

SOCIALIZATION EXPERIENCES OF FIRST-LEVEL
NURSING ACADEMIC ADMINISTRATORS IN
COMMUNITY COLLEGES OF TENNESSEE

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ABSTRACT

Strong, consistent nursing academic leadership is needed in this time of rapid technological advancement and constantly evolving healthcare environments, but the recruitment and retention of first-level nursing academic administrators can be difficult. Existing literature did not offer a complete picture of the social processes that nurse faculty experience as they transition into leadership positions, therefore this qualitative descriptive study explored how first-level nursing academic administrators (nursing directors, deans, or the institutional equivalents) describe and apply meaning to socialization experiences while transitioning from nurse faculty into the role of nursing academic leader in the community colleges of Tennessee. Data collected by semi-structured interviews and analyzed through qualitative content analysis present a descriptive picture of their socialization experiences and the overarching themes that reveal what the experiences meant to the participants (*using past experiences, serving, changing perspective, and seeking guidance*). This picture contributes to a knowledge base that will support nursing faculty considering entrance into academic administration and give insight into the process for college administrators and those responsible for recruiting and retaining the academic leaders needed to guide the programs through rapidly changing healthcare systems. Further, it provides an alternate view to socialization which may be more useful in nursing academic leadership than the traditional, more linear models.

DEDICATION

This work is dedicated to my husband, Davy E. Huff, Jr., for his endless patience with my academic pursuits and unreserved confidence in me, and to my family for their love and support.

And whatsoever ye do in word or deed, do all in the name of the Lord Jesus, giving thanks to God and the Father by him. (Colossians 3:17)

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CHAPTER I: INTRODUCTION

In this time of rapid technological advancement and constantly evolving healthcare environments, nursing education programs must be prepared to embrace innovative changes to provide sufficient numbers of qualified, well-prepared nurses to meet community needs. One role that is particularly important in guiding educational transformation and supporting nurse faculty through changes is that of the first-level nursing academic administrator – the nursing director or, in many associate degree programs, the nursing dean. Although there is growing interest in studying this role, much research in recent years has focused upon the recruitment and retention of nurse faculty while nursing academic leaders have been overlooked (Emory, Lee, Miller, Kippenbrock, & Rosen, 2017). Factors such as nursing shortages and changes in healthcare policies have led agencies such as the National League for Nursing (NLN) and the Carnegie Foundation for the Advancement of Teaching to sound calls to action, asking for nursing education reform (National League for Nursing [NLN], 2005) and radical transformation of educative practices (Benner, Sutphen, Leonard, & Day, 2010). While it is reasonable to study those who are directly providing instruction to students, it is the nursing academic leaders who are expected to direct the educational reform and facilitate faculty development, and there has been relatively little research on the development, especially the socialization, of these leaders.

Nursing leadership within community colleges is of high relevance for study because associate degree programs have shown the most growth (from a total of 977 in 2006 to 1,418 in

2016) and constitute the greatest number of programs in the United States; specifically, there are more associate degree nursing (ADN) programs (a total of 617) than any other type in the southern United States (NLN, 2016c). In 2019 alone, there were 84,798 candidates who were educated in the United States of America taking the National Council Licensure Examination for Registered Nurses (NCLEX-RN) for the first time (National Council of State Boards of Nursing [NCSBN], 2020). Since the inception of the associate degree in nursing, these types of programs have helped to provide well-prepared nurses to meet frequent and recurring nursing shortages. Despite the need for greater numbers of nursing professionals, more applicants are rejected from ADN programs than any other, according to the 2017-18 NLN Biennial Survey of Schools of Nursing (NLN, 2018b). Lack of nursing faculty is one of the major obstacles to growing the pre-licensure educational programs, second only to lack of clinical placements (NLN, 2018a). Community college nursing academic leaders must recruit, retain, and support nurse faculty to promote growth of the associate degree programs. Furthermore, they must do so in an environment that is calling for advanced education of nurses, headed by the report, *The Future of Nursing: Leading Change, Advancing Health*, which included a recommendation for the proportion of nurses with bachelor's degrees to increase to 80% by the year 2020 (Institute of Medicine [IOM], 2010).

Nursing is a changing profession which necessitates changing educational needs. Many interventions that could be used to meet those needs rely heavily upon the creation of relationships, for example the implementation of dedicated educational units at area hospitals and articulation agreements with universities for seamless transition of students into higher levels of education (Klein-Collins, 2011). Considering the expectation that nursing academic administrators will lead educational reform and strengthen nursing programs by supporting and

developing skilled faculty members while creating and maintaining relationships with multiple stakeholders, it is important to study the socialization experiences of nurse faculty as they become academic leaders. This begins with a recognition of the changing nature of nursing and nursing education (particularly in community colleges), the expectations and challenges of nursing academic leadership, and the importance of socialization to the first-level nursing academic administrator. There is information already available regarding what nursing academic leaders do, the challenges they face, and characteristics they are expected to possess. The focus of this study, however, will be the social and interactive processes of nurse faculty as they become first-level nursing academic administrators.

Problem Statement

A nursing program needs consistent, strong leadership to guide the academic department and facilitate change (Colyar, 1996; Gazza & Sterrett, 2011). Unfortunately, first-level nursing academic administrative positions are associated with stress and high turnover rates (Fang & Mainous, 2019; Green & Ridenour, 2004; Mintz-Binder, 2014b), making it difficult to recruit and retain nursing directors and deans. Although there is growing interest in studying the experiences of nursing academic leaders, existing literature does not offer a complete picture of the process that nurse faculty experience as they transition into leadership positions within the context of socialization.

Young, Pearsall, Stiles, and Horton-Deutsch (2011) found that new nursing academic leaders often felt as though they were thrust into the position, which my own personal experience reflected. After only two and a half years as a full-time nursing faculty member, I was persuaded to take a position as Interim Director of Nursing and Allied Health at a community college. Over the next three years, I gained an entirely new perspective on the academic world and a

knowledge of scholastic strategy, budgeting, and curriculum development. The most difficult aspect for me, however, was the social one, making new relationships and redefining old ones to function in my new reality. I wish I had, at that time, a better understanding of the impact my relationships had on my effectiveness as an academic leader. This awareness of potential experiences could have reduced stress, anxiety, and blunders made during that time. I began to wonder how other nursing directors experienced socialization to the role and how their professional relationships affected their perceptions of the role.

During the years following my time as a nursing director, I began to listen to many of my colleagues and peers as they rejected pursuit into the realm of academic leadership. They would often list general workplace stress as a reason why; sometimes, however, they would elaborate about one specific concern - that of interacting with others, often those in upper administrative positions or faculty. The hesitancy of faculty to accept or remain in leadership positions has been noted by others. Adams (2007) found that 63% of faculty would not consider an administrative role. Even among those who hold such nursing leadership positions, a lack of job satisfaction and intent to stay are often reported (Emory et al., 2017). Having a shorter tenure as a nursing academic administrator may even be more likely for those leading smaller nursing programs, such as associated with institutions who grant associate degrees, as suggested by the findings of Fang and Mainous (2019). Mintz-Binder and Lindley (2014) believe that enacting interventions based upon the understanding of nursing academic leadership challenges will lead to lowered stress and greater job satisfaction for those leading nursing academic programs, making the position more attractive to experienced faculty members. According to the NLN's Faculty Census Survey of 2017, 44.6% of chief administrators are 61 years of age or older (NLN, 2017). As Glasgow, Weinstock, Lachman, Suplee, and Dreher have pointed out, with

pending nursing academic leader retirements, there is a need for succession planning (2009), especially considering the trends of increasing numbers of younger faculty and the numbers of faculty age 60 or older, who may be expected to retire within the next few years (Fang & Kesten, 2017). These younger faculty members will be the ones who fill vacant nursing academic administrator positions. An understanding of the positional experiences will help to meet the needs of those who will serve as academic administrators. While there are many challenges that could be examined, this study focuses on the gap in the knowledge of the social and interactive experiences as perceived by nurse faculty as they become first-level nursing academic leaders.

Purpose

The purpose of this qualitative descriptive study was to explore how nurse faculty describe socialization experiences while transitioning into the role of first-level nursing academic administrator (nursing director, dean, or the institutional equivalent) in the community colleges of Tennessee. The study also explored the meanings participants assign to those interactions with people, ideas, and things inherent to the position. To help address the gap in literature and contribute to the knowledge base associated with nursing academic leadership, a qualitative descriptive interview study was used.

Research Questions

There are many dimensions of the experiences of nurse faculty as they move into academic leadership positions that could be discussed, but one that can be both challenging and rewarding is that of socialization through forming new relationships and redefining existing ones. A new nursing director or dean may wonder if the experience of forming a new reality that requires interaction with many people, groups, processes, and traditions is similar to the transitions of others but be hesitant to ask; therefore, the research questions for this study were 1)

how do nurse faculty describe socialization experiences as they transition into first-level nursing academic administrators in on-ground community colleges of Tennessee; and 2) what meanings do they ascribe to their interactions with people, structures, and processes of the nursing academic leadership position?

Review of Literature

A review of literature provides insufficient information to answer these questions but does offer evidence that further study is needed regarding faculty-to-academic administrator transition within community college nursing programs. Nursing academic leadership positions are frequently considered stressful with large workloads and many challenges (Flynn, & Ironside, 2018; Mintz-Binder, 2014b; Patterson & Krouse, 2015; Young et al., 2011). These concerns may cause nurse faculty to be hesitant to accept promotions (Delgado & Mitchell, 2016; Mintz-Binder, 2014a; Mintz-Binder & Calkins, 2012). Study of the socialization experiences and the meanings applied to them aims to enhance understanding so that methods of support for recruitment, retention, and succession planning for leaders may be identified. This is particularly important in the arena of community college associate degree programs which constitute a large portion of the Registered Nurse programs in the United States and especially in the South (NLN, 2016). The leaders of these many programs are working to meet expectations and challenges of the job in an environment in which they socialize with many different stakeholders, advocating for associate degree nursing while promoting continuing advanced education. Strong nursing academic leaders must be recruited and retained to guide the changes that are inevitable within nursing education (Colyar, 1996; Gazza & Sterrett, 2011). Both the profession and education of registered nurses have experienced much change throughout history, from informal training that was poorly regulated (Catalano, 2015; McDonald, 2010; Ruby, 1999)

to formal education that is highly regulated through professional and academic agencies such as state boards of nursing, college accreditation institutions, and independent nursing education accreditation bodies.

While the reasons faculty choose to move into administration vary, literature has shown that nursing academic leaders face challenges associated with any academic administrative position as well as others specific to nursing education (Adams, 2007; Glasgow et al., 2009). Many of the challenges relate to topics associated with socialization such as relationships (Glasgow et al., 2009), conflict-related issues (Adams, 2007) and incivility (Clark & Springer, 2010; Mintz-Binder, 2014a; Mintz-Binder & Calkins, 2012). Even general expectations of the position often revolve around socializing events such as advocacy, politicking, establishment of relationships with faculty as a leader, and consensus promotion (Adams, 2007; Young et al., 2011). Transitioning from a faculty to administrative position is a significant role change during which organizational socialization occurs. There is no formal socialization theory for the transition of nurse faculty to first-level nursing academic administrator, but examining closely related theories forms the basis for the assumption of a socialization process (Hart, 1991; Wolverton & Gmelch, 2002). The research questions addressed the description of socialization experiences and meanings applied to them by participants who have undergone this process. To illuminate the problem and significance associated with the research questions, the literature review in Chapter II will give an overview of the changing nature of nursing and nursing education with emphasis on associate degree nursing, a description of nursing academic leadership, and a discussion regarding concepts of socialization into an academic leadership role.

Research Methods

To gain a fuller understanding of the socialization within first-level nursing academic administration transition, rich descriptive data are required - data more detailed than could be acquired through a simple survey or any type of quantitative approach. Therefore, I conducted this study through semi-structured interviews with participants, using qualitative methodology for its inductive and naturalistic attributes (Creswell, 2013). I used acquired data to create description rather than prediction, so qualitative descriptive method was used which reflects participant description and interpretation rather than abstract interpretation by the researcher (Neergaard, Olesen, Andersen, & Sondergaard, 2009; Sandelowski, 2000).

The philosophical framework that anchors the study methods is that of symbolic interactionism (SI) which promotes the idea that, through interaction and interpretation, people make meanings of things which then influence how they act toward those things (Blumer, 1969), in this case first-level nursing academic administrators and their interactions and interpretations of socialization experiences. This helped to refine data collection and analysis. Interview questions intentionally allowed participants to discuss their socialization processes while reflecting upon their perceptions and interpretations of interactions. The belief that data should reflect the way participants made meaning of their experiences was an anchor during the analysis of data.

Participants were nursing directors, deans, or institutional equivalents who worked in Accrediting Commission for Education in Nursing (ACEN) fully accredited, on-ground, associate degree nursing programs of the Tennessee Board of Regents (TBR) community college system. Each participant transitioned into the nursing academic administrative role from a nurse faculty position, either at the current institution or another. I conducted interviews primarily

within participant workspaces, as agreed upon by participant and researcher. There are 13 on-ground, TBR community colleges that offer associate degrees in nursing, but at the time of the study only 12 were fully accredited by ACEN. Because this is a defined group through regulation by the TBR, after gaining Institutional Review Board (IRB) approval from the University of Alabama (see Appendix A), I sought approval through the main academic office of the TBR which delegated institution IRB approval to the individual colleges of the potential participants. Ultimately, 11 approvals were obtained; the twelfth had an information request that was not clear nor clarified. Selection of participants from the 11 schools was based upon purposeful theoretical sampling using job title, program accreditation, and immediate prior academic experience as inclusion criteria. Fair subject selection was ensured by giving all members of this group, not considered to be a vulnerable population, an opportunity to participate, providing they met the purposive sampling criteria. Letters of invitation (see Appendix B) were sent to the published email addresses of all potential participants; in the event of no response, I followed up with a phone call to the listed office phone number. There was no coercion, and it was made clear that participation was voluntary. While engagement of all 12 nursing academic leaders would have been ideal, 67% participated and represented all areas of the state, generated a varied pool, and provided an abundance of rich data.

Sources of data for this study included initial, face-to-face interviews which lasted approximately 1.5 hours with each participant; face-to-face follow-up interviews of varying times for data clarification and validation; and hand-written field notes created by the researcher before, during, and after each interview. After selection of participants, I scheduled and conducted interviews, using open-ended questions and a guide (see Appendix C), capturing each on a digital recording device. I transcribed the interviews for analysis, leaving out identifying

information such as names or distinct characteristics. Prior to beginning data collection, each participant was made aware of time expectations and assured of confidentiality.

For data analysis, I conducted three levels of coding, resulting in four overarching themes. In the spirit of qualitative research, I did not adhere to a rigid coding and analysis system. Rather, I was influenced by qualitative content analysis and strategies similar to interpretive description (Thorne, 2016), constructivist grounded theory (Charmaz, 2006), and Miles and Huberman's approach (1994) as presented by Neergard, et al. (2009) in an attempt to respect the desire to tell the participants' stories while answering the original questions that began this study: how they describe socialization experiences and what those events mean to them. Level 1 coding applied descriptive words or phrases to segments within the transcribed initial interviews, using occasional in vivo coding (Saldana, 2016) as appropriate. After attempting to categorize these codes, it became clear that in order to present how the participants viewed socialization experiences, the experiences first needed to be defined. Therefore, level 2 coding produced a list of five groupings that reflected the participants' revelations of socialization experiences, to be better defined at a later time (Thorne, 2016). During the follow-up interviews, I asked questions that were structured according to these groupings, clarifying data obtained in initial interviews. Level 3 coding involved analysis of data obtained from the secondary interviews in the context of the five groupings. The data revealed that there were actually four groups, and the names of these categories were changed to better reflect the participants' descriptions of their experiences, addressing the first research question. These categories were 1) agreeing to serve, 2) establishing or re-establishing relationships, 3) facing challenges, and 4) pursuing competency. An extensive process of data comparison between these four categories finally revealed four overarching themes that indicated how participants

perceived the meaning of their experiences, thus addressing the second research question. These four themes are 1) using prior experiences, 2) serving, 3) changing perspective, and 4) seeking guidance. The iterative, constant comparative process of data analysis continued throughout the entire data analysis phase until no new codes, patterns, or themes emerged, indicating data saturation. A full description of the data analysis process is included in Chapter III.

An additional analytic step included the creation of composite identities to present research findings. Providing individuals' descriptions could have potentially risked the anonymity of participants within this small population community. Additionally, attempting to give voice to all eight participants would have resulted in findings that were confusing and difficult to follow. It was important that the overarching themes be presented clearly, but also essential that the reality of the participants not be lost in the data. Transcribed interviews and researcher field notes were reviewed for commonalities and marked differences. While reviewing this material, it became clear that, while there were many similarities of participants, it was really the foci of their job performances that distinguished the types of leaders. Three identities were created based upon the focus on the program, the relationships, or the job. They were assigned pseudonyms and characteristics that fell within actual ranges of data as determined from interviews and researcher observations. Quotations used within Chapter IV were verbatim from transcribed interviews. Using composite identities may have resulted in a loss of some individual characteristics, but none that impacted the results of the study. The advantages of engaging in this method for this study are that anonymity is protected, complex results are presented from the perspective of individuals, and those results are contextual, even personal, enhancing accessibility (Willis, 2018).

Researcher reflexivity, audit trails, participant validation through follow-up interviews, and careful analysis of outlier data addressed the potential limitation of researcher bias. Another limitation is that of lack of generalizability, although it was not the intent of this study to represent or predict experiences of all nursing academic leaders. Rather, this presents the perspectives of one specific group.

Significance

The primary aim of this research was to contribute to a knowledge base addressing the social and relational experiences of nurse faculty as they transition into nursing academic leaders, taken directly from their descriptions and interpretations of experiences. An unexpected, but no less significant, result was that the meanings of socialization experiences lent themselves to a thematic, rather than a linear, view of the socialization process. Socialization has the potential to intensify or mitigate negative stress associated with the role. Expanding this knowledge will provide support and encouragement to those nurse faculty considering advancement into administrative positions. It will also give insight into the process for college administrators and those responsible for recruiting and retaining academic leaders. Motivations for conducting this research included personal experience and a desire to contribute to the body of knowledge pertaining to nursing academic leadership, providing a basis for further research of this issue and secondary studies from the generated data. Hopefully, these results will aid with the recruitment and retention of nursing academic leaders who will lead the way through frequently changing professional and academic environments.

Operational Definitions

First-level nursing academic administrator – a nurse who leads and is directly responsible for an academic nursing program, holding a formal title of director, dean, or the

institutional equivalent; within this study, may also be referred to as *nursing academic leader* or *nursing academic administrator*.

Socialization – “a continuing process whereby an individual acquires a personal identity and learns the norms, values, behavior, and social skills appropriate to his or her social position” (Dictionary website, n.d.); this involves the developing perspective of self through interaction with people, situations, and processes associated with leading a nursing academic program.

Summary

The strength and stability of nursing programs depend upon the development of effective nursing academic leaders, so it is imperative that effort is made to understand the experiences of those willing to step into those roles. Transition into nursing academic leadership is a complex process, and despite the need for good nursing deans and directors, both in quantity and quality, there is surprisingly little research on this topic that explains the importance and perception of socialization. Continued, in-depth study of the social and interactive experiences of first-level nursing academic administrators is much needed and will help expound upon perceptions of a position vital to the success of community college nursing programs. The gained insights have proven worth the investment of time and effort to gain qualitative data, producing knowledge that adds to what is already known about nursing academic leadership and providing an alternate view of socialization beyond traditional models. This exploration of how nurse faculty experience socialization into the role of nursing academic leader promotes understanding of the process, thus leading to opportunities for better recruitment, support, and retention of those who can facilitate educational change and faculty development for the benefit of those nursing students working to become professionals who are so important to our society.

CHAPTER II: REVIEW OF LITERATURE

As nursing directors and deans retire or resign, the difficulty in recruiting and retaining nursing academic leaders becomes significant. Literature has shown that there are challenges associated with academic administrative positions (Gupton, 2011; Wolverson & Gmelch, 2002). Nursing directors and deans are subject to these as well as other concerns that are specific to the academic nursing profession (Adams, 2007; Glasgow et al., 2009). The transition of the nurse faculty member into a first-level nursing academic administrator is a vast topic, but many challenges that are faced have to do with changing relationships (Glasgow et al., 2009) and conflict-related issues (Adams, 2007), problems that relate to the socialization into the new role.

Nursing academic leaders function within a climate of change that stems from the need to adjust academic practices to reflect current nursing practice and societal demands. As nursing evolves, nursing directors and deans lead faculty and students, assisting in the preparation of qualified professionals who will take their places in the quickly changing healthcare world. With a few exceptions, research pertaining to nursing academic leadership frequently focuses on those at universities or a combination of community college and university participants; however, leaders within community colleges face unique challenges in the current culture which vehemently promotes advanced education. They must learn to balance advocacy for their own associate degree programs while promoting continuing professional education, which results in opportunity and obligation to socialize with many stakeholders even beyond the typical

socialization expectations of first-level academic administrators. To help define the problem, this review will offer a brief overview of the changing nature of the nursing profession and nursing education with emphasis on the associate degree nurse, a description of nursing academic leadership, and a discussion regarding applicable concepts of socialization into an academic leadership role.

Evolution of Nursing and Associate Degree Nursing Education

Nursing is a profession that has undergone much change. Even now, changes in society continue to shape the scope of the profession. Telemedicine has expanded access to healthcare and opened new opportunities for nurses. Case management is an important position considering the shortened stays of patients in acute-care facilities and the availability of post-acute care such as rehabilitation or long-term acute care hospitals. Informatics is now a significant component in the education of nurses; bedside nurses must have at least basic computer competence to chart in electronic health records and to use advanced electronic equipment. Patients have greater access to medical information through the internet but are not always able to determine best recommended practices, increasing the need for nurses to provide education. These are only a few examples; a full description of societal advances and their impacts upon nursing practice would be almost limitless. Suffice it to say that, as society and the nursing profession changes, nursing education responds to the needs presented which is largely how associate degree nursing came about (Catalano, 2015). This section will offer an abbreviated historical view of the development of nurses up to the creation of the associate degree nurse, followed by a description of the current status of associate degree nursing education in the United States.

History of the Training and Education of Nurses

Upon hearing the phrase “history of nursing,” one might immediately think of Florence Nightingale, white uniforms, button-on aprons, caps, or selfless care administered to those in need by (primarily) women. However, the history of nursing does not begin with those who officially took the title of “nurse,” and people were caring for or healing others prior to the emergence of the famed lady with the lamp. It is generally held that modern nursing emerged from the Nightingale era, but the concept of nursing existed prior to that time and underwent significant changes even before being defined through the historical picture painted over the past century and a half.

For years, the ill were cared for at home (Catalano, 2015; Weatherford, 2010), but with the rise of Christianity and the increasing emphasis on the ethic of caring, strong links were formed between healthcare and religious institutions (Catalano, 2015). Nursing apprenticeships were used to train those who cared for the ill and dying rather than a formal educational system; these trainees were typically female and, by 1500, much healthcare was provided by female religious orders (Catalano, 2015). As the United States progressed toward and into the Industrial Revolution, there was an increase in hospital-based training schools and the performance of community-based nursing (Catalano, 2015). Over the years, it seems that the profession became ever more associated with government rather than solely religious associations as volunteers were needed in both the Revolutionary and Civil War to care for the sick and wounded (Catalano, 2015). Groups such as the Army Nurse Corps, Navy Nurses, and the American Red Cross were formed with nurses still being primarily female and performing mostly domestic duties (Catalano, 2015).

In the 1800s, Florence Nightingale and others advocated for the formal training and elevation of professional nurses because up until this time, nursing was not considered a profession nor well-regulated (Catalano, 2015; McDonald, 2010; Ruby, 1999). The term “nurse” was used quite loosely. There were those who did receive more advanced training and oversight from a physician, but there were also those who performed basic domestic duties and often were associated with negative reputations (McDonald, 2010). Establishment of professional status improves standing and respectability within society, which is what eventually happened to nursing. Through the efforts of many, healthcare conditions improved, but nurses continued to be trained rather than educated. In fact, even the founder of modern nursing (as Nightingale is often known) promoted training but not a liberal arts education for nurses; the role of nurse was still ensconced in a patriarchal framework as subservient to the physician (Ruby, 1999). Up until the late 19th century, the training and profession of nursing was still rather haphazard and unregulated while reformers espoused the need for liberally educated nurses instead of those trained within hospitals through the system associated with Nightingale (Ruby, 1999).

National events continued to influence the growth of the nursing profession. Nurse’s Aide training began during World War I, but this was interpreted as a threat to the quality of care that would be provided by trained nurses, and after the war there was a focus on nursing education improvement (Catalano, 2015). Reports such as the one by Goldmark in 1923 were produced and recommended collegiate preparation and standardization for nursing education (Ruby, 1999). The Great Depression resulted in a time of fewer nursing jobs and the closure of nursing schools while a Joint Committee on Nursing recommended that more qualified nurses be given the jobs that were available (Catalano, 2015). Hospital care increased, however, leading to a nursing shortage during the World War II era that was addressed by the Bolton Act which

reduced hospital-based training programs from 36 to 30 months (Catalano, 2015). Mildred Montag, famed nurse educator associated with the birth of associate degree nursing programs, was engaged in nursing academic leadership during this time, but it was her doctoral dissertation that brought about a major change within nursing education (Harker, 2017). She recognized the possibility of multiple levels within the nursing occupation comprised of a two-year educational program with a technological focus provided through junior or community colleges (the associate degree in nursing) and a program within a four-year college for a greater professional emphasis (the baccalaureate degree in nursing) (Harker, 2017; Orsolini-Hain & Waters, 2009). Her suggested plan differed from diploma programs not just in the length of time required for a nursing degree, but also by shifting the responsibility of curricular design from physicians and hospitals to college nursing faculty (Harker, 2017). This plan would not only work to supply the nursing shortage but would also change nursing education in such a way to provide different trajectories for nursing academic leaders. Although not free from controversy regarding the appropriate entry-level degree for nursing and the professional status of the associate degree graduate, the programs gained in popularity and grew quickly (Fondiller, 2001). Even though most nurses were still graduating from hospital-based diploma programs in the mid-1960s, overall education status of the general population was increasing since World War II (Catalano, 2015). The American Nurses Association took the stance that nursing education ought to be within institutions of higher learning (Catalano, 2015), and when nurse training started to move from hospital into colleges and universities, the need for nursing faculty (rather than medical) grew (Ruby, 1999). Nursing education – not training or apprenticeships – became the responsibility of nurses, creating a new avenue of nursing specialty.

Through this much abbreviated history of education in nursing, the profession has shown a consistency of change - a journey from home care by individuals who were prepared through apprenticeships to institutional care by those who were trained, first through religious affiliation and then governmental, to care within a variety of settings by those who were educated to differing levels. What would be considered formal nursing education began as hands-on, practical training based within hospitals, but political and governmental influence created changes that caused a shift into academic institutions (Catalano, 2015). Besides promoting the professionalism of nursing, the shift from training to education within institutions of higher learning allowed for the development of nurse educators and academic leaders (Ruby, 1999). Those who assume responsibility for the direction of nursing programs hold an important place within the nursing profession which encompasses many levels, distinctions, and specialties.

Current Status of Associate Degree Nursing Education

Nursing education today can be categorized by degree, such as the associate (ADN), baccalaureate (BSN), master's (MSN), and doctoral levels. Description by academic program includes these as well as Licensed Practical/Vocational (LPN), diploma, and RN-to-BSN programs. If characterized by specialties, the scopes of practice and divisions are almost limitless, including but not limited to various types of nursing practice such as nurse practitioner, clinical nurse specialist, nurse educator, nurse anesthetist, midwife, legal nurse consultant, lactation consultant, wound ostomy care nurse, and so on and on and on. There is virtually no restriction on the direction a career in nursing may take, which can be considered one of the strengths of the profession; however, it does make it difficult to gather a comprehensive view of the status of nursing education today.

Despite the many years of debates and differing opinions regarding the recommended entry-level degree for professional nursing, associate degrees in nursing are still a vital part of nursing education (Harker, 2017; NLN, 2018; Mahaffrey, 2002; Orsolini-Hain, 2012; Starr, 2010), being accepted by approving and accrediting agencies such as the National Council of State Boards of Nursing (NCSBN) and the Accreditation Commission for Nursing Education (ACEN). Furthermore, in response to a call for feedback on a vision statement for the American Association of Colleges of Nursing (AACN), the National League for Nursing (NLN) recently provided a news release that reaffirms its stance supporting multiple points of entry into the nursing profession and opposing efforts to require entry-level registered nurses to hold bachelor's or master's degrees (NLN, 2018). As indicated in the statement, more than 50% of new nurses start with an associate degree through which they obtain the required education to pass the licensing exam and practice as a Registered Nurse. Removing the ADN path into clinical practice could worsen the nursing shortage and, as the NLN avers, remove programs that have been instrumental in working to increase diversity within nursing (American Association of Community Colleges [AACC], 2018). The AACN's draft statement has also been opposed by the AACC as well as the Association of Community College Trustees (ACCT) (AACC, 2018). This is not surprising, particularly when looking at the numbers associated with these programs within the United States.

The National League for Nursing (NLN) tracks data that offer at least a partial look at the status of nursing education in the United States. At the time of this study, there were over two thousand basic Registered Nurse (RN) programs in the country: 994 in the South, 549 in the Midwest, 422 in the West, and 370 in the North Atlantic (NLN, 2016d). Of the significantly larger number of programs in the South, 617 were associate degree programs as compared to

only 366 baccalaureate and 11 diploma programs (NLN, 2016c). The Institute of Medicine (IOM) recommendation for 80% of nurses to hold a BSN degree by 2020 has likely caused a greater deal of stress in this region since there are more ADN programs.

Associate degree programs are growing and attempting to meet the needs of society which continue to require additional nursing positions with an expected 15% employment growth rate from 2016 to 2026 (U.S. Department of Labor Statistics, 2018). They have shown the most growth and constitute the greatest number of programs, from 977 in 2006 to 1418 in 2016 (NLN, 2016e). In comparison, baccalaureate programs have grown only from 644 to 884 in the same period (NLN, 2016e). This is concerning since associate degree nurses are encouraged to continue their education.

The 2010 Institute of Medicine recommended that, by 2020, 80% of nurses hold a baccalaureate degree or higher, but it is important to note that it does not state that a BSN is the required path of entry into the profession. According to the 2018 National Sample Survey of Registered Nurses, 48.5% of registered nurses (RNs) entered the profession with an associate degree, a higher percentage than any other type of educational preparation (U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis [HRSA], 2019). The same survey demonstrated that, while the goal of 80% of nurses with a baccalaureate degree or higher was not met, 63.9% of RNs had attained a bachelor or graduate degree (HRSA, 2019). Lifelong learning and continuing education are values of the nursing profession, and nurses who begin with associate degrees are well-situated to obtain more advanced education (Mahaffrey, 2002; Orsolini-Hain, 2012; Starr, 2010) which may improve their job prospects, especially in areas with greater competition for positions (U.S. Department of Labor Statistics, 2018). Leaders of ADN programs are key elements in providing

qualified, competent nurses to fill current clinical positions, but they are also in a unique position to facilitate ADN-graduate nurses' continued education. Through their positions within the nursing programs they lead, they can help to foster positive associations with advanced education in addition to forming collaborative relationships and articulation agreements with universities that offer BSN degrees. The push to promote continuing education for nurses at all levels continues from associations such as the National League for Nursing (NLN) and the American Nurses Association (ANA). This emphasis will require even more demand for qualified nurse educators and Nursing Academic Leaders.

Nursing Academic Leadership

Although Registered Nurses are expected to develop both teaching and leadership skills to perform their duties (American Nurses Association [ANA], 2015), moving from clinical to academic practice involves a significant transition process and requires orientation to the role (Billings & Halstead, 2012; Schoening, 2013). This transition is taken even further with the decision to proceed into academic administration in which the person must combine three disciplines: nursing, teaching, and leadership. For many, this move entails acceptance of a first-level academic administrative position as nursing director, dean, or the institutional equivalent, provided they meet at least basic requirements for the job.

Essential Requirements of Nursing Academic Leaders

Leaders of nursing academic units must meet requirements set by approving bodies, accrediting agencies, and the colleges themselves. For example, the Tennessee Board of Nursing (TBON) requires that each school of nursing have a full-time director who devotes 80% of employment time to administrative duties which includes the day-to-day management of the program (Rule 1000-01-.07). TBON rules further stipulate that the director must have three

years of experience as a full-time nursing educator or administrator in an approved school of nursing as well as a “master’s degree with a major in nursing from an accredited college or university, including or supplemented by courses in a program of studies in preparation for the responsibilities inherent in the position” (TBON Rule 1000-01-.07). The Accreditation Commission for Education in Nursing (ACEN) 2017 Standards and Criteria for associate degree nursing programs echo these by mandating that the nursing education unit leader have a graduate degree in nursing, meet governing organization and state requirements, and be experientially qualified, but further states that the nurse administrator be oriented and mentored to the role; have both the authority and responsibility for program development and administration, including preparation and administration of a program budget; and be allowed sufficient time and resources to perform necessary duties. Individual colleges create job descriptions for those taking the nursing academic administrator role which generally include statements incorporating the requirements and expectations already listed. They may differ between institutions, but they typically include a mixture of management and leadership responsibilities. With the continued nursing faculty shortage, it can be difficult to find qualified candidates who meet these requirements who are willing to accept a position that is often associated with stress and high turnover rates (Green & Ridenour, 2004; Mintz-Binder, 2014b).

Expectations of Nursing Academic Leaders

There are rather specific managerial tasks that are completed by the nursing academic administrator, but effective nursing academic leadership includes engagement of more abstract, “big-picture” leadership competencies as well as day-to-day management tasks. While carrying out both managerial and leadership responsibilities, nursing academic leaders take risks and face

challenges (Young et al., 2011) that are inherent to the position while using effective skills and characteristics.

Nursing director functions are much the same as for other first-level academic administrators in nonclinical disciplines, but nursing academic administrative responsibilities include additional items specific to health science programs (Glasgow et al., 2009). These include annual state board of nursing reports; strategic planning, self-study reports, and site visits for accreditation; addressing clinical placement issues and legalities, including patient care issues; clinical and laboratory budgeting; and the nursing faculty shortage (Glasgow et al., 2009). Nursing academic leaders are expected to advocate, engage in politics, establish relationships with faculty as a leader, and build consensus (Adams, 2007; Young et al., 2011) while establishing a team, finding qualified faculty, obtaining program resources, communicating effectively, and solving problems (Delgado & Mitchell, 2016). They must also provide vision (Adams, 2007); Horton-Deutsch et al., 2014; Patterson & Krouse, 2015), address incivility (Clark & Springer, 2010), promote justice (Gray, 2008), and take calculated risks/measures to reduce risk (Pearsall et al., 2014) while maintaining integrity (Delgado & Mitchell, 2016; Gray, 2008), values (Horton-Deutsch et al., 2014; Patterson & Krouse, 2015), and ethical behavior (Gevedon, 1992) that are so closely associated with this caring profession. Many of these challenges are captured within one of the NLN's *Excellence in Nursing Education Model's* (2006) eight core elements of "well-prepared educational administrators," which includes "academic environment savvy, budgeting & resource management skills, establish collaborative initiatives (internal & external), co-create healthful work environments with faculty, personnel management skills, and political skills." It is easy to see how this position, so important to the functioning of an academic department, can be quite daunting.

Recruitment/Retention of Nursing Academic Leaders

The role and responsibilities of nursing academic administrative positions may be daunting to some but enticing to others. There are many reasons why nursing faculty members may choose to accept positions as nursing academic leaders. Gazza and Sterrett (2011) noted that when vision and open opportunity plus need coincide, leaders frequently emerge. Adams (2007) suggested that the lures of positional challenge or variety, a chance to mix administrative duties with teaching, and opportunities to impact organizational climate and promote faculty growth and development draw some to the position. In fact, academic chairpersons who accept positions through intrinsic motivations tend to stay longer (Gmelch & Miskin, 1993). Sometimes they are simply recruited to the position by others (Young et al., 2011).

Though some may consider the challenges as opportunities or positive encounters, others may experience them as negative stressors, leading to job dissatisfaction or as deterrents to accepting the position at all. Positions of leadership in academic nursing departments are often considered to be stressful, with large workloads and many challenges (Flynn & Ironside, 2018; Mintz-Binder, 2014b; Patterson & Krouse, 2015; Young et al., 2011) which has caused some nurse faculty to be hesitant to accept promotions due to these concerns (Delgado & Mitchell, 2016; Mintz-Binder, 2014a; Mintz-Binder & Calkins, 2012). A recent study of nursing faculty leaders demonstrate that many felt they were "thrust" into the position and were unprepared for it (Young et al., 2011). Gupton (2011) had similar findings outside of the nursing specialty, discovering that academic chairpersons accepted positions because they were "drafted," "persuaded by the dean," or because there was "no one else"; some even reported filling the role only because it was temporary. Additional nursing academic leadership barriers involve time management and support, poor working relationships with upper level administrators, poor

personal relations with those higher in the chain of command, collegial relationships, and personal responsibilities (Delgado & Mitchell, 2016). It is interesting to note the relational aspect of many of these concerns.

Departmental leadership is challenging, difficult, crucial to the function of the college, and requires a significant investment of time to perform duties, yet there is a surprising lack of attention to the selection, recruitment, and retention of those who fill this role (Gupton, 2011). Department chair positions have increased responsibility, including the stressors of increased assessment for accreditation, but little power, and this is felt by these academic leaders as being overburdened or marginalized (Gupton, 2011). To help with the challenging nature of the position, many advocate for formal preparation and support through measures such as classes or mentorship (Gazza & Sterrett, 2011; Mintz-Binder & Lindley, 2014; Young et al., 2011). In their study of nurse educators/academic leaders, Delgado and Mitchell (2016) found that only 53.1% of participants had some type of leadership program or class, but most did find that it was helpful; of these, most received on-the-job training and mentoring while some had graduate-level leadership classes or external leadership programs. Fortunately, within nursing academic leadership, more agencies are addressing the need for leadership support and development by offering structured programs, such as the National League for Nursing and the Honor Society for Nursing Sigma Theta Tau International.

Socialization in Academic Administration

As people change roles, they experience organizational socialization (Van Maanen & Schein, 1979). Generally, transition into a new role involves a process of accepting, adjusting to, and assimilating into the position, presented from a multitude of perspectives through theories and models addressing leadership transition and socialization, but two that seem to be closest in

relevance for this study are those of Hart's (1991) stages of socialization and Gmelch's three dean passage rites (Wolverton & Gmelch, 2002). Although there is no formal theory specifically associated with the social transition process of first-level nursing academic administrators, Hart (1991) offers a framework synthesized from several models of organizational socialization which has been applied in academic context with department chairs and school administrators (Wolverton & Gmelch, 2002) and includes the stages of 1) encounter/anticipation/confrontation, 2) adjustment/accommodation/clarity, and 3) stabilization/role management/location. Wolverton and Gmelch (2002) identify three primary stages, or rites of passage, through which new deans progress: 1) separation, 2) transition, and 3) incorporation with two linking phases of engagement and re-engagement.

Organizational Socialization

In *Leader Succession and Socialization: A Synthesis*, Hart (1991) links leader succession with organizational socialization and directs this work toward principals rather than deans or directors, but the stages explained within are synthesized from multiple sources, adhere to the general progression of organizational socialization, and would likely be applicable to nursing academic leaders as well. During the initial stage of encounter/anticipation/confrontation, it is necessary for the newcomer to learn and to make sense of the new reality which may be affected by the amount of change experienced, by contrast, and by surprise regarding unmet expectations. Success within this stage rests upon "...the extent to which the expectations of the new member and the organization are realistic and the degree to which the newcomer is well matched with his or her new role" (p. 459). The next stage, adjustment/accommodation/clarity, involves the newcomer's attempts to accommodate or fit into the new environment. Multiple factors can affect this stage as the person works to clarify the role, establish relationships, and address any

resistance to change. An element associated with this stage is learning to "...cope with ambiguity" (p. 460). There is a great variance among scholars regarding the anticipated length of this stage, from a few months to a few years, but the expectation is that the leader will progress through this stage into a more effective role of stabilization (Hart, 1991). Depending on how one views the next stage, stabilization/role management/ location, it is a time of "settling in" (p. 460) and finding one's place in the culture or a time to prepare for another upcoming change. A key element discussed regarding the function of a leader in this stage is that of working between two sets of relationships, one with superiors and one with subordinates, which reaffirms the concept of first-level academic administrators within a role of middle-management as described by Wolverton and Gmelch (2002).

Dean's Rites of Passage

Within this model, the term "rites of passage" was borrowed from a Dutch anthropologist, van Gennep, who used it in the context of traditional tribal societies' recognition of events such as birth, death, selection of a chief, or other time of transition (Wolverton & Gmelch, 2002). It encompassed three stages, beginning with a separation of self from the familiar; progression through a time between the old and the new, a "time of isolation" (p. 20); and an entrance into a final stage in which the requisite changes have occurred and the person re-enters society within the new context. Through a self-reflective study, Gmelch defined a similar three-stage process in the transition to dean (*separation, transition, and incorporation*) but presented with two additional periods of time at the beginning and end (*engagement and re-engagement, respectively*) for a more complete picture of the process (Wolverton & Gmelch, 2002).

The pre-stage of *engagement* is a time of equilibrium prior to moving into the active stages of socialization (Wolverton & Gmelch, 2002). Here, the authors indicate a difference between progression from faculty to department chair and from chair to dean. This “professional plateau” (p. 20) is the time one spends within the role of department chair, in which one may or may not aspire to move further into administration. *Separation* “begins with letting go of something” (p. 20). It is envisioned as the decision to move fully into administration, in this application from department chair to dean, but at the Tennessee community college level, nursing faculty would make this choice when moving into a first-level nursing academic administrator (nursing director or dean) position since most of their work time (at least 80%) will be spent on administrative duties. Terms associated with this separation stage are “disengagement, disidentification, disenchantment, and disorientation” (p. 21). A person’s response while undergoing this stage ranges from exhilaration to exhaustion (Wolverton & Gmelch, 2002). *Transition* is “the time between the old job and the new – a rich time for insight and discovery” (p. 23). There is significant overlap as this stage begins when a move is anticipated and goes through both incorporation and re-engagement periods; in fact, there is overlap with all stages of this model to some degree (Wolverton & Gmelch, 2002). In this stage, a person will look for ways to decrease the time spent within the period, the time when one has moved away from the old but hasn’t quite settled into the new which can lead to what Wolverton and Gmelch have referred to as a “valley of despair” and a response of chaos and isolation (p. 21). There is no definite answer to the question of length of time to successful assimilation; just like with the adjustment stage in Hart’s (1991) stages of socialization, it may take months to years, if it occurs at all (Wolverton & Gmelch, 2002). Although the entire process may vary in time, the *incorporation* stage involves a predictable pattern of “taking hold, immersion,

reshaping, consolidation, and refinement” (p. 24). The response associated with this stage is renewal (action and learning) and, hopefully, a more comfortable positioning as an experienced administrator (Wolverton & Gmelch, 2002). The process ends/begins with a person re-entering a professional plateau and a state of equilibrium, but at a new level (re-engagement/renewal); alternately, a person may choose not to stay within the position for various reasons (Wolverton & Gmelch, 2002).

Socialization in Nursing Academic Leadership

While going through transition to a new role, a nursing academic leader interacts with many while being socialized to the role. In fact, several expected functions are based upon interaction and socialization, such as communicating; advocating; building teams, relationships, and consensus; politicking; and managing personnel (Adams, 2007; Delgado & Mitchell, 2016; NLN, 2006; Young et al., 2011), not to mention dealing with incivility in nursing education, both from students and from faculty, which has become a major issue within nursing programs (Clark & Springer, 2010; Mintz-Binder, 2014a; Mintz-Binder & Calkins, 2012). Nursing academic leaders interact with people: faculty, staff, students, peers, higher-level administrators, potential students, financial supporters, those at clinical agencies, and approving and accrediting bodies, just to name a few. They also interact with structures and processes such as college and program policies, established curricula, clinical requirements, accreditation standards, evaluation procedures, and traditions held within the college and program.

Associate degree nursing program directors and deans have a social obligation inherent in the positioning of this degree within the hierarchy of nursing. While graduates have met requirements to sit for the National Council Licensure Examination for Registered Nurses (NCLEX-RN) and practice as such (NLN, 2018), they are encouraged to continue their

educations and pursue higher degrees (IOM, 2010; Orsolini-Hain, 2012; Starr, 2010). This is not to say that every ADN must return to school, but it is imperative that the opportunity be available. While the 2010 IOM Future of Nursing Report may have caused some concern, associate degree nursing remains a valuable method of educating nurses; the report recommendations also provided opportunity for discussion regarding increasing opportunities for collaborative partnerships designed to further a nurse's education after entry into the profession (Orsolini-Hain, 2012). Effective nursing academic leaders of ADN programs must interact carefully with the public, peers, students, faculty, and college and university administrators to promote the value of the ADN degree while encouraging further education and building pathways through agreements with BSN programs for seamless articulation.

Summary

As the nursing profession changes to meet societal needs, so follows the education of nurses. Consistent, effective nursing leadership is required to guide programs through changes in academia. While an important position, it is saturated with challenges as well as opportunities and obligations to socialize, especially within associate degree nursing programs, and although no theory specifically concerning nursing academic leadership transition has been found, moving from a faculty position into a first-level academic administrative role involves a socialization process. General processes of organizational socialization and leadership transition may be applied to new nursing academic leaders, but it is important to have further qualitative study into how those who move from nursing faculty to first-level administration describe and apply meaning to their specific socialization experiences as they progress through the general processes of organizational socialization.

CHAPTER III: RESEARCH METHODS

The position of first-level nursing academic administrator is associated with a great deal of interaction, especially within the time of transition from faculty member to academic leader. It is a role associated with stress and high turnover rates that calls for examination to fill a gap in knowledge of the socialization of nursing academic leaders, thus contributing to a knowledge base that will provide support and insight to stakeholders associated with such positions. Due to its ability to provide descriptions and perceptions through a primarily inductive nature (Neergaard, et al., 2009), I chose to use qualitative methodology to answer the research questions:

1. How do nurse faculty describe socialization experiences as they transition into first-level nursing academic administrators in community colleges of Tennessee; and
2. What meanings do they ascribe to their interactions with people, structures, and processes of the nursing academic leadership position?

The first question asks participants to identify socialization experiences they have encountered and describe them in their own words. The second question asks for the meanings that participants have given to their various interactions. Because this study intended to explain rather than predict, and because the explanations came from the participants themselves, I used the qualitative descriptive method. This method does not require abstract interpretation by the

researcher, but reflects participant description and interpretation (Neergaard et al., 2009; Sandelowski, 2000). Although it is less interpretive than other qualitative methods, it does allow for greater explication and is much less limiting, as compared to quantitative methods (Sandelowski, 2000), providing a more detailed picture of socialization experiences and relational interactions. I elicited participant-focused data through semi-structured interviews with open-ended questions that allowed participants to freely tell their stories. Using open-ended interview questions and face-to-face interactions produced an abundance of rich data used to render a picture of the process, keeping alignment with naturalistic inquiry by forgoing pre-selected or manipulated variables of study (Sandelowski, 2000). The dearth of information specific to the topic merited a study that gathered information from those who share a common regional and professional culture, determining commonalities of experience. Using the qualitative descriptive method allowed for a closer adherence to the participants' own descriptions and meanings with less conceptual interpretation by the researcher (Neergaard et al., 2009; Sandelowski, 2000). This study did not simply identify *what* occurred during their transitions into academic leadership, but also the participants' perspectives and meanings of the events. Within qualitative description, the researcher is not required to adhere to a theoretical view but may identify a focus of study and/or a conceptual or philosophical framework through which the experiences of the participants are presented (Sandelowski, 2000). In this case, the study's focus was on the socialization experiences of the nursing academic leaders as seen through the philosophical framework of symbolic interactionism (SI) which avers that, through interaction and interpretation, people make meanings of things which then influence how they act toward those things (Blumer, 1969).

Philosophical Framework

The philosophical concept that had significant influence on the creation of this study is that of Symbolic Interactionism (SI), in which Blumer (1969), the leading figure of SI, offers three essential premises. The first is that human action toward things is based upon the meanings that the things have to them; “things” may include people, objects, ideas, or institutions. The second is that meanings come from social interaction, and the third is that the person engaging with “things” handles and modifies those meanings through an interpretive process (Blumer, 1969). The research questions embraced SI as they addressed how nursing academic administrators describe the experiences of interactive processes of transition and socialization; participants created descriptions of their experiences by assigning meanings to those things with which they interacted as well as to the interactions themselves. Furthermore, the premises of SI provided a cohesiveness – an anchor - to the data collection and analysis process by focusing on the participant-described interactions and their ascribed meanings.

Participant and Setting Description

All participants led on-ground, associate degree nursing programs in community colleges of Tennessee that were fully accredited by the Accrediting Commission for Education in Nursing (ACEN), approved by the Tennessee Board of Nursing (TBON) and part of the Tennessee Board of Regents (TBR) system. They held a variety of titles; the majority were directors, but some were deans. These delimitations allowed the group to be studied by job title, program type, and regional academic culture. Recruitment from ACEN accredited programs ensured that participants were selected from schools of nursing that met certain standards and allowed convenience in the acquisition of potential participant contact information through their public

website. All participants had a master's degree in nursing, meeting the Board of Nursing's requirements, and 6 had some type of doctoral degree.

Each worked as a nurse faculty (either in that institution or with another) prior to accepting the position. Years of academic leadership experience varied, but half had been in the position for less than five years and seven had held the position for less than ten years. Years of faculty experience also varied, but the majority had at least ten years prior to accepting their positions. Another interesting point regarding past experience is that half held some type of academic, non-administrative leadership role, either formal or informal, before becoming a nursing academic administrator. For instance, while still working as faculty, they had additional responsibilities as course leaders, level coordinators, or similar positions. Even without holding official leadership titles, some considered themselves as unofficial peer leaders. At the time of the follow-up interviews, three participants fell within the 43 – 54-year age range, or what is generally considered to be Generation X, and three fell within the 55 – 73-year age range, or the Baby Boomer generation. Because two participants did not complete follow-up interviews, their ages were undetermined.

Half were responsible only for a nursing program. The other half were responsible for other allied health programs, assisted with other programs, or were working to create other non-nursing programs. An approximate number of full-time nursing faculty they managed was 14, and the number of part-time or adjunct faculty varied greatly. Staff members varied from 1 - 4 per school. The number of nursing students enrolled at any given time also varied, but the average was approximately 200. Slightly more than half report to a department dean while the remainder report to a vice-president, although the specific titles differed between schools.

Participants managed nursing programs situated on 1 - 3 campuses, with most having multiple sites.

The TBR is a system of higher education that provides policies and guidelines that govern the associated institutions which include colleges of applied technology, community colleges, and TNeCampus - a TBR collaboration offering online courses and programs (Tennessee Board of Regents [TBR], n.d.). While each institution may differ from others in some ways such as organizational structure or specific implementation of general policies, the primary foundation is that set by the TBR. This study's participants were the nursing academic leaders of programs offering Associate of Applied Science (A.A.S.) degrees for nursing; these degrees were offered through all 13 community colleges governed by TBR, but one is new and not yet accredited by ACEN, thus making its nursing director ineligible to participate in this study.

From the 11 invitations sent to first-level nursing academic administrators, 8 agreed to participate and three did not respond. They were from 5 of the 6 eligible colleges located in East Tennessee, 2 of the 3 in Middle Tennessee, and 1 of the 3 in West Tennessee. The eight community colleges from which participants hail share a common culture through governance of the TBR which promotes a common overall mission and purpose for higher education in Tennessee. Participants represent the expanse of the statewide system, which has multiple locations in varying geographic areas, enabling access to higher education in order to create a well-trained and educated state workforce (TBR, n.d.). The TBR associate-degree nursing programs are also bound by common expectations of approving (TBON) and accrediting (ACEN) bodies. Specifically, the TBON sets essential requirements for initiating and

maintaining a school of nursing including educational and experiential requirements for the directors.

Participant Selection

Qualitative descriptive studies may employ any qualitative purposeful sampling technique (Neergaard et al., 2009; Sandelowski, 2000). For this study, I used purposeful theoretical sampling based upon job title, program accreditation, and immediate prior academic experience to select potential participants from the 13 on-ground Tennessee Board of Regents community colleges with associate degree nursing programs. The ACEN website allowed me to determine which nursing programs were fully accredited at the beginning of the study and provided contact information for the nursing academic leaders. Because this is a defined group through regulation by the TBR, after obtaining Institutional Review Board (IRB) approval from the University of Alabama, I sought approval through the main academic office of the TBR. This office delegated institution IRB approval to the individual colleges of the potential participants, so I sent emails to inquire regarding IRB requirements to each of the appropriate offices at the 12 colleges that had programs which were ACEN accredited. The processes varied between institutions. At some, the approval from the University of Alabama was accepted without need for further steps. For the rest, I followed appropriate processes and gained approval from 11 of the 12 potential sites. The twelfth had an information request that was not clear and did not respond when asked for clarification. I assured all participants that, although IRB approvals were sought and obtained through their schools, no one at their institutions, including those within the IRB departments, would be told whether they were participating in the study. I recruited participants through letters of invitation (see Appendix B) sent to listed email addresses and phone calls to published office phone numbers. Of the 11 approved sites, 8

nursing academic leaders agreed to be part of the study while three did not respond.

Participation at all 12 sites would have been ideal; however, this 67% participation represented all areas of the state, provided a varied pool of participants, included schools that differ in location and size, and ultimately provided an abundance of rich data.

Data Collection

The primary sources of data for this study were semi-structured interviews with participants, using open-ended questions, conducted by a single researcher. To provide descriptive context, however, I also created field notes that captured observations made before, during, and after interviews. This data was not used in an interpretive fashion for final data outcomes but assisted in providing a full picture of participants' environments and relationships. They also served to help construct composite identities through which findings were reported. At each initial interview, I met the participant and reviewed the consent form, creating two copies of the form when signed; one was kept by the researcher and the other was provided to the participant. After obtaining consent, I began the audio-recorded interviews. Gathering data through face-to-face meetings helped establish trusting, collaborative working relationships and allowed me to respond to body language. For instance, in one case, the participant opened her mouth to begin speaking but hesitated. Noticing this, I remained quiet and allowed the participant time to contemplate before continuing to speak. After all eight initial interviews were conducted, I held secondary interviews with six participants to clarify data and validate conclusions. Although one participant eagerly agreed to participate in the study and was engaged during the first interview, she did not respond to email and phone requests to schedule a follow-up interview. The other participant who was not interviewed a second time initially responded positively to a request for a follow-up meeting but did not respond beyond that to set a

date and time. Due to the large amount of rich data obtained through the initial interviews, I deemed a third round of interviews unnecessary. I audio-recorded and transcribed every interview for analysis.

The interview guide elicited basic descriptive demographic data and focused the gathering of information used to answer the research questions. Its creation was influenced by the underlying principles of Symbolic Interactionism (SI). Keeping in line with SI's basic tenets (Blumer, 1969), participants were asked to report the "things" (people, structures, and processes) with which they interact, how they interact, and the meanings assigned to the interactions. Questions 1 – 3 gathered information that comprised a descriptive context of the participant's position, educational preparation, and prior academic employment. Questions 4 and 5 helped to describe the programs and the organizational structures of the school. Questions 6 – 8 asked about the decision to accept the position as well as who or what may have caused influence. Question 9 helped to determine the nature of relationships prior to the transition and how they may have changed while questions 10 and 11 were most directly related to answering the research questions. Question 10 was more open-ended as compared to question 9 to allow the participants to discuss meaningful relationships they experienced, formed, or reformed while question 11 asked the participant to apply meaning to them. Question 12 intended to define the endpoint of the transition process and gave the participant an opportunity to discuss his or her own perception of competence. Questions 13 and 14 were reflective; question 13 was related to the participant's interaction with self and question 14 solicited information regarding whether anything was or could have been done by the organization, professions, self, peers, or others that would have aided in the transition process. Question 15 gave the participant opportunity to

provide any additional information perceived to be important that had not already been covered within the interview.

I assured each participant of confidentiality through the letter of invitation and the informed consent form. Audio recordings (on digital recorders), a single hand-written list of names paired with pseudonyms, hard copies of transcripts, and handwritten notes were kept within a lockbox to which only I had access, while electronic files were kept on an encrypted flash drive. I kept consent forms in a separate locked file cabinet and erased the audio recordings of interviews after transcription. Data will be kept for five years (Creswell, 2014) before being destroyed. At that time, I will shred paper data and delete electronic files. As an additional step to address the ethical issue of privacy, I created composite identities to present the findings and assigned pseudonyms to these identities. This creative process involved yet another analytic step, further described in the data analysis portion of this chapter.

Data Analysis

Data analysis for this qualitative descriptive study is qualitative content analysis (Morgan, 1993; Neergaard et al., 2009; Sandelowski, 2000), influenced by strategies similar to interpretive description (Thorne, 2016), constructivist grounded theory (Charmaz, 2006), and Miles & Huberman's approach (1994) as presented by Neergaard et al. (2009). It provides a descriptive summarization of the data using codes that are generated from the data and then systematically applied to similar data content (Morgan, 1993; Sandelowski, 2000). The process consisted of three levels of coding from which emerged four overarching themes. I conducted data collection and analysis simultaneously, resulting in a qualitative content analysis process that was reflexive and interactive (Sandelowski, 2000). Analysis continued until no new codes or themes emerged, indicating data saturation.

Transcription into electronic written format occurred as soon as possible after each interview, followed quickly by level 1 coding which involved an open, initial coding process to assign descriptive words or phrases to segments within the transcribed initial interviews, using occasional in vivo coding (Saldana, 2016) as appropriate. At times, to help with identification of commonalities or differences, I recorded insights in margins or highlighted particular phrases (Neergard et al., 2009). An extensive iterative process occurred in which each code was identified, compared, and contrasted to other data contained within the same interview and in all other interview transcripts. This constant comparative process (Charmaz, 2006) was maintained throughout the entire process of conducting, transcribing, and analyzing all eight initial interviews. These codes included items such as “meeting needs,” “importance of relationships,” “not seeking position,” and “competency as a process.” After attempting to categorize these codes, it became clear that to present *how* the participants viewed socialization experiences, those experiences first needed to be defined in terms of *what* they were.

Thorne (2016) describes an approach in which data is grouped with the intent to be better defined at a later time. Therefore, level 2 coding consisted of creating groupings that reflected socialization experiences as revealed by participant data. As the initial codes were grouped, five common experiences emerged: using prior experiences, accepting the position, establishing or re-establishing relationships, facing challenges, and achieving competency. To create this list, I examined each newly revealed experience to determine whether it would stand alone or be subsumed by an existing group. While this process resulted in an adequate list of socialization events experienced by the participants, further data collection and analysis were required to offer full participant description and perception of meaning.

Follow-up interviews facilitated validation of information obtained in initial interviews and identification of the meanings the participants attributed to the socialization experiences. During these interviews, I discussed the five experiences identified through the level 2 coding process and organized my questions according to these groupings. I asked participants to expound upon these concepts and to provide examples that would help illustrate how they described and perceived socialization events during their transitions from faculty to academic administrator. While every participant was asked about each grouping, the actual questions varied slightly, based upon the original data from the first interviews. For example, one participant may have initially spoken at great length and provided significant details regarding the topic of facing challenges; only a validation of understanding would have been required in this case. Another participant may have spoken in generalizations regarding the same topic; this participant would have been asked to provide a sample experience for greater understanding.

Level 3 coding involved analysis of data obtained from the follow-up interviews in the context of the five groupings. Again, I performed transcription and segmental coding as soon as possible after the interviews, examining the data to determine whether existing codes could be applied and if any new codes would emerge. There were no significant new codes, but the additional step of conducting secondary interviews was invaluable as analysis showed that there were actually four groups of experiences instead of five, with *using prior experiences* emerging as an overarching theme for the entire process. Further, the names of these groups better reflected the participants' descriptions of their experiences, addressing the first research question. These categories were *agreeing to serve, establishing or re-establishing relationships, facing challenges, and pursuing competency*.

While identification of these categories answered one research question, it did not completely address the second which involved how the participants made meaning of their experiences. I continued to analyze, refine, and group data content within each category in an iterative fashion until themes emerged that identified behaviors that revealed how participants interacted with, or made meaning of, socialization events of their transitions. These four overarching themes are *using prior experiences*, *servicing*, *changing perspective*, and *seeking guidance*. A table helped to organize and explain the relationships between the themes, the categories, and the underlying codes upon which the categories were built (see Appendix D). For instance, underlying codes that build the category of *agreeing to serve* are “not seeking position” and “meeting needs.” Exploration of data contained within categories revealed the overarching themes. For example, the theme *using prior experiences* emerged from data within the categories *establishing or re-establishing relationships* and *facing challenges*, while the theme *changing perspective* emerged not only from data within these two categories but also *agreeing to serve* and *pursuing competency*.

At the end of the data analysis phase, I conducted an additional analytic process to create composite characters for the participants to help protect their privacy and to facilitate data presentation in Chapter IV. This academic system is relatively small, and even seemingly insignificant details about appearance or organizational structure could offer clues to participant identify. Also, attempting to present findings using the individual voices of all eight participants would be confusing and redundant since they frequently repeated similar viewpoints, but it was essential to maintain context and personalities for better accessibility and reader comprehension (Willis, 2018). When it is important to protect the privacy of participants and to help provide digestible, understandable stories from multiple participants, composite narratives or identities

are sometimes used (Bluebond-Langner, 1978; Wertz et al., 2011; Willis, 2018). After deciding to use this technique for data presentation, I had to consider how to condense multiple voices into just a few representative characters. Ultimately, three identities sufficed to address this ethical issue. To create them, I reviewed interviews and field notes, looking for common themes and making note of characteristics, adjectives, descriptions of self, anything that indicated similarities or marked differences. My original intent was to group the participants based upon common characteristics, but there were many, and no distinctive identities emerged. At that point, I noticed that they were all discussing certain aspects of the job but with varying levels of frequency and emphasis. These aspects related to their primary foci of job performance. Some were more emphatic about the program, some about relationships, and some about the job itself; therefore, I based identities on topics upon which participants seemed to focus, as identified from interview data and perceptions as recorded in the researcher-generated field notes. Each participant identified primarily with one identity as defined by job performance focus but not to the exclusion of the other two. This allowed the opportunity to create three distinct identities to represent all eight participants without losing any critical elements of their personalities or responses. Each participant was not designated to only one specific identity because they all contained aspects of every character and all valued the three foci (program, relationships, and job); the foci were able to be identified just because each participant tended toward one of those areas just a bit more frequently or emphatically. After giving pseudonyms to the identities, I assigned descriptive specifics such as title, years of experience as faculty, time within position, and other background information that fell within the actual ranges of data given by participants. Several shared similar characteristics such as mannerisms, speech patterns, office décor, and other features. I randomly applied these characteristics, derived from the actual participants'

words and from researcher observation, to the three identities which resulted in identities in which no one person would be identified. Quotations attributed to identities are actual quotes from interview transcripts. The resultant identities were

- Martha: program-focused who was practical, pragmatic, and detail-oriented
- Carol: relationship-focused who was personable, friendly, and with big-picture vision
- Helen: job-focused who was strategic, administrative, and had a process perspective

Limitations

In using these composite identities, I recognized that some forms of individuality would be lost. Specific data for each participant would not be reported, including but not limited to physical appearance, years of experience, and exact titles; however, after much review, I determined that the loss of individuality would not have an impact of overall results and was necessary to protect participant privacy. The result was an artistic representation of many personalities which highlighted the critical elements without losing any essential components relating to the aims of this study, making the findings more accessible and easily read (Willis, 2018). Most importantly, presenting findings in this way helped to provide accurate participant data through their words while helping to maintain anonymity, one of the benefits of the approach as described by Willis (2018). In fact, this is a technique that I have used, albeit much less formally, while teaching nursing classes to help them understand illness trajectory while maintaining patient privacy. For example, to help students understand the effects of a disease on a person, I would create a case study around one character who was created from characteristics of multiple patients I had cared for over the years. I would give the patient a made-up name, an

age, physical symptoms, and responses to treatments. The case study did not represent one actual person, but it did convey the critical elements of the process that the students needed to understand. The overarching message was of greater importance than specific, individualized details.

Other limitations of this study included researcher bias and lack of generalizability. I addressed researcher bias through reflexivity, audit trails, participant data clarification and validation, and careful analysis of outlier data. While lack of generalizability may be considered a limitation by some, it is not the intent of this study to be applied to all nursing academic leaders; rather it describes the findings associated with a particular group.

Use of member checks, or participant validation, addressed concerns regarding the validity of data. Qualitative descriptive studies strive for *descriptive validity*, an accurate rendering of events, and *interpretive validity*, an accurate report of event meanings as interpreted by participants (Sandelowski, 2000). Participant validation through follow-up interviews was exceptionally important and helpful in achieving data analysis accuracy, to ensure that their provided information and representation of the data were accurate.

Ethical Considerations

The primary areas that are likely to cause ethical concerns in qualitative studies are population, recruitment, data collection/management, informed consent, and consideration of sites. For this study, the population was not a group considered to be vulnerable or at high risk for exploitation, and the limited number of those in the identified population did not present a challenge in ethical selection of participants. Fair subject selection considerations, such as equal opportunity to participate, were balanced with purposive sampling to ensure recruitment of those who will best contribute to the stated purpose of the study. There was no coercion to participate;

information emphasizing the fact that participation was voluntary and that anyone may withdraw from the study at any time was included in the letter of invitation and informed consent form. This form also included sections that addressed the identity of the researcher and sponsoring institution, the reason for participant selection, time commitment, benefits, risks and how they have been managed, an explanation of the study with an offer to answer questions, the voluntary nature of participation, and confidentiality expectations (Rudestam & Newton, 2015). The letter of invitation and the consent form disclosed the fact that, although the researcher was employed as an assistant professor of nursing at one of the community colleges within the TBR system, this is an independent study and not sponsored or funded by the TBR. I did not receive financial reward from TBR for the completion of the study or other compensation except for the recognition of scholarship and professional development as would occur through completion of a doctoral degree linked to any other topic of research. Data collected are confidential; they have not and will not be shared with the TBR except through any final, published work in which the presented, analyzed data are de-identified

Data collection and management relating to privacy and confidentiality are important ethical concerns because participants were asked to share details regarding current practices and places of employment. I kept audio files of interviews (on a digital voice recorder without internet connection), paper copies of transcribed interviews, and written notes in a secured lockbox, and I placed signed consent forms in a separate locked file cabinet. Transcriptions of sessions occurred on a personal password-protected computer, on an encrypted flash drive. After transcription, I deleted audio recordings of interviews. I assigned each participant a pseudonym to be used for data collection and did not identify the schools of nursing by names or specific locations, destroying the single written list of participant names and pseudonyms which had been

kept within the lockbox to allow for follow-up interviews and data clarification. To help further protect privacy, I used composite identities represented by pseudonyms to present data findings.

Ethical consideration of the site included respecting the physical site itself and asking participants when and where they preferred to meet for the interviews. This addressed a concern for the participants' privacy and comfort, hopefully helping to foster trusting relationships. The majority of participants preferred to meet within their offices, and most opted to close the doors. Although a couple did choose to leave doors open, the physical layout of the space allowed for privacy. One participant began the meeting in one room, but after remembering the classroom recording equipment present, chose to move to another space. Two chose to meet in conference rooms, at tables in which there was no desk or other separation between participant and researcher. At times, I was required to present to an information desk or administrative assistant's desk to contact the participant, but in no such instance disclosed the purpose of the meeting.

Summary

The research questions and purpose for this study required a qualitative methodology to provide the in-depth information needed. Because participant description was desired, a qualitative descriptive method was used, employing semi-structured interviews as the primary form of data collection. Data analyses were descriptive rather than interpretive in nature, giving a picture of socialization experiences and meanings applied to them by the participants. Careful collaboration with participants helped to ensure that data representation was accurate and valid. Confidentiality was stressed and maintained throughout the process, particularly due to the common organizational structure of the participant group.

CHAPTER IV:

FINDINGS

To present the findings of this research, it will be helpful to begin with a description of the composite identities that were created. They are used to present the perspectives of the participants throughout the chapter and to help protect the privacy of participants since detailed descriptions of individuals could offer clues to actual identities. Throughout the interview processes, participants' foci of job performance seemed to be the program, the relationships, and the job itself, so identities were created based upon these topics. While the identities themselves are fictitious, they are based upon the conglomeration of participants, and characters' words are actual quotations from interviews.

Following these introductions, data are organized and presented by the overarching themes that emerged from analysis of the categories identified in the level 3 coding process. The categories revealed primary socialization events as perceived by the participants and gave some indication to how they would describe their role transitions. There is much overlap and interaction between the primary socialization categories described by the participants, but they are identified as agreeing to serve, establishing or re-establishing relationships, facing challenges, and pursuing competency. While this is helpful information, it did not fully answer how participants described and made meaning of socialization experiences as they transitioned from faculty to academic leaders. Further analysis revealed the overarching themes of *using prior experiences*, *servicing*, *changing perspective*, and *seeking guidance*, which is how the data will be organized following the presentation of the composite identities.

Composite Identities

Martha is a white female in her late forties who has been Director of Nursing for three years. She has associate's, bachelor's, and master's degrees in nursing education and leads a nursing department of approximately ten full-time faculty. At the time she entered the director's position, the department was experiencing significant change in the organizational structure, but she had taught in the department for eight years and was familiar with most of the faculty and staff. During interviews, she was dressed comfortably in soft, stylish clothing with her shoulder-length hair pushed away from her face by reading glasses sitting on top of her head. Office surfaces were covered with notes, spreadsheets, diplomas, pictures, and other mementos relating to both nursing and education. She sat back in her chair and focused on the researcher with an intense gaze as she gave answers after careful consideration, sometimes asking for clarification of questions. Frequently she would offer examples to clarify her responses. Her leadership style reflects a collaborative approach to departmental issues, and she often seeks out advice from experienced faculty before addressing the entire group. Overall, Martha presents as practical, pragmatic, and detail oriented, one whose primary focus is on the program.

Carol is a black female, approximately 50 years old, who has been Director of Nursing for five years. She has a bachelor's degree in nursing and a doctorate in education. The nursing department she leads has eight full-time faculty. Before becoming director, she taught for one year within the department, but 12 years at another school. When she entered the position, the division was experiencing some change in personnel. At the interviews, her appearance was fashionable, professional, and well-coordinated. Office walls and shelves were covered with many personal effects, decorations, and pictures of students. When speaking, she would frequently lean forward and become animated, providing detailed stories and conversations.

Carol identifies as a peer-leader with a democratic, collaborative approach to leadership. She appears to be personable, friendly, and willing to embrace big-picture vision. Her primary focus seems to be on relationships.

Helen is a white female in her late fifties who has been Dean of Nursing for ten years. She has a bachelor's and doctorate in nursing and leads the nursing department of 12 as well as two other health science departments at a large college. Prior to accepting her current position, which was during a time of relative stability, she taught for a total of 13 years at two nearby colleges. During the interviews, she was dressed professionally with well-manicured nails and stylish hair with faint streaks of gray. Her posture was erect but comfortable as she sat at her desk in an office that was well-organized with many books, folders, and files. Other than her diplomas, there were few other personal effects present. While her answers were complete and forthcoming, she often answered with generalizations, rarely giving personal examples unless prompted to do so. While she values input from faculty, she adopts a more authoritative style of leadership and is genuinely concerned with program and faculty progress. Helen seems to be strategic and administrative with a process perspective and a primary focus on the job.

Using Prior Experiences

Participants frequently drew upon prior experiences to help as they established or re-established relationships and as they faced challenges. These experiences came from previous relationships as well as both academic and clinical practice. A few mentioned formal leadership training, either through seminars or as part of degree requirements, but it seems that previous experiences involving leading others had the most impact. As Helen shared,

I think that probably, if someone came into this type of position with no experience at all, I would think that it would be very stressful. Because even coming in with prior leadership experience, prior administrative experience, there were still things that were

very stressful about it. And I think that's probably why sometimes we see a lot of turnover in nursing administrative positions.

Using Prior Relationships

For those who were promoted from within the department, prior interactions with faculty significantly factored into participants' experiences. While internal promotion occasionally caused a bit of conflict, knowing the program and being an insider was ultimately considered an advantage. These leaders were not faced with learning new personalities or having to discover team members' strengths or weaknesses without prior exposure. One point that was brought up by some was the realization that relationships varied based on the level of faculty experience. Those who had taught longer were approached differently, at times being sought out for discussion and input before matters were taken to the entire group. This approach was used strategically, to garner support and approval, and as a way of seeking advice from those with experience. In Martha's case,

That gave me, I think, an advantage over somebody coming in from the outside, was I knew my people. I knew how to sell things. You know, if we were gonna have to do something, and I knew where my resistance was going to be, I knew how to approach those people and explain what's going...I knew how to get buy-in.

There were instances of past relationships outside of institutions being used for clinical connections, guidance, networking, and faculty recruitment, but it was the descriptions of being promoted from within that illuminated the largest advantage of being able to use prior relational knowledge.

Using Prior Academic Experiences

Some of the advantages of having past academic experiences from which to draw may be rather obvious. Having a knowledge of academic culture, knowing how to teach, recognizing academic jargon, and being comfortable with the content form an invaluable, if not essential,

foundation for the nursing dean or director. After all, the Tennessee Board of Nursing does require nursing education experience for directors. Through prior teaching experience, participants had opportunities to manage people groups, practice communication, assess performances, and oversee projects. In addition to being faculty, participants also frequently had held non-administrative positions of leadership such as course leader or level coordinator. One cannot diminish the value of established credibility. As prior instructors, nursing academic leaders relate to the issues that are faced by their faculty members. Carol stated,

I try to always remember that I was once in that classroom and so, when I'm doing things as it relates to implementing new ideas and new initiatives, I always make sure that I have a faculty sit here and say, 'Tell me why this won't work.'

Knowing the department and having functioned as a faculty member has shown to be helpful, but even if one had prior teaching experience, it did not guarantee an immediate understanding or acceptance into the institutional culture. When discussing how nursing departments were traditionally viewed on campuses, participants' words conjured up images of separation, of being distinct and set apart; however, by having an awareness of this culture, participants are using these past experiences to create a new dynamic, one of greater integration and cooperation with other institutional departments.

Using Prior Clinical Experiences

Participants were also able to bring prior clinical work experiences into the academic setting. They were able to take tasks, such as creating work assignments and managing budgets, and transfer some of those underlying skills. Sometimes they reflected upon past successes as clinical leaders to boost confidence in approaching the academic administrative position. However, skills that most stood out were those relating to people management, and, even then, participants were careful to clarify that the clinical world is much different than the academic

world. Within the academic arena, nursing academic leaders have many people for whom they feel responsible which includes faculty, students, and patients. They not only have to consider policies and legalities of the academic setting, but of multiple clinical agencies as well. Having a background in clinical practice and patient or staff interactions provided an expanded foundation of prior experiences from which they could draw.

Serving

“I am a servant,” Carol exclaimed with a large smile. Indeed, this was a sentiment expressed by all participants in varying ways. The concept of service emerged frequently as they spoke of agreeing to serve in the position, establishing or re-establishing relationships, and facing challenges. Each participant was not seeking the position, was thinking of others, and worked to meet the needs of students, faculty, school, community, and nursing in general. As Helen stated, “I love my profession enough that I saw this as a huge opportunity for me to give back.” This service to others was often a motivator when participants were facing challenges. For example, one of Martha’s primary concerns was the continuance of the nursing program. When asked what helped her through the initial challenges of the job, she replied,

Well, I prayed. I mean, I just, I’m just being honest. I prayed about that situation over and over. Every day I asked for wisdom. Give me wisdom to know what to do next. Because I didn’t want the program to shut down.

Not Seeking the Position

Not one of the participants began by seeking out the position. For each program, the opportunity arose with a vacant nursing academic leadership position, open either because it was vacated by the predecessor or newly created. The participants’ decisions to take the opportunities varied slightly. Martha was already working within the institution and was asked to be interim which led to a permanent position. The phrase she used to describe how she

decided to accept the job was “wrangled into it,” said with a grin and a laugh. Carol was already functioning, in some ways, as the group leader, comfortably situated in her position with no plans to change. She recalled how a friend persuaded her to consider the director’s position, “But, my thing was, I was not looking for a job because I had the mentality of ‘I’m going to ride this out,’ but the person who strongly encouraged me to do it, she said, ‘That’s not you. You will regret not taking it.’” Helen was also not planning to leave her job at another institution, but when she was approached by someone regarding the dean’s position, she carefully considered the opportunity and ultimately decided to apply. She reminisced, “...it just seemed like a natural transition, and they just said, ‘Are you interested?’ And I said, yes, I would be happy doing this.”

Two of the most consistent findings when looking at factors that influenced the acceptance of the position were the encouragement of others and the value placed upon the programs. Encouragers included friends and acquaintances, spouses, faculty, supervisors, family members, other college employees, and predecessors. This support helped to convince some to progress from already established positions. Besides encouragement, participants also considered the value of the programs when agreeing to serve, especially based on reputation and quality. The programs – entities comprised of the faculty, students, and other associated people, as well as the outcomes and legacies – had a major effect upon participants’ decisions to take on leadership of those entities.

Thinking of Others

Actions that participants were taking, from accepting the position to managing daily challenges to leading through changes, represented commitment to others. They expressed how they wanted to support faculty and students, but some also disclosed fears of unknown leaders coming from outside the institution. Carol stated, “I think that we had done such a turnaround in

attitudes, and turnaround *overall*, that I think the faculty were probably the ones pushing me the most to stay in the position, because I think that everybody was fearful who would come in.” All expressed the desire to strengthen and grow their programs. Thinking back to when she agreed to serve, Helen stated,

I wanted it to be a growth-producing environment for students that prepares them to start to serve, and that we can model caring...how we model it is how they're going to care for their patients. Just, creating that kind of environment...I felt like I wanted to try leading in that way.

In this dedication to service, they sometimes neglected to consider themselves. When asked about how changing relationships made her feel, Martha replied, “Um...I've never thought about that. Because nobody's ever asked me that. How does that make me feel?” She continued,

Well, I kind of feel like I'm rather...and people might disagree, people that know me better might disagree, but I feel like I'm rather pragmatic, and I don't think a lot about 'how does this make you feel?' because, even growing up, it never was really an option. You didn't really get to think about how it made you feel. You just had to go do it. You know what I'm saying? So, thinking about how it made you feel really didn't add to the experience...or detract from it, so, you know? You just did it.

Meeting Needs

In accepting the positions, participants were meeting obvious needs of the programs, faculty, and students. An approved, accredited nursing program must have a designated leader who meets specifications, someone to oversee the program and manage the operations.

Supporting students and helping to change their lives through education was a strong motivating factor for participants, but they also supported faculty development by sharing knowledge, allocating resources, encouraging promotion and tenure, enforcing standards, and being a representative voice. Carol expressed this by sharing concerns regarding her faculty members,

They want to make a difference in terms of making sure that we are educating qualified, professional nurses. And they needed some leadership, and they needed somebody who understood that, and they needed somebody with some experience. And they needed

somebody who could work with the dean and administration. And I, you know, I could do that.

Each participant recognized that the program needed a leader, and each stepped up to the challenge as functioning as the leader, which includes giving direction. Martha described how it felt to meet faculty's need for guidance, when they would ask her what to do: "I get that a lot...tell me what you want me to do. Tell me how you want it done...you know, so that's a very different relationship, whereas before I was more...I felt more of a team member."

The benefit to the institution and those within its walls is, perhaps, obvious, but participants also mentioned the benefit to the community and profession. Long before Helen took her current position, she reflected on some problems that arose in clinical nursing practice.

And I am passionate about bedside care, so one fateful evening, listening to all sorts of things that I felt like should have been taught in their nursing education, I said to myself, one of these days I'm going to open up (my) School of Nursing, and, by golly, I'm going to teach them how to take care of patients.

As previously described, participants often placed their thoughts of themselves behind the needs of others. This does not mean that, by serving, they were not also meeting some needs of their own. They were, as they described it, benefitting, protecting, and serving others, but in doing so, they experienced satisfaction – even validation - in using their talents, meeting personal goals, and receiving recognition for their work. Both Martha and Carol had been participating in activities associated with the director's position while still in faculty roles. For them, taking on the title legitimized the role. Becoming director gave each of them authority to go along with the responsibility. Since Helen was working at another institution, she was not already performing dean duties, but she was motivated by a fear of potential regret (if she did not take the opportunity), complacency at her current job, and a need to feel valued.

Changing Perspective

Throughout the entire process, as they agreed to serve, established or re-established relationships, faced challenges, and pursued competency, participants experienced changing perspectives of themselves and the role of academic leader in relation to faculty, students, peers, and self. Gaining new views helped to increase understanding and confidence, sometimes resulting in adjusted communication and leadership styles, particularly for those with fewer formal prior administrative experiences. Job expectations required different interactions with faculty, students, and peers than those to which they were accustomed as teachers. They advanced into roles which required decision, governance, and evaluation at much higher levels than as faculty members.

Faculty

One of the most important aspects of socialization to the role of nursing academic leader is the establishment or re-establishment of relationships with faculty members. There was the potential for great support or opposition, and participants provided examples of both. Overall, participants reported good relations with faculty but identified a need to draw boundaries, despite the interdependence of the group. Setting boundaries helped to establish authority for the leaders, but it also helped to avoid even the appearance of favoritism within the department. Functioning as leaders, participants operated in a state of separating and connecting, of withdrawing from a previous status of friend or peer while learning how to still connect to maintain approachability. They had to change perspectives regarding how they related to faculty, individually and collectively.

While all participants reported overall positive working relationships with faculty, conflict sometimes did arise. As Martha put it, “And, you know, we all want to say that

everything is sunshine, roses, and rainbows, but we know it's not, and we always have people that, even in a team, you do have people sometimes that are not always in your corner.” Carol shared an example of how “...someone who had supported me and had been a very close friend while as a faculty member, and pushed hard for me to get into this position...I had to make a decision that she didn't particularly like, and so that 'friendship' pretty much ended.” She added, “I treat everybody the same and, you know, I'm not going to change a policy or change something just because one person wants it if the rest of the faculty doesn't agree with it. So, that's probably been the hardest thing...losing that friendship but still having to maintain that work relationship.” Helen did not recall any specific confrontations with faculty, but shared,

I think that, you know, having come from a management background, you have to understand that sometimes decisions you make, not everyone will love, but that does not mean that your relationship with those people have to suffer. It just means that, if you have to make a decision, you have to make a decision, and you make the decision that is the best for the program and best for the students.

Although each participant may have experienced different emotions regarding faculty confrontation, all participants maintained this mindset, turning the focus back to whether their actions and responses were best for the program.

Despite having to set boundaries, participants gave examples of intentionally developing relationships with faculty, connecting with them socially, or at least making an effort to be sociable and approachable at work. Participants emphasized that an effective department required a cooperative and interdependent team. To help build their teams, participants used a variety of methods. Carol frequently took lunch with team members while chatting about pets or other personal areas of interest. Martha organized occasional group activities away from the office to support building relationships. Helen intentionally left her office area to visit faculty and start conversations.

Viewing changed perspectives from a collective approach, there were three highly descriptive visual representations of role transition within faculty interactions that emerged. One explained the perspective of leader versus faculty view as “cogs in a wheel.” Another represented the approach to making some decisions as “Mama and Daddy” talking behind closed doors. Finally, another described leadership support as being a “player-coach.”

As nursing academic leaders, participants took on a much larger area of responsibility.

Martha explained,

As a faculty, you’re looking up, and as a director, you’re looking down. Because as a faculty person, you’re in this course or in this particular year of students so you’re a little– I hate to say a cog in a wheel, but you are – you’re a little cog in a wheel. And as a director, you’re looking at the wheel going, OK where’s my cogs? So that’s the one thing I can say I would have really found helpful is to have somebody that could talk to me about the perspective from up here.

While participants make efforts to hear faculty input and suggestions, they realize that they are ultimately responsible for making decisions that are best for the program. Helen described what it’s like to have faculty come to her with certain requests:

And then I have to look at them and say, yes, but I’m ultimately responsible... and an analogy I use is that y’all don’t see what goes on behind the door, Mama and Daddy talking. You only see what’s out here...

She recognized that it was more important for faculty to respect her than like her, and this thought is echoed by other participants. It is not that they do not want to be liked; it is just of greater importance that everyone is treated fairly and the right decisions are made. Multiple factors play into decisions made in leading departments. Although participants have an increased emphasis on transparency – often contrary to their descriptions of the traditional approaches of nursing academic leaders – there is some information that just cannot be shared with faculty in order to protect the privacy of others. Sometimes, after data and opinions are gathered, decisions simply have to be made behind closed doors with as much information

shared as reasonable. Carol used a sports term to describe her function as a leader – a player-coach. “And the player-coach seems to do better and get more out of his athletes than other folks do.” She continued,

You know, I was a faculty member, so when people...when we talk about clinical, or doing clinical, OK, you know, I did it. We talk about teaching on Saturday, I did it. I did clinical on Saturday. I taught on Saturday. I taught in the evening. So nobody can come back and say, well, you don't even know what that's like. Yeah, I do. I've done that. I know what I'm asking you to do.

Students

The change in position creates distance as a nursing academic leader becomes even more of an authority figure, establishes boundaries, and experiences less interaction with students. Nursing deans and directors often have the unpleasant task of attending to grade appeals and dismissal of students. Sometimes participants perceived that students feared or distrusted them. They had, after all, taken on greater responsibility to enforce policies to ensure equitable treatment for all. Helen recalled an example of student fear, when a senior student brought another who was just starting the program into her office to ask a question regarding transcripts. “I was like, you don't have to be scared to come in here. But you do want that certain level of disconnect because ultimately I'm the one that has to make those hard decisions.” Participants' administrative duties left less time to interact with students as they did when responsible for a smaller class of students. They found that they no longer were able to recognize students by name and generally only knew the ones that required attention, such as for behavioral or academic issues. When asked about how her relationships with students has changed, Martha replied, “That's something that surprised me that has changed. Because they wouldn't come in to talk to me...I'm like, OK, I need to do a different way of introducing myself to them and engaging them and talking to them about how they can come to me if there's a problem.”

In becoming nursing deans or directors, participants took on more authoritarian roles; nevertheless, connections remained as participants described respecting, serving, supporting, entertaining, praising, and benefitting students. Their comments focused toward student success. As Carol said, “Because I do try to connect with the students, and I try to meet them where they are and then help bring them up to where we want them to be.” Despite the time requirements of the position, all participants continued to teach to some degree, although Helen and Carol were having to consider whether they would be able to maintain their courses in upcoming academic years due to increasing responsibilities. Continuing a classroom presence offered students a different view of their nursing dean or director and an opportunity for the leader to connect to the students.

Peers

Being first-level nursing academic administrators meant that participants had to change perspectives regarding who they considered to be their peers, but they also had to consider how their programs were perceived by other departments. They no longer identified as nursing faculty members with other faculty as peers; the new groups would consist of others at the director or dean level, both within and outside of the schools in which they worked. Traditionally, nursing has been viewed as different from other collegiate programs. In accepting the leadership position, participants looked at this perspective and determine whether it was accurate and, if so, whether it would continue.

One of the highest-praised sections of the new peer group was compromised of other Tennessee nursing academic leaders. Tennessee academic nursing deans and directors meet in two groups: as an entire statewide group and as those from within the Tennessee Board of Regents’ system only. Having such a set of peers was identified as a good resource, but there

were varying levels of how participants felt supported because there were disadvantages as well, such as the great geographic distance between the schools, the infrequency of meetings, and the rate of turnover of group members. In fact, Martha described it as stepping into the middle of a soap opera in which characters and motives were unknown. Regardless, it did give her an opportunity to interact with people who understood the challenges and perspectives of running nursing programs. Carol took a very interactive approach within the group and formed two particularly close and supportive relationships, and Helen appreciated having the scheduled meetings but also informal conversations with peers because these were the people who knew what it was like to have to learn how to be a nursing dean or director. Participants realized that there were some things that would just be inappropriate to discuss with faculty members since they were no longer peers; also, because of the change in perspective, faculty would most likely not understand. They also found that non-nursing peers or supervisors did not have the same perspective regarding some topics; however, other nursing deans and directors were likely to have experienced similar issues. This changed the perspective of participants regarding who they could approach with questions.

Another section of the new peer group was comprised of other college deans, directors, and department chairs as well as other departmental leaders. This was a quite different experience because nursing faculty members generally work within a tightly knit, almost closed, unit, having little interaction with those from other areas of study except through intra- or inter-collegiate committees. Once within the leadership position, it was necessary for participants to interact with leaders of other academic units, student services, environmental services, and information technology departments. They recognized the need for collaboration and cooperation for the benefit of the students, program, and school. While they had greater

interactions through meetings and other collaborations, the nursing academic leaders continued to be separated by the difference of nursing academia. They explained that, because nursing was so different, it was difficult for those outside of the department to understand their challenges and perspectives. The difference most frequently cited was that of the clinical component and all the unique tasks that go along with that, such as formation of clinical relationships, adhering to and facilitating both faculty and student clinical agency requirements, not to mention the stress of the responsibility. Helen explained,

I think the biggest difference is...for me...is that when I send students into clinical when we're teaching them here, it's the utmost importance that we teach them correctly. Or that, when we go into clinical, that we're doing it correctly because somebody's *life* could be in danger.

Martha and Carol also emphasized the life and death aspect of the educational content and tried to explain the differing mindsets. Martha stated,

I think, as a group, personality-wise, I think because we're nurses, we tend to think of things differently and get very frustrated very quickly when you sit in meetings and people are arguing over what somebody's name is going to be or a title. We don't care. Just tell us what you want us to do. Tell us how we need to make this work and let's move on.

Carol contemplated professionalism in nursing,

...it's more difficult, I think, for our program to uphold the values that we have in nursing. You know, we're an old profession, and we're a female-dominated profession, and there's a lot of, you know, stuff that goes along with that, and so we carry a lot of baggage in our program, you know, just because of nursing and who we are as nurses. And I don't think that other, you know, programs have that because they don't have the history that nursing has.

Despite these differences, being a nursing dean or director requires working with others who simply do not understand the role. In working with peers from other disciplines, participants recognized the differing perspectives between the groups. Participants spoke of the importance of interacting with other areas of the college, at times mentioning the large number of

faculty and how program success directly relates to college success. Professional programs with high enrollment are visible, have many stakeholders, and can feel the expectations of those inside and outside of the college. When programs were allotted extra funding or resources to meet program goals, it created the potential for hard feelings from others. While Carol did not experience a great change in relationships with those from other programs and did not discuss any animosity, Helen faced direct confrontation from her college peers and felt excluded. Martha described how she focused on presenting nursing as no more special than any other group and added,

I almost wish I didn't have the back story, that I had walked into the (director's) position not knowing anything about the other deans instead of having to walk in and change the perception I was given, and then try and change the perception about our program as well.

Overall, however, they reported having relationships that were very positive, and most used the opportunity afforded by their positions to form new supportive alliances, mend distanced relationships, and change the perception of nursing from an isolated group to an integrated part of the college system.

Self

There were varied expressions of how participants felt about themselves while entering the role of nursing academic leader. Helen was confident in her ability to lead while recognizing that there was much she did not know about the position. Her past administrative experience gave her confidence to embrace the challenge. She stated,

It was a new learning opportunity and a different career path, you know, so I was comfortable going that direction even through sometimes it was stressful and sometimes you did think, what am I doing? It was...I felt OK *about myself*.

Although Martha and Carol were also sure that they could perform job tasks, it was overwhelming, especially at the beginning; however, learning the expectations and gaining

experience helped them to overcome feelings of being “lost,” “nervous,” or “scared.” Despite having leadership experiences before, even in academia as course leads or level coordinators, this position was different. Martha shared,

So, I’m not usually one to second guess myself in decisions, but the biggest thing transitioning that I find about myself and think about myself going into this is, it has been a lot of second guessing myself.

Still, change does occur. Carol reflects on her tenure as director and states,

I feel like I have changed. Just even hearing myself, what I’m saying to you, I know that I have changed in the way I felt about myself and my coworkers and what I’m supposed to be about. Um, so, you know, I guess, I wasn’t thinking it would be that much of a change, because I felt like, you know, I was already doing a lot of the work before, but I had no idea.

Seeking Guidance

Participants sought guidance throughout the process of agreeing to serve, establishing or re-establishing relationships, facing challenges, and pursuing competency. They described the importance of relationships in facing the unknown and pursuing competency. All recognized the necessity of mentorship but received varying levels, while some have begun to contemplate succession planning for their department.

Facing the Unknown

Facing the unknown was a common theme of participants as they spoke of transitioning into the role. They reported not knowing about required reports and when they were due, of meeting new challenges daily, and fearing that something was forgotten. Overall, orientations were abbreviated, mostly because of the lack of anyone immediately available who knew the position. Predecessors were usually not able to help onboard the new nursing deans or directors because they had already left their positions or they had taken on new roles to which they were devoting their time. Non-nursing immediate supervisors - deans or vice-presidents – were able

to help, but only to a certain degree because they were not familiar with the role from the nursing academic perspective. For example, Carol's predecessor remained as dean, and she did have a supportive relationship, but the dean was taking on a new role herself with many time-consuming activities. Helen did not have the benefit of working with her predecessor, reported to a non-nursing immediate supervisor, and relied on contacting members of the deans and directors group for guidance, but having not performed the job before, she sometimes did not know what to ask. Martha also was unable to work with her predecessor and reported to a non-nursing dean who was able to help in leadership matters, but did not have intimate knowledge of the nursing director tasks that were needed. Martha described a feeling of being lost.

I didn't even know I had to contact TBON to tell them there was a new director when I first took over. I mean, it was things like that, that you don't know if you're not in that position. So, I think that was the transition for me. I was scared, always afraid I was forgetting something.

Carol was concerned about how her lack of experience would affect others. "So, I hated that, because of my inexperience or my overwhelmedness or my inability to get some of those things done, that it caused more work for other people." Helen stated, "I think each time you transition into a new position, there's still some – or at least for me, personally – I experience some imposter syndrome. It's like they really don't know that I don't really know what I'm doing."

Pursuing Competency

Although participants frequently faced many unknowns in their new positions, they still worked hard to pursue competency. In planning this study, it was assumed that the time of transition for a new nursing academic leader would span the time between the decision to accept the position and the point of perceived competency. Overwhelmingly, however, participants described competency as an ongoing process, perhaps even a point never to be fully reached.

At the time of the initial interviews, most participants shared that they did not feel fully competent or that they felt competent in only parts of the role. Interestingly, however, some described being assured of the ability to lead from the first; they were confident in their abilities while still acknowledging the need to learn. The concept of competency as a process likely arose from the nursing process – the epistemological base of how nurses approach data – as there were frequent comparisons between functioning as a nursing academic leader and as a nurse. Through the nursing process, a problem is revisited, reviewed, and revised continuously to maximize outcomes. As the nursing academic leaders adapted to changes coming from approving and accrediting bodies, the institution, and the governing body, they faced constant challenges that put them in positions to re-evaluate what being a competent nursing administrator meant.

So, while they may have experienced an increase in confidence when achieving benchmarks such as obtaining full TBON approval or receiving ACEN accreditation, they still looked to other areas in which they needed to feel more comfortable, such as budgeting, managing grants, or simply not having to ask so many questions of others. Participants spoke of competency as growing, learning, and increasing in confidence, as role independence and knowing the role, similar to the transition one goes through as a new nurse. Some believe that competency occurs in different skills or tasks at different times. Frequency of task performance and time spent in job experience increased confidence and the feeling of competence.

A component of competency that was brought up related to the nursing academic leader taking ownership of the role. Taking on the responsibility of the position had different manifestations for the participants. For Martha, it meant assuming official recognition for work that was already being done and addressing some programmatic problems left over from prior administrations. For Carol, it meant obtaining data held by others and differentiating herself

from the dean. For Helen, it meant understanding the role and mentally taking hold of the idea that the position belonged to *her*. Despite the differing presentations, it was important for them to own the leadership and management duties associated with the role. They were responsible for helping their programs meet the expectations of all the approving, accrediting, and governing bodies, and this weight was felt by all.

Mentoring

Every participant spoke of seeking guidance as a way of pursuing competence. They sought assistance from various sources including deans and directors groups, deans, vice presidents, other members of upper administration, and faculty who have held similar positions. Despite having resources such as these, participants discussed lack of guidance being one of the greatest challenges associated with the position. Often, the predecessor is not available to assist with onboarding, and there is little orientation to the role. Non-nursing supervisors and peers, while helpful with internal processes, cannot assist with the issues unique to a nursing academic department. They needed assistance with both internal processes and external obligations to understand the responsibilities, obligations, and expectations of a nursing director. In addition to gaining information on how to perform the job, it was important for them to receive validation and performance calibration.

Overwhelmingly, participants recommended mentoring to assist new nursing academic leaders in pursuit of competency. Both internal (inside the college) and external (outside the college) mentors were suggested for guidance and support. Martha stated,

If you don't have someone good to mentor you, if you don't have someone to go to, if you have a question or if you're just really stressed about something, I think you are much less likely to be successful. So I think the relationship with a good mentor –whether it's internal or external – is really critical to being successful in the role.

At the beginning of her transition, Helen said that she "...wanted to go to somebody and say, 'I don't know what the hell I'm doing.' You know, but can you really do that? Can you really let your guard down? So that was some of the things I struggled with, so I found myself reaching out to my former director..." Sometimes the value of a mentor was in giving direction and guidance, but often it was more about the support given. Carol summed it up well,

People and, you know, and support and mentorship, I think are the most important things. Cause somebody could tell you the role. I mean, yeah, you may know what job description is on paper, but it's people who help you make that role successful.

Participants were aware of the need for mentoring, yet some did not have answers to the question of how to implement it. Helen had already begun succession planning by being transparent with her job responsibilities and drawing nursing faculty in to help with as many projects as possible. Carol and Martha looked to organizations such as the deans and directors groups, but potential challenges were identified. Obstacles included the geographic spread of the schools and the variance of procedures and resources between colleges.

Preparing others for that leadership role may help future leaders avoid at least part of the stress associated with the position. Besides individual mentoring and succession planning, other suggestions to help nursing academic leaders achieve competency were creating a guidebook, promoting socialization, training in process improvement, and helping each develop a professional vision. There was a sense of sincerely wanting to help others understand what the transition from faculty to nursing academic leader entails.

CHAPTER V:

DISCUSSION

Existing theories of academic socialization are insufficient to address the research questions of this study: how do nurse faculty describe socialization experiences as they transition into first-level nursing academic administrators in community colleges of Tennessee and what meanings do they ascribe to their interactions with people, structures, and processes of the nursing academic leadership position? The theories provide a neat, linear approach to the typical socialization experience, but nursing academic leadership is messy, complex, and convoluted. It is not enough to know what happens or that there are certain points in the process associated with usual experiences or emotions. To better understand the transition from nursing faculty to academic administrator, we need to know what it means to those who have taken that journey. We need to view that socialization process from a different perspective, not as a progression but as experiences that occur, taking into consideration the context of the events. This study fills that knowledge gap by producing a description of socialization experiences that is not process-focused but represents the tangle of threads throughout the ongoing and iterative approach to becoming a nursing academic leader.

The outstanding result of this study is that, while participants may have described parts of their socialization experiences in relatively similar ways to those put forth in other theories, the ascribed meanings did not follow a standard, linear process. Beginnings were hazy, with some performing job duties prior to accepting the position and others filling in through an interim post.

Even the supposed endpoint of competency was not consistently defined as many of the participants viewed it as a process with a moving target or, at least, a multi-layered one.

The theories of Hart's (1991) stages of socialization and Gmelch's three dean passage rites (Wolverton & Gmelch, 2002) indicate that there is overlap between stages, but they are still based on a progression of time and experiences. It is not that nursing academic leaders do not progress through a similar process. Some commonalities emerged during this research that reflect the experiences of the previously identified theories (Hart, 1991; Wolverton & Gmelch, 2002). The descriptors used, however, enhance the uniqueness of the nursing profession. For instance, there was an initial step to the transition which Gmelch termed separation and Hart called encounter, anticipation, or confrontation, but for these participants, it was best described as *agreeing to serve*. They did undergo (or are undergoing) a time of transition (Wolverton & Gmelch, 2002) or adjustment, accommodation, or clarity (Hart, 1991), but these were described as *establishing or re-establishing relationships* and *facing challenges*. This is not unexpected. Facing challenges has been identified as inherent to the position (Young et al., 2011), and interactions with others is fundamental to the role (Adams, 2007; Delgado & Mitchell, 2016; NLN, 2006; Young et al., 2011). Also, just as noted by Hart and Gmelch, the time spent trying to move past this stage and achieve incorporation (Wolverton & Gmelch, 2002) or stabilization, role management, or location (Hart, 1991) varies. In fact, this was a further defining point for nursing leaders in that most did not view competency as a point to be reached, but as a continual process, as in pursuing competency.

Even with the similarities, however, the ultimate question of how participants described and made meaning of their socialization experiences was unanswered until the final overarching themes of using prior experiences, serving, changing perspective, and seeking guidance emerged.

These themes represent both the overall meaning of the transition and the ways in which meaning is applied to the process. Viewing socialization thematically, rather than progressively, provides a more realistic view into the experiences of first-level nursing academic leaders, giving them better meanings rather than a model timeline of anticipated benchmarks. In the context of symbolic interactionism, these themes represent how the participants interacted with the process and the meaning that resulted. Becoming a nursing dean or director means using past experiences, whether clinical or academic, to serve. It means taking on service directed towards students, faculty, schools, and communities. It means changing perspective of self and maybe even leadership style in order to serve the stakeholders. It means seeking guidance to assist in changing perspective. Ultimately, it means that the socialization to a first-level nursing academic administrator's position is highly interactive and complex, but there are commonalities that can be identified to provide support to one who is undertaking the challenge.

While all participants related strongly to the themes of using prior experiences, serving, and seeking guidance, there were a couple of participants whose perspectives did not seem to change quite as much as others. They both - rather significantly - identified as nursing administrators prior to accepting their current positions and seemed to use this approach with relationships throughout their academic careers. Their answers reflected less stress over the responsibility of taking on leadership and any conflict that ensued. It is not clear whether this is a result of their personalities, prior training, intentional mindset, or any other factor, but this would be a facet of study worth pursuing. As an interesting note, although these participants displayed greater comfort in taking on the leadership role, the other participants maintained a pragmatism toward their positions, even while discussing topics of conflict or turmoil. They

were calm and matter-of-fact in providing answers, possibly reflecting the objective, detached approach that nurses often have to take or the self-assurance expected of academic leaders.

Conclusions

For an operational definition, socialization was defined as “a continuing process whereby an individual acquires a personal identity and learns the norms, values, behavior, and social skills appropriate to his or her social position” (Dictionary website, n.d.) From the results of this study, the definition was extended by participant data to include the view of socialization as thematic, contextual experiences rather than as a linear process. Additionally, throughout this study, participants equated the concept of socialization to interaction with people. During initial interviews, when asked about significant relationships during the transition, only 2 spoke of processes first, but even the significance of these processes (implementing a common curriculum and preparing for ACEN accreditation) related back to interaction with others. Typically, the significant relationships discussed were those with immediate supervisors, other non-nursing deans, and deans and directors groups of Tennessee. It would be nearly impossible to overstate the importance of relationships during the transition from nurse faculty member to first-level nursing academic administrator, but certain relationships seemed to have undergone more change than others. When asked about changing relationships with faculty, students, and other school staff or employees, participants spoke at length regarding interactions with nursing faculty and students but little about others, often grouping them together, if they spoke of them at all. Those who spoke of non-nursing faculty, administrative assistants, or other members of the institutional team did so in a positive way, reflecting respect for others and indicating that they experienced good relationships. They just did not elaborate with explanations or examples as they did with faculty and students. Perhaps this was because of the way the interview question was worded

(other faculty, students, and other school staff or employees), but because of one participant's response, I suspect it is because the inquiry focused on *changing* relationships. She stated that, while she enjoyed good relations with other school staff and employees, those relationships didn't necessarily change. The relationships that would have resulted in the most change are those with whom the novice nursing academic leader would have most interactions - faculty and students.

All participants acknowledged the importance of relationships, and descriptions of interactions with others revealed a kind of interdependence as well as a sense of simultaneous separation and connection. They separated from their old identities to connect with new ones and separated from faculty and students through erecting boundaries but found new ways to connect. They led departments that are often seen as separate and different, yet worked to integrate into the collegiate culture, more so now than in the past. Through this time of separation, or loss, and while attempting new ways to connect, it makes sense that a guide who has traveled that road before would be a great help. It may even make the difference between whether a novice nursing dean or director will successfully and happily socialize into the role or decide to leave the position. Those participants who seemed to have less turmoil over the perspective of self in relation to others frequently identifies with the Helen composite identity – one whose main focus was on the job, who had significant experience in leadership roles, and who had a strong mentoring relationship, perhaps indicating that she had already experienced many of the lessons that leading others provides and that she had a guide to help her navigate a journey that is convoluted, high stakes, and frequently changing.

Over the years, there have been many calls for mentorship of nursing leaders, and there are leadership seminars, classes, and even mentoring systems available. However, could it be

that a more individualized orientation to the role may be helpful for novice leaders, perhaps based upon the three foci of the composite identities for a balanced view of the position? These participants recognized the need for effective onboarding and mentoring. The new dean or director needs someone to whom they can turn for help who is familiar with the specific processes of the school but also knows the requirements of the academic system, the board of nursing, and the accrediting agency. Wouldn't it be helpful, though, to also have someone who is able to provide support and say, "While going through this transition, remember that others have been in similar situations, using their prior experiences, serving, changing their perspectives, and seeking guidance. Let's look at how you can approach these potential experiences while looking through the lens of your focus on people, the program, and the job." This would provide an individualized, yet balanced, approach to the orientation of new leaders and help them engage in the process of self-reflection, to be aware of their actions while they are in such a position. Again, while participants identified primarily with one identity, they also displayed characteristics associated with the other two. There is a hazard in saying that one person *is* a Helen, or a Carol, or a Martha. Any one person can be a combination of these, and while it is useful to be self-aware of one's own character strengths, the point here is not to divide people based on their characteristics, but to use the foci that all have identified.

Evaluation

The term evaluation is used rather than limitations in assessing the final outcomes of this study because, while lack of generalizability may be considered a limitation by some, the intent was not to create findings that would apply to all nursing academic leaders. Rather, the intent was representative credibility (Thorne, 2016), a qualitative description of findings associated with one particular group. In doing so, close attention was given to avoiding researcher bias and

to using the words of participants while striving for descriptive and interpretive validity (Sandelowski, 2000). In this process, the follow-up interviews and audit trails were invaluable in helping to clarify meanings of events as identified through the initial interview transcripts.

Further, epistemological integrity (Thorne, 2016) was addressed by using symbolic interactionism as an anchor during the data analysis phase. A constant question was whether findings were reflecting the meanings assigned by participants and how they were interacting with the socialization experiences. Thorne also uses the criterion of disciplinary relevance in a discussion of qualitative study evaluation. Due to the significant position they hold, in leading entire nursing programs, it is imperative that the role undergoes frequent evaluation. As shown in the literature review, associate degree nursing has experienced much change over the years, and it is reasonable to expect that nursing programs will continue to change to meet the needs of the nursing profession and society. As programs change, nursing leaders must adjust; having a large foundational knowledge of the position will be beneficial to everyone in those positions as well as those who are recruiting or supervising them.

Recommendations

Because this study was designed to represent the experiences and perceptions of a single group, findings cannot be applied to all nursing academic leaders. However, this does provide a starting point for continued study in larger groups. Participants were homogenous in that they were all female (there were no males in the population) and all led nursing programs in community colleges in one state. This study could be replicated to include greater diversity in nursing academic leaders in universities and in other states or regions. Even better, it could be amended to identify whether a participant has a primary area of focus (such as program, job, or relationships) and if this focus has influenced socialization to the role. The composite identities

were formed to protect the privacy of participants in reporting the findings. Their creation did not influence the final data analysis results of the 4 overarching themes that explained how the participants made meaning of their socialization process of becoming a first-level nursing academic administrator. Since the identities were created based on participants' primary foci (program, relationships, and job), it would be worthwhile to determine any connections between one's primary area of focus and means of effective socialization.

One could also follow up with a large-scale, multi-site, quantitative or mixed method survey study to determine whether these themes ring true to other nursing academic leaders across the nation. Further, it may be useful to replicate the study in other health science programs to determine commonalities and differences. Finally, because of the abundance of rich data within the interviews, further qualitative study could be conducted to explore more fully themes that occasionally emerged but did not contribute to the final results, such as whether gender or race influenced socialization and participant use of metaphor to describe experiences. During interviews, participants frequently used metaphors such as "cogs in a wheel," entering a "soap opera," and being a "player-coach." Perhaps most interestingly, a few used parental imagery phrases to describe their experiences, such as being "Mama" of a course, acting as "Mama and Daddy" talking behind closed doors, and being an "academic mother." When a nursing academic leader refers to herself as an "academic mother" to students, what is she trying to communicate about her role? What can be inferred from the use of this metaphor and others? This may indicate that there is not sufficient common language for them to use to describe their socialization experiences. It bolsters the argument that more qualitative research and a new view of socialization to nursing academic leadership are needed.

Summary

This study yielded so much information regarding participants' perspectives of their nursing programs, their relationships, and themselves. They were not only agreeable to sharing information, they were eager. Stories such as theirs need to be collected, studied, and shared because, so often, those who are functioning in such service positions are focused solely on the job at hand. They are devoting their time to helping others and, as in the case of these first-level nursing academic administrators, helping others to help others, leaving little time to try and explain their positions to those who do not experience these roles firsthand. To fully describe what it means to shoulder nursing legacy and academic leadership is difficult; however, presenting this perspective may help improve understanding for those considering the position of nursing academic leader and those working closely with professionals in that role. The support of a novice first-level nursing academic administrator may mean the difference between successful socialization and yet another vacant nursing academic leadership position.

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APPENDIX A:
IRB APPROVAL

THE UNIVERSITY OF ALABAMA[®] | Office of the Vice President for
Research & Economic Development
Office for Research Compliance

January 14, 2019

Amy Huff
ELPTS
College of Education
Box 870302

Re: IRB # 19-OR-015, "Socialization Experiences of First-Level Nursing Academic Administrators in Community Colleges of Tennessee"

Dear Ms. Huff:

The University of Alabama Institutional Review Board has granted approval for your proposed research.

Your application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your application will expire on January 10, 2020. If your research will continue beyond this date, please complete the relevant portions of the IRB Renewal Application. If you wish to modify the application, please complete the Modification of an Approved Protocol Form. Changes in this study cannot be initiated without IRB approval, except when necessary to eliminate apparent immediate hazards to participants. When the study closes, please complete the Request for Study Closure Form.

Please use reproductions of the IRB approved stamped consent forms to obtain consent from your participants.

Should you need to submit any further correspondence regarding this proposal, please include the above application number.

Good luck with your research.

Sincerely,


Carpinatio T. Myies, MSW, CIM, CIP
Director & Research Compliance Officer
Office for Research Compliance

358 Rose Administration Building | Box 870127 | Tuscaloosa, AL 35487-0127
205-348-8461 | Fax 205-348-7189 | Toll Free 1-877-820-3066

AAHRPP DOCUMENT #192
UNIVERSITY OF ALABAMA
HUMAN RESEARCH PROTECTION PROGRAM

Informed Consent for a Non-Medical Study

Study title:

Socialization Experiences of First-Level Nursing Academic Administrators in Community Colleges of Tennessee

Investigator's Name, Position, Faculty or Student Status:

Amy L. Huff, Graduate Student, Doctoral Candidate

You are being asked to take part in a research study.

This study is called Socialization Experiences of First-Level Nursing Academic Administrators in Community Colleges of Tennessee. The study is being done by Amy L. Huff, who is a graduate student at the University of Alabama. Ms. Huff is being supervised by Dr. Nirmala Erevelles who is a professor of Educational Leadership, Policy and Technology Studies at the University of Alabama.

Is the researcher being paid for this study?

The researcher is not being paid for this study.

Does the investigator have any conflict of interest in this study?

The investigator does not have any conflict of interest in this study.

What is this study about? What is the investigator trying to learn?

This study is being done to find out how nurse faculty describe socialization experiences that happen when they move into positions as nursing academic leaders (nursing directors, department chairs, or other such titles). It will also find out what meanings the participants give to experiences as they interact with people and things that go along with the job.

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 1-11-19
EXPIRATION DATE: 1-10-20

Why is this study important or useful?

This knowledge is important/useful because the nursing academic leader position can be stressful, and it can be difficult to fill the position. It is important to have strong nursing academic leaders remain in their positions so they can help create good nursing programs.

The results of this study will help

- nurse faculty who want to be nursing academic leaders by giving them information about the job's socialization experiences
- college leaders and those who recruit nursing academic leaders by helping them understand the socialization challenges of the job

Why have I been asked to be in this study?

You have been asked to be in this study because:

- you responded to an email or phone call that invited you to take part in the study;
- you lead an associate degree nursing program in a community college in Tennessee;
- you hold the title of Nursing Director, Department Chair, or other similar title;
- your program is on-ground and fully-accredited by the Accreditation Commission for Education in Nursing (ACEN); and
- you worked as a nurse faculty member just before taking your leadership position.

How many people will be in this study?

About fifteen (15) people will be in this study.

What will I be asked to do in this study?

If you meet the criteria and agree to be in this study, you will be asked to do these things:

- Meet with the investigator in-person for the first interview. The interview can be held in your office, on your campus, or another place you and the investigator agree upon.

UNIVERSITY OF ALABAMA IRB
 CONSENT FORM APPROVED: 1-11-11
 EXPIRATION DATE: 1-10-20

- Answer questions about yourself, such as title, years of experience, and previous experience in teaching.
Answer questions about your program, such as the size, locations, number of faculty/staff, and organizational structure.
Answer questions about becoming a nursing academic leader, especially about your interaction and relationships with people, structures, and processes. You may choose not to answer some questions.
- Talk with the investigator 1 or 2 more times to give more information if necessary and to make sure the investigator has correctly explained your information. These meetings can take place in person or on the telephone.
- Agree to have all interviews audio-recorded on digital recording devices.

How much time will I spend being in this study?

The first interview should take about 2 hours.

The follow-up interview times may be different, depending on the time needed to confirm information, but the first should take about 1 hour, and the second (if needed) will take about 30 minutes.

Will being in this study cost me anything?

The only cost to you from this study is your time.

Will I be compensated for being in this study?

You will not be compensated for being in this study.

What are the risks (dangers or harms) to me if I am in this study?

You may experience emotions when talking about your work relationships, your decision to become a nursing academic leader, or people and things that affected your decision. If you become upset, you may choose not to answer certain questions, take a short break, or withdraw from the study.

UNIVERSITY OF ALABAMA IRB
 CONSENT FORM APPROVED: 1-11-19
 EXPIRATION DATE: 1-10-20

- Meet with the investigator in-person for the first interview. The interview can be held in your office, on your campus, or another place you and the investigator agree upon.

UNIVERSITY OF ALABAMA IRB
 CONSENT FORM APPROVED: 1-11-19
 EXPIRATION DATE: 1-10-20

What are the benefits (good things) that may happen if I am in this study?

Although you may not benefit personally from being in the study, you may feel good about knowing that you have helped other nursing academic leaders or those who will become nursing academic leaders by providing information about your experiences.

What are the benefits to science or society?

The information from this study may lead to changes in the recruitment and retention efforts for nursing academic leaders.

How will my privacy be protected?

The investigator will not tell anyone within the Tennessee Board of Regents system that you have agreed to take part in this study. You may choose to meet with the investigator somewhere away from your workplace. You may choose to use a personal phone number and/or email address instead of those you use for work.

You will be given a pseudonym that will be used during data analysis. No details will be reported that are identifiable, such as your real name, age, or specific location.

You will be asked about your position, your program, and your socialization experiences as you became a nursing academic leader, including relationships with others. You may choose not to answer any question or part of a question.

How will my confidentiality be protected?

You may experience a risk to privacy and confidentiality. Actions that will be taken to protect you include not using your real name, location, or any other specific details about you or your program. You and your school will be given pseudonyms. Much of the information that will be reported will be grouped together. You may choose where to meet for interviews and how to communicate with the investigator. For instance, you may choose to use a personal phone number or email address.

- All interviews will be recorded on digital recording devices that do not have internet access.
- The investigator will transcribe the recordings into Word documents that will be password-protected and saved on an encrypted jump drive. The investigator will use a personal, password-protected computer to create the documents. Recordings will be erased after transcription.
- The digital recorders and the jump drive will be kept in a lockbox. The investigator will be the only one with access to the lockbox.

UNIVERSITY OF ALABAMA IRB
 CONSENT FORM APPROVED: 1-11-19
 EXPIRATION DATE: 1-10-20

- The transcriptions will not include anyone's real names. Pseudonyms will be assigned. A single list of real names matched with false names will be kept within a lockbox and destroyed once data collection is complete.
- All notes created by the investigator, and paper copies of interview transcripts will be kept within a locked file cabinet.
- Signed consent forms will be kept in a separate lock box, away from transcripts and other data.
- All information will be kept for 5 years after completion of the study. At that time, paper documents will be shredded, and electronic files will be deleted.

What are the alternatives to being in this study? Do I have other choices?

The alternative to being in this study is not to participate.

What are my rights as a participant in this study?

Taking part in this study is voluntary. It is your free choice. You can refuse to be in it at all. If you start the study, you can stop at any time. There will be no effect on your relations with the University of Alabama.

The University of Alabama Institutional Review Board ("the IRB") is the committee that protects the rights of people in research studies. The IRB may review study records from time to time to be sure that people in research studies are being treated fairly and that the study is being carried out as planned.

Who do I call if I have questions or problems?

If you have questions, concerns, or complaints about the study right now, please ask them. If you have questions, concerns, or complaints about the study later on, please call Amy L. Huff at 931-588-9068. You may also contact Dr. Nirmala Erevelles at 205-348-1179 or nerevell@ua.edu.

If you have questions, concerns, or complaints about your rights as a person in a research study, call Ms. Tanta Myles, the Research Compliance Officer of the University, at 205-348-8461 or toll-free at 1-877-820-3066. You may also ask questions, make suggestions, or file complaints and concerns through the IRB Outreach website at <http://ovpred.ua.edu/research-compliance/prco/> or email the Research Compliance Office at rscompliance@research.ua.edu.

UNIVERSITY OF ALABAMA IRB
 CONSENT FORM APPROVED: 1-11-19
 EXPIRATION DATE: 1-10-20

After you participate, you are encouraged to complete the survey for research participants that is online at the outreach website or you may ask the investigator for a copy of it and mail it to the University Office for Research Compliance, Box 870127, 358 Rose Administration Building, Tuscaloosa, AL 35487-0127.

I have read this consent form. I have had a chance to ask questions. I agree to take part in it.
I will receive a copy of this consent form to keep.

Yes, I agree to have interviews audio recorded.

No, I do not agree to have interviews audio recorded.

Signature of Research Participant

Date

Signature of Investigator

Date

UNIVERSITY OF ALABAMA IRB
CONSENT FORM APPROVED: 1-11-19
EXPIRATION DATE: 1-10-20

December 11, 2019

Amy Huff
Department of ELPTS
College of Education
The University of Alabama
Box 870302

Re: IRB # 19-OR-015-R1 "Socialization Experiences of First-Level Nursing Academic Administrators in Community Colleges of Tennessee"

Dear Ms. Huff:

The University of Alabama Institutional Review Board has granted approval for your renewal application. Your renewal application has been given expedited approval according to 45 CFR part 46. Approval has been given under expedited review category 7 as outlined below:

(7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

The approval for your application will lapse on December 10, 2020. If your research will continue beyond this date, please submit a continuing review to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Good luck with your research.

Sincerely,



er

APPENDIX B:

LETTER OF INVITATION

I am conducting a research project addressing the socialization experiences of nurse faculty as they transition into first-level nursing academic administrators (nursing directors, department chairs, or institutional equivalents) within the Tennessee Board of Regents (TBR) community college associate degree nursing programs. The data collected will be used to describe how nursing academic leaders experience socialization to the role and the meanings they assign to the experiences. Expanding the knowledge base regarding social/relational experiences of nurse faculty as they transition into nursing academic leaders will provide support and encouragement to those nurse faculty considering advancement into administrative positions. It will also give insight into the process for college administrators and those responsible for recruiting and retaining academic leaders. This study is being performed to fulfill the requirements for my Ed.D. degree in Instructional Leadership at the University of Alabama under the supervision of Dr. Nirmala Erevelles. Although I am employed through the TBR as an assistant professor of nursing, this is an independent study and not sponsored or funded by the TBR.

By participating in this study, you will be providing valuable data regarding this important topic. To qualify as a participant, you must hold a position as a nursing director, department chair, or other equivalent title in a community college nursing program in a TBR associate degree nursing program and have worked as a nurse faculty member immediately before accepting the leadership position. You will be asked to participate in a face-to-face

interview with me which will last approximately 1-1 ½ hours. You may also be asked to participate in 1-2 follow-up interviews conducted via phone or in person at a location of your choice.

Participation in the study is voluntary, and you may withdraw from the study at any time. All data collected from the interviews are confidential; you and your school will be identified only with pseudonyms. Any data collected will be used for research purposes only. There are no anticipated risks associated with the study, but during the interview, sensitive topics may arise, such as professional relationships, emotions experienced, and perceived social support. If you believe discussions including these or similar topics would cause you distress, please feel free to decline or withdraw from this study.

Your participation would be greatly appreciated. If you would be willing to participate, please contact me at my email or cell phone number listed below and include a phone number or email address that I may use to set up an interview time. Thank you for your assistance, and please feel free to contact me with any questions you may have.

Sincerely,

Amy L. Huff, MSN, RN, Ed.D.(c)

931-588-9068

alhuff@crimson.ua.edu

APPENDIX C:

INTERVIEW QUESTIONS

1. What is your position title, and what degrees do you hold?
2. How many years have you spent in this position?
3. What position did you hold immediately before this one? What other positions in nursing education have you held?
4. Describe your program, including size, locations, tracks, and number of faculty/staff.
5. Describe the organizational structure of the school and program.
6. Tell me about how you decided to accept the position.
7. Did anyone influence your decision? If so, who and how?
8. Did anything about the school or program influence your decision? If so, what and how?
9. Before accepting the position, what was your relationship like with other faculty? With students? With other school staff or employees? In what ways, if any, have they changed?
10. Tell me about any significant relationships (with people, structures, or processes) you experienced in your first few years as a nursing director/department chair.
11. What did these relationships mean to you as you transitioned into the position?
12. When did you first feel competent as a nursing academic leader?
13. How did you think about yourself while transitioning from faculty to academic leader?
14. Is there anything that had been or could have been done to aid in your transition to the position?
15. What else do you think I should know about socialization experiences as one transitions from nurse faculty to nursing academic leader?

APPENDIX D:
CODING TABLE

Theme		USING PRIOR EXPERIENCES				
Categories	Establishing or re-establishing relationships			Facing challenges		
Codes	<i>Interacting with others</i>	<i>Differences of nursing</i>	<i>Importance of relationships</i>	<i>Taking responsibility</i> - leadership - management		<i>Facing adversity</i> - relational challenges - program issues - facing the unknown

Theme		SERVING					
Categories	Agreeing to serve		Establishing or re-establishing relationships			Facing challenges	
Codes	<i>Not seeking position</i>	<i>Meeting needs</i>	<i>Interacting with others</i>	<i>Differences of nursing</i>	<i>Importance of relationships</i>	<i>Taking responsibility</i> - leadership - management <i>Facing adversity</i> - relational challenges - program issues - facing the unknown	

Theme		CHANGING PERSPECTIVE									
Categories	Agreeing to serve		Establishing or re-establishing relationships			Facing challenges			Pursuing competency		
Codes	<i>Not seeking position</i>	<i>Meeting needs</i>	<i>Interacting with others</i>	<i>Differences of nursing</i>	<i>Importance of relationships</i>	<i>Taking responsibility</i> - leadership - management		<i>Facing adversity</i> - relational challenges - program issues - facing the unknown		<i>Competency as process</i>	<i>Competency as achievement</i>

Theme		SEEKING GUIDANCE									
Categories	Agreeing to serve		Establishing or re-establishing relationships			Facing challenges			Pursuing competency		
Codes	<i>Not seeking position</i>	<i>Meeting needs</i>	<i>Interacting with others</i>	<i>Differences of nursing</i>	<i>Importance of relationships</i>	<i>Taking responsibility</i> - leadership - management		<i>Facing adversity</i> - relational challenges - program issues - facing the unknown		<i>Competency as process</i>	<i>Competency as achievement</i>