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Nursing Educators Need Our Help

Kelly M. Tisdale

Submitted as Partial Fulfillment for the Doctor of Nursing Practice Degree

Regis University

April 23, 2018

## NURSING EDUCATORS NEED OUR HELP

### Abstract

There is a current demand for nurses and nursing faculty. Nursing faculty are necessary in order to meet the need for registered nurses in the United States. In order to meet the need for nursing faculty, nursing colleges are recruiting advanced degree nurses, even with little or no experience in academia. A literature review demonstrates a lack of support and orientation for novice nursing faculty. Various campaigns are underway in order to increase the number of qualified nursing faculty, yet few if any nursing programs offer an organized, structured, comprehensive orientation for new nursing faculty. Novice nursing faculty have reported feelings of apprehension, frustration and the desire to leave academia. This project implemented an online orientation program for nursing faculty at an undergraduate nursing program and measured the levels of self-efficacy before and after faculty took part in this program. Data was collected, analyzed and demonstrated that self-efficacy improved in content areas that the National League for Nursing has recommended as core competencies for nursing faculty. Although this was a small sample, it is recommended that nursing faculty receive an organized, structured, comprehensive orientation in order to minimize the feelings of inadequacy and frustration. This will increase the pool of qualified nursing faculty and therefore decrease the nursing shortage overall.

Key Words: DNP Capstone Project, Nursing Faculty, Orientation, Faculty Retention

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# NURSING EDUCATORS NEED OUR HELP

## Executive Summary

**DNP Project Title:** Nursing Faculty Need Our Help

**Problem:** New nursing faculty members are having a difficult transition from clinical expert to faculty member during the first year in academia (Anderson, 2009). The PICO for this project is:

Population – Nursing faculty at Joliet Junior College

Intervention – Initiating an organized, structured, comprehensive orientation program

Comparison – No organized orientation plan for nursing faculty

Outcome – Nursing faculty that receive an organized, structured, comprehensive orientation will report increased levels of self-efficacy in the role of a faculty member.

The literature supports a nursing faculty shortage and an aging nursing faculty who will exit academia through retirement soon (Fang & Bednash, 2014). Because of the demand for nursing faculty, nursing programs are hiring nursing faculty with little to no academic experience (Baker, 2010; Bittner & O'Connor, 2012; Suplee, Gardner, Jerome-D'Emilia, 2014). These issues will likely increase the problem and demand an existing experienced nursing faculty that supports novice nursing faculty through a supportive environment, including an organized, structured, comprehensive orientation program.

**Purpose:** The purpose of this project was to increase nursing faculty member's self-efficacy because the author of this project was not provided a structured orientation and felt extremely lacking in the ability to manage all that was involved in the role of a nursing faculty member. These feelings of inadequacy led to the possible return to clinical nursing during the first year of academia.

**Goal:** The goal of this project was to determine if an organized, structured, comprehensive orientation would increase levels of self-efficacy in nursing faculty.

**Objectives:** The objectives were to survey the nursing faculty members at Joliet Junior College, have them participate in an online orientation, and then have them complete a post-orientation survey to determine if this was an effective method of increasing their self-efficacy.

**Plan:** A literature search was conducted and there was sufficient research supporting that nursing faculty were struggling with self-efficacy during their first year as a faculty member. An online orientation was developed and presented to the clinical mentor for approval. An anonymous survey of the faculty was sent out to all nursing faculty before and after they were offered the online orientation. Data was collected and analyzed to determine if this was an effective method to deliver necessary information and increase self-efficacy of nursing faculty members.

**Outcomes and Results:** Because this was ordinal data between two dependent groups, a Wilcoxon signed-ranks test was completed along with a Spearman's rho and descriptive analyses in order to present the data from the pre and post orientation surveys. Eight of the twenty-four content areas demonstrated statistically significant improvement of self-efficacy. All content areas showed improvement in the mean scores of self-efficacy.

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### Acknowledgements

Thank you to Dr. Lora Claywell, my DNP Capstone Advisor, for the countless hours spent assisting me with this project. Her guidance and support shaped my passion into a DNP project that I am proud of and for that I am grateful. Thank you to all of the DNP faculty at Regis University for sharing their knowledge throughout the entire program. Each one is responsible for the knowledge that has culminated into my DNP project.

Thank you to Dr. Mary Beth Luna, my clinical mentor, not only for her assistance during my DNP journey, but for her limitless enthusiasm for nursing education – she is an inspiration. Also thank you to Colleen Kestel-Branchaw, who has been an amazing teacher, mentor, colleague, and friend, and has been an amazing influence on my career.

Thank you to my entire family for their support during this endeavor of mine. The kind words and assistance that they provided to me were invaluable and kept me moving forward. Although everyone will not and cannot be present to celebrate this accomplishment with me, I am confident that they will all be with me in spirit. They are all never far from my heart.

I would like to extend a special thank you to my husband, Roy Tisdale. I could not have done this without his understanding, love and support. I have learned a great deal, including to appreciate what I already have and also to know what I am capable of.

I would be remiss in expressing and documenting my incredible appreciation of my son, Blaine Tisdale for his love and confidence in my ability to complete this DNP program and project. He never once considered any other option than me succeeding, and this was instrumental in my success. I am equally proud of and confident in him. I couldn't love him more. Thank you!

Finally, thank you to Karen, Misti, and Sharon, my Superheros! We did this!

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# NURSING EDUCATORS NEED OUR HELP

## Nursing Educators Need Our Help

There is a nursing shortage in the United States, yet many qualified nursing students are being turned away from nursing schools (Nardi, 2013). Reasons cited for turning away these applicants are a lack of faculty, a lack of clinical sites, and funds needed for faculty. In order to meet the demand for nursing faculty, advanced degree nurses are actively recruited into academia. Recruiting nurses from graduate nursing degree programs, who may be experts in the clinical setting but novices in the field of academia, creates a role transition process that leaves the novice nursing educator vulnerable to stress, feelings of incompetence and the desire to leave academia for a role that is more comfortable in the clinic setting. This DNP project will evaluate whether an organized, structured, comprehensive orientation process, for nursing faculty, will increase the efficacy level of new nursing faculty.

### **Problem Recognition and Definition**

#### **Problem Statement**

There are almost 3 million active registered nurses in the United States according to the U.S. Bureau of Labor Statistics (2015). The demand for registered nurses is expected to increase by over 0.5 million in 2022 according to the American Association of Colleges of Nursing (AACN, 2014). The current registered nursing workforce is facing an aging crisis, since more than one million registered nurses are expected to retire within the next decade (AACN, 2014). It is expected, according to Snavely (2016), that by 2022, there will be a nursing shortage “unlike any experienced in this country since the 1960s” (p. 99). This demand for registered nurses calls upon schools of nursing to train more nursing students to fill these vacant positions. Without an adequate number of nursing graduates, the nursing shortage will only worsen.

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Adding to this crisis, schools of nursing are also facing a shortage of nursing faculty (Fang & Bednash, 2014). The Jonas Center for Nursing Excellence in New York estimates that each nurse educator position left vacant could affect the care of 3.6 million patients (Robeznieks, 2015). This is considering the number of nurses that would have been available to care for these patients if only there were enough nursing faculty. Fang and Bednash report that these faculty, assumingly, left to take non-academic positions for various reasons. The loss of seasoned faculty members opens opportunities for masters and doctoral prepared nurses to enter academia directly from the clinical setting with little to no academic experience. These novice nursing faculty are frequently left to figure out the role responsibilities on their own, without the necessary support and guidance expected upon when beginning a new position.

DNP prepared nurses hold the responsibility of leading efforts to assure that nursing faculty are adequately oriented and mentored in order to protect the pool of experienced nursing faculty. Nurses may enter the workforce with an Associate degree and work towards advanced degrees while they continue working. Many nurses, therefore, enter academia at an advanced age, after years of clinical experience (Nardi, 2013). This fact contributes to the retirement of many experienced nursing faculty, leaving the pool of experienced nursing faculty inadequate.

### **Statement of Purpose**

The purpose of this DNP project was to determine if implementing an organized, structured, comprehensive orientation process at Joliet Junior College would increase the nursing faculty member's self-efficacy in their ability to function in the role of a faculty member. Developing and implementing an orientation program requires a systems change at the organizational level, and the DNP educated RN is perfectly prepared to lead this change.

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According to Terry (2015), the DNP prepared nurse is “an agent for quality improvement in a facility through an emphasis on systems thinking” (p.10). “Systems thinking” considers how specific parts of a system interact to produce a quality product (Aronson, 1968). In academia, the product is the student’s knowledge and skill development. Confident, effective nursing faculty members are essential in the development of a student’s knowledge and skill. Having experienced and confident nursing faculty will produce nursing school graduates that are prepared to safely practice in their new roles, protecting the health and safety of patients.

Advocating for the nursing profession is also the responsibility of the DNP graduate (Terry, 2015). Assuring nursing faculty members are properly oriented upon hiring will improve the new faculty member’s feelings of effectiveness and ultimately contribute to their retention. Nursing faculty members that do not feel confident or effective may choose to leave academia, depleting the pool of qualified nursing faculty.

### **PICO model**

This DNP project was formatted using the “PICO” model. The population (P) was the nursing faculty at Joliet Junior College. Despite having a small nursing faculty population, this project has far reaching possibilities for nursing faculty at other colleges. The intervention (I) was the organized, structured, comprehensive orientation process, which is the current practice. The control (C) for this project was simply not providing an orientation process. Reporting and comparing nursing faculty’s self-reports of self-efficacy prior to the orientation served as the control. The outcome (O) was the nursing faculty’s reports of improved self-efficacy following the orientation process. This problem statement led to the question, would an organized, structured, comprehensive orientation process improve the nursing faculty member’s self-efficacy in their ability to function in the role of a faculty member?

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### **Project Significance, Scope, and Rationale**

Joliet Junior College's department of nursing, like most other colleges does not provide an organized, structured, formal orientation process. Newly hired nursing faculty are generally provided mentors, but these mentors are not offered training nor a formal process to follow. The literature documented a clear gap in the support of novice nursing faculty. Considering the nursing shortage, and the need for nursing faculty, it is imperative that experienced nursing faculty support and protect the nursing faculty that are beginning a career in academia. New faculty members are always on the horizon, and DNP prepared nurses can and should lead the way to best present evidence-based practice and design an effective orientation process.

The scope of this project was limited to the nursing faculty at Joliet Junior College, although the outcome may influence other nursing colleges to begin designing and providing a similar orientation process to best serve nursing faculty members. The rationale for this project was the worsening nursing shortage and the many new faculty that consider leaving academia due to feelings of stress, ineffectiveness and inability to meet the demands of a faculty position.

### **Theoretical Foundations**

Applying theory to a research project strengthens the study by providing a basis for the knowledge being used. A theory can help to explain the reason behind observed actions and reactions. This project was built upon four main theories. In order to increase the likelihood that the Joliet Junior College nursing faculty would consider this a worthwhile change in process, this DNP project employed Lewin's Change Theory (Shirey, 2013). This theory assisted in identifying strategies to improve the process of change and increase the number of faculty that would participate. This theory includes three major concepts; driving forces, restraining forces, and equilibrium according to Shirey (2013). Driving forces are forces that cause change to

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occur. Driving forces included the nursing shortage and the nursing faculty shortage, in this situation. Other driving forces included nursing faculty members' reports of feelings of inadequacy and lack of confidence. Restraining forces are those forces that block the driving forces and therefore interfere with the intended change. For this project, restraining forces included faculty time constraints, a lack of faculty belief that change is necessary, and faculty feeling vulnerable in potentially exposing their lack of knowledge. Equilibrium is when these forces are equal, and no change occurs.

Lewin's change theory also involves three stages of change. These include unfreezing, change, and refreezing (Shirey, 2013). Unfreezing is finding a way for people (faculty in this study) to let go of the old way of doing something. At Joliet Junior College, the old way would be the informal, unstructured orientation that may or may not have included the necessary information. The second stage of change is the actual modification in the process including a change in thoughts, feelings, behaviors, or all three. Refreezing is making the new way of doing something the standard procedure. This DNP project incorporated Lewin's change theory in order to make the structured, organized, comprehensive orientation process the accepted standard procedure for orientating new nursing faculty.

The second theory utilized for this DNP project was Benner's Theory of Novice to Expert (Quick, 2016). Benner describes the acquisition and application of knowledge using five stages from the beginning stages of nursing (novice) through the proficient stages of nursing (expert). During the beginning stage of nursing as a novice, the nurse is not likely to have any experience with the skills they are expected to complete. According to Benner, as described by Quick (2016), the nurse is likely to rely on rules and guides in order to complete tasks instead of relying on their acquired knowledge. This stage is not reserved only for newly graduated nurses, or



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nursing students. Each time a nurse transitions from one area of nursing to another, the process of novice to expert starts all over. Academic nurses also require an orientation in order to proceed through the stages in becoming an expert.

The third theory that supported this DNP project is Albert Bandura's theory of self-efficacy. Bandura (1994) defines self-efficacy as people's beliefs about their own capabilities in order to produce a certain level of performance. This belief about their own capabilities has influence over their life events. Those with high levels of self-efficacy approach difficult tasks as challenges rather than threats. They view failure as an opportunity to improve and recover quickly from these failures. Those with low levels of self-efficacy see failure as self-ineptitude, and they avoid difficult tasks and give up quickly. These individuals fall easily to stress and depression, which may result in a newly hired nursing faculty to abandon academia for a more familiar position. A nursing faculty orientation must address the novice nurse educator's level of self-efficacy. According to Bandura (1994), the best way to create a sense of self-efficacy is through mastering experiences. The DNP nurse leader must design experiences to allow mastery by these novice-nursing educators.

The fourth theory used in this DNP project is the Adult Learning Theory by Malcolm Knowles (2005). Applying knowledge of how adults learn to the development and implementation of a nursing faculty orientation will encourage engagement by those participating faculty members. There are principles of the adult learning theory that should be adhered to when developing and implementing the nursing faculty orientation. Five of these principles are:

1. Adults are autonomous and self-directed. Guiding the learner to participate in the learning rather than providing them with the information is preferred. The adult

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- learner wants to be involved in choosing what and when to learn versus being directed to do so.
2. Adults have experience and knowledge that they bring to the learning environment. Linking new knowledge with existing knowledge is valuable. This linking allows for understanding and retention of material. The learner should be valued for their existing knowledge and experiences.
  3. Adults need learning to be necessary, relevant and practical. There are too many pieces of knowledge available, and adults must decide which to file away for later use, and which to let go. Explaining why particular knowledge is important to possess or understand will increase the likelihood of the retention of knowledge. Adults want the knowledge attained to be practical and able to solve present and/or known problems. Examples and case studies are helpful.
  4. Goals are important to adults. Presenting objectives and determining if they have met these objectives is important. Learners need to know what to do if these objectives are not met.
  5. Adults are busy. They need some flexibility in a learning environment. They may have the motivation and ability to learn more at one point in time than another. Allowing for this flexibility will increase learning.

Knowles' adult learning theory explains that an online self-paced method of teaching is common practice. This is in order to allow some degree of self-direction and flexibility to the adult learner. The orientation was presented in modules to best accommodate the busy adult learner, allowing for a self-paced learning experience. According to The Center for Teaching

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and Learning (2017) modules or course building blocks provide a map of the course design. They reference the phrase *a journey of a thousand miles begins with a single step*. Each module represents a step towards the end goal of learning. The website provided by The Center for Teaching and Learning (2017) provides a step by step plan for designing modules, including objectives, activities, and assessments.

### **Review of Evidence**

#### **Literature Review**

The literature review used search words “nursing”, “nursing faculty”, “nursing shortage”, “nursing faculty shortage”, “faculty role transition”, “nursing faculty orientation”, “academic nursing orientation”, “nursing faculty retention”, “nursing faculty preparedness”, “nursing faculty role transition”, and “NLN core competencies”. Various search engines were used, such as CINAHL, Academic Search Premier, PsychINFO, Medline, ERIC, Google Scholar, and Academic OneFile. This literature search resulted in 25,000 articles and was narrowed down by using inclusion criteria of articles less than 10 years old, those that provided full text articles, those that targeted full time faculty (versus adjunct faculty) and also orientation (versus mentorship). These articles were reviewed, compared, and ultimately, 48 articles were placed on the evidence review table and used in this DNP project. The articles contained a variety of research levels, using the Seven Tiered Levels of Evidence in Rodgers, Williams & Oman (2011). The number of articles in each level is found in Table 1. A table including a sample of the evidence review is found in appendix A.

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Table 1. Levels of Evidence

<b>Level of Evidence (Houser &amp; Oman, 2010)</b>	<b>Numbers of Articles</b>
Level I – Systematic Review, meta-analysis or randomized control trials, or evidence based clinical practice guidelines	1
Level II – At least one well-designed RCT	0
Level III - Well designed controlled trials without randomization	7
Level IV – Evidence obtained from well-designed case-control and cohort studies (non-experimental studies)	11
Level V – Systematic review of descriptive and qualitative studies	9
Level VI: Single descriptive study or qualitative study	6
Level VII – Expert opinion, regulatory opinion, reports	14

The literature review demonstrated the shortage of nursing faculty (Fang and Bednash, 2014; IDFPR, 2016). Fang and Bednash (2014) described the shortage of nursing faculty as a barrier to qualified applicants being accepted into nursing colleges, leading to the shortage of nurses. A qualified applicant is defined by the Illinois Department for Professional Regulation (IDFPR, 2016) as applicants who fully meet all of the requirements for formal admission into a nursing program. In fact, the shortage of nursing faculty is exacerbating the shortage of nurses. This is described as a circular crisis by Robeznieks (2015). There simply are not enough doctoral prepared nurses to meet the educational needs of those nurses who want to continue their education in order to facilitate the education of nurses. In the AACN's (2015) report on 2014-2015 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, nursing schools turned away almost 70,000 qualified nursing applicants from U.S. nursing schools in 2014. One reason that was given was an insufficient number of nursing faculty members (AACN, 2014).

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The American Association of Colleges of Nursing (AACN, 2012) completed a survey of vacant faculty positions in schools of nursing. The most critical issue facing schools of nursing, related to faculty retirement, was the number of doctoral prepared faculty to replace them (AACN, 2012).

The Illinois Board of Nursing reported that the faculty vacancy rate for all pre-licensure programs in Illinois has increased from 1.9% in 2011 to 3.6% in 2015 (Illinois Department for Professional Regulation (IDFPR), 2016). To meet the demand of the number of nursing school applicants, all levels of nursing programs (except practical nursing programs) in Illinois have increased their capacity, which is defined as the total number of seats available for admission (IDFPR, 2016).

Because of the demand for nursing faculty, nursing programs are hiring nursing faculty with little to no academic experience (Baker, 2010; Bittner & O'Connor, 2012; Suplee, Gardner, Jerome-D'Emilia, 2014). The aging and expected retirement of nursing educators, salary differences between clinic nurses and academic nurses and competition for positions in advanced degree programs has led to numerous initiatives to increase the number of advanced nursing degree graduates (Penn, Wilson, & Rosseter, 2008).

The literature demonstrated a variety of initiatives are being researched and/or implemented to address the nurse faculty shortage, including sharing graduate prepared nurses to teach at nursing schools while still working in the clinic setting (Penn, Wilson, & Rosseter, 2008). Other methods include *enticing* expert clinicians with the appropriate credentials to enter into the educator role (Anibas, Hanson-Brenner, & Zorn, 2009). This is often with no academic experience, leaving them not even knowing what they need to learn to be confident and effective, according to Anibas, et al. (2009). Despite having strong clinical skills, new faculty members

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receive minimal if any orientation regarding teaching skills, classroom management or student engagement (Colorado Center for Nursing Excellence, 2012).

A descriptive study by Anibas, Hanson-Brenner, & Zork (2009) stated that these novice nursing faculty reported being surprised by the intensity of course work and the time requirement for committee work in addition to their teaching role. A lack of confidence, a feeling of inadequacy and ineffectiveness, and little to no orientation may lead novice nursing faculty to leave academia and return to the clinical setting due to feelings of anxiety and imbalance in their professional and personal lives.

The literature is clear in demonstrating the shortcomings of current practices, and something must be done to increase the pool of qualified nursing faculty. In order to retain nursing faculty in academic positions, an organized, structured, comprehensive orientation process will assist new faculty in feeling capable and self-confident in meeting the complex demands of a nursing faculty position.

### **Project Plan and Evaluation**

#### **Market/Risk Analyses**

An online orientation process has many potential benefits to the faculty at Joliet Junior College and nursing as a profession. This orientation process has the potential of improving the knowledge and skill of the nursing faculty at Joliet Junior College, and therefore the value of the program could improve, drawing more nursing students and nursing faculty. Providing a highly effective, respected nursing faculty is an asset to any nursing program.

There is not a current product available on the market that provides a nursing faculty orientation, and therefore there is no market risk. If this process were deemed to be marketable,

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a market analysis would need to be completed, taking into account other similar products, price points and potential consumers.

### **Strengths, Weaknesses, Opportunities, and Threats**

A SWOT analysis of the orientation project was conducted and found to have strengths, weaknesses, opportunities, and threats. The strength of the project was identified as the potential to improve the knowledge and skill of the Joliet Junior College nursing faculty members, resulting in highly qualified faculty, leading to an improved quality education for the students.

The identified weakness of the project was the small number of participants. The entire nursing faculty at Joliet Junior College consists of 20 faculty members. The goal was that ten faculty members would participate, which is one half of the faculty. This convenience sample and small “n” makes this study difficult to generalize across colleges and will need to be repeated with a larger sample size in the future. Another weakness of this study at this particular school is that most, but not all, faculty members leave due to retirement. Attrition is rarely reported as due to stress or the desire to leave academia at Joliet Junior College.

The opportunity that this study had is that it may lead to a standardized orientation for nursing faculty at Joliet Junior College and other colleges in the future. This orientation process will be presented to the Illinois Nursing Workforce Center in September, 2018 as part of a fellowship awarded to this author.

The threat identified for this project was the potential lack of participation of faculty members at Joliet Junior College, based on time constraints, feelings of lack of necessity, or feeling threatened by revealing a lack of knowledge or self-efficacy.

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### **Driving and Restraining Forces**

According to Lewin's change theory (Shirey, 2013), a driving force is a force that supports change. Included in driving forces were the nursing shortage, the nursing faculty shortage, and nursing faculty member's reported feelings of inadequacy. Restraining forces are those forces that block the driving forces and therefore interfere with the change. These included faculty time constraints, nursing faculty lack of participation, and faculty's belief that change is not necessary. These driving and restraining forces were mentioned during a brief presentation of the orientation project at a nursing faculty meeting.

### **Needs, Resources, and Sustainability**

In order for this project to be successful, necessary resources included participating nursing faculty, nursing faculty time, a learning management system (Canvas), and the support of the clinical mentor. The support of the clinical mentor for this project was recognized by the faculty and likely influenced participation. The future sustainability of this project is dependent on participating faculty and the support of administration at Joliet Junior College. The content would be available on the learning management system. The updating of the content would need to be assigned to a qualified faculty member. If a substantial benefit is realized, faculty may be willing to provide input in order to keep this content current.

In order for this orientation process to be implemented as standard practice at Joliet Junior College the support of the administration and faculty are necessary. This project and the results will be presented in order to request adoption of this online orientation process. There is no cost to the college aside from a minimal potential stipend for a faculty member to maintain the online orientation content.



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### **Feasibility, Risks, and Consequences**

Feasibility, defined as the capability of being done or carried out, has been demonstrated by the fact that this project has been completed. To implement this orientation process into standard practice is also feasible, as it adds minimal cost to the operating budget, if any. Implementing this into standard practice does require the support of the nursing faculty at Joliet Junior College, and this has been addressed by presenting the advantages of orienting new faculty and increasing their self-efficacy.

There were risks associated with this project, specifically to the nursing faculty. The faculty were potentially exposing themselves to being identified as not possessing the necessary knowledge. From the perspective of a current faculty member, tenured or non-tenured, this is a frightening idea. To address this, all surveys were conducted anonymously using Survey Monkey and the use of unique participant generated code words were used as identifiers. These code words were only used to match up pre-surveys to post-surveys.

There were also some unintended consequences, such as knowledge growth of seasoned faculty members. Many participating faculty members stated that they learned something from the online orientation, both novice and seasoned faculty members alike.

### **Stakeholders and Project Team**

A stakeholder is anyone who has an interest in an issue or its outcome, according to the Joanna Briggs Institute as describe in Zaccagnini and White, 2017. These stakeholders may be individuals, organizations, or groups. For this Doctor of Nursing Practice project, those identified as stakeholders were the nursing faculty, administration, board members, and future students at Joliet Junior College. Stakeholders also included the healthcare community that may potentially employ the graduates of the Joliet Junior College nursing program. Stakeholders also

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included the tax payers of the Joliet Junior College district, as they have a interest in the quality of education provided in the nursing program as well.

The project team included the author as a Doctor of Nursing Practice (DNP) student, the Doctor of Nursing Practice Capstone Advisor, the clinical mentor to the Doctor of Nursing Practice student who was also the Dean of the Nursing Department at Joliet Junior College, the Director of Institutional Research and Effectiveness at Joliet Junior College, and the expert consultants used to review the surveys and the module content.

### **Cost Benefit Analysis**

The total cost of this project, if replicated, would include the following estimated costs: faculty time (based on 10 participants) spent on surveys and modules estimated at \$20,000.00, researcher time spent on designing the orientation modules in the LMS as well as time spent analyzing data estimated at \$4,000.00, printing costs of \$100.00, statistical analysis software cost of \$60.00, and a subscription to Survey Monkey costing \$35.00/month. This is a total cost of almost \$24,200.00. The potential financial benefit of this project may be at least \$88,000, including the turnover cost for one new nursing faculty. This is based on an estimated turnover cost of \$85,197, based on an estimate by Kaiser Permanente (American Federation of State, County & Municipal Employees, 2018). In addition to savings in salary, there are also potential indirect cost savings. This might include increased student volume, estimated at \$14,000.00 in tuition per student. The cost benefit of an orientation process far outweighs the cost of the process.

### **Mission and Vision**

This Doctor of Nursing Practice project's mission was to increase the nursing faculty member's level of self-efficacy, which may eventually decrease the number of nursing faculty

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that leave academia and return to the clinical setting. The nursing and nursing faculty shortage makes retaining nursing faculty imperative in order to keep up with the healthcare needs of the United States population.

### **Objectives**

This project focused on one objective. The primary objective of the Nurse Educators Need Our Help orientation project was to increase the self-efficacy among nursing educators at Joliet Junior College. This potential increase in self-efficacy was measured by analyzing data collected during the Fall 2017 semester. The data was analyzed during the Spring semester of 2018 and finalized in May, 2018.

### **Logic Model**

According to the W.K. Kellogg Foundation (Zaccagnini and White, 2017), a logic model is a visual presentation of the relationships among the resources one has to operate a plan, the activities planned, and the change that is anticipated. The logic model for this DNP project can be found in Appendix B. This logic model describes the project, the problem, including the reasons identified by new nursing faculty that result in anxiety and the lack of confidence and ineffectiveness, the resources, the potential constraints, the planned activities, and the planned outcomes, including short-term and long-term outcomes.

This logic model demonstrates the implementation process for a structured, organized, comprehensive orientation for nursing faculty and benchmark outcomes. The benchmarks, as indicated on the logic model, for the short-term outcome “an increase in reported self-efficacy of nursing faculty at Joliet Junior College” is based on the National League for Nursing’s Core Competencies for Academic Nursing Educators (National League for Nursing (NLN), 2018). The benchmarks, as indicated on the logic model, for the long-term outcomes “improved ability

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to participate effectively in college community” and “increased retention in academic nursing in order to increase pool of qualified nursing faculty” are based on the National Advisory Council on Nurse Education and Practice’s (NACNEP, 2010) statements in their report *The Impact of the Nursing Faculty Shortage on Nurse Education and Practice* stating that professional development on effective teaching methods enhances confidence and promotes proficiency, which in turn promotes faculty retention. The planned activities are included in a conceptual diagram in order to follow a planned approach. This diagram is found in Appendix C.

### **Population, Setting and Sampling Parameters**

This DNP project used a convenience sample of those faculty members at Joliet Junior College. There were twenty nursing faculty members at Joliet Junior College at the time this project took place, and all except two were invited to participate. The two that were not included in the project were this author and the Dean, which happened to be the clinical mentor for this project. Because both had access to the orientation during the project development they were excluded. The nursing faculty members were presented with an introduction and explanation to the project, including the process, the timeline, and the potential outcomes. It was explained that participation was voluntary and there would be no penalty for non-participation or cessation of participation at any time. It was also explained that no identifying information would be collected. The participants were asked to enter a code word and number in order to match the pre-surveys with the post-surveys. This allowed for anonymity while also allowing for comparison of pre-survey to post-survey data. The pre/post survey can be found in Appendix D.

A power analysis is used to estimate the sample size requirements necessary to conduct a study (Polit & Beck, 2017). Although small, all members of the nursing faculty at Joliet Junior College were included, therefore a power analysis was not conducted. The homogeneity of this

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group of nursing faculty is high, so the small sample size was considered to be adequate (Polit & Beck, 2017).

Because this DNP project included Joliet Junior College faculty members, and when compared to the number of nursing faculty members in the United States as estimated at 57,390 (US Bureau of Labor Statistics, 2015), the power analysis is significant only to Joliet Junior College. To be applicable to a larger faculty population, repeated studies with more participants would be necessary.

The online orientation included eight modules, including facilitation of learning, facilitation of learner development and socialization, assessment and evaluation strategies, participation in curriculum design and evaluation of program outcomes, functioning as a change agent and leader, pursuing continuous quality improvement in the nurse educator role, engaging in scholarship, and functioning within the education environment. These modules are based on the National League for Nursing's Core Competencies for Academic Nursing Educators (National League for Nursing (NLN), 2018).

### **Methodology**

Study variables, are things that can vary or the intervention and the outcomes that are being measured (Cullen, 2017). The independent variable was identified as a structured, organized, and comprehensive orientation process. The dependent variable was identified as whether or not nursing faculty members would feel better prepared, more confident and more effective following a structured, organized, and comprehensive orientation.

Because the data that was collected was numerical and could be put in order from one (1) to five (5), this is considered a quantitative study using ordinal data. To determine whether the orientation process was effective in increasing the faculty member's self-reported self-efficacy, a

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pre-orientation and post-orientation survey were completed by participating faculty, including both seasoned and novice faculty. The pre-survey and post-survey were identical and used a Likert-Scale with numbers from one (1) to five (5) indicating the level of familiarity, understanding, comfort, awareness, and confidence in various statements in order to identify the expertise level of important areas of knowledge based on the National League for Nursing's Core Competencies for Academic Nursing Educators (2018).

Faculty participation or buy in was considered an extraneous variable, or something that may confuse the relationship between the dependent and independent variable (Polit & Beck, 2017). In other words, those faculty members that consider themselves experienced and knowledgeable may have chosen not to participate, which may have distorted the evidence that an orientation for faculty will increase the confidence and effectiveness of nursing faculty members.

After having access to the orientation content for eight weeks, the participants completed an identical post-orientation survey again asking about their levels of familiarity, understanding, comfort, awareness, and confidence in order to identify whether or not those areas of knowledge included in the orientation had improved their self-efficacy. This survey can be found in appendix D. The link to the survey was sent out to all nursing faculty members one week prior to the opening of the orientation modules and again after allowing eight weeks for completion of the online orientation. Each time, the survey link was open for one week for the faculty to complete. A complete time sequence of the project can be found in Appendix E.

### **Measurement Design**

The Wilcoxon signed-ranks test was used to analyze the data collected from these surveys. This test was used because these were dependent groups using a small sample of

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nursing faculty, collecting ordinal level data. According to Polit, 2010, the Wilcoxon signed-rank test tests the null hypothesis that the population distributions for the two sets of data are identical, and the alternative hypothesis is that they are not identical.

Another test that was used was the Spearman's rank-order correlation test. This test can be used for ordinal data when the groups are dependent, and there are fewer than thirty participants but more than five (Field, 2016). Spearman's rank-order test can indicate a correlation of the answers to different statements in the survey.

These two tests are considered inferential statistics, allowing us to make assumptions of the population of nursing faculty based on this particular sample of nursing faculty members (Polit, 2010). Descriptive statistics simply describe, compare, and summarize the data regarding this small sample of nursing faculty members. For descriptive statistics, the data was analyzed by looking at raw data and also by comparing pre-orientation Likert score percentages to post-orientation Likert score percentages.

### **Protection of Human Rights**

This study was submitted to the Institutional Review Boards (IRBs) at both Regis University and Joliet Junior College and received approval for exempt status. These documents are available in appendix G. Participation was voluntary, no one was penalized for not participating or ceasing to participate at any time, and no identifying information was collected.

### **Instrumentation Reliability and Validity**

Validity ensures that the items on the survey tool actually represent the information that the researcher intends to measure. Although there are more accurate methods to assess validity and reliability that involve measuring correlation, this study established content validity of the self-reported survey tool by the researcher sending the survey tool to a number of experts in the

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field of nursing education outside of Joliet Junior College asking for their opinion on the validity of the questions. After feedback was collected, the tool was modified prior to being offered to the participants.

Reliability is whether the tool will provide consistent results over repeated use (Terry, 2015). In order to test reliability, a measuring tool should be used repeatedly, comparing results to document consistency. To determine the reliability of the survey tool for this project, a Cronbach's alpha test was completed on the data, which tests the internal consistency and reliability of the tool. The result of this test is sufficient if 0.80 or above. The result for this study survey tool was 0.925, or 92.5%, which indicated that less than 10% of the variance in the results were due to error, which is a satisfactory result in determining the reliability of this particular survey tool. The Cronbach's alpha test is in table 2.

Table 2. Cronbach's alpha test result

<b>Reliability Statistics</b>		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.925	.933	48

### **Intended Statistics**

The desired result of the data analysis was to demonstrate that the self-efficacy levels of the nursing faculty at Joliet Junior College improved and/or increased following an organized, structured, comprehensive orientation. The data analysis described in this paper was used to determine whether or not this was actually demonstrated or not.



### **Data Collection, Treatment, and Protocol**

Data was collected using Survey Monkey, manually entered into SPSS software, and analyzed for statistical significance. Survey data was stored in a locked office but included no identifying information. Pre and post surveys were matched using the unique code words as identifiers. Once the data was entered all surveys were shredded.

### **Project Findings and Results**

#### **Primary Objective**

The primary objective for this study was to increase the self-efficacy among nursing educators at Joliet Junior College as measured by the DNP project data collected in April, 2018. In order to determine if this was demonstrated, the data from the pre and post surveys were analyzed using the statistical tests mentioned earlier.

#### **Wilcoxon Signed Rank Test**

There were twenty-four paired tests for this study, as there was a total of twenty-four statements on the survey tool. All twenty-four results will not be discussed in this paper, but the most significant results will be presented and discussed. Eight of the twenty-four statements did indicate that there were statistically significant differences in the survey results between the pre-surveys and the post-surveys. Sixteen of the twenty-four paired tests resulted in retaining or accepting the null hypothesis, indicating that there were not statistically significant results between the pre-surveys and the post-surveys for these statements. Many of the statements did show improvement, even though this statistical test did not indicate that they were statistically significant, and this will be addressed in the descriptive analysis portion of this paper.

As mentioned, there were eight statements that indicated that a statistically significant difference was found. One example of this was statement number five. This statement was “I

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am familiar with identifying unique learning styles and needs, including the needs of international, adult, at-risk and second-degree learners”. The p value was 0.026, below the preset acceptable value of 0.05, which means that the difference in scores was statistically significant. This indicates that there was a statistically significant difference in individual post scores compared to pre-scores. The Wilcoxon Signed Rank Test result for statement five is below in Figure 1.

	Null Hypothesis	Test	Sig.	Decision
1	The median of differences between Q5Pre and Q5Post equals 0.	Related-Samples Wilcoxon Signed Rank Test	.026	Reject the null hypothesis.

Figure 1. Result of Wilcoxon Signed Rank Test Statement 5

One additional example of a statistically significant result was statement number nine. This statement was “I am familiar with using a variety of assessment strategies to evaluate learning in the different domains”. The p value was 0.034, below the preset acceptable value of 0.05, which means that the difference in scores was statistically significant. The Wilcoxon Signed Rank Test result for statement 9 is below in figure 2.

	Null Hypothesis	Test	Sig.	Decision
1	The median of differences between Q9Pre and Q9Post equals 0.	Related-Samples Wilcoxon Signed Rank Test	.034	Reject the null hypothesis.

Figure 2. Result of Wilcoxon Signed Rank Test Statement 9

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An example of a statement that required the acceptance of the null hypothesis was statement number fifteen, which was “I am comfortable writing program outcomes, course outcomes, and content objectives”. The p value was 0.705, well above the preset acceptable value of 0.05. This means that the difference in scores could have been due to chance. The Wilcoxon Signed Rank Test result for statement fifteen is below in figure 3.

	Null Hypothesis	Test	Sig.	Decision
1	The median of differences between Q15Pre and Q15Post equals 0.	Related-Samples Wilcoxon Signed Rank Test	.705	Retain the null hypothesis.

Figure 3. Result of Wilcoxon Signed Rank Test Statement 15

Another example of a statement that required the acceptance of the null hypothesis was statement number six, which was “I feel comfortable advising students to help meet their professional and educational goals”. The p value was 0.066, above the preset acceptable value of 0.05. This means that the difference in scores could have been due to chance. The Wilcoxon Signed Rank Test result for statement six is below in figure 4.

	Null Hypothesis	Test	Sig.	Decision
1	The median of differences between Q6Pre and Q6Post equals 0.	Related-Samples Wilcoxon Signed Rank Test	.066	Retain the null hypothesis.

Figure 4. Result of Wilcoxon Signed Rank Test Statement 6

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The eight statements that showed statistically significant improvement in individual reports of self-efficacy are the following:

- #5 - Learning styles & needs of international, adult, at risk and second-degree learners. (p=0.026)
- #8 - Assisting learners in developing the ability to self and peer evaluate. (p=0.046)
- #9 - Using a variety of assessment strategies. (p=0.034)
- #11 - Designing and using assessment tools in clinical, lab and classroom learning. (p=0.014)
- #12 - Participating in curriculum development. (p=0.031)
- #20 - Balancing all roles in being a nursing faculty member. (p=0.020)
- #23 - Developing professional goals, keeping in line with the mission of JJC and the nursing program. (p=0.034)
- #24 - How and when to participate in various levels of institutional government. (p=0.026)

### **Spearman's Rho Correlations**

Spearman's Rho Correlation test takes the raw scores, ranks them and identifies any positive or inverse correlations between variables. In this study, this identified two perfect correlations, one as a positive correlation and one as a negative, or inverse correlation.

Statement number two "I am familiar with teaching strategies in educational theory" showed a perfect positive correlation with statement number seven "I am able to create learning environments that promote socialization into the role of the nurse". Statement number two "I am familiar with teaching strategies in educational theory" showed a perfect inverse, or negative correlation with statement number twenty-three "I am comfortable with developing my

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professional goals, keeping them in line with the mission of Joliet Junior College and the nursing program”. This may indicate that the faculty members were more familiar with student-based competencies versus organizational or professional based competencies. The table with a sample of the most significant results of the Spearman’s rank-order test are found in Table 3.

Table 3. Sample Spearman Correlations Rho Table

Spearman’s Rank-Order Test Correlations			
Statement	Correlation Coefficient	P Value	N
Statement 1 Pre & Statement 4 Post	0.882	0.009	7
Statement 1 Post & Statement 11 Pre	0.835	0.019	7
Statement 1 Post & Statement 12 Post	0.832	0.02	7
Statement 2 Pre & Statement 9 Pre	0.833	0.02	7
Statement 2 Post & Statement 7 Post	<b>+1</b>	0	7
Statement 2 Post & Statement 23 Pre	<b>-1</b>	0	7
Statement 4 Pre & Statement 14 Pre	-0.82	0.024	7
Statement 4 Pre & Statement 18 Pre	-0.82	0.024	7
Statement 4 Post & Statement 1 Pre	0.882	0.009	7
Statement 4 Post & Statement 11 Pre	0.828	0.021	7
Statement 4 Post & Statement 17 Pre	0.872	0.1	7
Statement 6 Pre & Statement 13 Pre	0.87	0.011	7
Statement 6 Post & Statement 13 Post	0.986	0	7
Statement 6 Post & Statement 14 Post	0.986	0	7
Statement 11 Post & Statement 11 Pre	0.97	0	7

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### Percentages

Although there were a majority of statements in which the differences did not show statistical significance, a positive percentage of change was identified for all statements, indicating improvement in self efficacy scores from the pre-survey to the post-survey. See table 4, showing the statement number, the associated p value and the associated percentage of change.

Table 4. Percentage of Change Table

Percentage of Change		
Statement Number	P value	Percentage of Change
2	0.083	11.11 % improvement
6	0.066	28% improvement
10	0.584	3.33% improvement
15	0.705	4.54% improvement
18	0.102	13.79% improvement
24	0.26	63.16% improvement

### Data Summary

Eight of the twenty-four (33.3%) statements demonstrated statistically significant improvement (p values of less than 0.05) of self-efficacy between the pre and the post orientation surveys. This allows for the *rejection* of the null hypothesis that there is *no* difference between pre-orientation and post-orientation survey results for those questions.

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Sixteen of the twenty-four (66.6%) statements failed to demonstrate statistically significant improvement (p values greater than 0.05) of self-efficacy between the pre and the post orientation surveys. This did not allow us to reject the null hypothesis, and therefore we must consider that any improvement may be due to chance.

For those sixteen statements that failed to demonstrate statistically significant improvement, it is possible that the statement needed to be clearer, that the content was already known at the time of the pre-survey, or that the content included in the orientation needs to be enhanced regarding those content areas.

### **Limitations, Recommendations, Implications for Change**

#### **Limitations**

There were some limitations in this study, most notably the small number of participants in the study. In order for this to be applied to the entire population of nurse educators, a larger study should be conducted. Another limitation was that the study was completed during a busy time in the semester, which could have limited the time spent on the orientation, and also could have limited the number of faculty that chose to participate.

#### **Recommendations**

Although this study had some limitations and showed statistically significant improvement in only a portion of content areas, it is imperative for nursing faculty taking on a career in academia to be required to complete an organized, structured, and comprehensive orientation. This orientation process should include skills and knowledge necessary to effectively teach in the classroom and the clinical setting as well as information regarding the numerous other requirements involved in serving in the capacity of nurse educator. The content

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included in the orientation should be dynamic and be updated by seeking input from more seasoned faculty members.

### **Implications for Change**

An organized, structured, comprehensive orientation process has the potential of lessening the nursing and nursing faculty shortage and improving the care rendered by nurses to the population of the United States. It is ethically necessary to support and guide nurses in all areas, including academia.

### **Conclusion**

There is significant literature that identifies the need for increased support of nurses that enter the field of academia, especially in today's market, with many of these nurses having minimal, if any teaching experience. In order to improve the self-efficacy of those nurses that have chosen a field that molds and guides the future nurses of tomorrow it is critical that an organized, structured, comprehensive orientation be required. This orientation process can be offered online, in a self-paced format to allow newly hired faculty to attain this necessary information at their own pace, prior to teaching in the classroom or clinical setting.



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Appendix A

<p><b>Systematic Review Evidence Table Format</b> [adapted with permission from Thompson, C. (2011). Sample evidence table format for a systematic review. In J. Houser &amp; K. S. Oman (Eds.), <i>Evidence-based practice: An implementation guide for healthcare organizations</i> (p. 155). Sudbury, MA: Jones and Bartlett.]</p>		
Article Title and Journal	Factors contributing to the shortage of nurse faculty: A review of the literature. <i>Nurse Education Today</i> , 32(5), 565-569.	Faculty to faculty: Advice for educators new to teaching in accelerated second baccalaureate degree nursing programs. <i>Journal of Nursing Education</i> , 45(6), 343-346.
Author/Year	McDermid, F., Peters, K., Jackson, D., Daly, J. (2012).	Boellaard, M.R., Brandt, C.L., Zorn, C.R. (2015).
Database and Keywords	MEDLINE: Nursing Faculty, Shortage	CINAHL Complete: Nursing Faculty
Research Design	Literature Review of the shortage of nursing faculty in Australia & Internationally	Online survey from 93 faculty
Level of Evidence	Level I: systematic review of evidence based articles	Level III: Quasi-experimental study
Study Aim/Purpose	Literature Review of the shortage of nursing faculty in Australia & Internationally	Researched specifically those faculty in second baccalaureate degree nursing programs.
Population Studied/Sample Size/Criteria/Power	N/A	ASBSN faculty in midwest
Methods/Study Appraisal/Synthesis Methods	N/A	Surveys were sent to 25 random programs (ASBSN) in midwest with 10 open ended questions to ascertain advice to new faculty

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Primary Outcome Measures and Results	N/A	Themes were identified stress, availability, high standards, challenging questions, be organized.
Author Conclusions/ Implications of Key Findings	Identified contributing factors to faculty shortage. Provided evidence that the academic environment in complex. Similarities of new nurse in academia to new nurse graduate.	Six themes: 1. planning and preparation 2. student centered. 3. uphold curricular standards
Strengths/ Limitations	good lit review	specific nursing program
Funding Source	not identified	not identified
Comments	Good lit review with similarities to new graduate nurse	Good to include in orientation module as advice - but not paper

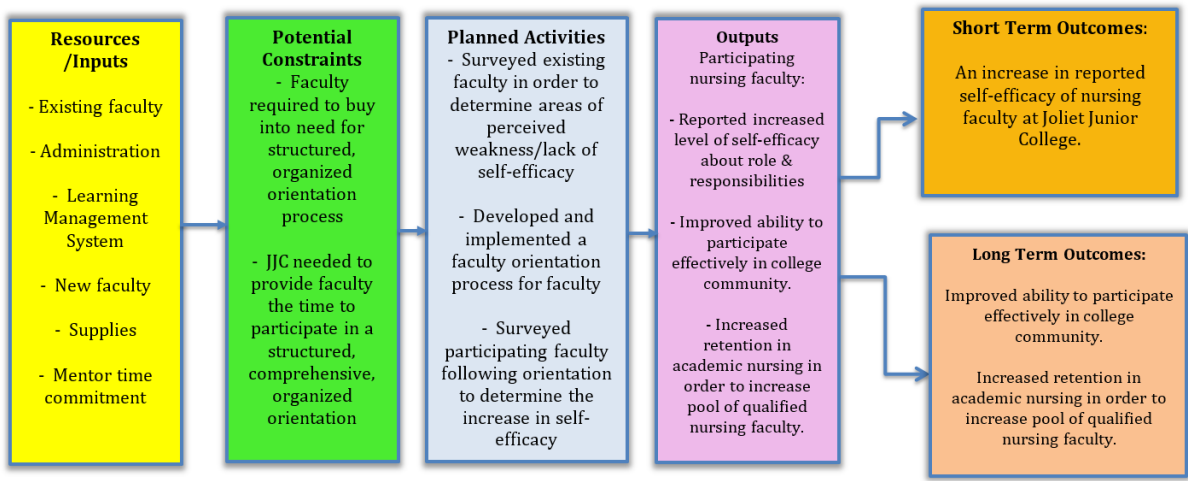
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## Appendix B

**Project: An organized, structured, comprehensive orientation process was implemented in order to increase nursing faculty members' self-efficacy.**

**Problem Identification:** Nursing faculty shortage and the need for faculty to understand the following regarding a faculty position:

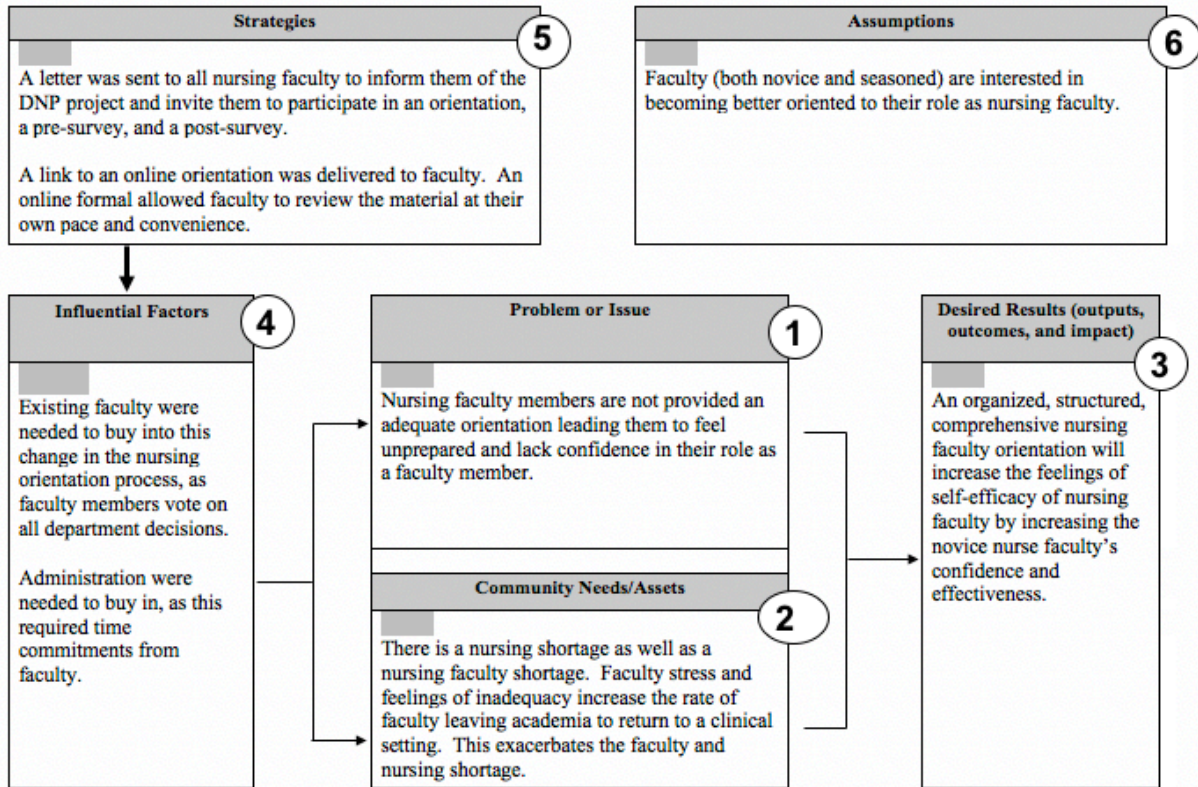
- Role ambiguity
- Need for reliable/valid student assessment
- Need for college community participation
- Need for structured comprehensive orientation
- Faculty collaboration/socialization
- National benchmarking exams
- New learning technology
- Need for work/life balance
- Curriculum design/redesign
- Teaching skills
- Understanding scholarship



Appendix C

Kelly Tisdale

DNP Project Concept Model





Appendix D

**Nursing Faculty Pre and Post Orientation Survey**

**In order to pair the pre survey to the post survey, please enter a unique code word here (that only you know). You will need to remember your own code word, as I will not know who used what code word. Please use a word using at least 5 letters followed by one or two numbers. Example: House45**

**Code word:** \_\_\_\_\_

	<b>Strongly disagree 1</b>	<b>Disagree 2</b>	<b>Neutral 3</b>	<b>Agree 4</b>	<b>Strongly agree 5</b>
1. I am familiar with a variety of teaching strategies to promote learner needs regarding desired outcomes, content and context.					
2. I am familiar with teaching strategies in educational theory.					
3. I am comfortable with information technology to support the learning process.					
4. I am comfortable using my personal attributes to facilitate learning.					
5. I am familiar with identifying unique learning styles and needs, including the needs of international, adult, at-risk and second-degree learners.					
6. I feel comfortable advising students to help meet their professional and educational goals.					
7. I am able to create learning environments that promote socialization into the role of the nurse.					
8. I am able to assist learners in developing the ability to self- and peer- evaluate.					
9. I am familiar with using a variety of assessment strategies to evaluate learning in the different domains.					

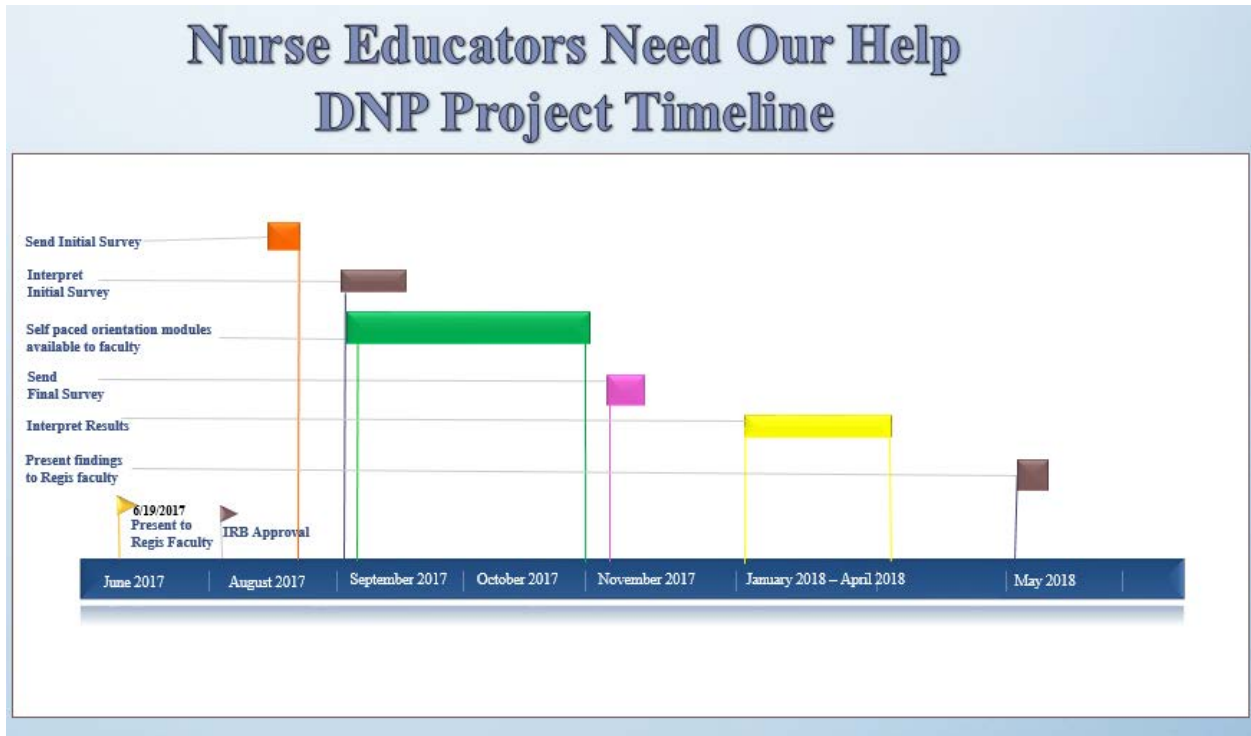
NURSING EDUCATORS NEED OUR HELP

	<b>Strongly disagree 1</b>	<b>Disagree 2</b>	<b>Neutral 3</b>	<b>Agree 4</b>	<b>Strongly agree 5</b>
10. I am comfortable providing timely, constructive, and thoughtful feedback to learners.					
11. I am competent in designing and using assessment tools in clinical practice, lab practice, and classroom learning.					
12. I am familiar with curriculum development.					
13. I understand that curriculum should reflect institutional mission and philosophy.					
14. I understand that curriculum should be based on current nursing and health care trends.					
15. I am comfortable writing program outcomes, course outcomes, and content objectives.					
16. I feel confident in joining and participating in organizations such as the Nursing Advisory Board at JJC, IOADN and ANA.					
17. I am familiar with finding opportunities to provide leadership in the nursing department and the JJC organization.					
18. I am aware of my responsibilities to enhance the visibility of the nursing program within the community.					
19. I am aware of opportunities to participate in professional development within and outside of the college.					

NURSING EDUCATORS NEED OUR HELP

	<b>Strongly disagree 1</b>	<b>Disagree 2</b>	<b>Neutral 3</b>	<b>Agree 4</b>	<b>Strongly agree 5</b>
20. I am comfortable with balancing all roles involved in the role of nursing faculty.					
21. I am mindful of activities to promote my socialization in the role of faculty member.					
22. I am aware of the importance of scholarship in the role of faculty at this institution.					
23. I am comfortable with developing my professional goals, keeping them in line with the mission of JJC and the nursing program.					
24. I know how and when to participate in various levels of institutional governance.					

Appendix E



NURSING EDUCATORS NEED OUR HELP

Appendix F

Budget/Resources

<b>Cost Category</b>	<b>Projected Total Cost</b>	<b>Resources Provided</b>	<b>Actual Cost</b>
Faculty	\$20,000.00	Faculty time provided by JJC	\$19,150.00 (23 surveys completed and 9 faculty partaking in orientation at \$50/hour)
Project Researcher	\$4,000.00	Time absorbed as graduate student	\$5,000.00
Printing Costs	\$100.00	Paid for by author	\$100.00
Statistical Analysis Software	\$60.00	Paid for by author	\$60.00
Survey Monkey	\$35.00	Provided by Joliet Junior College	none

# NURSING EDUCATORS NEED OUR HELP

## Appendix G



**RE: Study on structured and organized orientation to novice nursing faculty in order to increase their confidence and efficacy**

Tuesday, May 23, 2017

Dear Kelly:

We welcome opportunities for individuals to conduct research at Joliet Junior College and appreciate the opportunity to contribute to the scholarship of the Nursing program at JJC.

Consider this letter as consent to conduct the proposed research at JJC upon completion of Regis University's IRB approval.

If you have any questions or need any further information please feel free to contact me.

Sincerely,



Joseph Offermann  
Director of Institutional Research & Effectiveness  
Joliet Junior College  
Joliet, IL 60431  
(815) 280-2211  
[jofferma@jjc.edu](mailto:jofferma@jjc.edu)

CC: Dr. Randy Fletcher – Vice President, Academic Affairs  
Dr. Mary Beth Luna - Dean of Nursing, Health & Public Services



REGIS.EDU

**Institutional Review Board**

DATE: August 24, 2017

TO: Kelly Tisdale, DNP(c)

FROM: Regis University Human Subjects IRB

PROJECT TITLE: [1095354-1] Nursing Educators Need Our Help

SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS

DECISION DATE: July 24, 2017

REVIEW CATEGORY: Exemption categories # (1,2)



Thank you for your submission of New Project materials for this project. The Regis University Human Subjects IRB has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations 45.CFR46.101(b).

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the Institutional Review Board at [irb@regis.edu](mailto:irb@regis.edu). Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

Appendix H

  Completion Date 14-Feb-2017  
Expiration Date 14-Feb-2020  
Record ID 22325061

This is to certify that:

**Kelly Tisdale**

Has completed the following CITI Program course:

**Human Research** (Curriculum Group)  
**Social Behavioral Research Investigators and Key Personnel** (Course Learner Group)  
**1 - Basic Course** (Stage)

Under requirements set by:

**Regis University**



Verify at [www.citiprogram.org/verify/?w3aaadb68-1edd-4029-909d-b5c2e8c60bf8-22325061](http://www.citiprogram.org/verify/?w3aaadb68-1edd-4029-909d-b5c2e8c60bf8-22325061)

  Completion Date 28-Mar-2017  
Expiration Date 27-Mar-2020  
Record ID 22229050

This is to certify that:

**Lora Claywell**

Has completed the following CITI Program course:

**Human Research** (Curriculum Group)  
**Social Behavioral Research Investigators and Key Personnel** (Course Learner Group)  
**3 - Refresher Course** (Stage)

Under requirements set by:

**Regis University**



Verify at [www.citiprogram.org/verify/?w42a48a18-c0b4-4507-ba62-bff75d3b1a9a-22229050](http://www.citiprogram.org/verify/?w42a48a18-c0b4-4507-ba62-bff75d3b1a9a-22229050)



Appendix I



**Letter of Agreement**

**June 1, 2017**

To Regis University Institutional Review Board (IRB):

I am familiar with Kelly Tisdale's research project entitled Nurse Faculty Need Our Help. I understand Joliet Junior College's involvement to include allowing nursing faculty members to 1) voluntarily provide demographic and self-reported confidence and efficacy data, 2) take part in a self-paced orientation, 3) complete pre and post surveys. Kelly will provide the faculty with an overview of her project, provide the orientation material in an electronic module based format, and distribute and collect pre and post surveys.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Joliet Junior College, I agree that Kelly Tisdale's research project may be conducted at our agency/institution.

Sincerely,

Mary Beth Luna, PhD, RN, CNE  
Dean  
Nursing, Health & Public Services  
Joliet Junior College  
1215 Houbolt Rd  
Joliet, IL 60431  
815-280-2605

Instructions: (Select one)

- Fax with original signature to (303) 964-5528
- Email as pdf file with original signature to [irb@regis.edu](mailto:irb@regis.edu) from an official agency email address.
- Adobe electronic signature to [irb@regis.edu](mailto:irb@regis.edu)