not provide the socialization and introduction into the academic setting (Anderson, 2009; Dattilo, Brewer, & Streit, 2009; Clark, Alcala-Van Houten & Perea-Ryan, 2010). The academics of nursing education are a dichotomy that is divided by situational location; the classroom with lecture and skills laboratories, or the theory component and clinical settings or knowledge applied (Benner, et al., 2010). Clinical nursing instructors provide the contextual application of content that is learned in the classroom and simulation laboratories. The classroom component of nursing curricula is presented with content that includes large numbers of facts and details that are memorized in a largely passive learning environment (Benner, 2010; Stokowski, 2011).

The clinical nurse expert may not have a full understanding of the university faculty instructor's role and responsibilities. Nurses that transition from the role of clinical expert to novice nursing instructor may not have information or background in educational basics such as curriculum development, classroom management, or testing and evaluation (Allen, 2008; Baker, 2010; Bell-Scriber and Morton, 2009; Blauvelt and Spath, 2008; Brady, 2006; Clark, et al, 2010; Zungolo, 2004). Multiple demands placed on the university-nursing faculty in the areas of teaching, scholarship, and service can negatively impact novice faulty members and employment

satisfaction (Benner, et al, 2010; Lewallen, et al, 2003). Retention of nursing faculty with high workloads is an issue as employment expectation criteria of research projects, committee participation and community service are added to the educational classroom requirements, along with practice requirements that are required to retain the instructor's specialized certifications (American Association of Colleges of Nursing, 2005; Clark, et al, 2010; Kowalaski, Dalley & Weigand, 2006; Lewallen, Crane, Letvak, Jones, & Hu, 2003; Mignor, 2000). The option of utilizing adjunct part time faculty to ease the teaching loads and stress of full time professors can create incomplete orientation and role difficulties of training to be an educator while on the job (Cheech, 2008). The change from clinical expert in a practice setting to educational novice in the university can be one of stressful frustration and may result in the abandonment of the teaching position if severe (Clark, et. al., 2010; Siler and Kline, 2001).

Research into nursing domain specific to classroom instruction has been limited, with reliance on investigation of general education as a whole applied to the nursing education (Benner, et al, 2010). Nursing instructor's pedagogical skills in the clinical educational areas are application oriented. The experiential student experience is placed in context with knowledge application. The contextual application of information in the clinical setting is where the integration of information learned in the classroom is applied. The classroom is where the nursing students are provided information that will serve as the base of the clinical experience. The amount of information presented in the nursing classroom is increasing, with an additive curriculum requirements. Classrooms must account for added instruction as greater amounts of research and technology that must be incorporated into theory (Diekelmann & Smythe, 2004; Ironside, 2008). The development of standardized lectures provided a method and format that encompassed the information that is to be conveyed in a specific course, but the presentation of

pre-developed software may result in the instructor reading the information without engaging the students in an interactive learning environment. Benner, et al, 2010, noted that nursing lectures could be passive events with pre-prepared or "canned" lectures presented on slides that covered vast amounts of information that were not tied to clinical context. Teaching preparation for nursing courses currently provide survey or seminar classes that focus on observation that is based on the format where students are given information by an instructor and are expected to give back in the information in some form (Johnson-Crowley, 2004). Students in Benner's (2010) study expressed frustration about nursing instructors that had not received training in teaching and lack the ability to communicate, resulting in the fragmentation of information that was not integrated effectively for the clinical experience.

Anderson (2003), described the move from clinical expert to novice nurse instructors as a work-role transition, stating that the work-role transition is, "…a dynamic, development process associated with emotional work, critical tasks, and diffusion through role boundaries to assume the new identity, values and knowledge base of the new role". The move from clinical practice to academia necessitates transition to a distinct culture that has its own language, values, expectations and behaviors (Anderson, 2009; Clark, Alcala-Van Houten & Perea-Ryan, 2010; Schriner, 2007; Silver and Kline, 2001). The lack of teacher preparation becomes an issue as novice faculty without educational background attempt to assume the academic role (Johnson-Crowley, 2004). Schriner, in 2007, in a qualitative study of clinical nurses transitioning into a faculty role noted the inadequate role preparation emerged as a major theme; differences in values and beliefs nursing practice and nursing academic settings resulted in cultural conflict and role confusion that increased the difficulty of successful transition to academic faculty. The transition required from clinical expert to academics has been characterized as "baptism by fire"

by some novice faculty (Little & Milliken, 2007). Unlike doctoral prepared faculty in other areas, with the clinical focus of graduate nursing education, nursing faculty have rarely been socialized into the academic setting and may have little understanding of the academic culture as a whole (Clark, et al, 2010). Novice educators need specific guidelines and criteria that will aid in the definition of expectations that develop role knowledge (Dattilo, Brewer, & Streit, 2009). Orientation to the essential components of nursing academia such as review of the college mission, curriculum, policies and procedures, and overall objectives and goals provide initial grounding to the university setting (Peters and Boylston, 2006).

The management of classrooms is increasingly problematic for novice faculty in the transition to professional educator. Developing appropriate skills sets and understanding the techniques required to manage disruptive behavioral issues and uncivil students is identified as a stressor as more faculty encounter demanding students. Nursing faculty typically has had little training to manage the uncivil or aggressive students (Clark, 2008). The body of nursing research has indicated that incivility the classrooms of nursing education is ongoing and becoming an increasing problem (Clark, 2011). A nursing study indicated as early as 2001 indicated that 52% of the nursing faculty respondents had been yelled at by students in the classroom (Lashley and de Meneses, 2001). Rude and disruptive behaviors in the classroom can include use of cell phones, arriving for class late, talking over the instructor, arguing with the instructor and leaving the classroom at will. Lack of respect for the authority of the faculty has become a pressing issue as challenges to faculty are increasingly common. Nursing faculty report uncivil student interactions can range from rude and arrogant communications to veiled threats against personal safety (Luparell, 2004).

Ambiguity in the new educator's role and lack of adequate preparation for academia could negatively impact the novice faculty's job satisfaction perceptions and precipitate an exit from academia completely (Johnson-Crowley, 2004; Gormley, 2003).

<div align="center">Associate Degree Nursing Programs</div>

The Associate Degree of Nursing (ADN) programs, located in community colleges, have a different program structure for nursing educators, and stress the teaching component of the program with no requirements for scholarship publishing and minimal community service (Brady, 2006). The recruitment of faculty for the Associate Degree of Nursing programs seek the same instructor preparation as the university setting, master's prepared clinical experts (Baker, 2010; Bell-Scriber and Morton, 2009; Blauvelt and Spath, 2008; Brady; Clark, Alcala-Van Houten & Perea-Ryan, 2010; Zungolo, 2004). The clinical experts are usually without educational background or training.

Associate Degree of Nursing program faculty, unlike university faculty, are expected to accompany the nursing students into the clinical practice area. This dual role necessitates that ADN faculty have skills in both the classroom and clinical setting (Brady, et al, 2010). ADN faculty's transition into academia maybe an experience of conflict and difficult cultural issues that is unexpected. The current nursing research into professional transition issues has been largely conducted at the university level faculty in baccalaureate programs (Allen, 2008; American Association of Colleges of Nursing, 2000; American Association of Colleges of Nursing, 2005; American Association of Colleges of Nursing, 2009a; American Association of Colleges of Nursing, 2010; Anderson, 2009; Baker, 2010; Bell-Scriber and Morton, 2009; Blauvelt and Spath, 2008; Clark, Alcala-Van Houten & Perea-Ryan, 2010; Johnson-Crawley, 2004; Schriner, 2007; Silver and Kline, 2001; Zungolo, 2004).

<div align="center">22</div>

Competencies for nursing instructors have been identified by the National League of Nursing, but a consensus of how to adequately prepare nurses to achieve those competencies is not in place (Johnson-Crawley, 2004; National League of Nursing, 2005).

There is a paucity of research into Associate Degree of Nursing program faculty teacher preparation and subsequent role transition (Baker, 2010; Brady, 2007). Teacher preparation programs in nursing have little research to recommend an effective method that would provide a clear academic intervention to aid in the development of an educator. Improved instructional techniques could facilitate positive role assumption as an educator (Johnson-Crowley, 2004). The Associate Degree of Nursing programs draw their nursing faculty from the graduate nursing pool as the university nursing programs. ADN programs have similar issues in the effectiveness of teaching staff and development of successful faculty. Adams stated that nursing educational institutions want to hire faculty that are teaching ready with "…creative techniques that effectively engage students and support learning" (Adams, 2004, p. 4).

The lack educational preparation and experience for novice nursing faculty does not lend itself to successful classroom pedagogies of innovative teaching skills. The development of a formalized and structured orientation can socialize the new instructor into an academic role to aid in the development and retention of nursing faculty (Baker, 2010; Hessler and Ritche, 2006, National League for Nursing, 2006). Cultural dissonance between clinical practice and educational roles can lead to novice faculty questioning of teaching abilities and unsure of how to handle conflicts between clinical values and values required for success in education (Duphily, 2011). The culture between clinical practice and academic roles widely differ. Novice faculties often experience an overwhelming sense of inadequacy and find that there are significant incongruities between expectations and reality of the academic role (Siler & Kleiner,

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2001). Orientation to prevent misconceptions and delineate classroom expectations can aid new

faculty. Instructional processes such as development of course syllabi, lesson plans and other

classroom activities including technology needs in skills labs and on-line classes, aides in the

role transition (Bell-Scriber & Morton, 2009; Dattilo, Brewer, & Streit, 2009; Hessler and

Ritche, 2006). Research has indicated that challenges facing new faculty include sufficient and

quality orientation and the ongoing support for the adaptation to the academic culture and

environment (Beres, 2006). New faculty should be given instructional strategies and teaching

methodologies that conform to the educational constructs of the nursing departments and offered

opportunities to develop competencies in teaching (Peters & Boylston, 2006).

The development of a successful orientation and supports for faculty in an Associate

Degree of Nursing program can be utilized to aid in role transition to nursing and improving

classroom education (Baker, 2010). The change to the academic area of practice for novice

nurse faculty can be filled with frustration and anxiety, as the transition requires the assumption

of new roles with minimal preparation for the change in practice. Siler (2001) noted that the

assumption of novice faculty into an academic role creates a need for understanding the

expectations of clinical professionals where the new academic culture is entered. The

orientation process that uses self-assessment and development of personal learning priorities

may provide additional supports in the in the development of effective tools to help the novice

faculty gain confidence in the orientation process (Peters & Boylston, 2006). Novice faulty

should be given the opportunity to determine learning needs and develop teaching skill

competencies with supports from both administrative orientation and mentors within the

academic setting (Peters & Boylston, 2006). The expectations and perceptions of novice faculty

is a starting point in the development of programs that can aid in the successful transition to the

academic role. Research is needed to investigate Associate Degree Nursing programs novice

faculty perceptions of teaching readiness and identification of what information or processes

would facilitate an improved transition process into the academic role.

Chapter 3

Methodology

The nursing shortage in the United States has created a crisis in health care that threatens not only the current clinical nursing professional, but also impacts the academic setting as teaching professionals are sought to educate the next generation of nurses. Nursing, as a practice profession, must be able to integrate the theory of patient care into clinical practice with critical thinking skills to develop a skilled healthcare provider. Nursing faculty has indicated that challenges facing new educators must include sufficient and quality orientation to enhance the ongoing adaption to the academic culture and environment (Beres, 2006). The failure to recognize expectations and needs of novice nursing faculty as they assume classroom educator roles leads to an educational orientation that does not successfully support and retain nursing faculty creating an even greater shortage of academics.

The research question that was asked was: What are the perceptions and lived experiences in professional transition of novice nursing faculty to the classroom setting of a community college? A qualitative emergent research design is used to explore the personal perceptions and insights of individuals through a vehicle that creates an opportunity for the individual to share personal opinions and experiences. Emergent research design explores lived experiences that are highly individualized to the participant, present a unique view of experience and gives the researcher data that is both rich, descriptive and possessing a thickness of specific view. The research into the lived experience of novice faculty was conducted as a qualitative emergent study that utilized interview process (Creswell, 1998; Creswell, 2009; Glesne, 1999).

The lived experiences of novice nursing faculty in this research were specific to Associate Degree of Nursing programs and unique to the community college setting.

The qualitative format provided a research paradigm that explored the faculty's individual personal stories and provided an opportunity to examine the connections of those stories. A semi-structured interview format was utilized and was conducted with pre-determined open-ended questions, designed to elicit individual perceptions and experiences in the teaching role. A follow up validation of interview information was completed, with participants provided full transcripts to review and validate their responses. The qualitative research with this process was looking for total richness, with expression of detail and depth of the perceptions and experiences of the participants (Creswell, 1998).

<div align="center">Participants</div>

Selection of participants in emergent research can vary based on subject matter, homogeneity of participants and other factors. The number of participants that are interviewed in qualitative research is typically based on the point of redundancy in data response or saturation (Ezzy, 2002). An investigation with a high degree of specificity as opposed to a generalized topic or process investigation can achieve saturation more rapidly (Charmaz, 2006). A high level of homogeneity of the participants in a particular population may provide a sufficient data base for the development of themes and meaningful interpretations with a sample interview population of six to ten participants (Guest, et al, 2006). Creswell (1998) recommends five to twenty-five participants while Morse (1994) cites at least six participants as minimal number of participants in an emergent research project. The final number of participants for this research was nine, and greater than the suggested minimum of six participants (Creswell, 1998; Morse, 2000). There was a high degree of homogeneity within the context of teaching experience within the group of participants, specifically related to length of time teaching and preparation for the teaching role. The structure of the community colleges in terms clinical and classroom

requirements were also homogenous, giving an experience that all faculties had participated.

Purposeful selection was used in the research of the perceptions and experiences of novice nursing faculty. Purposeful sampling requires access to participants who have the ability to provide information-rich data sources (Suri, 2011). The participant is sought deliberately rather than a random or generalized selection when investigating for depth, detail and seeking a richness of data of a particular phenomenon, (Ezzy, 2002). Purposeful selection and homogeneity in the participants increases the likelihood of data saturation with focused questions (Charmaz, 2006; Suri, 2011). The purposeful selection of participants can provide the opportunity to obtain information rich data that gives depth to the subject matter (Glesne, 1999).

A purposeful selection was utilized in this study. Participants were novice faculty in the classroom teaching role in an Associate Degree of Nursing program located within a community college setting. The participants were selected based on specific criteria: absence of formal educational preparation for the teaching role in the college classroom setting, first time experience in the college classroom teaching role, less than four years' experience in the classroom teaching role and full time employment as a nursing instructor. Participation in this research was voluntary in the effort to locate individuals willing to be honest and share their story (Creswell, 2007). The inclusion criteria and smaller populations of the Associate Degree of Nursing programs did restrict the potential number of available participants. One college that agreed to participate did not have any faculty that met inclusion criteria. Expansion of the initial identified community college programs was required to assure an adequate number of participants in the research.

Inclusion Criteria

The lived experiences and perceptions of the novice nursing faculty were confined to those nursing faculty practicing within the community college setting. Inclusion in the research was limited to National League of Nursing accredited, and Nursing State Board approved Associate Degree of Nursing programs located in the community college setting. The appropriate state boards were accessed electronically to identify nursing programs that met the inclusion criteria. The current status of all nursing schools state accreditation standards was validated. The National League of Nursing maintains and publishes national accreditation of nursing schools and programs through their websites. Although there are Associate Degree of Nursing programs that are located within the university setting, the determination was made to use community college nursing programs. This decision was due to the high percentage of Registered Nurse graduates from Associate Degree of Nursing programs, and lack of research in those programs. The community colleges that participated in this research were located in Gulf States of the United States in Louisiana and Mississippi. All of the participating community colleges were public state schools that were within the civil service system of the respective state. The community colleges in this research reflected locations that were rural and urban. The number of students in the participating community colleges ranged from graduating fewer than thirty nursing students to graduating classes of seventy-five or more. Established nursing education programs ranged from three years to over one hundred years from the first graduating class.

In the community college setting, the instructional design of nursing educational programs typically designates the faculty in nursing programs to not only be classroom instructors, but also to function as clinical instructors in healthcare delivery settings. The criteria for novice nursing faculty in this research were limited to those individuals who were full time

faculty who functioned in the classroom instructor role. Due to the program design of the community college nursing programs, all participants were also clinical instructors. Novice faculties were defined as those instructors who had less than four years of teaching in the classroom of the community college nursing program, and were without prior formal educational teaching preparation for college level instruction.

Setting and Selection

Deans of Associate Degree of Nursing Programs located in the community college settings were considered the gatekeepers for the research project and were contacted by telephone. A total of ten community college nursing programs Deans were contacted by telephone in Louisiana and Mississippi with a request for participation in the research. The initial of list of community college programs and locations was obtained from the State Boards of Nursing of Louisiana and Mississippi respectively. The telephone numbers for contacting specific schools was obtained from the community college web sites that had published contact information for program and/or Dean's names and e-mail addresses. The Deans of the Associate Degree of Nursing programs were provided with information regarding the research in the telephone contact and were requested to consider participation in the research, a letter of request was then e-mailed to each Dean (Appendix B). After reviewing the request for participation in the research letter, the Deans were encouraged to asked questions if needed and provide approvals. Several schools requested more information regarding the study, such as validation of Institutional Research Board (IRB) approval from the University of New Orleans. The final approval for participation by the community college was determined by the individual Deans and notification for participation in the research was provided by e-mail to the researcher.

Three of the community colleges declined participation, and two did not respond to the e-mailed request following the telephone contact. Approval was granted for research participation by the Deans of five of the community colleges contacted. After approval of research request was granted, the Deans of the Associate Degree of Nursing programs reviewed faculty histories to determine if participation inclusion criteria were met by any of their faculty. Deans that agreed to research participation provided contact information for potential faculty participants by providing the researcher with the community college e-mail addresses of the appropriate faculty.

The novice faculties at the community colleges were contacted via e-mail at their school address by the researcher and were requested to participate in the research. All novice faculty participation was completely voluntary and notification of participation request was made by personal contact of the researcher. The Deans of the Associate Degree of Nursing programs were not notified of faculty status in the research. A total of ten nursing instructors agreed to participate in the study. However, one community college faculty that initially agreed to participation elected to withdraw from the study. The remaining nine faculties agreeing to participate in the research were requested to provide a private contact to the researcher. The participating faculties were requested to select a time and location for the interviews. Participants were requested to secure a location that allowed for privacy, had minimal interruption potential and provided an area that they felt comfortable. All participants of this research selected a personal office or conference area located on the community college campus as the location for the interview. Interview schedules were tentatively determined by the respective faculty and submitted to researcher for confirmation. Interviews schedules were confirmed by e-mail and participant convenience was a consideration in the in the final determination of appointments.

Interview Process

An Interview Protocol was followed with delineated steps to assure a consistent process

for all interviews was completed. A Lay Summary script was read at the beginning of each

interview process prior to questioning, to assure that all participants were given the same

information about the research (Appendix C). Informed Consent requirements and potential

risks and stressors involved with the research were discussed with all participants. Rationale for

the research and the option of stopping the interview at any point if needed, without

consequence, was included in the Lay Summary (Appendix C).   Participants in the research

were then requested to read and sign an Informed Consent for participation prior to the collection

of any data or interview processes. Any participant questions were answered at that time, and all

participants were agreeable to continue to interviews (Appendix D, Appendix E).

All participants were reassured about the confidentiality of their responses and all data

that was gleaned from the interview process. Data on audio tapes and transcripts were

maintained by the researcher and held in secure and protected status. Reporting all data or

information would be in an aggregated format, with all identifying information removed to

prevent identification of specific individuals or colleges. Demographic information of age,

gender, years in practice, education attainment level and classification of students taught was

completed by the participant and collected prior to the onset of interviews (Appendix F).

Demographic information was analyzed and presented in an aggregated format to prevent

participant identification.

The interviews were conducted on college campuses for the convenience of the

participants. Interviews with the novice faculty were conducted individually, face to face, in a

preselected areas that were determined the individual participant.   The interviews were audio

recorded by the researcher in a private uninterrupted setting for sixty to seventy minutes.

Flexibility in time was allowed if the participant indicated that more time was needed to explain,

or felt that there was something that they needed to say that would enhance their response. The

interviews were conducted using semi-structured interview questions that were open ended and

allowed for expression, but focused on specific topics that were the subjects of the research (Polit

& Hungler, 1995) (Appendix G). The semi-structured interview is considered extremely

structured in terms of wording and asking the questions in the same manner for all participants

(Turner, 2010). Although the questions are asked in the same manner, the open-ended response

allowed participants to contribute as much detailed information as they choose, and allowed the

researcher to follow up those responses to clarify (Turner). The questions were designed to elicit

discussion relating to perceptions and expectations prior to assuming a teaching role and

personal teaching experiences of the participants. The interview process allowed for detail, depth

and description within the participant responses, providing opportunities for increased

exploration and clarification of responses.

A follow up and validation of interview data was completed with the participants through

the review of the completed audio transcripts. All interview recordings were transcribed

verbatim, by the researcher, to a completed transcription of interviews. The completed transcript

was electronically sent to the participant's previously identified personal contact address. The

review of personal transcripts was to verify accurate reflection of participant responses, allow

participants to identify portions that they may consider problematic in terms of personal

identification and allow for clarification of their position (Glesne, 1999). Participants were

encouraged notify the researcher if there were any issues or questions about the completed transcripts, or if they desired to speak with the researcher regarding the completed transcript. Five of the nine participants responded by e-mail that the transcripts appeared accurate and were a faithful transcript of the interview. None of the participants that responded had any issues or requested changes in the transcripts, all validated the final transcript as an accurate transcription of the interview.

Question Development

The interview questions were formulated from information collected from a previous research project of the researcher. A student satisfaction questionnaire developed by the University of Technology, Sydney, Australia was the basis for the interview questions. The student satisfaction survey questionnaire was designed specifically to address the nursing student's perceptions about their educational experience by evaluating their complete nursing program; with sections assessing both theory and clinical experience components. The validity and reliability of the questionnaire was investigated and proven by 2002 by the Sogn og Fjordane University, Norway. The original survey questionnaire is composed of 52 questions that were scored on a 5-point Likert Scale. Although limited to five response options on the original scale, perceptions could be measured and categorized across a spectrum, with trends identifiable.

The primary research questions of the prior research project used to the survey to explore the perceptions of satisfaction of nursing programs by student's pre and post-graduation employment. Designated areas for student comment were incorporated for individual observations or statements in the prior research. The results were analyzed to ascertain if there was a difference in perceptions before and after transition to practice. Findings of that research indicated that there were perceptual shifts of nursing program preparation satisfaction following

transition to employment. The student comments reported feelings of insecurity with learning of classroom information and questioned abilities of instructors to teach. Further, the student respondent's perceptions of theory instructors noted instructor's lack of knowledge, teaching experience and clinical experience. The basis of previous research with the student's perception of programs was the foundation of question development for this research into novice faculty perceptions.

<div align="center">Demographics</div>

The questions contained in the Demographic Survey were developed to establish the characteristics of the participants in the research and to provide insight into their individual educational background and additional employment status while maintaining full time faculty status. Demographic surveys were filled out by the participants the prior to the interviews (Attachment F). There were nine participants in the research, eight females and one male. Race was almost evenly divided with five Caucasians and four African Americans. One participant was a naturalized citizen from another country. Ages ranged between twenty-eight and sixty two with the mean age of 43.3 years. All participants held a Masters in Nursing degree with one participant with an advanced practice Nurse Practitioner licensure. One individual held a Masters in Chemistry as well as Nursing.

Five of the faculties were board certified by the American Nursing Credentialing Center (ANCC) in specific areas of nursing practice. Areas of specialty varied widely and reflected specialty areas of pediatrics, maternal child care, surgical and cardiac care, and medical care of hospitalized patients. Seven of the participants had employment in hospitals or clinics as well as faculty position that they currently held. Years of practice in the field of nursing was also widely varied with some participants holding degrees for as brief as seven years, with the longest

licensure being almost thirty years. Three participants had started their nursing careers as either

Licensed Practical Nurses (LPN) or in allied fields such as Emergency Medical Technicians

(EMT). All participants had positive history of being employed in the acute care hospital setting

and providing direct patient care in those areas.

Demographic Survey Information

Gender	Code I.D.	Age	Race	Degree	Year of First Nursing Degree	Board Certification	Practice Years	Years Teaching	Full Time	Work Another Position	Where	Hours Per month
Female	01	32	B	MSN	2005	No	7	1	Yes	Yes	Hospital	24
Male	04	61	W	MSN	2006	Yes	6	1	Yes	Yes	Hospital	10-15
Female	05	52	B	MSN	1996	Yes	16	2	Yes	Yes	Hospital	40
Female	02	29	W	MSN	2005	Yes	7	2	Yes	Yes	Clinic	8
Female	03	40	W	MSN	1995	No	17	2.5	Yes	Yes	Hospital	10
Female	06	43	B	MSN	1993	No	19	1	Yes	Yes	Hospital	24
Female	07	52	B	MSN	1981	No	30	2	Yes	No	No	No
Female	08	40	W	MSN	1994	Yes	18	2	Yes	No	No	No
Female	09	41	W	MSN	2003	Yes	9.5	1	Yes	Yes	Hospital	Varies
89% F		29-61	55% W			55% Certified	6-30	66%-2 years	100%	77% work another position	85%-Hospital 15%-Clinic	8-40
11% M		μ 43.3	45% B			45% Uncertified	$\mu=14.3$	35%-1 year				$\mu=18.3$ hours
		Mode=40										Mode=24

Demographic Information Reflecting Composition of Participant's Backgrounds, Educational Preparation and Professional Orientation

Data Analysis

Analysis of transcribed interviews was completed by the researcher to identify and extract consistent phrasing, themes and codes. The analysis of data and development of codes and themes was completed utilizing the completed and validated transcripts of the participant interviews. All interviews were transcribed verbatim by the researcher. Participants were assigned an identification numbers corresponding to their name, with assignment lists maintained secured and confidential (Polit & Hungler, 1995). Coding was completed using the assigned participant identification with no further identifying information entered into computer data files. Findings were reported with aggregate data and the assignment of numerical identities to protect the identity of the participants, all identifying information had been removed to assure confidentiality. The coding of interview transcripts was completed until saturation of information was achieved. Saturation was considered reached when the collection of new data does not shed any further light on the issue under investigation and information collection has become redundant (Charmaz, 2006; Ezzy, 2002; Morse, 1995). Analysis of transcribed interviews was completed by multiple methods to develop and validate findings.

Transcripts were coded by question response as a primary coding technique, with early development of codes and sub headings. Responses to individual questions were completed for each respondent and specific references were identified and place within a basic table layout. Responses that were similar were placed in the same column, with answers that were different placed in a new column (Appendix I). Participant responses to open ended questions frequently led to the expression of additional topics to be discussed within the context of answering a one question. Some participant responses incorporated multiple topics within a single response to a question leading to multiple code assignments within a single question response. Broad topics

developed from each question and were placed into respective aligned topics. An example of this is type of coding is demonstrated with the first question. Why did you choose nursing as a profession, answers were coded as family influence; I always wanted to be a nurse or not my first choice of career. The first phase of coding revealed 55 different codes.

Second level review was conducted with the use of computer software Excel™, which again was used to codify the specific responses to individual questions. The codes and subheadings were identified in this process as well, with text identified and used to substantiate the specifics of code assignment within the confines of a spreadsheet format. The use of the spreadsheet format allowed for higher degrees of refinement for the responses to questions and created a more layered and defined categorization of the narratives. (Appendix K). Comparison to the first level of code development revealed a broad topic development, which was more enhanced in terms of definition and assignment. The second phase of coding utilizing the spread sheet format reflected the development of 64 codes from the question responses (Appendix L). The codes from the first and second level analysis were compared and contrasted for frequency and development of repetition of responses. A set of codes was identified that were representative in both methods of analysis. Through the use of the spreadsheet format more specific information was developed. The answer to the first question, for example, brought more information to further delineation of information for instance, family influence was further clarified; my mom was a nurse. Through the second level coding process, greater detailed information was generated to develop emerging information that was instrumental to the enhancement of the responses into the ultimate development of themes. Answers to questions were complex and represented multiple codes and increased complexity in the narrative of responses.

The first question answer of family influence was developed into "my mom was a nurse"; not my first career choice was developed into "I could not get into the professional school of my choice," and so on.

A software product, *HyperRESEARCH™,* designed specifically for qualitative research analysis was used as the third method to code information and to identify themes within the interview transcripts. The completed and transcribed interview texts were reviewed with the software, with code assignment completed without the question response format. Each interview text was read, with code assigned from the text as it was identified. As individual texts were coded, a range of codes specific to each text emerged. (Appendix M) The assignment of codes based on individual texts ranged from 33 to 69, dependent upon the respondents answers to the questions. All codes were the reviewed and commonalities were identified. Frequency and cross referencing was completed with the software across the interview narratives (Appendix O). The code designations were studied with individual texts identified as supporting the coding assignments for all interviews transcripts resulting in the development of 31 codes (Appendix N).

The codes from all methodologies were compared for the final development of themes based on the identified specific responses and answers from the participants. Phrases and statements were reviewed to organize the coded material and develop the final themes from the respondent narratives. Discrepancies or disagreement in code assignment was resolved by returning to the original question with response and supportive data was sought as an inherent resolution. Other supportive response narratives were searched for supportive data that further clarified code assignment. Final assignment of codes was completed with the development of identified recurring patterns and responses. Data was reviewed and organized, creating a reduction of codes into aligned and designated fields of related information.

As the narrative responses were coded, compared, recoded, organized and assigned, the amount of narrative information collected was distilled into purer response findings.   The generation of themes was created from the coded responses that were recurring, common and representative throughout the interview narratives. Although some responses were frequently stated differently, the representative and related meanings were refined to present as an identified thematic statement, supported by coded response data.

Intercoder agreement was completed with a Masters prepared Registered Nurse, and based on agreement of codes assigned to passages of text (Creswell, 2009). Software was also used for the determination of the level of consistency on all coding. All software that was used in the coding process was loaded on personal computer of the researcher and was security password protected. All information obtained from participants is held confidential and maintained in a locked secured file at the residence of the researcher. Information that could identify academic institutions and/or participants will be removed. Access to transcripts and recordings are held protected and confidential by the researcher and will be destroyed by the researcher after five years.

Challenges

The selection of the semi-structured interview that allowed participants to respond to questions with a personal unique perspective and provide as much detail as they wanted was made with the understanding that the amount of data could be considerable. Collection of this data type may result in coding and thematic development that may prove difficult due to sheer amount of information collected (Creswell, 2007). The amount of detail and depth contained in a participant response provided for a process that was both demanding and time consuming in the transcription process and ultimate analysis of the interview responses.

The transcription of the audio tapes of the interviews evolved into a time consuming process. As the interviewer and transcriptionist, the repetitive nature of reviewing the tapes to assure accuracy was very labor intensive. However, the information and nuances that were on the audio tapes was revealing, in the interview recording some pauses and events were as important as the words to note. The volume of response narratives that were analyzed from the novice faculty responses proved to be very large, with many topics that developed from the responses. The transcripts held a large quantity information was both challenging to organize and at times difficult to quantify.

Autobiographical Disclosure

The researcher has previously taught in the community college setting in a Licensed Practical Nursing program. Functioning as the Clinical Coordinator of that particular program, she had knowledge of curriculum designs and documentation expectations of accrediting bodies for nursing school programs. As a practicing Registered Nurse, she is board certified in Mental Health/Psychiatric Nursing through the American Nurses Credentialing Center and has maintained that certification since 1994. Through the clinical practice of psychiatric nursing she has had extensive training and experience in conducting interviews and maintaining unbiased processes to decrease interviewer influence of results. The specific preparation for the practice of psychiatric nursing includes the training in person to person interaction with the control of personal cues from facial expressions, body language and other forms of passive reinforcement during interviews.

Potential Risks and Ethical Precautions

Potential risks and ethical precautions were discussed with all participants prior to the collection of any data in this research. Stressors included the sharing of personal information and the fear of disclosure of data that could identify the individual participants. Informed Consents were provided with clear information on the confidentiality of all information and the preservation of anonymity for participants. In accordance with the University of New Orleans and official guidelines for research regarding the protection for human subjects a request for review was submitted and approved prior to participant recruitment and data collection (Appendix A).

Delimitations and Limitations

Delimitation for this study was the participants are restricted to novice nursing faculty, with less than four years of teaching in the classroom, in an Associate Degree Nursing program, located within a community college setting.

Limitations for the study included a restricted number of participants that were available due to the small number of new faculty in some community college setting. The nursing faculty that was interviewed was predominately female, and representation by male faculty was minimal. There was some cultural diversity, however the representation was limited. Selected Associate Degree of Nursing programs declined participation in the study, or did not have faculty that met the inclusion criteria. Participants may have felt some reluctance to honestly describe perceptions and experiences with interviewer. Researcher bias may unintentionally cue responses from participants in the study.

Chapter 4

Findings

Research of the novice faculty's perceptions of their educational preparation for the transition to professional educator has largely focused on the total role development of the university professoriate or on the clinical aspect of nursing education (Culleiton & Shellenbarger, 2007). Nurse educators have typically been hired for excellence in their field of practice; few have academic preparation from the field of education (Hinshaw, 2001). Nursing academics typically demonstrate an excellence in clinical setting; few have background or formalized training for collegiate teaching. Generalizations from research of baccalaureate programs can be helpful, but the research of the university setting does not address differences in the educational scopes and goals for nursing educators in associate degree programs in the community college settings. Nursing research that has been conducted focused on the complexities of the assumption of both teaching and clinical roles and the issues of retention (Little & Milliken, 2007; Schriner, 2007). The transition to classroom instructor for novice nursing faculty requires the acquisition of a new and many times, unfamiliar set of skills.

Associate Degree of Nursing educational settings have scant research information relative to the transition to classroom nurse educator. Perceptions and experiences of new faculty can provide insight and direction for the development of interventions and supports to enhance the assumption of teaching responsibilities. Effective transition and the successful assumption of new roles and responsibilities aid in the recruitment and retention of desperately needed nursing faculty. Differences in professional culture, academic language and other diffuse roles that define academics are a maze of confusion for many new nursing educators. The classroom instructor role is a responsibility that most new faculty is ill-prepared to assume.

Interviews

The emergent research construct develops evolving themes to the unique and specific phenomenon that is being investigated within the personal relationship of the individual to his or her reference point and singular perception of events. The questions that were used in the interview process were developed to provide participants with a semi-structured pathway to share their experiences of a lived phenomenon. The interviews were conducted with open-end questions that were asked with non-directed terms. The individual faculty shared their perceptions and experiences that reflected a personal view of their teaching experiences. Topic guides of developed semi-structured interview questions established a method for the interviews to maintain a focus on the collection desired data (Polit & Hungler, 1995). The goal of the interview questions was to prompt responses that reflected perceptions of the novice faculty that were unique and specific to the individual and to the set of circumstances that was experienced in their role as classroom instructors (Creswell, 2009). Reference frames for questions were drawn to elicit further definition of the cultural reality that was faculty's lived experience (Glesne, 1999). The essence of the novice teaching experience was sought from the perceptions and response of the individuals.

Initial questions were designed to provide participants a comfortable starting point and provide the easiest answers (Patton, 1990). Starting with an experience question provided the opportunity for the faculty participants to share histories that were familiar and provided a contextual reference to the choice of nursing as a career and personal influences on that choice. Exploration into classroom and faculty experiences was conducted with time to develop thoughts and provide contextual reflection within the faculty experiences.

Question 1: What factors made you choose nursing as a career?

The purpose of this question was to establish what lead the respondents to a choose nursing as a choice as a profession. Responses to this question determined that there were two major answers that were clearly divided into two options: I always wanted to be a nurse or nursing was not my first option, but it fit my academic preparation. Family was the largest influence toward a nursing career, with maternal input the single largest factor on the choice of nursing as a career. Responses to these questions reflected a preparation that for some was not an actual career plan, but the result of expectations from childhood:

Participant 08 (08): "My mom was a nurse, and her mom was a nurse so I suppose it was in my genetic pool. It was never actually a choice; nursing was just something that I was going to do".

Participant 07 (07): "I always wanted to be a nurse, it is what I feel".

Family personal experience with the healthcare system was also a determinate for a career in nursing with positive interactions with the healthcare systems and nurses in particular shaping a vision of a nursing career that was primarily fostered by maternal influence. The responses also held a high degree of altruism, with the need to help others or care for others as a prompt to go into the nursing profession.

There were two respondents that did not indicate a primary choice of a nursing career. The preparation for an alternative career was pursued in a closely aligned science field, but was not fulfilled as a career due to failure to gain acceptance in the selected field or years of additional training required for alternative options. The individuals reported that the inability to fulfill the goal of the academically aligned field led them to pursue a career in nursing.

The individuals who shared this experience were both clear that their entry into nursing as a career was extremely positive for them, with "I know I am in the right place" as an indicative statement of career satisfaction.

The final area explored with this question was a lifestyle answer to the question of nursing career choice. Although the choice of nursing as a career was clearly indicated as something that was a primary choice, the lifestyle was mentioned as a close second for some as an influence for their choice of career. The choice of nursing as a career was portrayed as one that could provide a stable income for families and in the case of one respondent provide an alternative that would allow stable family life:

Participant 02 (02):   "would allow me to have a family, not like a doctor".

Participant 09 (09):   "First of all, I could provide for my family if I was left alone raising a child, it was a job that I would also enjoy, and I could support us with."

The choice of the nursing profession as career was primary in seven of the nine respondents, although the reasons for the choice varied. The two respondents that had prepared for another career track and could not fulfill that educational pathway both stated that nursing was a satisfying career option. The respondents related that nursing as a profession was fulfilling as a career option.

Question 2: What prompted you to enter nursing education? Did anyone actively influence that choice for you? Were you recruited by the college for the teaching position?

The question of choice of nursing education was asked to determine if the faculty had a planned to enter nursing education as a career goal as a first choice for professional practice. Responses to this question revealed that all of the respondents with the exception of one indicated the nursing education was the personal goal of choice for a nursing career.

Rationale for selecting education as a career choice was diverse and individualized, but the selection for a primary academic career was consistent in the responses of the faculty. Education was the terminal position sought in the profession for eight of the nine respondents:

Participant 03 (03): "I knew that nursing education was going to be my goal"

Participant 06 (06): "I love to teach, I can't tell you what exactly triggered it, I just knew, for some reason I fell in love with the education part."

Participant 04 (04): "Nursing education was part of my five year plan."

Reasons for the migration from the clinical area were also wide-ranging, but all respondents indicated the nursing education was the preferred option in their careers, "I love to teach". All of the respondents had a previous history of functioning as a nurse educator within the confines of the hospital setting and teaching staff was a common experience; teaching within the hospitals involved new graduates, current staff nurses and other professional staff.

Enjoyment of teaching experience was a shared response, particularly with respondents who were clinical specialty educators or orientation nurses. Respondents that had functioned as orientation nurses shared insights that new nursing graduates were unprepared for professional practice. The need to improve the nursing profession with better prepared graduates was clear motivator for these nursing educators:

Participant 05 (05): "I was educating new nurses as they started, it was clear that their skills were not strong. I wanted to make a difference"

07: "I noticed that they were not as ready, I used to orient them, and they don't know how to practice"

Lifestyle options were a significant consideration for the selection of nursing education as a career choice.

The employment hours of nurse educators were very different from the clinical settings, where staff can be required to work nights and weekends. Working only day shifts, with holidays and weekends off held a particular attraction for those respondents with children: Participant 01 (01): "You know at the time I had a small child and schedule was perfect, everything was working out".

02: "I want to have a career and family"

02: "For one thing the schedule, the teaching schedule is great when you have small children,"

04: "I learned very quickly that I did not want middle management job in nursing…I was burned out".

The overall response for this question was the love of teaching and the feeling that education was a fulfilling and satisfying choice of nursing career. Lifestyle in nursing education was considered a plus that was significant factor for some in the nursing education career choice.

The question of recruitment to the educational setting was asked of all respondents. The inquiry relating to recruitment provided insight into the individual faculty's purpose to locate and enter the academic professional setting. Eight of the nine respondents indicated that they were not recruited into the college; most of them noted that career opportunities on employment websites, such as Louisiana Civil Service, or on the schools respective websites and filled out on line applications. The respondents that filled out applications from web-sites and submitted them to the respective colleges completed the interview process and were the successful candidate selection. The respondents reported that they were seeking a career in the nursing education arena and sought out positions that would facilitate moving into the teaching role. Three stated that a friend had noted the position listing and called them to let them know an educator position posting was available.

One person was contacted by a school and actively recruited for a teaching position. That respondent was contacted after the previous faculty left the position after the start of a semester, and the college was in a very tenuous position.

The large majority of the respondents sought employment in nursing academics and was not recruited by educational institutions. One individual was actively recruited by the community college. Enjoyment of the teaching experience was a shared response, with respondents stating that they enjoyed the teaching experience in the hospital setting and that primary experience led them to seek a full time role as faculty in the academic setting.

Question 3: What was your professional orientation to the classroom like? What information or training were you given? Do you feel it helped your readiness for teaching?

The orientation question was designed to provide the opportunity to share perceptions of preparation for the academic role and the impact of that preparation on personal experiences of the faculty the first time in the classroom. The divergence of answers in the response to this question appeared to be an all or none situation based on the respondent's answers. Overall, the positive responses to this question reflected those schools with structured orientations to the both the schools and nursing programs:

04: "I think (school) did a great job, the first semester you are just shadowing to learn,"

06: "When I first got here I enjoyed my orientation part",

09: "The course coordinator was great, and walked us through everything in step",

01: "I won't say that I got a lot of training, but it was enough. We have great guidance for us, showing legal aspects and how to do things by the book to make sure we stayed on policy".

There were some respondents that were clear that they felt their orientation was very much lacking. The absence of a programmatic orientation was perceived to make the transition into the academic role difficult process. The frustration of not knowing what to do was reflected in the statements that were representative of needing understanding of the role:

03: "Here's your classroom, here's the light switch, here is the remote to turn on the system, I didn't even get that really."

02: "None, I started late and everyone had gone to clinicals, they were gone already"

07: "Minimal to none"

05: "I think we need more structured orientation, to tell (me) what I need to do as an instructor"

"I identified somebody that I thought was doing the right thing and I followed that person on my own."

A follow up question was asked about orientation: Do you feel it helped you for readiness in teaching? The answers to these questions were again reflections of whether or not an orientation was provided to the faculty. The respondents that not receive an orientation were clear that the lack of appreciable training was problematic and hindered their transition:

02: "No… So, I don't know, definitely some orientation would have been good."

03: "So, orientation, it was just, we were all winging it, most of this you had to learn on your own"

Orientation was more positive experience and provided a perception of increased readiness to assume the teaching role for those individuals who were provided a program and structure to the new faculty orientation programming:

04: "I think (school) did a great job" "It is kinda comprehensive coverage for every area, pretty complete coverage with everything included."

06: "Oh yes! Yes because, you know, if they, of course, will try and see what you know"

07: "Yes, because I don't have a lot of background in that area, so it was kinda new to me at this level"

08: "Of course it was, I mean, you know, I can't imagine what it would have been like if they had just thrown me in there and given me absolutely nothing…I was never left hanging"

Orientation, when provided in a clear program for new staff, was perceived to be an effective aid in the transition to the assumption of the teaching role and to the development of a classroom instructor. The perception of support through the transition process was considered by the respondents to be a positive factor in the assumption of the responsibilities of the new academic role as instructor. Individuals that did not have orientation perceived themselves to be at a disadvantage in the transition process, and the process was more difficult to complete.

Question 4: Did you have a mentor assigned when you assumed the teaching position? Did you find you mentor helpful in the transition from clinical nurse to nurse educator? What was the most important piece of information you mentor provided to you? What do you think would have helped you, but was not available information from your mentor?

The questioning of the assignment of a mentor was asked to explore the support systems that were available for the novice faculty following the orientation phase of transition. The responses to this question again reflected the orientation programs and structures for specific schools.

Mentors typically serve as an ongoing resource that is available through the entire transition to the academic role. The schools that did not have a clearly defined and structured orientation program did not have the mentoring structure in place.

The nine respondents for this question had widely varied perceptions, even within the same programs. Four respondents did not have a mentor, although one stated that, 01: "the course coordinator provided me information, a blue print". The five faculty that did have mentors reported that the individuals that were assigned did make significant positive differences to the transition into the professional roles of classroom instructors. The respondents related that the mentor's provided information and assistance that greatly facilitated their transitions. Mentors assisted with acculturating to the new professional settings and provided insights into areas that required skill sets that were not readily possessed by the new instructors. The perception of the mentor possessing knowledge and wisdom is noted within the descriptions of the faculty as they described the mentor and the aid that was provided:

01: "She had been in nursing forever, very knowledgeable about classroom, ethics, and politics."

04: "They did, they did, it helps when they assign you, and well, my mentor was very eclectic."

06: "My mentor was a real positive guide for me. She made sure that I had everything; I want to say that she has about twenty years in the field so she knows the ropes and the ins and outs."

08: "I was actually assigned a mentor and she would help me as far as any questions that I had, she also reviewed with me my test questions because that was something that I was weak in, the fact in I had not done a lot of test questions in my educational area."

There were some observations that mentors were not as helpful for some respondents as for others. The assignment of a mentor that was a full time faculty reflected some different perceptions for some respondents. The fact that the mentor had responsibilities and tasks in

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addition to mentoring new staff was an issue for some. The time investment and need for

oncoming interaction and direction was noted to be an issue with at least two of the respondents.

The lack of guidance was described in terms of not enough time investment to help new faculty:

05: "They assign you a mentor, but it is more of you find things on your own. What would have

helped me that maybe, even though they assigned me a mentor, that mentor has her full time job,

full time students at clinicals, you feel like you do not have enough time. If you have somebody

who has enough time to work with you, one on one"

07: "But I when I had break time, my mentor, she would come in and show me different things,

because you know, that was the most that I got. That was the most I got from probably a whole

year because as things came up, she, you know, gave me details."

Those individuals that did not have an assigned mentor managed to locate another more seasoned

faculty who served in that capacity, though not formally assigned by the school.

03: "No one assigned really, but one of the other instructors, she is also a Nurse Practitioner and

she had taught in another school previously, and she had been here for a year,"

The question about information provided by the mentor was to clarify what the

respondents felt was useful and helped them, and information that would have been useful, but

they did not receive. The answers fell into two responses, information that was provided and

considered to be the most valuable and information that was not provided and the faculties had

wished to have. Information that was provided to the novice faculty had included schedules, test

writing, and other teaching necessities. Deadlines and review of college policy were also

incorporated into the interactions with mentors. The faculty that did have mentors had a wide

range of responses on this question that reflected their personal needs and perceptions of the role

of mentors:

01: "Especially about policy, she can tell me if it is a nursing policy or a made up policy. She is very knowledgeable about education and policy."

04: "The biggest thing is just to keep your head on straight, don't keep it on a swivel, because you have got so much going on around you."

05:"The most helpful thing she did was reminding you when things are due. She would tell me make sure that you post your monthly schedule for the students, make sure that the next week's schedule the students"

09: "I think from her probably the most important thing that I gained was that to everything there is a process as a teacher."

The faculty that had mentor's also discussed what they felt would have been good information to have that they did not receive. These topics of discussion reflect back to the particular programs and the individual perceptions and personal needs of the participating faculties:

01: "I didn't get a Student Handbook, like their handbook, so I wasn't able to follow their guidelines"

04: "My biggest thing was learning how to get paid on a nine month appointment."

06: "Ahh, I would I guess in the beginning, I wish I had, me personally, I just guess I wish I had a little more with the adult learner."

08: "Maybe more what to expect from student behaviors and stuff would have helped me more than anything"

The assignment of a new faculty mentor appeared dependent upon the schools individual programming and design. Length of program history was not always an indicator of the effectiveness of the orientation or mentor programs.

The respondents that that did have mentors had perceptions of gaining information and knowledgeable assistance with role transition and described experiences that they deemed as positive. Respondents with mentors shared the perception of a smoother transition to the classroom and a more positive experience. Mentors were reported to provide information that was valuable and supportive in the transition process. Respondents also described information that would have been helpful that they did not receive.

Question 5: How would you describe your initial experience as a classroom instructor of nursing?

The purpose of the initial experience in the classroom question was to provide the respondents with the opportunity to relate their individual experiences, to share insights and to tell their personal stories about the first assumption of the classroom role. The responses to this question reflected the perceptions of faculty in relationship to adequate preparation for the assumption of the classroom teaching role, as well as expectations of the teaching experience. The first classroom experience for some was one of critical difficulty and was perceived as negative. Those respondents that had difficulty with the first teaching experience described situations that reflected frustration and anxiety. The responses appear to indicate that the novice faculty had preconceived expectations about the classroom teaching role, and the first day of teaching was not what was expected nor planned for the classroom lecture setting:

01: "My first experience in the classroom was with a diabetes lecture, I can say that I was all over the place. I was trying to talk about diabetes. The students were bringing up questions from all over the place and it took me awhile to bring them back to focus"

06: "Hated it! Hated it, I am not going to lie, I hated it. I was nervous, I felt like I was out of my element. I was like oh my god how did I get into this. I didn't, like I said, they just sit there! So that made me wonder of myself, am I saying this right, am I doing this right, am I missing something, cause they just sit there." "I had a lot of assumptions my first days that were like, totally out of reality."

06: "And so I was like, okay, these students have books, why they not opening them, why they not using them?"

Some of the novice faculties were much more positive about the first day lecturing, with teaching in the classroom described as a positive and gratifying experience. Sharing the experience of the first classroom lecture was described as good, and projected as an accomplishment in the role of instructor:

02: "Actually, my initial experience was very good; I think that I surprised myself."

03"I thought it went well, I thought it went okay. I was nervous, I think they were nervous because they had just gotten into clinical, the clinical program, they, ah, you know I look back at it and I would do it differently now"

05: " I was not nervous because, maybe my supervisory position helped me to fan out, be a good guide, because I am never nervous in the hospital working and that is what I teach students"

09: "Real good, I was nervous, there is a new group of people and you don't know how you are going to be received. I was a little bit nervous but I felt like I was well prepared when I walked in and it didn't take but just ten or fifteen minutes. "

The participants in recalling their first experiences were open and appeared to be genuine in their responses.

Although some novice faulty did not have the expected and hoped for classroom experiences, it was clear that first class was a powerful event in the course of their assumption of the academic role development. The need for improved skill sets and realistic expectations was demonstrated with the need for classroom and lecturing experience.

Question 6: What aspects of teaching do you like the most? Why do you think that is positive for you?

The purpose of the question, what is the best or most positive was developed to provide the faculty with opportunity to describe what a personal reinforcing factor is in the academic role.   The participants were extremely positive and animated when describing their perceptions of what they enjoyed the most in their teaching roles. Responses were clustered around two major responses: student interaction and assimilation of information, "they get it". The interaction with students seemed important reinforcement of the teaching as was the perception of student growth. Respondents reflected on the ability to interact with students and the teaching experience that provided a powerful motivator that enhanced personal satisfaction:

02: "The most positive is student interaction. Teaching them and watching them grow. "

04: "In teaching, well… I like people, the interactions with the students."

03: "What I love, I love that we do… But, I interact with them at every level."

05: "What I love most about teaching is the student's response. The students always come to me, actually last week; I met one of the students that I taught, in fourth level, and she is in her fourth and final year now."

The participants shared their perceptions into what was a common thread that continued

through the interviews as they described the interaction with students and the growth to understanding through a semester.

Students that were described as "clueless" started to show a change in the manner that the classroom information was valued and used in clinical settings. The growth of the students to begin the process of developing connections in the context of classroom to clinical use of information, and the start of the critical thinking process that ultimately integrates information into a whole, was particularly gratifying for some instructors. The faculty did have a descriptive statement for the student grasping the information being presented and the dawning of understanding, 'the light bulb moment':

02: "What I like the best is watching the light bulbs go off and the growth in the students."

03: "I am addicted to the light bulb moment that is probably the root of why I teach.

I love to talk about passing on knowledge, that when the student gets it, you can really see it; you can really tell that something has clicked with them."

06: "The lights go on-that light bulb moment. That absolute light bulb moment, if you can just make it simple enough, and then make them feel like they know it, all at the same time. "Oh my God! Ah, have you ever absolutely not known something? And then somebody can break it down to you, and explain it to you and then it is like, that was so simple.""

08: "Like I said before, I love that spark, you know, you can tell when they actually put it together and get it. The fact that they don't have a clue, and they start putting the pieces together, and you know, they have figured something out."

07: "Yes, yes I like when they get it, and it all actually comes together, and you can see that. You can actually see them go from not knowing absolutely anything to where they get to the transition to where they are actually nursing…"

The respondents were then asked why they thought that these particular aspects were the most

positive for them. The answers to this question were largely indicative of personal satisfaction

that reflected achievement in their relatively new field of practice:

01: "I think I must have taught them something right. I have watched them grow. When I work,

I have two nurses that I taught that work there. Watching them, they are very knowledgeable

about what they are doing."

02: "I think lots, really, in new students it seems like they shift from only thinking about

themselves to thinking about others. And I just think that is important for life in general, I think it

is awesome that we can help them make that transition."

03: "And then later during clinical they really apply what you have given them, I love it. It's like

okay, I really get it now.

05: "The feedback that I am getting from the students is helping me feel like I am achieving what

I left my good paying job to come and do, to give me happiness and joy in the profession

because I did something good for the students, telling me how I explained it for them. "

08: "But I feel like right now, as an instructor, that I can teach them how to be the right kind of

nurse…"

The faculty related personal satisfaction in the growth and development of students into

fledgling professionals and their role in that process. The respondents described the

transformation of the students as a significant positive in their teaching roles. The application of

knowledge gained in the classroom was seen as growth and provided a gratifying experience for

the novice faculty. Student interaction and growth were common responses of the positive

experiences in the educational setting. Respondents were consistent in the identification of

student interactions and knowledge acquisition; they got it, as reinforcement of their perception that they had successfully completed their tasks as educators.

Question 7: What aspects did you not like? Why do you think that was a negative for you? Do you think that you can change these aspects to make them more positive?

The questions of what was not liked were developed to explore what issues that the respondent may have with effective role transition. Responses that described perceptions of aspects that were not liked produced an interesting view of academic regulations, student attitudes and community college culture. The majority of the respondents had not attended community college themselves, nor apparently, were they prepared for the differences in the student populations that attended school in the community college setting.

This question also prompted some insight into the shift from the hospital teaching format into the arena of academics, an area that the novice faculty had no experience. The move from the hospital teaching setting, where the students had already attained some professional status was vastly different from the first semester nursing students that were the classrooms of the nursing schools. The move from hospital teaching to academics brought a change in the role of teaching and the dynamic that was needed to make the assumption of that role successful. One of the respondents summed up this change of role from the hospital setting very succinctly, 03: "I love to teach, but academics, well, that is different"

The development of classroom curriculum is dictated by a programmatic structure, with defined deadlines for students to cover large amounts of information, presented a clear challenge for novice faculty. Teaching was only one facet of the role of classroom instructor, tasks of writing test questions, submitting reports and attending meetings, were all required as well, and

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was a new and challenging career skill set that many did not possess when taking the teaching position:

03: "What I was most not prepared for was the regulatory stuff by the Department of Education standards, you know."

04: "Well, I just didn't realize how much preparation it would take for a lecture or presentation. I mean, I have done it before and I have thrown something together, but it was on the seat of my pants…. Whereas here, I found I needed to be much more in depth."

08: "Well, you know, writing tests questions."

09: The time that you spend doing the mundane tasks; the paperwork, the writing of the test questions, the things that I feel take up so much time. They are necessary, but I really like the being in contact, actually doing hands on things with my students.

05: "The only thing about it I don't like, if I going to sarcastic, is about it is the pay, the pay is not good."

Students were the focus of the answer to this question for some respondents. The student's behaviors discussed as an area that was received as a negative for some respondents. The students were described as argumentative and having bad attitudes. There term entitled was raised several times, with respondents expressing frustration about what they perceived as poor behaviors:

01: "Another thing I don't like is the argumentative aspect of it. If the student answers something wrong, instead of respecting the right answer, they argue trying to make the wrong answer correct."

02: "Ah, some of the instant technology and the students and their attitudes, student attitudes I think."

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06: "Ahhh, they don't want to get too much. They don't want to give too much; they don't want to do anything. They do not want to work for it."

06: "They do not want to work for it. They want you to give them everything."

08: "Sometimes that the students are not as respectful of me as an instructor as they could be my first test reviews were, I mean, that they got a little difficult." "The student refuses to accept why they got the answer wrong,"

The respondents were then asked why they thought that this perception was a negative for them. Although there was not a clear cut answer to this question, responses with specific examples all presented with the underlying lack of respect or challenge to authority:

01: "They don't like what they got and try to make what they answered right, when it is actually wrong. I don't like that we have students that work in the hospital, and it is hard, when they have not learned to do things the correct way."

02: "Why they were right, you know there is more than one right answer. They had all ethical these things, good grief, everything has so many sides. Why they liked their answer better than my answer, well, I'm sorry, that is just the way it is."

04: "I do get challenged occasionally. I have had some oil and vinegar relationships where they have just seen me as adversarial, and I mean we just butt heads…"

06: "But I need to let them know that as a teacher I am the authority, to that degree, you know, and I know you all are adults and I am too."

08: "Sometimes that the students are not as respectful of me as an instructor as they could be, my first test reviews were, I mean, that they got a little difficult. You know, when the students just try to convince you that their answer is the correct one that can be an experience. Not a pleasant one"

The answers to the question of what is negative in teaching were varied and involved the academic expectations of adherence to curriculum, testing and the need for effective lecturing and preparation. The most significant area of response, however, was most often described was the students and their attitudes, with the challenge to instructor authority in the classroom as a frequently noted issue. The perceptions of some of the novice faculty about students was that they were argumentative there was a need to assert control to maintain authority in the role of instructor in the classroom. Aggressive students and authority challenges were noted by faculty in all institutions and was a particular issue during test reviews. Situations were described difficult and student lack of respect a common observation.

Question 8: Have you ever had the experience of being evaluated by your students? What was your reaction to the student evaluations?

The question about evaluations was limited to the student evaluations of the instructor functioning in the classroom role, and was to explore the experience of having their classroom expertise reviewed. Responses to this question were limited to nursing program lecture evaluations and were confined to the student evaluations. All of the respondents had been evaluated in the clinical setting; seven had been evaluated in the role of classroom instructor. Some faculty at one college had the experience of two evaluations, one evaluation specific to the nursing program in which all nursing students participated, and a separate one for the college. The general college evaluation in this case was voluntary, with a total of five out of approximately fifty students participating. This question was specifically confined to those evaluations that were completed for the novice faulty in the nursing programs. Most of the faculty reported that their evaluations were good, and a number of them promptly offered the

researcher validation of this information:

02: "It has been mostly positives."

05: "So far I have been having ninety-nine and one hundred per cent, very, very excellent. If you want, I show you some of them, like I said, they very last one if you want. They are very good, very excellent."

06: "We have student evaluations. Now I'll be honest, I can't remember a really bad evaluation."

07: "I had a relief, because my evaluation and I am not bragging, was real high. I had a lot of fives, classroom were fives, I also when I got back I had some mail in the box with a list of things from the nurse coordinator, where the students write up evaluations."

09: "I actually had good evaluations, so it actually gave me more confidence. It made me want to more; it made me try even harder, because I felt that they appreciated the efforts I was making."
Two faculties stated that they had been evaluated, but had not been privy to the results, although their mentor or coordinator shared the results with them. The respondents that had been evaluated were then asked: What was your reaction to the student's evaluations?   The responses to this question depended upon if the comments were classroom issues related to teaching styles or to comments based on student perceived "niceness" of a particular instructor:

03: "It's not fun being told you are not nice. It's not fun, but negativity is not fun, but knowing that they learned something, and knowing that they don't have to like me, but they respect me, and I think they all do".

The reaction of the faculty provided some insight into the expectations of the students and need for adaptation of the instructors. Some instructors indicated that there were some areas that were identified by students in comments that they were unhappy with and those answers

were covered in Question 9. The evaluations of the respondents were perceived as positive for the most part, with highs scores from the students for the majority of the novice faculty.

There was some faculty that did share the student's perceptions that were less than positive, and centered on the "niceness" of the respondent.

Question 9: What areas were you evaluated as the most positive? Did the students rate any areas low? Did your students share comments with you?

The question of what was rated most positive or lowest scored by the students was to discover what skills in teaching were considered as an enhanced ability to possess in the classroom or conversely what was deemed as required to improve performance. Responses by the faculty indicated that there were areas that students identified as positives about them. These were often reflected in the comment sections of the evaluation process. Respondents were largely found to be positive in areas that included knowledge base and interaction with students:

01: "My highest scores where in instructor engagement."

02: "I was positive, how nice I am, they talked about how happy I am and how enthusiastic, they like that."

03: "…very knowledgeable, excellent, you know, good in the classroom, excellent presentations, great lecturer, very competent, very knowledge in the material."

05: "They said that I explained things for them to understand, which most instructors don't do. That I go far and beyond, in making sure that everyone understands my lecture and that is exactly what I do."

06:"One of the things the students said was that I was able to communicate my material in a way

that they totally understood. They said that a lot, they said I was totally likable in class, and in my clinical group."

07: "No, I can't remember them all, but they were positive, they were very positive. Things like she is a great instructor, she is concerned, she is interested in you learning nursing, she is down to earth, she gives the information"

The second question did the student rate anything low, was asked to develop what students considered negative in the classroom. Some respondents did report negative comments associated with their evaluations when they first assumed the teaching role, and, that they had improved their evaluations in those areas by taking the student input to improve their teaching performance:

01: "If there were any negatives it was about classroom control."

02: "Yes, I have gotten negatives about like their stuff not being graded as fast as they want it in my class. I give them a lot of feedback when they write papers; I mean I give them a ton of feedback, correct it and say what they need to do…"

03: "Yes, pretty much what I expected it to be, I'm mean. They don't like me, I am uncooperative, and I'm rude, let's see what else…"

05: "One negative comment, just one, because I was joking, okay, in the clinical setting."

06: "I don't understand it why so many of them said it, was my facial expression seems to tell it all. Like if they ask me something I make a face, they comment on my facial expressions."

07: "I admit I had some negatives. But I think that was, ah, one person said that she's new, she isn't organized, ah she felt like the lecture was vague" "There were some negatives, and I knew that, you know, there had to be areas that needed work, this was the first semester."

The negatives that were experienced by the novice faculty appeared to be related to

specific teaching styles of the instructors. All of the participating schools had respondents that experienced negative comments, programs that had orientation structures, mentors and those that did not.

A clarifying question was asked, "Did your student share comments with you?" to provide insight into the student evaluative process and encourage faculty sharing of student input. The respondents that had been evaluated stated that there had been comments for each respondent. Student comments were both negative and positive. Positive comments were related to student interactions, presentation of material and knowledge base of individual instructors:
01: "If there were comments they were positive, they did share some about other instructors. I can't remember any specifics; mostly you were a good teacher."
02: "I am enthusiastic and they just love that. It makes them so happy for some reason, they want to know what their grade is, but they are excited that I am smiling. It has been mostly positives."
03: "Oh yeah, I have lots of comments, unprofessional. Then I get other comments, very knowledgeable, excellent, you know, good in the classroom, excellent presentations, great lecturer, very competent, very knowledge in the material."
05: "They said that I explained things for them to understand, which most instructors don't do."
06: "Telling me that my lectures were great, they were thorough and that they were able to understand them."
07: "No, I can't remember them all, but they were positive, they were very positive. Things like she is a great instructor, she is concerned, she is interested in you learning nursing, she is down to earth, she gives the information"
09: "The ones that did write comments wrote positive things"

The overall impression was that although the instructors did have some negative

comments, there were positive areas as well. Negative comments for some may have reflected the teaching styles of the particular respondents.

Respondents that shared that they had some negative comments or ratings on student evaluations also stated that they had positive areas identified by the student evaluators. The students appeared to appreciate an engaged instructor that has the knowledge and the ability to explain the information in a manner that the class can grasp it. Explanation of material and giving of information in the manner students can learn it is noted to be considered positive by the rating students. The terms "knowledgeable" and "explain" appear in several of the positive comments that were shared by the respondents.

Question 10: What was your response after reading the student evaluations; did you change anything?

The purpose of questioning the faculty reaction to the student evaluations was to explore novice faculty insight to the student evaluators and to discover if the student evaluations ultimately lead to changes in the classroom. Responses revealed that student comments on instructor evaluations did effect some changes in the classroom for some of the respondents. Amounts of information and presentation of content appeared to be areas that were cited by students as topics of concern and comment for some instructors. The ability of the students to provide constructive criticism was noted by one respondent as a skill set that needed some work to be effective:

01: "The students wanted more grouping and information about medications. We tried more grouping of information. They said they wanted more detail about information. We do take their comments and try to make it better."

02: "I just really tried to improve, not really based on comments because I haven't had much; they really don't give much constructive criticism, I am trying to teach them how to do that too."

03: "There have been some things where I have tried to regroup some of the content, or spread it out a little more, little changes in the curriculum that way."

06: "Yes, my lectures, totally, my lectures totally. I added more things in it, I added more things that since I know I am not going to get a response from you, I got to make you have to have to make you respond to me."

Five of the seven respondents that were evaluated and had student comments consequently took those comments under consideration to foster changes. Changes were made in the delivery of the lecture and the grouping of information for a more effective presentation of information. Two instructors stated that they had not changed anything based student comments. One commented with, 07: "No, if they had something say, I would." The other instructor noted that with the positives in her evaluations, 09: "No, not really, but like I said it made me want to try even harder to deliver an even better product. I felt that I was being received in a positive way."

The majority of the student comments on the faculty evaluations related to lecture content and the amount of information that was presented. The amount of information that is required in the programs was an issue, and evaluations were related to presenting more structured lectures to aid in organizational content. Students shared issues with the way information was grouped faculty did effect changes based on the comments from the evaluations. One faculty member changed the complete lecture session based n student evaluations that provided comments on her classroom presentations.

Question 11: Have you had subsequent evaluations, did your scores change? Did you think the scores were related to changes that you may have made?

The design of the follow up to the evaluation question was to determine if changes had been made, based on evaluations that may have improved the classroom experience.

The respondents that have reported subsequent evaluations, only two reported any significant change in their scoring, and that score change was not attributed to changes made. 07: "I stay about the same," 01: "We do take their comments and try to make it better."

Seven of the respondents have had subsequent evaluations, and experienced little change in their evaluations, which they related were positive prior to making changes in the classroom; two are waiting for the outcomes of the Fall Semester 2013. The clinical areas of instruction have been evaluated for all instructors but were not incorporated into this research, which was limited to classroom settings.

Question 12: Do you feel that you were prepared to take a teaching role? What aspects of teaching were the most surprising for you? What would you consider the most difficult in the classroom teaching role?

The question of role assumption readiness was designed to explore the classroom role from the standpoint of unexpected and difficult facets of role transition into academics. Responses to the question preparation for the teaching role by the respondents were split with no middle ground. The answer was either yes or no.

The respondents that answered "no" cited reasons that included a short preparation for the classroom role, or expectations in the classroom role that were different from their personal reality of college students:

02: "I don't know, let's see. Did I, no, I don't think, just because it was so quick, had I had a little more time to prepare my stuff, my mind set, I maybe would have."

03: "No, I thought I was because I had done hospital education. I was an educator and had done lectures and orientation, new staff and continuing education and taught classes and I had done all kinds of stuff."

06: "I was nervous, I felt like I was out of my element. I was like, oh my god, how did I get into this, I don't know."

Many of the respondents that answered that they felt prepared were from the same community colleges programs as those that did not feel prepared. The preponderance of those that felt prepared, however, came from those colleges that provide thorough orientation, mentors and resources for the novice faculty to draw upon when needs arise:

01: "I felt ready because what she did was the first month she did her lectures, and I because it was kinda like, followed along."

04: "I find it very easy, because I can see faces, I can see things, and I can read feedback."

06: "Yes, oh yes, I do."

07: "Yes, I feel like I was prepared."

What aspects of teaching were the most surprising for you was a question that was asked to explore assumption of the respondents prior to and following the transition to the teaching role. The answer for this question for eight out of nine respondents was "the students."   There are numerous facets to this response and the answers are not always in the same category, but the students were the most surprising aspect of the teaching role for these novice faculty:

06: "Ah, like I said when we talked about the students earlier, how they don't, I mean they just don't respond. They do not respond."

03: "The students, I came from a four year college…., I had no clue, that, I had no clue what

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community college was about, I didn't know."

09: "Probably dealing with not just the teaching, but dealing with the other issues of students."

Several instructors' indicated that student attitude and lack of respect was a surprise for them in the classroom. The challenge to authority was also noted as a surprise for the respondents.   Student behaviors and perceived lack of respect was a recurring response from the novice faculty. The yardstick of measurement for the respondent appeared to be their personal histories as students in the university setting:

01: "I think it is lack of student respect. When I was in nursing school, and I am not that far from the students now, as far as years and age, I am not that far from them. When I was in school you had class, you went to class, and you were on time for class."

07: "The students, I really, I really, when I first started teaching …I really expected them, after they got into healthcare to be gung ho. I'm going to nursing school; I am going to take care of someone"

08: "The attitudes of the student, really the attitudes of the students. It is just totally different from when I went to nursing school. Different, different dynamic, different everything."

08: "Sometimes that the students are not as respectful of me as an instructor as they could be, my first test reviews were, I mean, that they got a little difficult."

What do you consider to be the most difficult in the classroom teaching role?

Questioning what was most difficult in the new teaching role prompted respondents to describe areas that were unexpected and specific challenge in the new classroom role. The responses of the faculty identified the difficult aspects of the teaching role that were centered on perceptions about the students, community college culture and the curriculum. The students and

the culture of the community college provided some of the respondents with issues that they identified as unexpected and at times, difficult to resolve. The perception of many respondents was that there was a significant need for increased attention to student behaviors and some consequences for those who were not meeting expectations of the respective programs:

01: "The students here are different. I went to a university; most students did not work and have children. I mean I had a little prn job, but there were consequences if you missed class, serious consequences. Here if you miss one test, they take the next test and count it twice."

02: "Maybe more what to expect from student behaviors and stuff would have helped me more than anything."

06: "So, so that's, that's their attitude and I mean that is just their attitude. And it is hard to deal with, but you are trying to do your job. I tell them you all paid tuition, I'm doing my job, this is what you paid me to do. This is not to get up here and give you the answers."

07: "I never heard you say, not one time, say that I to take care of people, I want to help people, I want people to get better, I probably would not choose you to be a nurse in the program regardless of what your ACT score was or regardless of what you made on the HESSE."

08: "You know, they, they….different ones, it is different for each one. But, to me, they question our authority. They question everything, and when I was in nursing school, we never did that"

One faculty who responded that the curriculum was most difficult cited the amount of information that had to be incorporated into a single semester.

03: "Getting in the amount of material that we have in the limited amount of time that we have, concepts, a lot of very heavy concepts in a very limited time frame, I don't get to spend as much time as I would like too."

Another faculty noted that the size of the classroom was the most difficult issue for them, due to

class size. 09: Probably the fact that we put so many students into one classroom. This semester we have a smaller group, but our first semester we had roughly sixty, and in the second over sixty to start out with, that make interactive teaching more difficult."

The respondents that did not feel prepared were from all of the institutions that were participating in the study. The respondents that perceived that they were least prepared were from those schools without or having limited orientation. Diminished time in developing understanding of the parameters of the roles and understanding the new academic regulations were described as difficult for some of the faculty. The most surprising aspect of the new teaching role was the community college student culture, which was a common thread in the narratives. Unlike the culture of the university, many of the respondents were caught off guard with students that had families, employment and other lifestyle issues. The most difficult aspect of the new teaching role was again the students and their behaviors. Respondents described students that had negative attitudes and demonstrated a sense of entitlement in the classroom. The student challenge to authority and lack of respect were mentioned several times. Other difficulties mentioned were large amounts of information in nursing curriculum and large class size.

Question 13: What do you think should have been included in your orientation that would have improved your teaching experience?

The purpose asking what should have been included in orientation was to discover what respondent's perceive would be valued information that could have aided their transition into the academic arena and gain insight into the needs of novice faulty. The majority of respondents identified an area that they perceived that would have been helpful to their transition. A single

faculty respondent felt that their orientation provided the information that they needed to make a smooth transition. 09: "I don't know; let me think about that one for just a second. I feel I got what I needed so I really didn't like I was left out."

Two faculties stated that adult learning theory and writing test questions would have been very helpful for them in the professional transition:

06: "I definitely wish that we had a little more on the adult learner and their perspective. I have, of course I have had a little in my MSN program, but of course, as you know, it is not real until you get to the environmental clinical practice of it."

08: "I guess because I remember my thing was about test questions because I am coming, you know, from just totally lecturing and not really doing test questions, maybe some kind of module or something."

The most referenced topic in this question's answers was improved orientation and education to the use of technology in the classroom. Faculty was very open about their need for greater understanding and use of electronic technology for teaching applications. The use of technology in multiple forms was seen as innovative and a need for effective teaching in the modern nursing classroom:

02: "I didn't even have like technology orientation, like the power point and the projector; I didn't even have that orientation have that before I got started, because it happened so fast. That would have been good"

05: "What do I think would improve my experiences, a couple hours more on simulation? (Simulation is an electronic mannequin used in healthcare education). That is what I am working on now, a couple hours more on simulation, because this is a nursing program. I feel like simulations, a few hours with the simulator will add to my teaching abilities".

07: "I would love to kinda add more technology in my lecture because we do have younger students and because we have younger students, (the) education where they have the lectures that can be recorded, where they are sent up iPods, I am trying to think what that is called and I can't remember."

The responses of the novice faculty provided diverse and differing perceptions of what was required to enhance the orientation process for the new novice faulty. Only one individual thought that there was nothing that needed to be added to the orientation process. Several of the respondents identified areas of adult learning theories and writing test questions as areas that would have been helpful for the new faulty. One of the most recurring topics of discussion was the use of electronics in the classroom. The electronics issue was divided into teaching in the classroom, such as overhead projection and medical mannequins and student use of electronics such as computers, iPads and digital resources. The use of electronics was perceived as a positive with respondents sharing that education was moving to the future and the need for more training with the use of computers and digital teaching applications was important.

Question 14: Based on your current experiences, do you plan to remain in nursing education as a career choice?

The choice to remain in nursing education question gave respondents opportunities to reflect upon their career choice and examine their satisfaction with the classroom role. Eight of nine nursing faculty responded to this question with an affirmative response. The eight that responded with committed intention to remain in nursing education were adamant that the career choice was appropriate for them. The respondents were certain that their choice of academics was the correct one and that they were continuing to follow an educational career pathway:

02:"Yes, yes, I mean I think I will be here a good while."

03: "Right, right, I love to teach, I do., and it would have to be a whole, whole , whole lot worse from what it is right now.

04: "Oh yeah, I'm not going anywhere, I am thinking about going into the DNP program if I can get the money."

05: "Yes, yes I do, because I like it."

06: "Yes. No question, yes."

07: "Ah, nursing education is what I love about medicine…"

One instructor was undecided about remaining in nursing education,

09: "I am undecided, because my degree is a clinical, a clinically focused degree, you know, I do some work part time, But, that was I what I set out to do, so at some level, more than likely, I will get to be a full time Nursing Practitioner."

Eight of the nine novice faculty stated that they intended to remain in nursing education. Intention to remain in nursing education by most of the faculty indicates that a high degree of personal satisfaction is received from teaching. The choice of a career in academics is reinforced for the respondents and they are certain of their love of teaching. The single responded that was undecided maintained an advanced degree in nursing practice and has the capacity to practice. The full time Nurse Practitioner would make considerably higher income than that offered by academia.

Question 15: What experiences in education or teaching would prompt you to return to clinical practice? If these specific issues were changed, would you stay in nursing education?

The question regarding issues in teaching provided a forum for respondents to have an opportunity to talk about what factors would prompt them to consider alternatives in the nursing profession away from education. The majority responses to this question indicated that nothing that would cause the novice faculty to leave nursing education. The identification of factors that could provide satisfactory options to teaching were considered and shared with the responses of the faculty. Six respondents' indicated that they were happy where they were and intended to stay in education:

03: "Ah, nothing to this point"

04; "Oh yeah, I'm not going anywhere,"

05: "Well, now, no, I am happy with what I am doing, I would love to double my money, but I know that is not going to happen."

06: "No, I can't think of anything, no."

07: "Nothing."

08: "No, nothing."

The largest issue that would prompt an instructor to return to clinical practice was salary. Faculty responded with dissatisfaction regarding the difference in clinical practice nursing salaries and academic salaries. This difference was quite significant for some of the faculty, especially those that held clinical specialty certifications. The respondents then reflected some hypothetical situations that created employment that offered the personal satisfaction of teaching with an alteration in salaries or the ability to maintain current employment hours. One respondent stated if they could get the same practice hours of nursing educators, they may consider leaving the classroom for clinical practice:

01: "If I were offered an awesome job with an awesome salary. Right now I still have some clinical practice so I am keeping my skills up. It would have to be an awesome salary. Really awesome."

02: "Umm, if I could get the same hours in clinical practice that I can get here, I would do clinical all the time, all the time I think, it's not possible though."

03: "You know, that would be a last resort, if the economy got so bad that I absolutely just had to have the money, and then I would go back to clinical practice."

09: "Money. It would probably be one of the biggest things, because in teaching obviously, because the money is not there in the community college setting, it's even less than university, but it is about half what I could make."

The general consensus of the nursing faculty is that they would stay within the education area of the nursing profession, although an offer of increased salary would be a motivator for at least two faculties to leave. Most of the hypothetical scenarios were described as providing the same lifestyle and hours, with much improved salaries. The faculty did repeat their desire to stay in nursing academics and a few stated that nothing could make them leave teaching.

Additional Questions

Through the interviews several topics were mentioned while answering other questions. The first respondent noted observations regarding student testing and community college cultures. As the result of the interaction with the first respondent in the initial interview, two additional questions were added to the core questions. The same questions were asked of all respondents in the study, and provided information that lead to deeper investigation of the novice faculty's personal narratives.

Question 16: Tests and testing have been mentioned several times, what have been your experiences?

The question about tests and testing was to discover what respondents experienced and perceived of student behaviors in the testing process. The question generated answers and narratives from the respondents that were part of a vigorous discussion by the respondents. The respondents were very willing to discuss their perceptions and in some cases, speculate as to the reason that the attitude and behavior of the students was so aggressive at times. There were two clear areas for this question, teaching the test and test review. Teaching the test is a perception that many of the respondents share about the students. Test passage was a large topic and the respondents were very frustrated at the students need for test passage, but lack of understanding the eventual application of that information:

02: "You know, but before that they want me to just give it to them, gift wrapped, this is what you have to do to make your A to graduate, become a nurse and be successful… They think I am giving them their grade and they are not responsible for it."

03: "It is, it is all about the score for some of them, not all of them. But there some, absolutely, it is all about the score, and it's not even a passing score, getting an A versus a B, or getting a higher A, and I don't get that.

04: "They all want you to teach to the test, but once again, where we are drifting away from in the conceptual is, you all it is on you, here is the material you read it, you absorb it in class, we are experts, you ask us what you don't understand."

05: Yes, they do, they want you to teach to the test. But, how will I put that, I am one of those that I realize that is it not fair to test students on something that you did not cover in class. So I don't put those things on the test, I don't teach to the test.

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06: "That's it-that's it, that the whole problem. They're not, and a lot of students make the comment I don't need to come to lecture, well, I don't mind I will come to lecture, but tell me what it is you are going to tell me, I want go. Tell me what is on the test I want to go….we are testing testing, testing, it is the hardest thing I do, because they always want to try pick me on tests, and test questions."

07: "Yes, they wanted me to teach the test… And so for some, it is just like, okay all I need, seventy, seventy, seventy or whatever the cutoff point is, and if they are young it is, what can little I do to get by and still be a nurse?"

09: "They would love it if you teach the test, but that is one aspect that is not going to happen. "Of course! Of course, there are ones that try to get their subtle hints in there, you know, they'll say is this going to be on the test. I can't tell you what is going to be on the test'"

Another area of the test and testing discussion that provided highly animated responses were the respondent perceptions of student interaction during test review. Some instructors shared their perceptions of aggressive students and the adversarial positions of some of the students. The challenge to authority and demanding attitudes were described by multiple respondents and was viewed as an unexpected behavior from the students:

01: 'The class tried to argue their points, but they really didn't have the knowledge to make an argument. They thought that information at hand had been sufficient to make an argument and they went off in completely different directions."

02: "I think they were so concerned with trying to figure out why they put the wrong answer, it ended up being almost like a debate session and they wanted to show their side of it. Why they were right, you know there is more than one right answer. They had all ethical these things, good grief, everything has so many sides.

02: "Why they liked their answer better than my answer, well, I'm sorry, that is just the way it is."

07:"During that test review it is almost like they back you into a corner, and I am that type of person that if you back me into a corner I am going to come out fighting. I had to, you know"

The difficulty of some colleges to have a test review that was effective and without student conflict moved test review into formats that were different and had less opportunity for debate for confrontations with students.   The responses of some the respondents on this particular subject signal indications of heated discussions in the classrooms with authority issues apparent in some situations:

01: "I make the students write the question they missed with their rationale for their answer. We do not talk about the tests in class, for argument"

02: "When we did it immediately after, it turned into, this is why it is the right answer."

04: "Yes we have test review, because when we study tests, how will I put it, yes and no, sort of. Yes, I have studied tests, and reviewed the tests with the students, it's like, and oh you are not going to stay there and I know some students will go for it."

09: "We have a policy that there will be no angry interactions, no negative interactions, all will remain on the professional level. So, whenever they have questions they will raise their hands, they ask their question and we will have a discussion"

Testing and test reviews comprised a significant part of the instructor's lived experiences, and were referred to frequently through the course of the interview process. The students were discussed in terms of wanting faculty to "teach to the test"   One instructor was clear that their perception of the younger students was that the instructors should provide the information for the test, and then test on it.

The contextual relationships or critical thinking that was needed to effective use the information was not a particularly important concept until the students arrived in the clinical setting and realized merely possessing the information and passing an examination did not equate to professional skill use and ability. The connecting the classroom knowledge through contextual transformation of information though out the didactic component of training becomes the student's grounding as a nurse.

The other narrative that was recurring through this question was the aggressive students in test reviews. Heated confrontations and argumentative students were recurring issues. Respondents reported feeling threatened and back into a corner by confrontational classroom situations. One respondent noted that they had dispensed with in class test review completely. Students that had questions or issues with examination questions had to submit their concerns in writing. One respondent said it succinctly, 01: "They don't know that they don't know."

Question 17: Can you tell me about the students that attend community college; are they different from university students?

The question about the students in the community college setting was an exploration of the perceived differences in the instructor's university experience and their current faculty roles in the community college setting. Responses frequently had faculty references of, "when I was a student". The responses prompted questions to the respondents to describe their assumptions and perceptions regarding community college experience. The respondents that were interviewed had shared observations about their perceptions of community college and university students and their belief that there was a difference in the educational settings. The respondents had

frequently mentioned the differences in the students of the community college programs in the course of answering other questions.

An exploration of the topic, starting with the first interview, produced a discussion that was very descriptive and allowed the respondents to share their experiences, which indicated that there was a perception of very real difference in both students and cultures of community colleges and universities. One instructor in had attended a community college and had had an Associate's Degree in Nursing, and they also noted a change from their experience in the current community college setting.

The perceptions of differences in the community college setting that were cited had the faculties using their own student and university experiences as the measure for what they were describing as current community college instructors. The personal historical reference was typically indicated with a point of reference that was recognized with statements such as "When I was a student" or "at the university I went to," "or "my instructor's." The sense of current experience in this case was reflected on by the respondents having developed and measured a perception that was a comparison and contrast of what they had known previously, their own personal educational experiences. The culture of the community college was described as "different" and the respondent's descriptions of experiences provided descriptions of their perceptions that there was a significant culture difference in of terms of community college student life events and behavioral expectations classroom. The differences appeared to be unexpected for most of the faculty. Assumptions that this would be like the university experience was unsettling and for some, a reality shock with the understanding that, 03: "I realized some of these people really struggle, they really struggle to be here."

A number of respondents admitted to not "having a clue" about community colleges and their programs, type of students or other features that distinguished them from the university setting:

01: "When I was in school you could not make up tests and did not leave half way through the class. I think that there are not strict policies that govern behavior of students because we are a community college. The students are not being held accountable as they're in universities. I wouldn't be as strict as university, but I think that we need higher expectations."

01: "The students are not being held accountable as they're in universities. I do understand that children get sick, I do understand totally, but expectation should be higher. I had one student who was a mother who came for a test. She couldn't find a sitter and she brought her kids to take her test-they were six and seven, and they had their coloring books and sat quietly while she took the test and left."

02: "Maybe a little bit more of what to expect. I just knew the student experience from being a student myself, you know. The culture of community colleges is different from my student experience. I did the BSN track; I was in a university, with a group of people who were very self-motivated, and were very successful."

03: "I had no clue, that, I had no clue what community college was about, I didn't know anything about a community college. Never even given it any thought that it would be different than a four year college I thought that college was college."

03: "I had no clue that some of these students don't have transportation, no idea some of these students work two jobs just to pay their light bills, the culture of students, not just the entitlement, I don't mean that."

03: "Go to community college it is going to be easier, and they don't understand it is just as hard

here, the pre-requisite here are going to be just as difficult as they are at the four year college. But there is a different culture, there is a different, there is a lower socioeconomic, very much so."

04: "Usually these individuals, this isn't their first rodeo, they are back to better themselves, they are coming back, but they have baggage, they have kids, they have families, they have job, they have parents they are taking care of, they have a lot things that are out there outside of nursing, and they are not your prototypical student, they nontraditional students that come to this program."

08: "No, not really, the policies from what I understand are different because it is a community college. It is just totally different from when I went to nursing school. Different, different dynamic, different everything."

09: "I think that surprising that their personal issues come into play with the whole teaching thing. I have students that come in and they cry and all those other little things too, I feel like I have to be a psychologist as well as a teacher."

The perception that the students were different in the classroom also was a topic of considerable discussion. The difference in the student behavior in the classroom was also held to the standard of the faculties own student experience and the manner that they were expected to conduct themselves within the university classroom setting. There appeared to be a vast difference in what the instructor's memories of their student experience and the classes that they were now teaching. The change in classroom conduct was notably disconcerting for some of the respondents:

01: "Students seem to have a different attitude. After my first test I did badly on, it's like, what am I doing wrong how can I correct this? The students here if they get a bad grade it's like oh,

the test was too hard or oh, I will bring it up later."

01:"Another thing I don't like is the argumentative aspect of it. If the student answers something wrong, instead of respecting the right answer, they argue trying to make the wrong answer correct. The student refuses to accept why they got the answer wrong, versus why this answer is correct."

01: "I remember when I was in school if you weren't in a hospital bed or the morgue, you were in class. Now days, I am sick, can't come. My uniform is dirty, I can't come."

02: "I mean, the materials and methods of teaching are about the same, but some of the student interaction and feedback you get are kind of like shocking sometimes. What they expect of you is beyond what I ever expected from my teachers."   "

08: "You know, they, they….different ones, is different for each one. But, to me, they question our authority. They question everything, and when I was in nursing school, we never did that. Ah, we never back talk, I guess not really back talk, or challenge our instructors."

08: "Sometimes that the students are not as respectful of me as an instructor as they could be, my first test reviews were, I mean, that they got a little difficult. Just for the students to show respect, I know that other instructors have the same feelings. We do have some instructors who kind of keep them in line."

The term entitlement was used several times in the discussion of student attitude in the classroom. Generational expectations were viewed from several standpoints and the respondents were very open in their perceptions of what they believe that students expect in the classroom and how the delivery of education should be completed. The connection with teach to the test was a component of some of the comments in this particular area of student attitudes in the classroom:

01: "When I was in school you had class, you went to class, and you were on time for class, you showed up for clinicals and you did not argue with the instructors. This generation they think it is their right, if they don't feel like going to class, they don't go to class"

02: "But I do think it is generational, I do. I think that twenty years of people (who) grew up and getting everything they wanted, and getting it right now, that is the other thing. Like why don't you have this done already, I want to know my grade, you know, they are so, really kind of demanding the students, I mean the culture now. "

02: "The culture that where they have had instant gratification for most of their lives, especially the younger ones, I think and they just want everything right then. They are like kids, they like to be paid attention and they want me to give them the answers. They think I am giving them their grade and they are not responsible for it."

03: "But I do think it is generational, I do. I think that twenty years of people grew up and getting everything they wanted, and getting it right now, that is the other thing. That doesn't frustrate me so much because if I can't get to it, I am not going to be able to get to it. But they walk out of the class, they want a test grade in five minutes, it is not going to happen, you know, but they have instant technologies, and they think they should get it instantly."

06: "Ahhh, they don't want to get too much. They don't want to give too much; they don't want to do anything. They do not want to work for it. They do not want to work for it. They want you to give them everything. That is one thing I do mind, they want you to do it for them."

08: "I don't guess, I mean, you know, you got to think about, that's why we talk about different generations. When the generation for me working on the floor to now is totally different as well, even your patients are different. Everything is different".

A specific area that two of the respondents appeared to have issues with is students who appeared not to have empathy for patients. This particular subject was tied with student attitudes, and it was a perception that the students were choosing a profession solely for the career options and paycheck without an underlying altruistic reason:

07: "I never heard you say, not one time, say that I to take care of people, I want to help people, I want people to get better, I probably would not choose you to be a nurse in the program regardless of what your ACT score was or regardless of what you made on the HESSE"

07: "You know somebody is always going to be sick, but do you really care? They keep coming for the paycheck, they do that everywhere, but, at the end of the day when you do this, and can you say that you made a difference, when you leave that is. There are some things that, you know, you got to come on board with and the fact about caring about people, willing to touch people, you know."

03: "I don't get that, because those patients don't care if you made an A or not, all they care about is that you care about them, and you doing a good job. Are you practicing safely, and some of these students just don't get that, and it worries me. I can teach someone how to pass the test, but I can't teach them how to care. I cannot teach somebody how to care."

The perception of difference in the culture of the community college provides descriptions of multiple issues in the responses of the novice faculty, with the overall perception that interactions with students and culture of the community college setting were unexpected by the respondents. "Different" was the term most frequently used by the respondents to describe students in the community college programs. Students that had families, jobs and other obligations in addition to attending school were not situations that the novice faulty had prepared for nor had experience dealing with as new instructors. A few novice faculties were concerned

about the nursing programs rule making and compliance to the program of some of the students, with expectations for students perceived as lax or not as strict as it should be for programs. Student attitudes were used to define these particular perceptions, with faculty referring back to their own student experiences as the point of reference for comparison. The term, "when I was in school", was a recurring statement, usually accompanied with, "it was different".

Generational differences were noted by some of the faculty as well in their descriptions of the student attitudes. Instant gratification and the perceived entitlement of some students appeared to produce narratives relating to the frustration of some faculty.   Students were described as demanding and wanting to shift responsibility of grades to the respondents. Teaching the test or, telling me what I need to pass the test, was part of the discussion as stated previously in another question. The perceptions of students focusing on examination scores and lacking empathy or not caring about the patients were particularly unsettling for at least two novice faculties. The difference in the students and cultures of the community college nursing programs were unexpected and prior teaching assumptions were found to be less than accurate in the transition to the academic setting.

Summary

The lived experiences of novice nursing faculty in this research were specific to Associate Degree of Nursing programs and unique to the community college setting. Phenomenological research explores lived experiences that are highly individualized to the participant, present a unique view of experience and gives the researcher data that is both rich, descriptive and possessing a thickness of specific view. The qualitative format provided this research a paradigm that explored the faculty's individual personal stories and provided an opportunity to examine the connections of those stories. Narratives of the respondents provided

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context to their specific personal experiences and aided in the understanding of lived events in the classrooms. The interview process allowed for detail, depth and description within the participant responses, providing opportunities for increased exploration and clarification of responses. A semi-structured interview question format was used, and permitted the open-ended responses of the participants to contribute as much detailed information as they choose, and allowed the researcher to follow up those responses to clarify (Turner, 2010). The questions were designed to elicit discussion relating to perceptions and expectations prior to assuming a teaching role and personal teaching experiences of the participants.

Analysis of transcribed interviews was completed by the researcher to identify and extract consistent phrasing, codes and themes. The transcribed interviews analysis was conducted by multiple methods to develop recurring and common responses and to validate findings. Transcripts were initially coded by question response as the primary coding technique, with early development of codes and sub headings. Participant responses to open ended questions frequently led to the expression of additional topics to be discussed within the context of answering a question. Some participant responses incorporated multiple topics within a single response to a question leading to multiple code assignments within a single question response. Second level review was conducted with the use of computer software Exel™, which again was used to codify the specific responses to individual questions. A set of codes was identified that were representative in both methods of analysis. The final analysis of the interview texts was completed utilizing computer software, hyperResearch ™, specially designed to conduct qualitative analysis, identify codes and aid in the development of themes.

The code designations were reviewed with identified individual texts as supporting the coding assignments for all interviews transcripts. The codes from all methodologies were analyzed for

development of themes from the identified specific coded responses based on the participant's descriptions of perspectives and narratives (Creswell, 2009). The completed code assignments were examined for the development of themes based on the collective data drawn from the narrative responses of the respondents. Common and repeated topics of respondent descriptions of lived experiences gave rise to linkages that appeared to be shared experiences in the perceptions of the respondents. Descriptions and themes were developed from significant statements from the respondents and based on interconnection of coding categories. The themes were developed from the analysis of the data and are based upon developed description codes. The interconnections of the themes are representative of descriptive detailed data across the multiple reported perceptions of the respondents, and supported with quoted statements (Creswell, 2009). The developed themes are a representation of contextual links of data that are characteristic in the descriptions of the lived experiences of the novice faulty.

Chapter 5

Themes

Analysis of data from qualitative research requires the organization and classification, or the transformation of data that ultimately makes connections that are meaningful (Glesne, 1999). The development of themes from qualitative data is created from the narratives that are systematically converted into segments that construct meaningful conceptual patterns (Polit and Hungler, 1995). Data collected in the qualitative process typically has vast volumes of information that must be reviewed, sorted and configured into smaller components of manageable information (Polit & Hungler). The analysis of qualitative data requires repeated coding and recoding to organize, investigate and identify a pattern of commonality in responses that present a pattern of subject topic. The regularity of responses provides the common foundation that ultimately gives rise to the development of a pattern that is frequent and identifiable. The process of coding for this research was conducted using manual text analysis and computer software HyperResearch™, which is specially designed for use in qualitative data analysis. The application of multiple methods to analyze and code the data was utilized to accurately assign the meanings and perceptions of the participant's responses and avoid misinterpretation with application of researcher's meanings to the data (Creswell, 2009). "Data transformation, accordingly, is the prelude to sensitive, comprehensive outcomes that describe, identify patterns, make connections and contribute to greater understanding" (Glesne, 151).

The data analysis in this research provided the topic areas that identified responses of recurring commonality in the lived experiences of the novice faculty. The prior hospital teaching experiences of all of the respondents did not prepared them for the academic experience in the community college setting. Providing instruction to professionals in a controlled hospital setting

has very little in common with nursing students in the classroom setting.

Narratives of the faculty described unexpected cultures of both community college academics and students with issues that they had not been prepared for or equipped to handle. Orientation and mentors, for instructors that had that experience, did not address what respondents described as challenging and difficult in the classroom. The lack of orientation to these student issues developed the theme related to the differences in the experiences of the faculty in university settings and the differences in the student culture of the community colleges. Novice faculty admitted not being aware of the community college student's responsibilities of family, employment and other constraints that could impact the academic experiences. Incivility in the classroom was also unexpected by the novice faculty. Respondent descriptions of interactions where students were described as being argumentative, aggressive and entitled were recurring across the narratives. Respondents shared situations that were at times volatile and difficult to control. The circumstances that were the settings for some of the volatile conflicts were during test reviews. Skill sets for managing situations of that nature had not been developed and faculty shared feelings of being threatened and in out of control classrooms. Testing and related issues were discussed as the novice faculty shared frustrations about students completely focusing on test scores and failing to recognize the more complex and contextual need for knowledge. Teaching the test was a recurring theme as instructors shared perceptions of the ongoing obsession about examination scores and missing the big picture of the role of the information in direct patient care. The question that asked respondents about their choice of a career in nursing education provided insight into the personal selection of academics for the novice faculty. Given some of the obstacles and difficulties cited, the personal satisfaction of the respondents was articulated in the identifications of what made education a career choice.

The growth, interaction and development of critical thinking by the students were considered positives and were given as gratifying experiences in the context of the teaching experience. The faculty provided repeating and continuing as descriptive episodes of students "getting it" were related persistently by the faculty. The exploration of the choice of nursing education as a career selection and remaining in academics with the novice faculty inferred that nursing education as a goal and teaching as a preferred professional course.

Theme 1: Community college is different.

The perceptions and descriptions that were expressed about the different culture related to the community college were based on the faculty's university and professional teaching experiences. A majority of the faculty respondents attended classes in the four year university programs and admitted that they had little knowledge of the community college system. The difference in student populations, college expectations and other issues provided a steep learning curve for some of the novice faculty. Orientation did not include information on the student populations or culture. The perceptions of what they experienced were unexpected and at times, a difficult transition to gain new skill sets.

The term "different" was a continuing reference when trying to describe what their initial perceptions of the teaching experience in the community college setting. Students were different and college rules and behavioral expectations were different. The measurement of what was considered appropriate by the faculty for students was largely based on the faculty's personal student experience in the university setting. The faculty expectations of community college teaching were based on the classroom experience of the university academic format. The unexpected obligations of the students were something that was not within the experiences of the new faculty. Issues that were described provided a quandary of what was the most effective

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management classrooms where the rules were perceived as without consequences and student

lifestyles included responsibilities that were overwhelming:

01: "No, not really, the policies from what I understand are different because it is a community college. The student's here are different. I went to a university; most students did not work and have children. I mean I had a little prn job, but there were consequences if you missed class, serious consequences. Here if you miss one test, they take the next test and add the next score twice. If you miss can so many classes, you can still pass the course."

02: "…he was working full time, as a bar tender at night and then he would come to class all the time, five days a week and doing clinical also. He had a test that morning, and pharmacology that after noon, and it was boring as all get out, and he fell asleep."

03: "Never even given it any thought that it would be different than a four year college I thought that college was college. I had no clue that some of these students don't have transportation, no idea some of these students work two jobs just to pay their light bills, the culture of students, not just the entitlement, I don't mean that….. But there is a different culture, there is a different, there is a lower socioeconomic, very much so."

04: "Usually these individuals, this isn't their first rodeo, they are back to better themselves, they are coming back, but they have baggage, they have kids, they have families, they have jobs, they have parents they are taking care of, they have a lot things that are out there outside of nursing, and they are not your prototypical student, they nontraditional students that come to this program. So you have some barriers that you have to deal with, from the psycho-social arena, most of these kids, I call them kids, but some of them are my age, they are focused."

06: "Ahhh, they don't want to get too much. They don't want to give too much; they don't want to do anything. They do not want to work for it. They do not want to work for it. They want you to give them everything. That is one thing I do mind, they want you to give them everything, and they don't want to work for anything."

09: "But probably what surprised me the most, having to do advisements and I do have a lot of them, will begin to want to begin to divulge their personal issues as well, and that kind of throws me off a little bit.

09: "I think that surprising that their personal issues come into play with the whole teaching thing. I have students that come in and they cry and all those other little things too, I feel like I have to be a psychologist as well as a teacher."

The novice faculty expressed that their expectations and assumptions of what the

teaching experience would be in a community college were not accurate. Dealing with students

that have multiple demands with home, employment and family relationships was not expected, and developing an expanded understanding of the role of the instructor in the culture of community college was a challenging exercise for some of the instructors. Orientation that provided information on the diversity of students and agency behavioral expectations would have possibly facilitated improved transitions for these faculties. Issues of the student populations of community colleges are "different" and supportive information prior to assuming the classroom role would have been helpful for some of the faculty. The expectation of nursing programs for the passage material on the NCLEX-RN examination required for Registered Nurse licensure is the same for both university and community colleges, but the students who attend those nursing programs are very, very different. Siler (2001) noted that the assumption of novice faculty into an academic role creates the need for understanding the expectations of clinical professionals the new academic culture is entered.

Incivility of college students has been presented as an area of increasing problems on both university and community college campuses. Student incivility in nursing education has been defined as rude and disruptive behavior that often results in psychological and physiological distress for the people involved and, if left unaddressed, may progress into threatening situations (Clark, 2009). Student behaviors that are considered uncivil can disrupt the academic environment and may lead to negative unintended consequences (Ehrman, 2005). Nursing faculty typically has had little training to manage the uncivil or aggressive student. The body of nursing research has indicated that incivility the classrooms of nursing education is becoming an increasing problem (Clark, 2011). A nursing research study indicated as early as 2001 that incivility in the nursing programs was becoming an academic classroom management issue (Lashley and de Meneses, 2001). Investigation into nursing programs in that study found

52% of the nursing faculty respondents had been yelled at by students in the classroom (Lashley and de Meneses, 2001). Rude and disruptive behaviors in the classroom may include use of cell phones, texting, arriving for class late, talking over the instructor, arguing with the instructor and leaving the classroom at will (Williams and Lauerer, 2013). Lack of respect for the authority of the faculty has become an ongoing issue as challenges to faculty are increasingly common. Student entitlement and resulting anger when perceived needs are not met can be a dangerous combination if not managed appropriately. Nursing faculty report uncivil student interactions can range from rude and arrogant communications to veiled threats against personal safety (Luparell, 2004). Students may challenge faculty and create distractions that can disrupt the academic process and lead to loss of instructional opportunity for the entire class (Clark, 2011).

Responses by the participants in this study cited student attitudes as one of the most surprising and negative experiences in the assumption of the teaching role. The novice faculty in this research described situations where they experienced interactions with students that were referred to as argumentative, aggressive and where the students demonstrated the lack of respect for authority. "Demanding" and "entitled" were terms that were used in descriptions of some of the students and the classroom interactions.

The behaviors of the students described by the novice faculty were within the working definition of student incivility that was developed by Clark in 2009. Student incivility was a serious issue and respondents stated that arguments and entitled behaviors were challenging to them as they transitioned into the new faculty roles. Respondents shared perceptions that some of the student behaviors were unexpected and difficult, and in one case perceived as personally threatening. The term uncivil was not used by any of the respondents when referring to student behaviors, although by description, the student behaviors typify Clark's definition of uncivil.

Student lack of civility has been a thorny issue, and has been identified as a barrier to faculty satisfaction and a precipitating factor in some nursing faculty leaving nursing education completely (Clark, 2008; Luparell, 2007).

Theme 2: The students do not respect faculty in the classroom. .

The comments regarding student attitudes were noted to have a majority of negative connotations. There were descriptions that reflected that the instructors were not expecting some of the student interactions or student behaviors that were encountered in the classroom teaching roles, and were not prepared to effectively manage them. Respondents, again, reflecting back on personal experience in university setting expressed feelings that they were surprised and frustrated with behaviors of their students. The experience of teaching in the hospital settings had provided opportunities to interact with professionals when providing information and classes. The sense that student's did not respect the instructor's authority in the classroom created difficult situations for some respondents. Generational differences were cited by many of the faculties with the observations that younger students were raised from a culture that was entitled and required instant gratification. One respondent used the term "shocked" when describing interactions with some of the students. The lack of respect for instructor's authority over the classroom and for their knowledge was listed as problematic or negative. Recurring faculty descriptions of student behaviors were portrayals of lack of respect, challenging and entitled behaviors:

01: "I think it is lack of student respect. When I was in school you had class, you went to class, and you were on time for class, you showed up for clinicals and you did not argue with the instructors. Students seem to have a different attitude. After my first test I did badly on, it's like, what am I doing wrong how can I correct this? The students here if they get a bad grade, it's like oh, the test was too hard or oh, I will bring it up later."

01: "Just for the students to show respect. I know that other instructors have the same feelings. We do have some instructors who kind of keep them in line."

02: "Maybe more what to expect from student behaviors and stuff would have helped me more than anything. I mean, the materials and methods of teaching are about the same, but some of the student interaction and feedback you get are kind of like shocking sometimes, I think. What they expect of you is beyond what I ever expected from my teachers."

03: "But I don't love students who appear not to care, I don't love students who show up and expect you to do everything for them, and expect, they come with a sense of entitlement and a sense of you owe me this and I don't have to work for it. I don't like that, at all; I am not tolerant of that."

04: "No not me, not too much, they do challenge other instructors quite a bit from what I gathered. I do get challenged occasionally. I have had some oil and vinegar relationships where they have just seen me as adversarial…"

06: "So, so that's, that's their attitude and I mean that is just their attitude. And it is hard to deal with, but you are trying to do your job. I tell them you all paid tuition, I'm doing my job, this is what you paid me to do. This is not to get up here and say number one question will relate to this and the answer is this."

08: "You know, they, they….different ones, is different for each one. But, to me, they question our authority. They question everything, and when I was in nursing school, we never did that. Ah, we never back talk, I guess not really back talk, or challenge her, and they do that. They challenge you, I don't know, and, you know, it is just different."

Test review was an area identified by respondents that reflected increased opportunities for contention and conflict. The experiences that were described recounted events with aggressive students or difficulty in maintaining classroom control. The aggressive student was an issue with more than one respondent, with arguing as a common recurring experience with the novice faculty. The uncivil student was an issue with more than one individual and had become such a problem in some schools that test review with the classroom students had been completely stopped by the administration. In that particular situation, student had to write their concerns or issues with the test questions and submit it to the instructor. At least one college faculty completely revamped test review following a contentious classroom experience in an effort to

make it a more effective educational opportunity and lend a greater authority to the novice faculty.

Negative descriptions were shared as respondents talked about their experiences with argumentative and aggressive students. At least one of the respondents voiced concerns of behaviors of some students that left them feeling threatened in the classroom. Argumentative students that aggressively defended their choice of answers on the examinations challenged novice faulty, and at least one faculty noted that they felt that they had been backed into a corner. There is a high stakes environment in the nursing academic setting where students engage in intense competition for very limited positions and for grades (Clark, 2009). Developing appropriate skills sets and understanding the techniques required to manage disruptive behavioral issues and uncivil students is identified as a stressor as more faculty encounter demanding students. Nursing faculty typically has had little training to manage the uncivil or aggressive students (Clark, 2008). Uncivil interactions in the classroom unsettled the novice faculty and left then wondering how nursing students thought behavior that was clearly aggressive was acceptable:

01: "You do not talk while I am talking. They challenge a question on a test and we have to go back to the power point-there it is. You weren't listening or paying attention. Student talking in class, or talking over each other, they need to raise their hand to be recognized. I find the students to be argumentative and try to win a point"

01: "Another thing I don't like is the argumentative aspect of it. If the student answers something wrong, instead of respecting the right answer, they argue trying to make the wrong answer correct. The student refuses to accept why they got the answer wrong, versus why this answer is correct."

02; "It went from that before that when it had been the week after, I think they were so concerned with trying to figure out why they put the wrong answer, it ended up being almost like a debate session and they wanted to show their side of it. When we did it immediately after, it turned into, this is why it is the right answer and it eliminated all of that, because we talked about the right answer only, and it would be great."

03: "But if there is a question about any of the questions, then they hound me to death, about well, what are you going to do about this one, don't forget, here the page number that supports what they want."

06: "I don't know everything, but I do not want to get to the point that I am in a physical argument with a student because it doesn't present well in the classroom nor is it a good situation. But I need to let them know that as a teacher I am the authority, to that degree, you know, and I know you all are adults and I am too. But I don't want them to; I don't want to get there. So I don't want to present myself in way that is…. don't attack me because I am not trying to attack you."

08: "Sometimes that the students are not as respectful of me as an instructor as they could be, my first test reviews were, I mean, that they got a little difficult. You know, when the students just try to convince you that their answer is the correct one that can be an experience. Not a pleasant one."

08:"It is during that test review it is almost like they back you into a corner, and I am that type of person that if you back me into a corner I am going to come out fighting. I had to, you know, take a deep breath and okay, they are paying for their education, you have to help them. So yes, you know, they have been very rude to me. "

09: "Nothing major, no. Are you talking about when we actually come in and pass out the test and let them review? We do that; we have a process and a policy, of the way of doing that which is: when you go into test review, they go in and sit down, and there is no speaking in the classroom, we pass out the test, they review the test, they call out the answers, then whoever is satisfied can leave, the ones that have questions stay. We have a policy that there will be no angry interactions, no negative interactions, all will remain on the professional level. So, whenever they have questions they will raise their hands, they ask their question and we will have a discussion"

The novice faculty in this research provided their perceptions on student behaviors that they did not feel that they were prepared to manage. The student that challenged authority, argued with faculty and was generally disruptive in the classroom was described by all of the respondents, in all of the community college settings. The issue of incivility in the classroom was described as unexpected and some of the respondents shared that they felt threatened by the student aggressive behaviors. Schools that did not have existing policy to manage behaviors in the classroom or test reviews left the management of students with the instructor, who did not have the skills or techniques to be successful in these potentially dangerous situations. Colleges that

did have some parameters for behavior in place also had issues with student behaviors.   Student incivility was an issue across all campuses of this research and is on ongoing major area of concern in nursing education as a whole.

New nursing graduates are prepared in the theory of nursing care, however, the delivery of nursing care in chaotic hospital setting with multiple patients who acutely ill is a new experience for most new registered nurse graduates, and has been referenced more accurately in nursing research the "theory to practice gap" (Burns and Poster, 2008; Dyess and Sherman, 2009).   The perception of many Registered Nurse graduates is that nursing schools are developing curriculums that are specifically designed to insure passage of the NCLEX-RN, but are not as developed for the acquisition of clinical practice skills. The end result could be interpreted as successful test takers, without clinical practice skills readiness. Through the interaction with students in the classroom and the development of clinical experiences, the ultimate desired result of didactic and theory integration occurs. The successful student passes the test, and integrates that acquired knowledge in the clinical setting. The inability to connect theory and experiences in the classroom to the reality of what is expected in the workplace has an estimate as high as 50% of registered nurses leaving the profession at record rates within the first five years of practice (Drury, Francis & Chapman, 2009). Teaching to the test proved to be a particularly descriptive subject, with respondents providing strong narratives that were indicative of students who have achieved academically with high test scores, but have limited insight into the actual need for application. The application of knowledge is considered by the faculty to be a demonstration of growth, in the clinical setting, where the students can apply information correctly.

Theme 3: The students want me to teach the test and miss the significance of clinical

application.

The experience of tests and testing was one that generated an animated discussion from the respondents. The topic of testing started a conversation that described the perceptions and frustrations experienced by respondents for both the student's request to teach the test and the perceived lack of understanding of need for critical thinking to successfully integrate information into clinical practice. One faculty was particularly outspoken about testing and the students that "need to pass the test and not learn anything." Generational lines were also drawn with younger students identified as those who just wanted information to pass the test; understanding the knowledge was not a primary goal. Narratives had common repetitions of students who desired have only testable information provided, without the scope of linkage and connections that would be needed for higher and more complex topics and critical thinking. The respondent's descriptions of students left the impression that that primary focus was on passing scores. It was only later when the test information that was needed for application in the clinical setting did the realization hit students that took much more than memorization of facts to pass the test to have a successful completion of the semester. Nursing knowledge in the classroom must integrate into critical thinking application skills:

02: "You know, but before that they want me to just give it to them, gift wrapped, this is what you have to do to make your A to graduate, become a nurse and be successful. By the time they get to the end of clinicals they understand that is not possible. You know that is probably their need for, to be spoon fed. "

03: "It is, it is all about the score for some of them, not all of them. But there some, absolutely, it is all about the score, and it's not even a passing score, getting an A versus a B, or getting a higher A, and I don't get that. I don't get that, because those patients don't care if you made an A or not, all they care about is that you care about them, and you doing a good job. Are you practicing safely, and some of these students just don't get that, and it worries me. "

04: "They all want you to teach to the test, but once again, where we are drifting away from in the conceptual is, you all it is on you, here is the material you read it, you absorb it in class, we are experts, you ask us what you don't understand. So what we are being educated on as educators to that you can do a lecture on elimination, in ten slides, no more than ten power point slides"

05: "Yes, they do, they want you to teach to the test. But, how will I put that, I am one of those that I realize that is it not fair to test students on something that you did not cover in class. So I don't put those things on the test, but I don't teach to the test. I make sure that whatever I cover in the classroom, but make sure you tell the students you cover that, during your teaching class. And yes, the students want to fight with you, they just want to know what they need to take down to pass the test, and that is not all they need to know, they need to know the whole material"

06: "Ah, testing testing, testing. Sometimes I am like, oh my god, this NCLEX thing is just awful, it is a beast, and we are testing testing, testing, it is the hardest thing I do, because they always want to try pick me on tests, and test questions. Their whole focus is testing. You ought to try and get up and teach this content with questions for testing-for what is on this test, what is on that test."

07: "And so for some, it is just like, okay all I need, seventy, seventy, seventy or whatever the cutoff point is, and if they are young it is, what can little I do to get by and still be a nurse? That's okay if that's your goal to be a nurse, and it maybe might come later, that interest, that willingness to learn, but I just thought, you know that kinda upsets me."

09: "Of course! Of course, there are ones that try to get their subtle hints in there, you know, they'll say is this going to be on the test. I can't tell you what is going to be on the test. Or they will say, can't you tell us, you know, what areas we need to focus on, and I say the whole thing, the whole book or the whole chapter, if it is in the book you are responsible. It's not a big deal, they don't do it often, but they will try. They would love it if you teach the test, but that is one aspect that is not going to happen"

The students must have the skills to critically think and demonstrate that the information presented in classroom has become relevant and understood. The classroom provides a foundation that represents the base for increasing knowledge acquisition. Limiting classroom theory class topics to information to be presented on an examination does not develop critical thinking skills or give theoretical contextual reference for the didactic component of the nursing program design.

Some respondents described situations where they believed that students were products of educational experiences that were solely based on testable information. The validation the current educational programming to meet academic measurements of achievement school and instructor success by test scores may have created students that enter nursing education without the ability to extrapolate from information given and create conceptual references. The integration of information is a key basic component for nursing education, and for some students, a concept skill that they neither have nor encountered prior to nursing courses. The application of knowledge and the ability to critically think are not achieved from merely passing examinations, clinical application defines the successful nursing student.

The move into the academic setting has been described by the majority of the respondents as a terminal goal of their nursing career. The respondents described prior experiences of teaching in the hospital setting, which was a common thread through all the participants in the study. It was through the educational experiences in the healthcare settings that the personal satisfaction in teaching others was initially experienced, and ultimately precipitated the move into the academic setting. The gratification of being educators in the professional setting has been reported to have a strong influence on the transition of professional nurses to the academic setting (Schoening, 2013). However, it should be noted that the majority of job or personal satisfaction research with nursing faculty has been completed at the university level, where the nursing program dynamics and teaching expectations are very different from the community college settings. Existing literature that examines issues of job satisfaction in the community college setting is scant (Lane, Esser, Holte & McCusker, 2010). Brady (2007) noted that while different, factors that affect nursing faulty in the university setting also may have impact on the faculty of associate degree faculty as well.

Faculty satisfaction is a primary consideration in the recruitment and retention nursing academics in a time critical shortage of nursing educators (Bittner and O'Connor, 2012). The inference from existing literature is that if faculty feels a sense of enjoyment and personal satisfaction, they tend to stay in academics. Job satisfaction is a key factor when nurses are determining whether or not to stay in their current position (Jasper, 2005). In addition, barriers to employment such as low salary, large workloads and stressful situations inherent in nursing roles have been shown to decrease with improved job satisfaction (Jasper).   Retention of staff and commitment over time creates a skilled faculty and reduces turn over, hiring and training costs (Nedd, 2006).   Job satisfaction becomes of paramount importance with the current nursing shortage and the inability of the community college institutions to actively compete with clinical nursing positions that provide much greater compensation.

Studies by the National League of Nursing have reported that a major positive factor in faculty satisfaction was the interaction with students (National League of Nursing, 2005). Additional studies have cited work environment and work load as issues that impact faculty satisfaction as well as intention to remain in academics, these issues were not mentioned in relationship to the positive aspects of the teaching role with the respondents of this study (Garbee and Killacky, 2008; NLN, 2005).   A single qualitative study was identified with the topic of job satisfaction specific to community college faculty revealed findings that faculty had a great love for their job and the job itself was the greatest factor in personal satisfaction (Lane, et al, 2013). Given the difficulty that has been documented in the academic transitions, the inquiry was made, what factors were positive enough influence faculty to stay in educational practice. Respondents were asked what the most positive aspect of teaching was for them. The question of what is most positive in teaching was developed to identify what provided personal satisfaction for the novice

faculty, and gain insight into what provided reinforcement to stay as an educator. The primary

responses from this particular group of novice faculty focused on the interactions with the

students as the most aspect of teaching:

Theme 4: The best part of teaching is student interaction and light bulb moments.

Respondents were asked to describe what their perceptions were as they considered the

most important and gratifying experiences in the role of instructor. The interaction with students

was described by many respondents as the most important or positive aspect of their role as

instructor.   Several terms were used by the respondents to describe this student learning

phenomenon: growth, progress and student response.

The response of some students has been further classified as the "light bulb" or that

moment when understanding of the information being taught has been achieved. The perception

of positive in this case was noted to be based upon the students assimilating information and then

providing a signal that the students understood or demonstrated some learning of the topic. The

student's application of the knowledge was typified as growth or progress. The responses were

reflective of the relationship that facilitated the development of students into the role of

professional. The quotes represent the faculty's descriptions of their perceptions of their

interactions with students in their programs:

01: "The most positive is student interaction. Teaching them and watching them grow. I have
students who are graduating and we had 100% passage on the NCLEX. I think I must have
taught them something right. I have watched them grow. When I work, I have two nurses that I
taught that work there. Watching them, they are very knowledgeable about what they are doing.
You know, it isn't like coming in taking so long to get on the floor; they just jump right in and
ran with it."

02: "What I love, I love that we do, But, I interact with them at every level. I see them… before
they get into clinicals, and then I teach them in Women's Health, and I love, I mean, the huge
amount of progress some of them make in that short time span".

03: "I am addicted to the light bulb moment that is probably the root of why I teach. I love to talk about pass on knowledge, that when the student gets it, you can really see it; you can really tell that something has clicked with them. And then later during clinical they really apply what you have given them, I love it. It's like okay, I really get it now".

05: "What I love most about teaching is the student's response."

06: "And if you can just make is simple enough, but still stay complex enough that they get it, they got it. The lights go on-that light bulb moment. That absolute light bulb moment, if you can just make it simple enough, and then make them feel like they know it, all at the same time…. So when you can get them there and transition them there and they say, yeah I remember when you said that in class. You think yeah, they learned that!"

08: "Like I said before, I love that spark, you know, you can tell when they actually put it together and get it. The fact that they don't have a clue, and they start putting the pieces together, and you know, they have figured something out."

08: "That happens in the clinicals more I think, because, you know, they begin to see how it fits together. In the hospital with the patients, it starts to make sense, when they can see it; all of the lectures make more sense in a practical way."

09: "What I like the best is watching the light bulbs go off and the growth in the students. and I like to see the students grow into that and develop to where I have seen them start with being nervous themselves with weak skills and then take them to a point of where they feel confident and they feel like they can do this, to see the growth and development."

The classroom instructor roles are unique the community college setting, because the classroom instructors also function in the role of the clinical instructors. The opportunity to watch the student acquire the information in the classroom and then apply the knowledge in the clinical setting appears to be a powerful positive reinforcement for the faculty. Fostering the students in the application of knowledge provides foundations to build the critical thinking component of nursing education and aids in the development of improved ability to support student abilities. The respondents in this research were clear that nursing education was the appropriate choice for their nursing careers and as the ultimate goal of their professional practice.

Theme 5: Novice faculty is committed to education.

The recurring theme from the entire novice faculty was that they loved teaching. The

common and shared background of previous educational roles in hospital settings was the point

of reference for the choice of transition into the academic role of community college instructor.

Although two faculties noted that nursing was not their first choice of career path, both signified

that they were indeed in the right place. Only one individual stated that they may leave the

educator role, and that was due to salary issues and the ability to make more money in the

clinical setting. The love of teaching was repeated as the overwhelming reason that the

respondents choose to be in nursing academics and why most expressed an intention to remain in

that field. While the growth and interaction with students was defined as positive part of the job,

writing test questions, lectures and fulfilling educational regulatory requirements were not as

appreciated. Even with the "mundane tasks" that accompany classroom instructor role, the entire

faculty stressed their love of teaching.   The identification of nursing education as a final

professional goal by many the respondents indicated that academics were a continuation of the

educational role was initially experienced in the hospital setting:

 01: "I was teaching, teaching. Then I found myself teaching, teaching, teaching the new
applicants. And then we would have student nurse interns and, of course, I would have them by
myself and I found myself teaching them, and I would find the doctors teaching me. So I
thought, you know what, I think I want to be a nursing instructor…

I think I stay because I have the passion for education and the patience to make sure that the
students understand. I had to teach myself a lot of things, and that took determination and
patience, so I understand what it takes to learn something."

02: "Well, I had always planned to do my clinic time first, and become a nurse educator on down
the road. I was going to go back to school and do an education specialty part. Yes, yes, I mean I
think I will be here a good while….I am getting my stuff together and leading off the bat, I am
finally getting where I where I want it, I can't imagine leaving any time soon. I got to where I
want it to be first, anyway.

03: "I love to teach, I can't really tell you exactly anything that triggered, I just knew, I knew
from the git-go. I knew before I finished my under graduate, I would teach one day. I left my
under graduate saying I will get a Masters and I will teach."

03: "I just knew that I wanted to do. I wasn't expected to do it. You know, you have good and bad teachers when you are in in school, or you have those that you like their styles better than others. And there were those that I thought, oh wow, I love that, I want to be that way, or there are others, you know what, there is a better way to do this. I think that played into it, but I knew that is what I wanted to do."

04: "I do, I really love it. The expectation is a good expectation. Because when I went to school which wasn't too long ago, in nursing everybody, the first time I was at nursing, I was used to having that one lecturer for the whole course. You know, in nursing school that is definitely not the way it was"

05: "But, I love what I am doing, I love the feedback I get from the students, what is why I enjoy it. So, right now, no I am thinking about leaving, so right now, no."

06: "I love it that is it in a nutshell. I can't make up anything else to tell you. I just love teaching. I think you need to do it as an art, you need to perfect it. I think you ought to do it, you ought to do it right. I don't think you should come here if you do not want to do it. It is definitely not about the money, but you need to do it right. I think you ought to have a passion for it, I think anybody who is up in front of the classroom and not motivated should not be about it."

07: "What do I like most teaching? The experience of getting to share what I know with the students and the knowledge that is based on experience. I just love it, I mean, I can't explain. I just love it."

08: "But particularly for some reason I fell in love with the education part. And I always wanted to do eventually from, you know, from working in the field to getting into the education arena. It was just something that I wanted to do.

09: "I am a people person, I like interacting with people, and I knew I would like teaching, so I decided to take the job. And I have really enjoyed it. I enjoy the interactions with the students, I enjoy seeing people grow, I enjoy teaching someone to start from point A and making it to point B and being a better person and watching their potential unfold, I do like that. There are a lot of things that I do like about it. Like I said, I like the job, I really love my job, actually, it is one of the better jobs I ever had, to be honest with you. "

Summary

The lived experiences of the novice faculty and their shared experiences developed a

contextual reference for their transition to the role of classroom instructor. Community colleges

with Associate Degree of Nursing programs in this research were diverse in size, programs and

locations. The commonalities of their experiences provided insight into the transition from

clinical expert to classroom novice. The descriptions of their lived experiences from the novice

faculty provided commonalities that were developed into themes providing insight into the

transitions from clinical experts into the roles of novice academic instructors in the classroom.

The individual perceptions of the respondents provided a narrative that produced common and

recurring information indicating that their personal experience was shared with others. The

respondents were from diverse settings, with community colleges that had few common

programmatic attributes, but all maintained the stated and national regulatory agencies required

curriculums for successful completion of qualifications to take the NCLEX-RN for licensure.

The recurring topics in the responses that were shared created a narrative that described

unique lived events that were developed into themes. The orientation to the culture of the

community college student was identified as an issue in the transition to the classroom

instructor's role. The difference in the community college program from the university, and the

students' needs of dealing with employment, families and lifestyle issues while attending school

were unanticipated and deemed as needed information to understand and enhance their teaching

roles. The differences were considered by many to be major issue and having a significant

impact on their ability to manage the classroom.

Incivility in the classroom was another area of distinct recurring descriptions with novice

faculty citing student attitudes and test reviews as events with volatile and aggressive students in

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the classrooms. Students were described as entitled, demanding and argumentative, with behaviors that were interpreted as having a lack of respect for the faculty. Respondents were surprised by the unexpected student behaviors, and were not prepared to manage the classroom disruptions and aggressive students. The recognition of classroom control was noted as difficult at times, with programmatic changes to diffuse or completely avoid situations where conflict was a potent were implemented by some institutions. Test reviews were cited by some as particularly volatile, with arguments from students described as aggressive and threatening.

Teaching the test was another area that was identified as problematic with the faculty. Students were described as seeking only the information that was going to be on the examination and focusing on test scores as the single measure of success. Respondents expressed frustration with students who did not recognize that the knowledge required for successful completion of the program required integration with critical thinking skills of classroom and clinical information. The recognition that the information presented in the classroom was a piece of the nursing process that was required in the clinical setting was a new skill set that was difficult for some students to develop. The focus on test scores was particularly disturbing for faculty who wondered if some students had any empathy for the patients that were assigned to their care.

The love of teaching was the overwhelming response in the answers of the respondents when questioned about their choice of an academic career. The decision to seek employment in nursing academics was a personal choice, and for some the intended terminal goal of their professional nursing career. The love of teaching was a motivator for the novice faulty and the precipitator for the transition to the classroom. Student interactions and growth were cited as a reinforcement of personal satisfaction and achievement in their teaching roles.

Job satisfaction may be used as an indicator of intent to remain in a current position; all of faculty, with the exception of one, expressed an intention to remain in their current educational positions, with the love nursing education as the reason.

Chapter 6

Discussion and Recommendations

Discussion

The nursing shortage in the United States is well documented, continuing and is expected to worsen in the coming years as the American population ages and the need for nursing care expands. The shortage of nursing instructors is an area of major concern as qualified students are turned way due to lack of faculty (Fang, Wilsey-Wisnieweski & Bednash, 2006). Nursing academics that are educators in Registered Nurse programs share the same basic educational preparation for entry into university or community college settings, a Master's Degree in Nursing. Universities typically require faculty to conduct ongoing research, publish and obtain a doctorate for tenure. Research of nursing programs and issues is usually conducted at the university level, which consequently has a much more robust and varied body of work. The availability of research into the community college nursing programs, however, has been extremely limited.

The choice to move from the clinical area of practice to the academic setting by Registered Nurses is a major departure from practice areas of patient care. The change from clinical expert in a practice setting to educational novice can be one of stressful frustration and may result in the abandonment of the teaching position if severe (Clark, et. al., 2010; Siler and Kline, 2001). Teacher preparation programs in nursing have little research to recommend an effective method that would provide a clear academic intervention that would aid in the development of an educator that had instructional techniques to facilitate the assumption an educator role (Johnson-Crowley, 2004). Ambiguity in the new educator's role and lack of

adequate preparation for academia could negatively impact the novice faculty's job satisfaction perceptions and precipitate an exit from academia completely (Johnson-Crowley, 2004; Gormley, 2003). Associate Degree of Nursing program faculty experience role conflicts and cultural issues in their academic transition, although the current nursing research into these issues has been largely conducted at the university level faculty in baccalaureate programs (Allen, 2008; American Association of Colleges of Nursing, 2000; American Association of Colleges of Nursing, 2005; American Association of Colleges of Nursing, 2009a; American Association of Colleges of Nursing, 2010; Anderson, 2009; Baker, 2010; Bell-Scriber and Morton, 2009; Blauvelt and Spath, 2008; Clark, Alcala-Van Houten & Perea-Ryan, 2010; Johnson-Crawley, 2004; Schriner, 2007; Silver and Kline, 2001; Zungolo, 2004). The lack educational preparation and experience for novice nursing faculty does not lend itself to successful classroom pedagogies of innovative teaching skills. Associate Degree of Nursing programs, located in community colleges, have a different program structure for nursing educators, and stress the teaching component of the program with no requirements for scholarship publishing and minimal community service (Brady, 2006). Community college nursing programs vary greatly from the university nursing programs both in the curriculum design and the development of the nursing student. Expectations of the nursing faculty are vastly disparate as well. It is worth noting that both university and community college prepared registered nurses must take the same proficiency examination for licensure.

The culture between clinical practice and academic roles widely differ and novice faculty often experience overwhelming sense of inadequacy and find that there were significant incongruities between expectations and reality of the academic role (Siler & Kleiner, 2001). The assumption of what the teaching experience would be and the actual taking over in the

classroom proved to be a difficult transition for some of the new instructors in the community

college nursing programs. Novice faculty's expectations were not actually what took place when

they assumed the educator's role and many new educators were unprepared educationally and

experientially for the demands of nursing instructors (Duphily, 2011; Siler & Kleiner, 2001). As

one respondent noted, "My assumptions were not based in reality". Nursing faculty has indicated

that challenges facing new educators include sufficient and quality orientation and the ongoing

adaption to the academic culture and environment (Beres, 2006). The attractiveness of the

Associate Degree of Nursing programs, especially important to the male and nontraditional

students, was that the student could attend college in a community setting and manage to take

care of their families and other financial obligations while attending classes (Benner, Sutphen,

Leonard & Day, 2010; Harrington, 2009). Context between the perception of what novice

faculty thought or assumed about the academic classroom teaching role and the actual experience

of role assumption provided a perspective that is unique to community college setting.

This study was to aide in the development of a narrative for novice faculty in the

community college setting and to gain insight into the clinical transitional process to class room

educator. The emergent qualitative research explored lived experiences of novice faculty that

were highly individualized and presented a unique view of experience and gave rise to data that

was rich, descriptive and possessed a thickness of specific view. The essence of the novice

teaching experience was sought from the perceptions and responses of the individuals who had

lived and experienced the assumption of a class room teaching role. The research questions for

this study explored the personal perceptions and insights of individuals through a process vehicle

that created an opportunity for the individual to share personal opinions and experiences. The

development of greater understanding and insight into the professional transition experiences of

novice faulty in Associate Degree of Nursing programs located in community college nursing educational programs was the goal of the research (Creswell, 2007; Creswell, 2009).

Context between the perceptions of what novice faculty thought or assumed about the academic classroom teaching role and the actual experience of role assumption provided a perspective that is unique for ADN programs. Although all faculties accompanied the students into clinical settings, the focus of this research was on the classroom experiences. Readily apparent from the interviews was a perception of disconnection between what the novice faculty assumed the teaching role would be and the actual classroom experience. All of the novice faculty common experiences in the role of hospital educators, and referred to those experiences as positive. Backgrounds as clinical hospital instructors and the personal experience of being university students proved to be an inaccurate basis of expectations for the novice faculty in this research. The assumptions of faculty did not appear to be "reality based" in terms of expectations of both the instructor role and student experience in the class room. The change in classroom conduct was notably disconcerting for some of the respondents, as the contextual reference for student behavior was the previous university experience of the faculty.

The questions that focused on what were the most positive, most negative and most surprising aspects of teaching held the same response, "the students". The wide variance in these statements as well as the apparent conflict at times is reflective of the struggle to transition into roles where unfamiliar expectations were experienced and faculty was not prepared. A common faculty background of teaching professionals in the hospital setting may have provided an artificial expectation of the teaching experience in the classroom. Student nurses are not nursing professionals. The ambivalence of the statements in the narrative provides a description of struggle that has the general appearance of being difficult to resolve or clarify. The students

were the source of the most positive reinforcement in teaching and conversely the most frustrating component of the teaching roles. It was very clear that the assumptions of some faculty were not correct in terms of expectations of both the instructor roles and student experiences in the classroom.

Positive aspects of teaching identified by the novice faculty about the students were student interaction and the growth of the student to professional. The personal gratification of being able to facilitate this process was a recurring statement to the query of, why education. It is significant that all of the instructors, with the exception of one, sought teaching position as a professional career goal. The term "I love to teach" was the repetitive statement of why education as a career choice and the intent to remain in academics. The positive student situations described were indicative of relationships where the instructors were in interactive situations. The descriptions appeared to be of situations with less generic classroom episodes and represented a perceived connection with the students, not the class in its entirety. The gratification of teaching was identified in the reinforcement of student interaction and light bulb events of "getting it". The particular, light bulb moment, description was given as a perception of a personal connection with an individual or small number of students, not a classroom of sixty, arriving at understanding in a single concept or fact. The student-teacher connection at this highly personal level is where the role of teacher is perceived by the respondents as the most favorable and exhibits the greatest positive impact. The ability to interface with a student and fundamentally provide the information to facilitate learning was a very powerful reinforcement for the novice faculty. The interaction with students in the class room and resulting knowledge acquisition was across the board the most important and enjoyed aspect of teaching. Integrating the knowledge acquired in the classroom into the clinical area represents a transformative

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experience for the student in the development to professional. The personal connection with students and the transformative experience of learning was an influential and rewarding experience for the novice faculty. In this case, the students, was most the positive and affirmative factor in the selection of academics as a career choice. Further, the intense personal satisfaction in the teaching role resulting from these interactions is the major reason that the participants in this study are choosing to remain in the academics.

The most negative aspect of teaching for the majority of the faculty was "the students". The unanticipated student behaviors in the classroom were often typified as disrespectful. The novice faculty also referenced the student's attitudes as a common negative issue. Student attitudes were described terms such as argumentative, lacking respect, entitled and challenging. The perceptions of the respondents appeared to reflect a vast difference in the remembered university experience had been in their past, and what the reality of the class room was in their current situation. Reports of talking over instructors, texting on cell phones and lack of consequences for perceived inappropriate behaviors were common in the narratives of the novice faculty. Respondents shared experiences of classroom events that left them feeling pushed into corners and wondering how to correctly intervene and regain control of the situation. Unprepared for such behaviors, the novice faulty was anxious and felt that they were in tenuous situations at times. Narratives on this topic provided descriptions of confrontational events that were hostile, uncomfortable, and at times, left the faculty feeling threatened. There appears to be a highly significant expressed need for more training on how to manage a classroom with uncivil students and escalating behaviors.

The positive and negative aspects of teaching were, "the students," presenting on the surface an odd and conflicted narrative of response. The frustrations of uncivil students in the

classroom were expressed in what is considered by the researcher as honest and genuine responses. Not all students were considered to be difficult, but those that were held an element surprise and the unexpected in narrative responses. The lack of consequences for perceived inappropriate student behaviors was shared frequently by the faculties. The frustration levels expressed by respondents may have been more about inability to confront and manage the classroom, rather than the student committing the offense. The statement, community college is different, was noted as an explanation of why students were allowed to do some things that were clearly stressful for the faculty. The hindrance of establishing a classroom expectation that more accurately mirrored what the faculty had experienced in their own educational experience was a clash of personal cultural and professional traditions.

The comments of the novice faculty that administration "won't do anything" about correcting the student behaviors situation because community college was "different" was an apparent source of conflict. The sense that students were indulged and allowed to be inappropriate without significant consequences was described with the accounts of inappropriate behaviors. The narratives of uncivil behaviors were without accompanying statements of intervention or consequence of any type for the student who exhibited uncivil behavior. Faculty expressed that "different" culture is not necessarily an adequate explanation for some student behaviors that require intervention. There was a perception by the faculty that there was a significant need for increased attention to student behaviors and consequences. Students who were not meeting expectations of programs and not demonstrating professional development behaviors should have penalties. The observation may be made that the students in this particular situation may not be the issue, but the lack administrative support, clearly defined behavioral expectations and classroom management skills training may be a large contributing source of the

problem.

The challenge of tests and testing was an issue that had implications for the development of critical thinking skills and the needed ability to extrapolate clinical response. Teaching the test was attributed to students who merely wanted the information needed to successfully complete an examination. The frustration of the novice faculty with this particular issue was pronounced, peculiarly because the classroom instructors are the clinical instructors. There was a tendency to attribute this type of testing behavior to younger students who are completing educations where testing was measured as academic proficiency. A generation of younger students who may have difficulty with the type of testing done in nursing programs where the multiple correct answers formats challenges the test taker with what is the best nursing response. This test format may contribute to the aggressive behaviors of students in test review situations, where their response may have been correct, but it was not deemed the best answer.

The most surprising aspect of teaching in the community college setting was referenced as "the students" In this case; the likelihood of "the student" was far more about the cultural lifestyle situations of the students. The community college setting has been traditionally utilized by nontraditional students. Students with obligations to families and employment were issues that the novice faculty felt that they did not have resources to deal with. The differences appeared to be unexpected for most of the faculty. Assumptions that this would be like the university experience was unsettling and for some, a reality shock. The orientation to the community college setting, for those who had orientation, did not include any type of educational reference for the student culture. One novice faculty was stunned to see student walk into class with children to take an examination. Knowledge about the differences in the student population would have provided insights into student management, and aided in the development of more

effective coping skills when unexpected events did occur. The fact that the faculty was unaware of the nontraditional type of students and issues that arise with that population created difficulties that could have been more effectively managed. The students and the culture of the community college provided some of the respondents with issues that they felt were unexpected and at times, difficult to resolve. The orientation of the faculty was perceived as deficient by some who struggled to assume the role of instructor while trying to figure out how to manage student issues. The overwhelming recurring information that was generated on this topic provides an argument that the novice faculty considered that a lack of knowledge on this subject was a hindrance to their ability to transition to the educator role. Although, as one respondent noted, "I love teaching, academics are completely different", all but one of the faculties repeated their great satisfaction in teaching and personal intention to remain in the academic setting.

The transition to the educator role is a difficult one at times for clinical nurse experts; the personal satisfaction derived from teaching is the positive motivator. Nurses choose to be academics and assistance is needed to facilitate smoother transitions. Increased orientation and administrative support are fundamental keys for success. Understanding the students and dynamics of effective classroom management are tools that can make a difference in assuming a new role in the nursing profession. The transition from meaning as a nurse in the clinical setting to meaning as nurse educator was a journey that appeared to be conflicted, at times challenging but overall a satisfying career choice for the participants of this study.

Recommendations

Differences in the settings, programs and academic expectations between university and community college settings does not lend itself to diverse application of research and outcomes conducted at the university setting. Community colleges, as educators of sixty percent of the current nursing population, require a greater foundation academic research. The educator roles are very different from the university setting and the Associate Degree of Nursing programs in community colleges have a unique structure for the faculty and teaching expectations. The current method of selecting and hiring clinical experts for content excellence does require an orientation and support system that will enhance the development of skill sets to aid in the management of the classroom. The findings of this qualitative study indicate that the successful transition into the class room requires far more orientation to the academic setting, as well as to the cultural differences of the student populations of the community college nursing programs. Nursing programs that have large numbers of nontraditional students should have deeper informational resources to discover and develop improved teaching and classroom management skill sets. Orientation and administrative support are both factors that can enhance or conversely prohibit successful transition into academics. Further research into the needs of the novice faculty should investigate from their point of view, to ascertain the issues that they consider important and seek support.

The student incivility described this research indicates that investigation is needed in the community college setting to explore the current issues of inappropriate student behaviors in the classroom. Codes of Conduct for nursing students have been recommended by prior nursing research at the university level of education, and the community college setting may profit from increased research into this increasing problem area. Student attitudes and aggressive behaviors

present novice faculty with situations that are both frustrating and difficult to manage. The nontraditional student population of the community college setting presents a specific population to study and develop behavior management techniques. Student uncivil behavior is an ongoing issue and the determination of what is effective in behavior management in the classroom is a much needed tool for the nursing faculty.

The respondents in this study clearly indicated that they love teaching and intend to remain in education because of the personal satisfaction involved with the role. The personal satisfaction that motivates the nursing educators is an interesting topic that is not well defined at the community college level of nursing education. The reinforcing motivators that are the positive enhancements to stay academics would be valued information to increase faculty recruitment and retention. Some nursing studies have been completed on this topic, most all at the university level. The close relationships that are developed by the classroom and clinical experience with the students may be a transformational experience for the faculty as well. An investigation on this topic may provide data that would enhance the successful transition from clinical expert to academic. The university settings where many classroom instructors do not accompany students into the clinical practice area are not part of this unique nursing experience. The question of personal impact in the total development of the nursing student, didactic and theory, integration and practice has been raised. Is there a greater sense of personal satisfaction for those instructors who are part of the complete nursing educational process?

The perceptions of the lived experiences of the faculty in this study provided information that provides greater insight into the transition process of the clinical expert into the class room instructor role. The data collected in this exploration of experiences gives rise to a narrative that has developed into themes and patterns of information that can be used for further research.

Directions for Further Research

The findings of this research provide insight into the perceptions of novice faculty in the Associate Degree of Nursing programs. Movement from the clinical areas for these participants was based on a personal desire to teach and enter the domain of nursing academics. However, the assumptions of the participants in this study concerning the academic role were clearly in conflict with the reality of the classroom. The classroom role requires clearer definition to decrease ambiguity and enhance transition into a new practice area. The data from this study indicated that classroom requirements of syllabus, lecture topics and expected outcomes are not the only areas identified by the faculty as needed in orientation.

Further research is needed not only into the nursing orientation process, but the components of that orientation. Exploration of the community college cultures and identification of successful transitional supports for new faculty is needed. Cultural differences of the students came as an unexpected shock for some novice faculty, and left them without resources or skills to manage the classroom. Information to discern the diversity of students and their needs could possibly advance the classroom effectiveness. In order to gain understanding of the students and academic cultures, a greater pool of information is needed at the community college level. The dissonance of what was expected and the reality of the classroom experience could be an area of examination to provide enhanced preparation for the assumption of instructor roles for new faculty.

Research investigation of classroom management issues relating to uncivil students is a current and pressing issue that requires more attention. The differences in university and community college programs and cultures do not readily allow application of existing information. Recommendations for Codes of Conduct in the classroom have been suggested at

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the university level. Issues with student behaviors and management are increasingly identified as issues all college settings. Improved and contemporary information is needed to appreciate the situation within the classroom setting specific to community college settings. Students have been noted to behave in an aggressive manner, disturbing classroom function and process. A foundation for the management of the classroom would afford new faculty with increased classroom supervisory skill sets.

Novice faculty professed deep satisfaction in the teaching role as a constant finding in this reach. The differences in programs of university and community college registered nursing programs raises an interesting question regarding satisfaction in the teaching role. Does Associate Degree of Nursing faculty have a higher level of job satisfaction due to their dual classroom and clinical roles? The student growth and integration of knowledge was a powerful motivator indentified in this research. Does the university classroom lecturer without clinical obligations have the same personal satisfaction in the teaching role? The transformational nature of integration and application to critical thinking skills was particularly reinforcing for the novice faculty in this study.

The transition to an academic role is challenging experience for some new nurse faculty. Research has indicated that positive experience in hospital teaching roles can influence the move to academics. The hospital contextual teaching roles and relationships were well defined and structured for the participants in this study. The move to the academic setting was chaotic at times and demonstrated that increased information and training was essential for a successful transition to educator. The transition to a new position in academics that was started with minimal or no preparation impeded the successful assumption of the teaching role. Meaning and context in role development for new faculty are inquiries that may provide insight into the

assumption of the role professional nursing educator. The transition from clinical setting to

classroom requires the development of understanding of new roles and engagement in the new

culture to establish context and integration of existing information into a new format. Research

into this professional transition and process may provide insight into the development of an

effective structure. The evolution to successful academic educator requires resources and

supports; further study is needed to develop interventions and training to facilitate this process.

Future research is needed at the community college nursing educator level to enhance the

transition from clinical expert to novice faculty. Developing orientations that address not only

the classroom lecturing role, but classroom management skills is needed. The contextual social

and professional relationships that are the scope and practice of Associate Degree of Nursing

faculty are the developmental pieces that define the educator.

Final Summary

The experiences and perceptions of novice faculty in an Associate Degree of Nursing program located in community colleges were explored to gain insights into the assumption of academic roles. Novice faculty was defined as those faculty that: were full time, without formal preparation or previous experience in the college classroom setting and had been in the teaching position less than four years. Associate Degree of Nursing programs have faculty that are clinical and classroom instructors, a dual responsibility largely limited to the community college setting. The classroom component was the focus of the study. A qualitative emergent study was conducted and sought the experiences of novice faculty as they assumed the role of classroom instructor.

Novice faculty shared experiences and perceptions in relationship to their assumption of the classroom teaching role. Participants in this study had a common background as hospital educators and expressed that a terminal professional goal was nursing education, with the exception of one. Interviews were conducted in prearranged appointments at a participant selected location. Semi-structured questions were used to facilitate data collection. Narrative responses allowed for full expression novice faculty perceptions and experiences. Response narratives were organized and coded using multiple methods, with themes developed from the recurring and common responses.

The answer for the most positive, most negative and most surprising aspects of classroom teaching was all the same, "the students". The narrative answers to these questions provided insight into "the students" and the events and relationships that shaped those answers. The apparent conflict in the participant response narratives clarifies as the novice faculty provides descriptive accounts of their perceptions and experiences.

The students in terms of the positive aspects were described as student interaction and growth. Student's light bulb moments, or the point where they understand a concept, were a powerful reinforcing event. The positive aspects were reflective of personal connections with students at a more intimate level where teaching was conducted with small groups or single student contact. The student-teacher connection was a very positive reinforcement in these situations. Satisfaction in teaching was highly connected to the ability to see transformation as students grew and started developing into the professional nursing role.

Negative aspects of classroom teaching, "the students", were strongly related to student behaviors and incivility in the classroom. Student lack of respect was a common response from the novice faculty. Student attitudes and aggressive behaviors in classrooms were difficult to manage and unexpected. Participants described situations where conflict escalated and they felt threatened. The perception that students were not given consequences for poor behavior or lack of compliance to program criteria was also noted. Comparison to university experiences was common, with community college expectations described not strict enough.   The students may not be the sole source of negative aspects, as administration allowing such behaviors was frequently relayed by the participants. Faculty felt ill prepared to handle student incivility and had difficulty in understanding student attitudes. Administration, in some cases, was perceived as not forthcoming with resources and support.

Closely related to the negative aspects of teaching was the issue of teaching the test. This particular issue was one of the most frustrating topics described by the novice faculty. Students appeared to be so focused on learning what was testable; they missed the bigger picture of application. The student's failure to recognize the need for application was perceived as problematic. Some of the most volatile student interactions occurred in test review situations

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where some faculty reported feeling threatened.   Teaching the test was identified as a subject that exasperated the faculty. The perception that students were unable to grasp the concept that examination passage was not the sole indicator of success in school was common. The dual role of the community college faculty in this case proved to be an asset to the participants. As clinical setting instructors they were able to direct application of classroom knowledge and integrate skills acquisition.

The most surprising aspect of teaching was "the students" as well. The students, in this case, were related to the culture and lifestyle of the students. Novice faculty was not aware of the differences of student populations in the community college setting prior to taking teaching positions. The new faculty was unaware and unprepared for students that had obligations with family members and employment. The novice faculty narratives describe being ill-equipped to deal with some of the student issues. The descriptions of student responsibilities and culture of the community college was unexpected. The faculty's previous context of reference to university was not particularly helpful. The narrative of "different" was the most recurring theme in the responses when discussing surprising aspects of the teaching role.

Participants stressed their love of education and intent to remain in academics. The novice faculty stated that they loved to teach, and had great personal satisfaction in the role. The terminal position goal of the majority of the novice faculty was, in fact, nursing education. The ability to aid the growth of students into nursing professionals was viewed as a positive and gratifying experience. The expression of personal satisfaction and sense of contribution to the nursing profession was identified as rewarding.

The transition to an academic role is challenging experience for some new nurse faculty. The hospital contextual teaching roles and relationships are not the same as the academic cultures. The move to the academic setting in this study was characterized with situations and issues that were unexpected, leaving faculty feeling unprepared and at a disadvantage in the classroom. The assumption of a classroom teaching role was difficult for many of the participants. The participants identified a need for information on student cultures and effective classroom management of student incivility. Orientation that includes classroom management, introduction to student populations and defines a program of academic contextual relationships could greatly enhance the professional transition process.

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Appendix

Appendix A

Campus Correspondence

Principal Investigator: Judith Kieff

Co-Investigator: Mary N. Fontenelle

Date: June 8, 2012

Protocol Title: "Experiences and Perceptions of Novice Associate Degree
Nursing Faculty Assuming a Classroom Instructors Role"

IRB#: 01Jun12

The IRB has deemed that the research and procedures are compliant with the
University of Ne w Orleans and federal guidelines. The above referenced human
subjects protocol has been reviewed and approved using expedited procedures (under
45 CFR 46.116(a) category (7).

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. Use the IRB number listed on this letter in all future correspondence
regarding this proposal.

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 wishes on your project!

Sincerely,

Robert D. Laird, Ph.D., Chair
UNO Committee for the Protection of Human Subjects in Research

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Appendix B

Dean of School of Nursing

My name is Mary Fontenelle MSN, RN-BC, and I am presently a doctoral student in the College of Education and Human Performance, at the University of New Orleans, New Orleans, Louisiana. I am requesting the participation of your nursing program in research that investigates the experiences and perceptions of novice nursing faculty assuming a classroom instructors role. The request for participation in the study is limited to Associate Degree Nursing programs that are offered community college setting The research will be conducted as a qualitative study that seeks to gain insight into the lived experiences of the novice faculty member in the classroom setting. Inclusion criteria for the participants will be full time faculty with less than four years as classroom instructors and without prior teaching or educational experience or preparation. Interviews will be conducted with participants for approximately one hour, on your campus. The participation in this research will be voluntary and all information obtained will be held confidential and secured. Data reporting will be aggregate with school reference and personal identifiers removed. The information gained from this research could benefit the Associate Degree Nursing programs by improving the transition from clinical expert to academic nursing instructor.

If your educational program is interested in participating in this research, you can contact me at (985) 768-1761 or mnfonten@uno.edu.

Thank you for your consideration of this request,

Mary Fontenelle MSN, RN-BC

Appendix C

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Lay Summary

My name is Mary Fontenelle; I am Masters prepared Registered Nurse and a doctoral student at the

University of New Orleans. My course of study is Education and Human Performance, with a focus in

Curriculum and Instruction. I am conducting a research study of nursing instructors who are novice

faculty in the classroom setting. The reason I am conducting this research is to gain insight into the

perceptions and expectations of new classroom faculty in Associate Degree Nursing programs. The

results from this research may used to enhance the transition from the clinical setting to the classroom

instructor role for new faculty. This site and participants were selected because of the community college

setting of the program and novice status of the nursing instructors. The decision to participate will require

an Informed Consent, which is signed by you. The benefit for your participation will be the addition to

the base of nursing educational knowledge. The risks involved maybe stress related to sharing your story,

and fear of disclosure. All information that is shared in this interview will be held confidential, and you

anonymity is assured. Audio tapes and any notes that are completed during the interview will be in my

possession and secured. The administration of your agency will not have access to anything that you share

with me. Should any information from these interviews be published, all demographic identifying

information that could be used to identify you will be removed. I would like to interview you for sixty to

seventy minutes, and audio tape the interview. I will also provide you with the opportunity to to read the

completed transcripts and validate your responses.

Appendix D

Informed Consent

Dear Nurse Faculty,

I am a doctoral graduate student under the direction of Judith Kieff, PhD, in the College of Education and Human Development at the University of New Orleans. I am conducting a research study to examine the perceptions and experiences of Associate Degree Nursing programs novice faculty in the assumption of classroom instructor's role.

I am requesting your participation in this research study, which will involve a brief demographic survey and an interview for approximately sixty to seventy minutes. I will also schedule a follow up with you after the transcription of the interview contents for your validation. I am requesting your personal e-mail address to send a copy of the transcriptions of your interview for you to review. The use of your private e-mail assures your confidentiality, and maintains your privacy in the review of the contents of the interviews.

Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty, and it will not affect your current faculty status. The results of the study may be published, but your name will not be used, reporting of information will be aggregate. All identifying information and responses will be held in strictest confidence with audio tapes, transcripts and notes maintained under secured conditions, and available only to the researcher.

Although there may be no direct benefit to you, the possible benefit of your participation in this research is the information that you share may be used to improve the transition from clinical nurse professional to nurse educator. Risk to you in this research may include stress from sharing personal information.

By your signature on this Informed Consent, you are providing approval for participation in the research interviews and give your consent audio taping of this interview. The audio tape will be held in strictest confidence and maintained in secured conditions for the sole use of the researcher.

If you have any questions concerning the research study, please call Mary Fontenelle MSN, RN-BC at 985-768-1761 or Dr. Judith Kieff at 504-280-6527.

If you have any questions about your rights as a subject/participant in this research, or feel you have been placed at risk, please contact Dr. Ann O'Hanlon at the University of New Orleans, (504) 280-3990.

UNIVERSITY *of* NEW ORLEANS

By my signature on this Informed Consent, I am providing approval for my participation in the research interviews and give my consent for the audio taping of this interview.

_____   _____
Print Name   Date

_____
Signature

Personal E-Mail account Address:_____

Telephone Number: _____

_____   _____
Signature of Researcher   Date

Appendix E

UNIVERSITY *of* NEW ORLEANS

Demographic Information

Gender : _____M _____F   Age: _____   Race: _____

Level of Nursing Education: _____Diploma _____ ADN _____BSN _____MSN _____PhD

Year of First Nursing Degree: _____

Board Certification: _____ Yes _____No   Area of Specialization: _____

Degree in other Field: _____ B.A. _____Field _____B.S. _____Field

                                     _____M.A. _____Field _____ M.S. _____Field

                                     ____ Other _____Field

Total years of Nursing Practice: _____   Total years as Nursing Instructor: _____

Full Time Instructor: _____Yes _____No   Tenure Track: _____Yes _____No

Classroom Instructor: _____Yes _____No   Clinical Instructor: _____Yes _____No

Level of Nursing Students Taught: _____First Year _____Second Year

Subjects Taught: _____

Do you currently work another nursing position? _____Yes _____No

If answer is yes, please identify setting:

_____Hospital _____Clinic _____Home Health _____Nursing Home ___ Other (_____)

Hours Worked per Month in non-teaching position: _____

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Appendix F

UNIVERSITY *of* NEW ORLEANS

Interview Protocol

1. Selection of private area for interview process that will provide for uninterrupted interviews

   and provide for confidentiality of participants.

2. Explain purpose of the interview and potential uses of information

3. Assure confidentiality of all participant responses and provide information about the security

   of tapes, field notes and transcriptions

4. Explain format of interview, with audio taping, and that researcher will be making notes

5. Set length of time for interview at 60-70 minutes

6. Review Informed Consent with participant and review telephone numbers to assure that

   participant can get in touch with researcher if needed

7. Review private e-mail address to send narrative transcriptions for clarification and assurance

   that personal identifying information has been removed

8. Reassure participants that if interview is too stressful that they can take a break or stop

   interview without consequences

9. Request if the participant has any further questions prior to interview starting

Appendix G

UNIVERSITY *of* NEW ORLEANS

Interview Questions

1. What factors made you choose the nursing profession as a career?

2. What prompted you to enter nursing education? Did anyone actively influence that choice for you? Were you recruited by the college for the teaching position?

3. What was your professional orientation for the classroom setting like? What information or training were you given? Do you feel it helped your readiness for teaching?

4. Did you have a mentor when you assumed a teaching position? Did you find that your mentor helpful in the transition from clinical nurse to a nurse educator? What was the most important information your mentor provided to you? What do you think would have helped you, but was not available information from your mentor?

5. How would you describe your initial experience as classroom instructor of nursing?

6. What aspects did you like the most in teaching? Why do you think that was a positive for you?

7. What aspects did you not like? Why do you think it was a negative for you? Do you think that you can change these aspects to make them more positive?

8. Have you had the experience of being evaluated by your students? What was your reaction to the student evaluations?

9. What areas were you evaluated as the most positive? Did the student's rate any areas low? Did your students share any comments with you?

10. What was your response after reading the student evaluations; did you change anything in teaching?

11. If you have had subsequent evaluations, did your scores change? Do you think the scores were related to changes that you may have made?

12. Do you feel that you were prepared to take a teaching role? What aspects of teaching were the most surprising for you? What did you consider the most difficult in the classroom teaching role?

13. What do you think that should have included in your orientation that would have improved your teaching experience?

14. Based on your current experiences, do you plan to remain in nursing education as a career choice?

15. What experiences in nursing education or teaching would prompt you to return to clinical practice? If these specific issues could be changed, would you stay in nursing education?

Appendix H

Phase 1-Example of Coding

Question 6: What aspects do you like the most about teaching?

ID	Response	Code
01	The most positive is student interaction. Teaching them and watching them grow. I have students who are graduating and we had 100% passage on the NCLEX	Student Interaction Growth
02	What I love, I love that we do,…., I think unless you are considered a fast track or something, they say, makes that I don't know. But, I interact with them at every level.	Student Interaction
03	I am addicted to the light bulb moment that is probably the root of why I teach. I love to talk about pass on knowledge, that when the student gets it, you can really see it; you can really tell that something has clicked with them. And then later during clinical they really apply what you have given them, I love it. It's like okay, I really get it now.	"light bulb moment"
04	In teaching, well, when I was in business I was in sales, I like people, the interactions with the students. I enjoy the interaction with the faculty and everyone has embraced the new faculty members, you know, here they have really bent over backwards, just asking to asking to say or defending in test review.	Environment
05	What I love most about teaching is the student's response. The students always come to me, actually last week; I met one of the students that I taught, in fourth level, and she is in her fourth and final year now. She went in and took the exam and she said your notes helped me. I said my notes, from the second level, and she said yes, my notes help her.	Student Interaction
06	Oh my God! Ah, have you ever absolutely not known something? And then somebody can break it down to you, and explain it to you and then it is like, that was so simple. I mean like, I would have really missed it. And if you can just make is simple enough, but still stay complex enough that they get it, they got it. The light go on-that light bulb moment. That absolute light bulb moment, if you can just make it simple enough, and then make them feel like they know it, all at the same time	"light bulb moment"

Appendix I

Identified Codes from Phase 1

Aided readiness	Need control of class
Amount of material	Nervous
Assigned Mentor and helped	No Help
Assigned Mentor Not Helpful	Nursing Not First Choice
Community College Different	Not Recruited
Classroom Environment	Orientation Program
Classroom Technology	Paperwork
Educational criteria	Pay
Educational Politics	Planned to be Educator
Environment	Political
Ethics	Positive Feedback
Experience in Hospital as instructor	Recruited
Family Influence	Right job
Growth to professional	Satisfaction in Teaching
Help Students	Supportive Environment
Learning /Testing	Teaching and Material
Learning Theory	Teaching style
Lifestyle	Tedious
Light Bub Moment	Test Questions

Love Teaching	Test Review
Make a Difference	Time
Students	
Student Attitude	
Student Failure	
Student Interaction	
Student Growth	
Students in Class	
Students Different	
Students Advisement	
Some Change	
Some Orientation	

Total Number of Codes = 51

Appendix J

Phase 2 Coding-Microsoft Excel ™ Spread Sheet

CQ6a: What aspects do you like the most about teaching?									
ID	Response	Student interaction	continuous learning	light bulb moment	watch them grow	helping students	they get it	put pieces together	
1	The most positive is student interaction. Teaching them and watching them grow. I have students who are graduating and we had 100% passage on the NCLEX	1			1				
2	What I love, I love that we do, we have three levels in our nursing program, most have four. I think unless you are considered a fast track or something, they say, makes that I don't know. But, I interact with them at every level.	1							
3	I am addicted to the light bulb moment that is probably the root of why I teach. I love to talk about pass on knowledge, that when the student gets it, you can really see it; you can really tell that something has clicked with them. And then later during			1			1		
4	In teaching, well, when I was in business I was in sales, I like people, the interactions with the students. I enjoy the interaction with the faculty and everyone has embraced the new faculty members, you know, here they have really bent over backwards,	1							
5	What I love most about teaching is the student's response. The students always come to me, actually last week; I met one of the students that I taught, in fourth level, and she is in her fourth and final year now. She went in and took the exam and she sai	1							
6	Oh my God! Ah, have you ever absolutely not known something? And then somebody can break it down to you, and explain it to you and then it is like, that was so simple. I mean like, I would have really missed it. And if you can just make is simple enough,					1		1	
7	The most positive thing is that you never stop learning. You never stop learning.		1						
8	Like I said before, I love that spark, you know, you can tell when they actually put it together and get it. The fact that they don't have a clue, and they start putting the pieces together, and you know, they have figured something out.			1				1	
9	What I like the best is watching the light bulbs go off and the growth in the students.			1		1			
	Total	4	1	3	1	2	1	2	14
	% Of Total	28.6%	7.1%	21.4%	7.1%	14.3%	7.1%	14.3%	

Appendix K

Identified Codes from Phase 2

Aided readiness	Learning Theory
Amount of material	Light Bub Moment
Assigned Mentor and helped	Love Teaching
Assigned Mentor Not Helpful	Make a Difference
Community College Different	Need control of class
Changes Format	Nervous
Classroom Environment	Nervous/good
Classroom Technology	No But need to pay more
Educational criteria	No Help
Educational Politics	Mentor None Assigned
Environment	Nursing Not First Choice
Ethics	Not Recruited
Experience in Hospital as instructor	Nothing Needed (Orientation)
Family Influence	Okay/Nervous
Financial	Orientation Program
Growth to professional	Paperwork
Growth to professional transition	Pay
Help Students	Planned to be Educator
Help from Staff	Political
Hours	Positive Feedback
Learning /Testing	Recruited
Students	Right job

Student Attitude	Satisfaction in Teaching
Student Failure	Supportive Environment
Student Guidelines	Teaching and Material
Student Interaction	Teaching style
Student Growth	Tedious
Student Class	Test Questions
Students Different	Test Review
Students Advisement	Time
Some Change	Undecided
Some Orientation	Unsure

Total Number of Codes = 64

Appendix L

Phase 3 Text Coding-HyperRESEARCH™

Screen Shot of Text Coding

Related Media

Educational Politics

It makes a more difficult work environment, I think because people are not honest. It makes people dishonest, not all not there, I don't like, there is a lot of covering up. I don't want to sound like it is correct. People are not as honest as they would be because they are scared about what about what people might think or what may happen to their career. I don't know. I am not saying it isn't like that anymore, it is just the way it is. None of us on the floor are that way on the floor, it is just the way it is.

What aspects of teaching do you not like?

In the classroom or clinicals?

Classroom, we are focusing on the classroom, the theory part of it.

I haven't found anything I really don't like about the classroom. I don't like grading papers, stuff like that.

Classroom

Paperwork

You talked about culture, could you talk about that a minute?

Well, it is not as bad when my students get into clinicals, they are a little cognizant of the opportunity that they have. But that into nursing course is opened to anyone who wants to apply that is where I see it the most. Like why don't you have this done already, I want to know my grade, you know, they are so, really kind of demanding the students, I mean the culture now. The culture that where they have had instant gratification for most of their lives, especially the younger ones, I think and they just want everything right time. They are like kids, they like to be paid attention and they want me to give them the answers. They think I am giving them their grade and they are not responsible for it.

Student Attitude

So you are saying that they want you to teach the test?

Teaching to the Test

Yes, oh yes, definitely, they would all love that; even my clinical students would love that. By the end of clinicals, the ones that get into clinicals they understand that they are responsible for the content, all of it. You know, but before that they want me to just give it to them, gift wrapped, this is what you have to do to make you's A to graduate, become a nurse and be successful. By the time they get to the end of clinicals they understand that is not possible. You know that is probably their need for, to be spoon fed.

Teaching to the Test

Do they have to pass theory then didactic? Do they have to pass theory prior to going to clinicals?

No, it is all combined it is all intertwined throughout.

What do you think that will make that more positive and I think you indicated pretty much it would be maturation in the program.

Critical Thinking

They just have to see, it is really clinical experience that shows it to them. You know they can hear all that we can tell them for a test, but when they get out in clinical they see that they have to there find something else that we haven't even talked about yet. When they get out in the real world there may see it, they understand don't know everything and that they can't know everything. They need to know more to care for people, and that they will never know it all.

So critical thinking becomes real at that point?

Critical Thinking

Right, I think it does. Putting them out there in that situation and making them understand that they don't know it all. I don't like to install fear into them at all, I am not that kind of person, that they to

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Appendix M

Phase 3 Codes-HyperResearch™

Edit Code ▼   Apply Code
31 Codes, 1 Group

▼ All Codes
    Classroom
    Community College Culture
    Critical Thinking
    Education choice for careeer
    Educational Politics
    Evaluation Change
    Evaluation Negative
    Evaluation Positive
    Failing Students
    Family Influence
    Hospital Educator
    Interaction and Progress
    Lecture
    Lifestyle
    Light Bulb Moment
    Mentor
    Most surprsing in teaching role
    Negative in teaching
    No Orientation
    Not Recruited
    Nursing as career choice
    Nursing not First Choice
    Orientation
    Paperwork
    Prepared for teaching role
    Remain in Education
    Student Attitude
    Teaching to the Test
    Technology in classroom
    Test Questions
    Test Review

Number of Codes Identified=31

Code	Total	Min	Max	Mean	Std Dev	Bar Graph
Classroom	33	1	7	3.667	2.291	
Community College Culture	19	0	7	2.111	2.261	
Critical Thinking	11	0	3	1.222	1.093	
Education choice for careeer	23	1	4	2.556	0.882	
Educational Politics	5	0	3	0.556	1.13	
Evaluation Change	6	0	2	0.667	0.707	
Evaluation Negative	18	1	4	2	1.225	
Evaluation Positive	21	0	5	2.333	1.5	
Failing Students	6	0	5	0.667	1.658	
Family Influence	5	0	1	0.556	0.527	
Hospital Educator	10	0	3	1.111	0.928	
Interaction and Progress	14	0	3	1.556	1.014	
Lecture	30	1	6	3.333	1.732	
Lifestyle	9	0	3	1	1.225	
Light Bulb Moment	7	0	3	0.778	1.093	
Mentor	23	0	6	2.556	2.068	
Most surprsing in teaching role	11	0	3	1.222	1.093	
Negative in teaching	19	0	8	2.111	2.472	
No Orientation	9	0	3	1	1.323	
Not Recruited	9	0	2	1	0.707	
Nursing as career choice	7	0	2	0.778	0.833	
Nursing not First Choice	3	0	2	0.333	0.707	
Orientation	13	0	5	1.444	1.74	
Paperwork	4	0	2	0.444	0.726	
Prepared for teaching role	12	0	4	1.333	1.414	
Remain in Education	17	1	4	1.889	1.054	
Student Attitude	29	0	6	3.222	2.489	
Teaching to the Test	16	0	4	1.778	1.093	
Technology in classroom	11	0	3	1.222	1.093	
Test Questions	8	0	3	0.889	1.054	
Test Review	17	0	3	1.889	1.054	

Total: 31   425

Vitae

The author was born in New Orleans, Louisiana. She obtained her Bachelor's degree in Psychology from Southeastern Louisiana University in 1974. Her nursing diploma was completed at Charity Hospital School of Nursing in 1986. A Masters of Nursing Science degree was obtained from the University of Phoenix in 2000. She joined the University of New Orleans graduate degree program to pursue a PhD in Curriculum and Instruction.