ENTRY INTO NURSING AND ACADEMIC NURSING: CAREER TRAJECTORIES OF NURSING FACULTY MEMBERS

A DISSERTATION
SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL
OF THE UNIVERSITY OF MINNESOTA
BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

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ADVISER

NOVEMBER 2013

Acknowledgements

A PhD is never earned in isolation. Though one individual performs most of the work and obtains the degree, he or she does so with the support, guidance, and assistance of many others; to those others I say thank you:

To the participants of my research, including those who piloted my script, thank you for so graciously sharing your stories. I enjoyed listening to each one and found your pathways to each be fascinating.

To my committee:
James Begun, Ph.D.
Kathleen Call, Ph.D.
Joanne Disch, Ph.D.
Cynthia Peden-McAlpine, Ph.D.
Todd Rockwood, Ph.D.
Thank you for your guidance and input throughout the process of creating the proposal, executing the research, and writing the dissertation.

To Deborah, thank you for keeping tabs on my progress and for reviewing the document as it developed. Having a friend who understands the struggles you have faced makes overcoming those struggles infinitely easier.

To Annie, thank you for giving the push I needed to even commence the Ph.D.; your timing was perfect.

To my various friends and family, thank you for your cheerleading; it ensured the process continued when slow progress felt like no progress.

Dedicated to:

Christy Michelle

You make it all worthwhile.

Also Dedicated to:

Marietta & the Rest of "My Nurses"

Abstract

The United States is in a long term shortage of nurses affecting all areas of the profession, including academic nursing. The shortage of faculty members in nursing restricts entry of new nurses thus continuing the shortage profession-wide. If the broader shortage is to be addressed, the shortage of academic nurses needs to be examined. As part of this research, an integrated model of career choice and progression was proposed based on a landscape where each career is a mountain within the range of careers. Choice of career is often restricted due to social norms, not unlike travel and vision in a mountain setting. Career progression often involves educational attainment that, when consolidated in degrees or licenses, establishes floors, like mountain plateaus, where further attainment is not required. Finally, bridges from those plateaus allow individuals to changes careers and return without loss of rights due to the consolidated educational attainment. This model was the theoretical guide in a descriptive phenomenological study examining initial career choice and progression to academic practice in professors of nursing. Interviews were conducted with ten nursing faculty members at a large, Midwestern university teaching in programs leading to initial nursing licensure. The interviews were digitally recorded and transcribed for content analysis during which themes emerged detailing the career trajectory. Four overarching themes emerged, three containing additional subthemes. The initial pursuit of nursing, theme number one, found participants were typically late deciders in pursuing a career in nursing and had loose initial ties to the profession. Redirection and transitioning to nursing, theme two, contained several sub-themes including those discussing the influence of the participant's

teachers, dissatisfaction with early nursing roles, and transitioning to academia. Continuing in academia, theme three, included thoughts on interacting with students, the desire to continue learning, and maintaining a clinical role. Finally, financial considerations, theme four, brought discussions of income differentials between academic and clinical nurses with equal education, non-academic support, and the costs of the necessary degrees. Important aspects of the theoretical model found validation in the results and appropriate recommendations for academic policy changes are made based on the results.

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Chapter 1: Introduction

The ability to create the next generation is one of the basic requirements of life. The same requirement extends to the occupations found within society. Biologically there are two primary means of reproduction; either all members are capable of directly participating or a few select members participate while the remainder carry out other functions of the species. Within the occupations a similar dichotomy can be observed. Occupations that follow an apprenticeship model are roughly analogous to species where all members can participate in reproduction. Those that employ a university-based-faculty model are comparable to species where reproduction is limited; ants and bees being the best known. While biologists have documented the process whereby selected members of an ant or bee colony become queen or drone, the process by which a member of an occupation group chooses to become a faculty member is not nearly as well understood. The result is that factors which might enhance recruitment to the faculty role are not known.

The motivation and process of moving from occupation member to faculty is of interest to all occupations using the specialized model of occupational reproduction. Any professions unable to sufficiently generate new members will be susceptible to competitive pressures in the societal marketplace. One group for whom this question is of particular interest is healthcare providers as they have consistently reported shortages across multiple practitioner types. Nursing specifically has reported a shortage that is expected to grow as the population ages. One means of decreasing the gap between nursing care demanded and the available supply is by training new members. That,

however, will require recruiting additional members to the faculty role which is also experiencing a shortage relative to the demand.

According to Peter Buerhaus and colleagues (Auerbach, Buerhaus, & Staiger, 2007; Buerhaus, Auerbach, & Staiger, 2007; Buerhaus, Staiger, & Auerbach, 2009), as well as the Bureau of Health Professions (2002), nursing is suffering a long-term shortage which began in the late 1990s. More recently, Juraschek et al. (2012) conducted a state-by-state analysis and project that the shortage will continue at least through 2030. Due to the current economic condition the shortage has moderated but is expected to again increase in severity as economic conditions improve (Buerhaus, 2008) and current faculty retire (Buerhaus et al., 2009). The moderation likely has a three-fold explanation, facilities obtaining greater productivity from fewer nurses, reentry into practice by eligible nurses who had been outside the field (Buerhaus, 2008), and an increase in the number of newly licensed nurses (American Association of Colleges of Nursing [AACN], 2012). Reentry reduces short-term shortages, however, research by McIntosh, Palumbo, and Rambur (2006) suggests that a shadow workforce of non-practicing nurses is limited at best. Regardless of the short-term changes, a long-term shortage is not alleviated by currently trained practitioners and projections suggest that by 2025 the shortage could reach 500,000 registered nurses relative to the need (Buerhaus et al., 2009, p. 185).

In their book, *The Future of the Nursing Workforce in the United States: Data, Trends, and Implications,* Buerhaus, Staiger, and Auerbach (2009) update forecasts they had previously made concerning the shortage and compare it to prior shortages experienced in the nursing field. They document several shortages in the 1970s and

1980s which appear to have been wage induced as they were corrected when wages increased (Buerhaus et al., 2009). The current shortage, they argue, is more structural and may not be as easily reversed by income changes alone (Buerhaus et al., 2009). Increasing wages is their primary recommendation for correcting even the current shortage but they recognize that recruitment of individuals from groups not previously associated with nursing, particularly men and Hispanics, will be necessary.

The drivers for this shortage appear to be demographic and cultural shifts rather than just income failing to be attractive enough (Buerhaus et al., 2009). In the 1940s through the 1970s the average nursing student was in her early twenties but since then the average age has increased with greater numbers enrolling in associate degree programs in their thirties (Buerhaus et al., 2009). The later entry is contributing to a population that is already aging and will begin to retire in large numbers just as other members of the baby-boom cohort will need additional nursing care (Buerhaus et al., 2009). On top of this, faculty, whose average age is in the fifties, is the oldest group of nurses; where shortages already appear to limiting potential enrollment (AACN, 2005; Buerhaus et al., 2009); narrowing the pipeline providing new nurses.

When one considers the additional career opportunities available to women in contemporary society and the challenges associated with a nursing career, a simple rational choice model, where income is the primary outcome maximized, fails to adequately address the career process. Other models must be explored for their contributions to the understanding of the process of individual career selection followed by socialization and specialization within the chosen field.

The development and validation of an integrated model of occupational socialization is the purpose of this research. Additionally, it examines the career progression of academic nurses, those nurses who have chosen to take on a faculty role, from the initial decision to enter nursing through active engagement as a professor of nursing. Through interviews with individuals currently employed as nursing faculty, this research seeks to discover commonalities in the occupational pathway which may lead to policy recommendations designed to encourage others to seek the same professional role and thereby increase the future supply of nursing professionals.

Chapter 2: Literature Review

Existing Theories and Models

Rational Choice and the Occupations

"Just increase incomes and more people will work in that occupation," is the common suggestion as a solution for labor shortages, including the current shortage of nursing faculty (American Association of Colleges of Nursing [AACN], 2005; Buerhaus et al., 2009). This solution is founded on the basic price theory of economics. In any introductory economics class one of the main principles is that prices act as a signal to enter, leave, or avoid a market. When that market is for labor, wage or income is the price which, according to economic theory, rationally, self-interested individuals will attempt to maximize. This model of rational choice is quite simple and very powerful under the right conditions; which are also generally simple due to various assumptions. Career selection, however, is not a simple process where variation in income can explain the wide variety in individual choices and outcomes.

The model of rational choice used above is what Hechter and Kanazawa (1997) termed a thin model of rational choice. They find thin, economic-based models insufficient for the explanation of sociological processes and instead recommend thick models which incorporate values, beliefs, and non-exchangeable goods as possible "currencies" to be maximized. By incorporating such "currencies" researchers could obtain better predictions and account for actions, such as altruism, which may not fit well in the usual conceptualization of rational choice. Ultimately, however, they point out that rational choice research is not intended to be applied at the individual level, which would

be an ecological fallacy, but at the collective level to explain population tendencies (Hechter & Kanazawa, 1997).

Friedman and Hechter (1988) explore the application of rational choice to sociological issues in more depth. They explain the individual level process as consisting of a hierarchy of preferences and constraints through which information is received and opportunity costs weighed before purposeful decisions are made. Again, individual choices aggregate to societal level outcomes. They discuss, however, how rational choice often fails to explain macrosocial phenomena because it is too simplistic and the constructs inadequate (Friedman & Hechter, 1988). The reductionism necessary to easily apply rational choice cannot account for variables, like culture, assumed in the models to be the same for all individuals being studied and nothing more than background or broadly assigned to be controlled for statistically, which can vary greatly between individuals who might otherwise appear similar.

Graham Stead (2004) defines culture as a "social system of shared symbols, meanings, perspectives, and social actions that are mutually negotiated by people in their relationships with others. However, not all people in a culture have equal access to all of these resources (p. 392)." This view comes from a social constructionist perspective. Instead of a fully objective reality which is separate from the individual, the reality is subjectively created in conjunction with those around the individual (Berger & Luckmann, 1966). If the subjective reality were a function of the individual only, it would be classed as simply constructivism (Young & Collins, 2003). In both instances the making of meaning is the core issue, whether that is by the individual alone or in

conjunction with the society through language (Berger & Luckmann, 1966; Stead, 2004; Young & Collins, 2003).

Stead (2004) discusses careers being culturally constructed for middle-class whites, at least in the academic literature, because that is who has largely made up the samples in research studies. However, the social construction of occupations is far more deeply rooted than just the academic literature. The occupations are the result of human interaction and societal negotiation going back thousands of years. The division of labor within society allows for more efficient functioning as a species than would be required by the minimum; a simple reproductive pair and individual effort to meet basic needs.

Adam Smith (1776) in *The Wealth of Nations* outlined the need for specialization through a division of labor because it would increase efficiency and allow for increased growth, specifically economic growth for the society. The result of the labor division is the variety of careers observed in modern society. However, those careers, particularly the professions, do not exist separate from the cultures in which they reside. A professional community must obtain its legitimacy from the larger community (Goode, 1957). The profession as a group will appeal to the broader society for special privileges, such as practice exclusivity through licenses (Goode, 1957). The society will require the profession take steps to protect community members from potential harm due to the power differential resulting from the information necessary to have the professional solve a problem of the community member (Goode, 1957; Hughes, 1958; Moline, 1986). Thus culture and society are the foundations on which all occupations are built. Through negotiation within the society the tasks and boundaries of a career are defined, which

allows for the development of competition between occupations as to who is responsible for a given task.

While culture is the macro-level foundation, the interactions within and between the occupations make up the meso-level in the study of careers. Bucher and Strauss (1961) examined the professions using a functionalist perspective; everything exists because it serves an identifiable function in society. In their view, profession development is a repeating process of specialization and segmentation leading to the development of specialty-linked identities rather than identities tied to the broader profession (Bucher & Strauss, 1961); a process similar to speciation in biology. Originally all doctors were generalists but then cardiologists first developed and later pediatric cardiologist from within cardiology; still doctors but identifying most closely with the subspecialty. Ideally this would lead the broader community to rely more heavily on the members of the professional subspecialty for certain problems because their increased understanding of the specific issue would result in better outcomes. Though "better outcomes" is empirically testable, the basic assumption by the broader society that the sub-specialty is preferable results from the social construction of careers through the division of labor.

Specialization also allows an occupation to better define its own boundaries and with whom it is in the most direct competition. Using an ecological metaphor, Abbott (1988) theorized about how professions compete between themselves for what he termed jurisdictions. In order to effectively survive an occupation must be able to defend its task niche or take over another if displaced from its original niche (Abbott, 1988). An occupation can go about protecting its niche in a variety of ways, including ceding tasks

that are more peripheral to the occupation (particularly less prestigious ones) so core tasks can be consolidated for future defense (Abbott, 1988). The ecological metaphor allows for the elimination of a niche as well as the creation of new ones through technological or cultural developments and an exploration of how that would affect the broader professional balance (Abbot, 1988). Rotolo and McPherson (2001) supported Abbott's treatise using computer modeling to "map" the socio-demographic space on which the occupations compete and demonstrated that successful shifts to new territory by an occupation would impact proximal occupations and could potentially ripple throughout the entire system.

Abbott's (1988) professional jurisdictions correspond to the tasks that Hughes (1958) says make up a role. That role is socially defined with a given set of rights and responsibilities and has expectations concerning how the role is to be carried out at the individual level which will differentially appeal to career seekers. It is at this level, the individual, that most of the research on careers has occurred with two primary areas of emphasis, career selection and professional or organizational socialization.

Career Selection

Much of the career selection literature is what could be termed "fit" models where the individual is a puzzle piece seeking the right hole in the picture of occupations. In a fit model of career choice the person's traits, personality and socio-demographics, and values will align better with one career over another (Bland, Meurer, & Maldonado, 1995; Gati, 1984; Pike, 2006). Pike (2006) used a model created by John Holland to explore selection of a college major, a career preparation step, and was able to classify

majors into six broad categories. A student's personality could then be assessed and matched to one of the categories to provide guidance on major, and thus career, selection. He theorized that proper matching of person to occupation would create positive reinforcement in the individual as the subsequent environment and practice would be rewarding to the person (Pike, 2006). This research, and much of the fit-based research, is aimed at career counseling; the purpose being to determine measurable constructs that can be mapped on the career landscape (Gati, 1984). The idea is that constructs could act as landmarks or guideposts which are used to direct individuals through the career selection process based on the relative strength of expression of each construct in an individual when measured using career-counseling tests. While not intended to be deterministic, it could be if taken to the logical extreme of sorting individuals into careers solely through the construct results.

Bland, Meurer, and Maldonado (1995) conducted a post-hoc analysis of primary care as the form of practice selected in medical school. They found that socio-demographic factors, like age, sex, and geographic background, all influenced whether primary care was chosen; though individuals lost interest in primary care as they progressed through medical school. The institutional structure and the associated culture also impacted selection of primary care in the literature they reviewed. They found exposure to primary care practitioners or their relative ratio on the faculty did not influence the choice to pursue primary care. Lacking adequate measures for values or personality in the studies used for the analysis, the authors could not determine their impact on choice (Bland et al., 1995).

Finally, Gati (1984) compared two fit models. The first was circular, where all constructs were equally important in relationship to each other and the careers participants were engaged in plotted within the circle based on how strongly individuals expressed each construct. The second was hierarchical, where constructs were grouped along a single axis with some clustering using measures of relative strength in participants. Both were tested in an attempt to assess which best explained career selection. The conclusion he came to was that the hierarchical model appeared to be the better representation of the two but that an additional form, the tree model, where careers cluster like twigs connected to a branch, explained the data more effectively. That being said, all three models were found to be incomplete (Gati, 1984) which suggests others may provide better explanation.

One additional finding in Gati's (1984) work was that individuals will self-select into a career based on their individual perceptions of expected fit; this returns back to a form of rational choice. Now, instead of a decision based just on financial factors, a thicker model (Hechter & Kanazawa, 1997) is employed by the individual to maximize "fit" with a potential career. However, even those who advance a pure rational choice model recognize the limitations due to missing variables (Behrman, Kletzer, McPherson, & Schapiro, 1998; Hodkinson & Sparkes, 1997). If rational choice is to be used as the explanatory model it will require the addition of social, cultural, and personal choice factors among the independent variables (Hodkinson & Sparkes, 1997) as well as control for possible reverse causality between the career choice and the variables used to predict it (Behrman et al., 1998).

Rational choice models recognize that career selection is impacted by factors beyond the individual, but there are additional models which are based solely on the individual. Constructivism is a cognitive model where individuals build their own reality from the perceptions they have of the wider world (Young & Collin, 2004). This is Bujold's (2004) theoretical base when using narrative in studying careers to discover identity; the meaningful construct individuals create for themselves within their perceived personal context. The problem is that constructivism is prone to accusations of relativism (Pryor & Bright, 2007), that there is no objective reality beyond the individual's self-constructed world, and is therefore unknowable to and unmeasurable by outside researchers.

Social-cognitive theory is a step back from the purely constructivism model to incorporate more environmental variables (Lent, Brown, & Hackett, 2000). Meaning is still constructed by the individual, but there is some objective reality separate from the person that can be observed and measured (Lent et al., 2000). It takes on the look of social constructionism because social-cognitive theory recognizes that cognitive processes, interactions, and individual perceptions, from which meaning is made, all occur in a cultural context (Lent et al., 2000). Thus, while career choice is still a highly individual process based on meaning creation, it will still be influenced by cultural context and environmental factors filtered by the individual's perceptual lens (Lent et al., 2000).

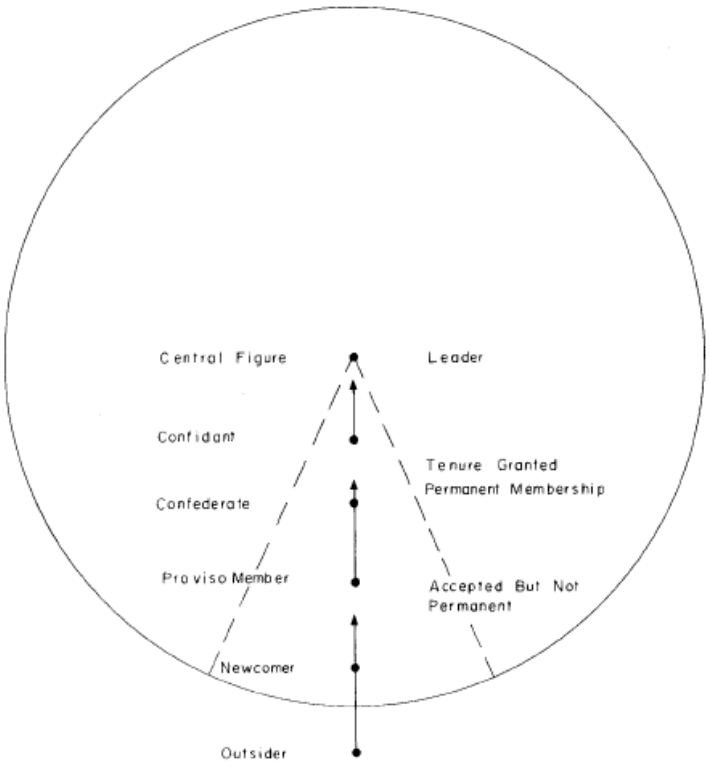
Social construction accepts that context plays a greater role in career selection than is allowed by constructivism. Yet it also allows for objective aspects separate from the individual (Blustein, Palladino-Schultheiss, & Flum, 2004). The collective

accumulation and transmission of knowledge and meaning is what is important; the interaction and relational context within which all information resides (Blustein et al., 2004). This context makes up the structure which must be navigated through the career process.

Socialization

The other focus of career research is the process of socialization, the means by which individuals become imbued with the rights, responsibilities, and norms of a given occupation (Becker, Geer, Hughes, & Strauss, 1961; Merton, 1957; Mortimer & Simmons, 1978;). The use of the word "given" reflects that not all occupations are purposefully chosen but may instead be entered into by force of circumstance (Pryor & Bright, 2007); such as inheriting the family business. Mortimer and Simmons (1978) reviewed the adult socialization literature and in order to do so explained the differences from primary socialization. Primary socialization occurs throughout childhood and adolescence when the rights, responsibilities, and norms of personhood within the cultural context are transmitted to the developing individual (Mortimer & Simmons, 1978). In contrast, adult socialization is generally much more limited to occupational or organizational contexts (Mortimer & Simmons, 1978). The individual has a much greater role in the socialization process through personal choice and interaction with the agents of socialization (Mortimer & Simmons, 1978).

Figure 2.1 Socialization into an Organization



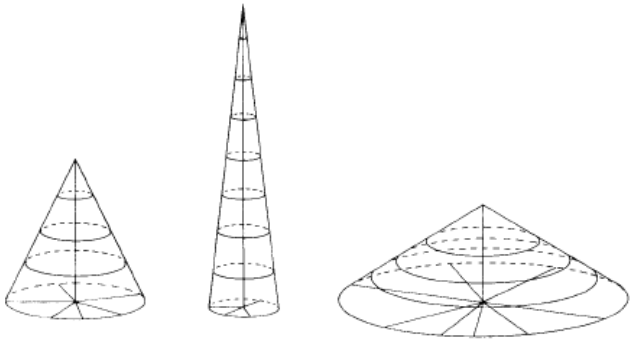
Van Maanen and Schein (1979, p. 221)*

Van Maanen and Schein (1979) described socialization in an organizational setting (figure 2.1) diagramming a series of cones to indicate both level of socialization and internal upward movement (figure 2.2). In their description, the outer edge of the cone represented the induction line where individuals entered the organization and would increasingly become identified with the organization and its culture as they moved toward the center (figure 2.1) (Van Maanen & Schein, 1979). Movement toward the center and greater internalization of the organization's culture does not necessarily lead to upward movement within the organization with the corresponding responsibilities and leadership roles. Each organization exhibits a unique form when plotting the distance

* This figure was published in "Research in Organizational Behavior," B. M. Staw (Ed.), vol. 1, number 1, Van Maanen, J., & Schein, E. H., "Toward a theory of organizational socialization.," pp. 209-264, Copyright Elsevier (1979)."

from induction to complete socialization, the circle, against the levels of hierarchy, the distance between the organization's head and the lowest level employees (figure 2.2) (Van Maanen & Schein, 1979). In this model, a person need not enter at the lowest level but can cross the induction line at any point in the hierarchy depending on the needs of the organization (Van Maanen & Schein, 1979). A similar model could be applied to occupations in general with the induction line being more clearly defined in those occupations classified as professions.

Figure 2.2 Variation in Hierarchy and Complete Socialization Distances Within Organizations



Van Maanen and Schein (1979, p. 223)*

That highly defined induction line of professions, due to education and licensing requirements, has made them the subject of much of the socialization literature (see Mortimer & Simmons, 1978). Two primary perspectives are identified in this literature. One perspective is where the socializing entity is of greater importance as it fills the empty vessel of the individual with the necessary information for proper functioning within the societal context (Merton, 1957; Simpson, 1979). The other perspective, constructivist, is where the interactions between the socialized and the socializers are the

* This figure was published in "Research in Organizational Behavior," B. M. Staw (Ed.), vol. 1, number 1, Van Maanen, J., & Schein, E. H., "Toward a theory of organizational socialization.," pp. 209-264, Copyright Elsevier (1979)."

important factors and the ultimate form of the process results from internal negotiations within the socialized person (Becker et al., 1961; Simpson, 1979). The first perspective, structural/functional, is ascribed to Merton (1957) while the second, social constructionism, also known as symbolic interactionism, is attributed to Becker and colleagues (1961; Simpson, 1979).

As Simpson (1979) pointed out, the two perspectives are not mutually exclusive. Instead, they may each explain different phases in the socialization process with the structural/functional occurring early, when learning basic information necessary for the career, and interactionist later, when the socialized identity is being internalized and consolidated (Goode, 1957; Ng & Feldman, 2007; Simpson 1979). Career socialization, by nature, has at least some interactional aspects, even in the descriptions by Merton (1957). The early process of anticipatory socialization and comparison to reference groups from within the likely career is discussed by several authors (Melia, 1987; Merton, 1957; Ng & Feldman, 2007; Olesen & Whittaker, 1968; Simpson, 1979). Though for some, socialization is limited to the occupational education process (Brief, Van Sell, Aldag, & Melone, 1979). Ng and Feldman (2007) recognize that it reaches back to childhood play where different roles were experimentally tried on. This early experimentation is the beginning of career-identity development which is important since work takes a central role in individuals' lives (Ng & Feldman, 2007).

Career Research Revision

In recent years some authors have questioned a basic assumption of the career literature based on changes in the broader society, the assumption of linearity (Baruch,

2004; Cohen, Duberly, & Mallon, 2004; Collin, 1997; Collin, 1998; Rothstein, 1980). The linearity assumption supposes that a career is chosen, education and socialization occur, the individual pursues that career (largely within one organization), and then retires and leaves the career and workforce. Based on observations of the workforce, Baruch (2004) claims this is no longer true. Instead, careers follow a multitude of divergent and varied paths with many opportunities for career turning points (Baruch, 2004; Rothstein, 1980). Individuals have many goals, some of which may conflict so people must be adaptive (Baruch, 2004).

Cohen et al. (2004) agrees that careers now look different in the research than previously; they are less linear and hierarchical in nature, a continuous upward path from entry to retirement, and more episodic based on the accumulation of skills and knowledge. That change, however, is not due to actual changes in the occupations, at least not entirely according to the authors. Instead the use of positivism in research created a false vision of the career process as a very linear, hierarchical process is more amenable to highly-quantitative, hypothesis-testing-based research (Cohen et al., 2004). Collin (1997; 1998) concurs and, as does Cohen et al. (2004), recommends using social constructionism as the lens for studying careers. They suggest that doing so will allow researchers to link careers with the culture and context and obtain a clearer, more detailed picture of how the entire career creation process occurs; rather than just individual parts (Cohen et al., 2004; Collin, 1997; Collin, 1998).

A landscape metaphor centered around a mountain range of careers is a plausable theoretical model for guiding research concerning career choice given the inherent social contours surrounding such decision making. A landscape has been previously suggested

by others, though only superficially (Abbott, 1993; Blustein et al., 2004; Rotolo & McPherson, 2001), and is even found in lay usage, but is further developed here, incorporating aspects of some of the reviewed models but also augmenting with additional details. Careers are multi-linear so models need to reflect that; the contours of and links between various occupational mountains creates multiple outcomes for career selection while new theory will incorporate aspects of multi-linearity into the realm of occupational practice. Since most careers are entirely defined by society and not geographically limited (nursing and education can occur anywhere unlike commercial fishing or mining which require a specific resource), the use of social construction appears to be the most appropriate foundation providing the career structure. While the metaphor examines the structure in more detail, ignoring personal agency would mean the picture is incomplete since both are active in the career process.

Conceptual Model: Seeing the Mountainous Terrain

As mentioned above, occupations are socially constructed around a set of tasks (Bureau of Labor Statistics [BLS], 2010; Hughes, 1958). It is that social construction which is important because the tasks of the career are centered on a given set of values deemed important by the members of the society (Goode, 1957; Hitlin & Piliavin, 2004). The construction creates a terrain, not unlike a mountain range, where the individual observes the various careers in relation to each other as a picture that would be three-dimensional if given solid form. This relationship would have bulk and relative position so one career may be obscured or entirely hidden by another. It would also mean each has a different distance to the position of the individual at any given point in time.

Finally, each career would have height and achievement plateaus by which the person can gauge levels of success. Taken together, all will influence individual agency in selecting a career because they will differentially attract or repel the person based on 1) what core values make up the career mountain; 2) the distance or amount of preparation required to scale the career mountain; and 3) whether the individual first perceives the mountain and then perceives they have ability to attain a position on the career mountain where they are satisfied and can be deemed successful.

Before going further we need to examine a few peaks to establish what the individual may see when considering a career choice. The mountain peaks are the publicly portrayed images of the career (Thornton & Nardi, 1975) as conveyed by certain values (Hitlin & Piliavin, 2004). The core values may vary between careers with values such as economic rewards and authority being associated with business management and altruism or care with nursing (Thorpe & Loo, 2003). Nursing is perceived at the lay level as caring for the physical person and the treatment of illness (Cook, Gilmer, & Bess, 2003) which are action oriented and potentially very intimate as opposed to more technically or intellectually driven. The values one might associate with post-secondary education, on the other hand, could be viewed as more intellectual and distant from the individual. Instead of the physical-body care often associated with nursing, care would be expressed in the educational setting by ensuring students can successfully function in society through conveying information and teaching the next generation; care would not be directed primarily at the physical body but at the intellectual aspects of the person. At the academic level, the general values of education would have additional aspects, research and knowledge creation, which are not part of the primary learning process.

These are just highlights of core values which would be perceived as very different by the individual, not a complete image of the career but the incomplete image on which the decision to pursue a career is largely based (Krau & Ziv, 1990).

Primary Development – The Starting Point

Stepping back, were individuals to have complete agency, metaphorically speaking they would be located on a plain. They would have free movement, autonomy, and the ability to make themselves entirely as they wish, including their careers; they would also be able to see all options and perceive them as equidistant because no visual obstructions would exist. A plain, however, is not the location in which people reside. As Berger and Luckman (1966) explain, we reside in a reality constructed by our social environment, though to the lay-person it appears to be an unquestioned objective reality. Meaning is created by social interaction, stored as culture, and conveyed through language (Berger & Luckman, 1966); with values being the specific construct of meaning (Hitlin & Piliavin, 2004). This process begins even before birth as demonstrated when the genitalia type of a child in the womb is being shared, "having a girl (or boy)." It is not the biological sex of the child, but the socially defined and constructed gender. In addition, the child will be born into a family with its own history, social connections, and expected norms based on many factors, like class or geography, each of which carries its own implications and together create meaning for that child. Instead of being born on a plain, individuals are born in a socially constructed valley which restricts what is perceived as potential options for the course of the lifespan as they negotiate meanings with the culture and construct their identity. An example of the socially constructed

valley is gender stereotyping which socially defines acceptable behaviors and choices based on biological sex. Historically, this initial starting point for women was a valley so deep that few options were realistically available, with nursing being one (Buerhaus et al., 2009). In contrast, those valleys continue to restrict vision for males so few even see nursing as a potential occupation for consideration which contributes to the overall shortage.

As can be seen, the socially constructed reality that is culture has its established contours, hills and dales onto which the mountains of careers are built (Berger & Luckman, 1966). The career mountains themselves are socially constructed by their underlying societies and can undergo shifts as cultural changes occur (Abbott, 1988; Goode, 1957; Rotolo & McPherson, 2001), such as the feminist movement which opened a much broader range of careers to women and is mentioned by Buerhaus et al. (2009) as contributing to the shortage of nurses. When Abbott (1988) discussed jurisdictions, the competition between the occupations, he was referring to perceptions in the public as to the value of the occupation. For professions those perceptions are extremely important because they allow the profession a level of autonomy which is granted by the underlying society so long as that value is maintained (Abbott, 1988; Goode, 1957). Those perceptions are cultivated by the occupation through a variety of means and are the initial peaks visible to the individual as they begin to explore and pursue a career path.

Choosing which career mountain to climb is going to be impacted by a wide variety of factors that influence whether an individual even perceives an option and how they perceive it (Fouad, 2007). A mountain peak not seen is an option not perceived and therefore unable to be chosen, whether due to the depth of the valley the person starts

from; the relative locations of the individual career mountains which hides some; or a fog obscuring the peak from the individual's view. Even when visible, the aspects of the mountain, like relative location and steepness, as viewed through the individual's constructed identity will vary perceptions of attractiveness (Fouad, 2007; Friedman & Hechter, 1988).

Much of the existing literature on perception of potential careers has been studied through the construct of gender (Beutel & Marini, 1995; Charles & Bradley, 2009; Marini, Fan, Finley, & Beutel, 1996) with the intent of understanding disparate gender ratios within various careers. These authors find differences in the beliefs or values systems of men and women which lead to different choices in college majors and careers. Additionally, the beliefs appear to be constant over time in some areas, such as altruism being higher in women (Beutel & Marini, 1995; Marini et al., 1996). Conventional wisdom holds that as more women enter college gender ratios in career will eventually equalize, yet Charles and Bradley (2009) see just the opposite; increased occupational segregation by gender in the most highly developed and educated countries. They suggest that economic success actually allows for increased gender segregation because as wages equalize the financial attractiveness of careers traditionally considered male is reduced for females (Charles & Bradley, 2009). This segregation is considered more legitimate and, therefore, acceptable because it results from individual choice; not cultural expectations and constraints (Charles & Bradley, 2009). This suggests entry by males into nursing could remain constant or even decline in the future since they consider other values to be more important than those associated with nursing. However, the amount of personal agency in those choices could be in doubt due to the differential

socialization of value sets in males and females (Straits, 1998) during childhood and adolescence.

When examining nursing specifically, the primary construct is care, an action given a feminine connotation through association with motherhood (Muldoon & Reilly, 2003; Poole & Isaacs, 1997). As such, care is devalued, at least in financial remuneration, because it is expected to come naturally to women and be intrinsically rewarding rather than require extrinsic rewards as motivators (Poole & Issacs, 1997). This is the socially constructed foundation on which nursing is built through primary socialization (Miers, Rickaby, & Pollard, 2007; Muldoon & Reilly, 2003; Poole & Isaacs, 1997).

This genderization is observed within nursing itself through differences in practice between male and female nurses with male nurses over represented in senior and administrative position relative to their proportion in nursing overall (De Cooman et al., 2008; Muldoon & Reilly, 2003). In addition, some nursing specialties that are viewed as more gender neutral, like trauma nursing, as opposed to varying degrees of feminine, like obstetrics, are experiencing the greatest shortages (Muldoon & Reilly, 2003). The explanation appears to be that male interest in nursing has not sufficiently increased over the time period when opportunities for women in other careers have; thus females historically most likely to fill the gender neutral nursing roles because other careers were closed to them are now less likely to enter nursing in the first place (Muldoon & Reilly, 2003).

The image projected by nursing is that of care and service provision (Miers et al., 2007). The lay understanding of nursing reflects that image (Apesoa-Verano, 2007;

Cook et al., 2003) and creates respect for the occupation in the broader public (Donelan et al., 2008). This influences who self selects into nursing as evidenced by comparisons with students in other fields. Miers et al. (2007) compared students in non-medical health fields and found greater service orientation and valuation of altruism among nursing students relative to non-nursing students. Thorpe and Loo (2003) went further in comparing nursing and management majors. They observed significant motivational differences between the two groups with nursing majors valuing altruism more and management majors valuing economic rewards, autonomy, and authority more highly (Thorpe & Loo, 2003), demonstrating the differential attractiveness of individual career mountains to potential occupational practitioners.

The lay view is further evidenced by the terms students beginning their nursing education use when asked to describe nursing, these include: caring, nurturing, [patient] teaching, profession, a holistic system, the promotion of health, and the treatment of illness (Cook et al., 2003). These terms reflect not only the image perceived of nursing but are self descriptions of the individual, either at the time of the survey or at some point in the future when the student has become a nurse, and all are centered around the image of nursing portrayed to the general public; an image of care consistently associated with women and perceived as being feminine. If that image is what attracts a person into nursing then the attractiveness of a career in academia and education will be limited because it would be perceived as being too distantly removed from direct care even if it is the education of future nurses.

Selecting a Career Mountain

When the primary socialization of childhood and adolescence is nearing completion, individuals begin to seriously consider career options based on incomplete career images (Krau & Ziv, 1990). These images allow for anticipatory self socialization even prior to the formal socialization usually associated with education (Thornton & Nardi, 1975). The individual only sees the top of the mountain and not the lower slopes which must be ascended first; so there is still an aspect of rational individual choice based on perceived fit but the images and options are socially constructed as is most of the frame through which the individual views the landscape (Erez & Shneorson, 1980; Fouad, 2007; Friedman & Hechter, 1988; Mortimer & Lorence, 1979; Rommes, Overbeek, Scholte, Engels, & de Kemp, 2007; Shah et al., 2008). This self selection may be reinforced if the "fit" is perceived to be appropriate and therefore the "wages" of the occupation, whether intrinsic or extrinsic, are valued as rewards to the person (Mortimer & Lorence, 1979; Pike, 2006). Thus a person who values monetary gain highly will seek a career where that is important, such as business management, over other careers with different core values like nursing or education and an individual who finds altruistic acts and providing care to be personally rewarding will seek nursing over the other two options mentioned (Thorpe & Loo, 2003). A corollary to this would be that a person who achieves "fit" and feels satisfactorily rewarded is unlikely to explore additional options, especially those they perceive to be associated with different core values; thus a nurse who enjoys her job and its care-based aspects is unlikely to "see" or explore academia as an extension of practice because it is "education," a separate mountain entirely from nursing even though nursing has as part of its core tasks individual patient education.

There is support for this because though both nursing and teaching are generally thought of as helping professions the Bureau of Labor Statistics (2010) in the Standard Occupational Classification categorizes each profession in very different groups based on the job content. It is only at the very highest levels that nursing and teaching, including all post-secondary, are grouped together (BLS, 2010). In this classification schema academic nursing falls within the post-secondary education grouping despite requiring nursing degrees, advanced for all but some clinical supervision, to be eligible to teach nursing courses leading to licensure (BLS, 2010). While in both instances the other options may be structurally available, the individual's valuation makes one more attractive for pursuit. However, since valuation is in part the result of primary socialization, like the adoption of gender stereotypes, even then agency is less than complete.

The impact of social context strengthens the idea that careers are socially constructed. Straits (1998) found that gender segregation in the workplace was the result of attitude differences, like values which may be transmitted intergenerationally along gender lines, and not by biological sex directly. The segregation was also linked to differences in how men and women obtained jobs through their social networks (Straits, 1998). Kracke (2002) and Bright, Pryor, Wilkenfeld, and Earl (2005) found family to be important factors in career selection. Supportive families were associated with greater career exploration and information seeking among teens; as were discussions with peers (Kracke, 2002). Thus family context helps determine the number of possible peaks visible to the individual. When the actual choice is made, again family is influential,

though the reporting of family influence diminishes during the progression through college (Bright, Pryor, Wilkenfeld, and Earl, 2005).

Media is listed as an influential factor (Bright, Pryor, Wilkenfeld, and Earl, 2005), probably in part because it conveys and portrays certain images of a career (Donelan et al., 2008; Larsen, McGill, & Palemer, 2003). However, prior experience (Larsen et al., 2003), chance events (Bright, Pryor, & Harpham, 2005), and timing of exposure (Shah et al., 2009) are also discussed as factors influencing career choices. Each of these will influence the perception one has of a potential career option. Prior experience (Larsen et al., 2003) will give a more complete picture of the career, providing a view of the lower slopes one must ascend, the effort that will need to be expended before attaining success, and the higher contours of the occupation, the variations in career practice. Chance events (Bright, Pryor, & Harpham, 2005), such as meeting a new person, will act as a location, a viewing point perhaps, where greater vistas with new opportunities may present themselves and the potential for exercise of individual agency is increased; potential turning points made visible (Baruch, 2004; Rothstein, 1980). Finally, differential exposure means the perceptions upon which comparisons are based are differentially accurate based on length and order of the exposure; timing of exposure may alter the attractiveness of certain peaks, particularly under time constrained decision making (Shah et al., 2009).

All of these may influence not only initial career choice but secondary selection within a career. The individual unintentionally discovers a new option just as they are considering a change; chance and timing have blended to potentially alter the person's career trajectory. In nursing the individual may be seeking a new challenge when

someone suggests they mentor a new graduate or teach a clinical group. If the nurse has never previously considered this before she now observes a previously unseen peak to explore on the career mountain she is on. At the same time, lacking that prompt, no one ever suggests academia as a potential career option, means the peak may remain hidden to the individual and therefore never considered.

Avoiding a Career Mountain

Individual self-confidence will also influence how one perceives the mountains of occupations. This can be likened to fog which alters the look of a mountain potentially making it appear more intimidating and less attractive than it otherwise might. Correll (2001) examined gender beliefs related to math ability. She found that math is constructed as masculine and that construction is passed on as a stereotype from mothers to daughters. This construction negatively impacted how female students self-assessed their abilities and accepted objective evidence of their skill. Higher grades in math helped counteract lower self-assessment of skill but as this varied from the female students' prior beliefs, the effects of the objective evidence did not persist. In male students, higher grades reinforced prior beliefs but, even lacking the objective evidence, males pursued math based college majors in greater numbers because of overestimation of ability in self assessments (Correll, 2001). In this instance, the career mountain is available, perceived through objective evidence demonstrating the female students' ability, yet the negative self assessments obscure math-based majors from honest consideration, just like a fog. More recently, Kickul, Wilson, Marlino, and Barbosa (2008) observed a somewhat similar phenomenon in relation to high school girls and

entrepreneurship among U.S. teens which they use to explain decreased pursuit of entrepreneurial careers by young women in relationship to young men.

The possible example of this phenomenon might be individuals opting for a social science major over one in the physical sciences because of concerns about the particular type of intellect and effort necessary to obtain a degree in the physical sciences, or an individual opts against a graduate degree in their selected profession due to concerns about entrance exams. The individual sees the mountain as an option but the fog of self confidence surrounding the career mountain reduces its attractiveness and by comparison increases the attractiveness of remaining on the current plateau or other mountains in close jurisdictional proximity, career clusters (Gati, 1984). Advance practice nursing, which requires additional education and includes academic practice, may be perceived the same way even though it is just a greater height on the same mountain. One advantage, however, may be that with experience gained on the lower slopes and plateaus of the career mountain self confidence increase and disperses some of the fog over time making additional opportunities visible; these can be on the current career mountain or may be on entirely different mountains.

The Lower Slopes of the Career Mountains of Professions

Returning briefly to chance events, their impact is more often seen as a factor in semi- and unskilled occupations (Bright, Pryor, & Harpham, 2005). Chance events present choice vistas but those vistas may need to occur within a window of opportunity in order to be appropriately perceived and considered (Bright, Pryor, & Harpham, 2005). If additional education is needed for advancement in an organization, recommending the

person seek the education is only of value if the person is in a position to do so. Considering that contingencies may impact the influence of chance, those in the professions may see chance as less influential due to the purposeful choice, planning, and education necessary for admission and induction into the profession (Bright, Pryor, & Harpham, 2005). This would correspond to steeper lower slopes, conceivably vertical walls instead of climbable slopes, because of the education and licensing requirements for professions and aspiring professions.

The professions have a very formal socialization stage through educational requirements and licensing procedures. The aspiring professions have added these in attempts to elevate themselves in the social context (Abbott, 1988). Instead of an easy slope to climb the individual must pass through a canyon for their secondary socialization process. This is a different concept from the pipeline of new entrants but related in that all new entrants must pass through the canyon to gain entry to the profession; insufficient faculty limits the number of people who can pass through the canyon at any one time, thus the canyon process of professional socialization narrows the pipeline of entry. If the canyon were to be described, it would be narrow early in the process corresponding to a structuralist view of socialization where the socialized person has little impact on the knowledge construction but is instead recipient of existing knowledge (Merton, 1957; Reutter, Field, Campbell, & Day, 1997). As the process progresses and the students make their way through the canyon, it would open up and be more amenable to interactionism and interpretation (Reutter et al., 1997, Simpson, 1979). The education begins with a foundation of information that is the same and closed to questioning by the

student. At the most advanced levels of education the student largely determines their knowledge base and questioning and interaction are expected.

In nursing, as the formal socialization through education occurs, the canyon experience, the image changes from that of the lay person, (see Cook, et al., 2003), to one espoused by the profession as conveyed by the faculty of the educating institution (Apesoa-Verano, 2007; Melia, 1987; Olesen & Whittaker, 1968; Psathas, 1968; Simpson, 1979; Van Maanen & Schein, 1979). The initial idealism which attracted individuals is lost and the orientation becomes more technical (Psathas, 1968); now it appears to be the disease being treated rather than the person though it may be, in part, a reflection of the adjustment and assimilation period of recent graduates. According to Apesoa-Verano (2007) the identity developed is one of professionalism in nursing rather than the lay concept of caring. However, caring is not expunged from the identity, either by the individual or the educational process which continues to emphasize care during classroom time. Instead it is incorporated informally by the individual so the final identity is a negotiated product between the stated goals of the nursing community, the underlying social construction of the profession, and the personal values of the individual (Apesoa-Verano, 2007). Professionalism is the preferred image portrayed by instructors during the nursing education process, though they do continue to reinforce the concept of care, centered on the patient, in the didactic training (Apesoa-Verano, 2007). This helps establish the role expectations held by students as they progress through their education (Jones & Jones, 1977). Because of these expectations any form of practice perceived to be outside that role, like academic teaching, is not considered as an option for selection.

One aspect of a canyon for the individual within it is the forced perspective due to the canyon walls. Depending on the width of the canyon, a person may only see a very narrow view. While the very peaks viewed through a layman's lens attracted individuals to a profession, it is the profession that inducts them into its community through education and socialization (Merton, 1957; Van Maanen & Schein, 1979). The educational canyon creates a forced perspective for inductees so their frame of reference adapts to that of the profession (Lurie, 1981). Several authors have observed this in nursing students where the individual orientation and identity aligns more closely with that of the instructors and professionally espoused ideals as the students educationally progress (Melia, 1987; Olesen & Whittaker, 1968; Simpson, 1967; Simpson, 1979; Warner & Jones, 1981; Weller & Katz, 1988). This is supported by Ondrack's (1975) research which demonstrated that the degree of socialization was due in part to how consistent instructors were in their views of the profession; when professional views were more similar the effectiveness of the socialization process increased.

The forced view extends beyond general professional socialization to choice within the profession as Shah et al. (2009) pointed out. From a distance a mountain may appear as one large monolithic structure with one peak but upon closer inspection may have multiple peaks of different heights. For medicine, nursing, and other similar occupations the layman views the occupation from a distance and sees an occupational mountain with one representative peak; but individuals much closer, or even on the mountain, see the multiple peaks of specialties and subspecialties that actually make up the top of the mountain. Just as there is competition for jurisdiction among the broader professions, competition occurs for jurisdiction over tasks, responsibilities, and authority

between specialties within professions (Abbott, 1988). Some of that competition is observed in recruitment of individuals into a specialty, and this process plays out like the process that originally attracted individuals to the broader profession. However, the immediate choice is highly influenced by the forced perspective of education, through order and length of specialty exposure (Shah et al., 2009). This could also occur in other professions, such as nursing where the clinical focus precludes presenting the non-clinical roles as options for practice thus reducing the ability to recruit new practitioners to non-clinical nursing roles and positions.

One of those potential specialties is academia, which certainly falls into the secondary selection category (Lindholm, 2004) like any other specialty in an occupation. The limited vision of the educational socialization canyon may obscure the peak that is academic practice for that profession, especially when there are forms of practice requiring similar levels of education, such as nurse practitioner or clinical nurse specialist, which align more closely with nursing's role expectations and core value of care. Rupp, Jones, and Seale (2006) suggest this might be the case. A survey of fourth-year dental students found, despite regular interaction with faculty, students lacked information to pursue an academic career. Having a course intended to provide training for academic practice was not found to have any significant impact on interest in an academic career, though the small percentage overall, three percent, who did indicate intent to pursue academic dentistry may have limited the ability to obtain statistical significance. The only factor associated with increased interest in academic practice was prior teaching experience, even informal experience (Rupp et al., 2006). Schenkein and Best (2001) surveyed faculty and found an interest in teaching to be given as a factor in

the selection of a career in academic dentistry, but so were intellectual and scientific challenge, stimulation, and the lifestyle associated with higher education. They also found interpersonal connections, such as mentors and graduate advisors, echoing Kracke (2002), and an interest in research to be important but that financial issues, income and indebtedness, acted as barriers when considering teaching as the chosen form of dental practice (Schenkein & Best, 2001); so completely ignoring the economic factors would also be inappropriate.

If nursing students, and by extension graduates, are not seeing academia as a specialty option, or faculty as a reference group (Rupp et al., 2006), the question must be asked, are faculty different? According to Saarmann, Freitas, Rapps, and Riegel (1992) the answer is, "not really," at least not in comparison to students. When controlling for possible confounders the only difference they found was that faculty valued achievement more (Saarmann et al., 1992). Haigh and Johnson (2007) found nursing faculty valued intellectualism and academic achievement and had a generally altruistic orientation. Since their focus was on faculty they were interested in contemplating ways to transmit these views to students for internalization; they did not compare levels of values with nursing students (Haigh & Johnson, 2007). Lindholm (2004) compared faculty not with students but non-academic members of the same discipline. She found there to be differences between the two groups with academics being less desirous of financial gain and more desirous of greater educational and occupation attainment and autonomy (Lindholm, 2004). The drawback is that Lindholm (2004) looked at classic academic disciplines instead of professions where the dynamics may be different as Moline (1986) claims. The service orientation described by Moline (1986) and inherent teaching aspect

of occupations like medicine and nursing may mean the differences between practitioner and academic are smaller. Regardless, individuals must see the academic peak and perceive it as a viable option for themselves if they are to exercise their agency in pursuing it for practice.

On the Career Mountain

While primary socialization occurs during childhood and adolescence, secondary socialization occurs during adulthood and is usually associated with occupational socialization (Mortimer & Simmons, 1978), with both influencing career choice and practice in different ways (Martin, Arnold, & Parker, 1988). Specialty socialization is an extension of secondary socialization in that it further refines the process from broader occupation to a group even within that occupation. This level of socialization will not be completed, like all occupational socialization, until the individual is employed and working as a member of the occupation (Simpson, 1967). After formal socialization, the neophyte will embark on the career but the influence of the formal socialization remains (Brief at al., 1979). It can create tension within the person, role stress, when the socialized identity and the work environment and norms conflict. Becker et al. (1961) and Melia (1987) suggest this might be the case as students are socialized not into the professional role but the student role and simply "try to get by" until graduation; thus if the individual is unable to resocialize quickly and efficiently enough that role strain can develop. When role conflict increases, so does dissatisfaction with the job (Brief et al., 1979) which could increase the likelihood of job change or career exit.

This introduces one last aspect of the professional mountain: plateaus and bridges. Degree attainment and licensing allows a person to be on a practicing plateau with no need to advance further up the mountain. Boards and certain certificates would function in the same way and are often associated with advanced degrees. From these plateaus and degree levels, bridges to other occupations extend, especially to occupations with less rigorous requirements for entry. These bridges are not unidirectional for individuals who have reached the plateau in the professionally appropriate way; as Simpson (1979) pointed out, the further students progress in the education program the less likely they are to leave by choice because of the investment that has already been made and would be lost. The bridges allow for exit and return to the same point with a minimal amount of effort, like simple maintenance of the license, on the part of the person who has attained a plateau. This is the foundation for the claim for which McIntosh et al. (2006) found little support: a shadow workforce of non-practicing but licensed nurses who only need the right incentives in order to return to active nursing. These are individuals who may have exited the profession for a wide variety of personal or professional reasons.

Buckenham (1988) suggests that individuals seek to plateau rather than climb further up the nursing mountain. While there has been growth in the percentage of nurses with advanced nursing education, only 13.2% has either a master's or doctorate as their highest degree earned (U.S. Department of Health and Human Services [USDHHS], 2010, p. 2-8.). At a plateau, the difference between socialization in education and the reality of the work setting may begin to conflict (Decker, 1985). The professionalism that has been impressed on and internalized by the recent graduate during the education process may not conform to the actual work processes as carried out in the employer

setting where organizational socialization occurs and occupational socialization is completed (Decker, 1985). Role conflict will increase job dissatisfaction but may not create dissatisfaction with the occupation (Decker, 1985). It is the interpersonal relationships, particularly with supervisors, that appear to lead to increased desire to leave a position and seek new opportunities (Decker, 1985) whether in nursing or, via the bridges to other mountains, some other occupation. If the individual crosses one of these bridges they are no longer practicing as members of the profession and therefore contribute to the shortage of nurses. They are unavailable to act as educators and, unless they have already obtained the additional education, are unlikely to pursue advance practice nursing.

Existing Research

The choice to become a faculty is a multistep journey within any discipline but particularly nursing where historically graduates were expected to work and gain clinical experience prior to considering additional education (Buerhaus et al., 2009). The process begins with the choice to become a nurse but that choice is embedded within the individual's preexisting reality. Following the initial choice, educational preparation is obtained which acts not only to convey the intellectual information necessary but to also socialize the person into the expected professional norms. Only after that can the person pursue the opportunity to seek a career in academia, a choice which may not even be considered until sometime after initial entry into nursing, if ever. Movement into the role of academic nurse may require additional educational preparation after selection, though the individual's prior academic attainment may render this unnecessary. At any point

along this pathway the individual may select alternatives, including a decision to remain where they are on the career mountain.

Much of the existing literature on this considers only the initial selection (Buerhaus, Donelan, Norman, & Dittus, 2005; Cook, Gilmer & Bess, 2003; De Cooman et al., 2008; Granum, 2004; Larsen et al., 2003; Miers et al., 2007; Newton, Kelly, Kremser, Jolly, & Billett, 2009; Price, 2008; Thorpe & Loo, 2003) and socialization into nursing (Brief, Van Sell, Aldag, & Melone, 1979; Fielder, 2007; Melia, 1987; Merton, 1957; Olesen & Whittaker, 1968; Price, 2008; Simpson, 1979). In addition, there is a literature examining the desired practice placements of students following initial licensure (Happell, 1999; Kloster, Hoie, and Skar, 2007; McKenna, McCall, & Wray, 2010), though all placements are clinical, failing to include the academic practice option. Finally, there are two areas of literature surrounding some form of socialization of nurses post-licensing. The first concerns the initial socialization following graduation and entry into the profession, such as job selection, organizational socialization, and intent to remain with the organization (see Jackson, 2007), but like the educational selection and socialization literatures it lacks an examination of the socialization into academia. The second is a literature around the socialization of academic nurses into their employing organization (see Fielder, 2007), however, the focus is primarily on new faculty induction into the academic role rather than process of selection, movement, and adaptation to the faculty role.

The literature on nursing faculty beyond initial socialization falls largely into three categories. The first is editorial commentary on the shortage, both of faculty and nursing overall, and its impact on nursing as a profession (Bellack, 2004; De Young &

Bliss, 1995; Eddy, 2010; Nally, 2008; Olshansky, 2007; Roberts, 2008; Shipman & Hooten, 2008; Sims, 2009; Walrath & Belcher, 2006). The second consists of reports on small but generally successful attempts to alleviate the faculty shortage, often in a localized area through a community collaboration (Bonnel & Starling, 2003; Ganley & Sheets, 2009; Lotas, et al., 2008; McPhee, Wejr, Davis, Semeniuk, & Scarborough, 2009; Murray, Schappe, Kreienkamp, Loyd, & Buck, 2010; Pullen, Mueller, & Ashcraft, 2009) or educational intervention (Seldomridge, 2004) though Allan and Aldebron (2008) review additional measures such as public advocacy or external funding programs. The final category is broadly described as examinations of faculty satisfaction and related issues like mentorship and collegiality, institutional support, the clinical and didactic role, and relative salary (Beattie, 2001; Brendtro & Hegge, 2000; Disch, Edwardson, & Adwan, 2004; Garbee & Killacky, 2008; Gazza, 2009; Gormley, 2003); the intent being to increase retention of current faculty.

There are three examinations of portions of the overlapping areas between undergraduate education/licensing and pursuit of the faculty role. Plunkett, Iwasiw, and Kerr (2010) looked at the factors that might influence the desire of undergraduate nursing students to seek post-graduate education. Using a series of self-report psychometric scales, they found that a strong valuation of graduate education by the individual along with a high level of self-efficacy were correlated with increased intent to enroll in graduate school (Plunkett, Iwasiw, and Kerr, 2010). Using a mail survey methodology, Boley (2004) examined factors that influence whether nurses in graduate school aspired to be faculty as compared to all other forms, largely clinical, of advance practice nursing. In her findings, seeking a nurse practitioner degree, working in a hospital, desiring a high

salary, and being desirous of having expertise and advancement were all negatively correlated with faculty aspirations. On the other hand, an interest in research opportunities, desiring a flexible work schedule, fearing litigation arising from clinical practice, and an interest in teaching and innovative thinking were all positively correlated with aspiring to seek an academic career. Lawrence (2007) performed content analysis on focus group interviews she collected in North Carolina. Speaking with master's prepared nurses working in the private sector, she sought to determine what factors acted as deterrents to academic practice (Lawrence, 2007). Respondents mentioned salary most often, which makes sense in light of Boley's (2004) finding, but also mentioned excessive work load, research, diminished clinical practice, public speaking, and departmental administrative issues as deterrents (Lawrence, 2007). While informative, these authors examined specific pieces of the process that begins with selection into nursing, giving the individual's social context, and results in academic practice; not the entire process. They also used sample populations outside the faculty role; either students (Boley, 2004; Plunkett, Iwasiw, & Kerr, 2010) or advance practice nurses outside academia (Lawrence, 2007).

There have been studies looking at more of the process of becoming a faculty member, though they are limited in number. Schoening (2009) recruited tenure-track teaching faculty in nursing at five Midwestern colleges to examine the transition from clinical practice to the faculty role. Using a grounded theory approach to synthesize data collected in semi-structured interviews, she developed a model she termed "journey down a new path" (Schoening, 2009, p. 35). In her model, the starting point is a nurse in clinical practice who wishes to do something else to "make a difference" or simply

stumbles into the opportunity to take on a new role (Schoening, 2009, p. 35). What she describes is a process lacking much structure, direction, or support which then requires individual persistence as well as trial and error before the person feels they are legitimately able to accept themselves in the faculty role (Schoening, 2009). The author interviewed faculty, but only about the portion of the process between choosing to pursue a faculty role if already an advance practice nurse and full assumption of the role within a tenure-track system. In addition to examining only a portion of the process, the sample population was limited to individuals teaching at the baccalaureate level.

Magpantay-Monroe (2009) conducted a two-step study using nurses recruited in the Washington, D.C., metropolitan area. She solicited individuals working in a faculty role through snowball recruitment and non-scholarly nursing magazines (Magpantay-Monroe, 2009, p. 49). Self-selected volunteers first provided their thoughts in writing concerning what attracted them to an academic position, influences on their desire to stay in that role, and what might lead to them leaving a faculty role. This was followed up by face-to-face interviews conducted by the researcher (Magpantay-Monroe, 2009, p. 52). Presented as a qualitative study, the findings lack the depth expected from strong qualitative research. However, it is an attempt to examine more of the recruitment and retention process as experienced by nursing faculty. In her findings, she lists an interest in teaching, a desire to "give back," love of learning, and flexible work schedules as the reasons respondents were attracted to the faculty role (Magpantay-Monroe, 2009). The desire to remain in an academic position was attributed to the relationships developed with students, continual learning, and the advantages associated with being faculty, like flexibility in work (Magpantay-Monroe, 2009). Negative interpersonal relations with

fellow faculty or students, insufficient extrinsic reward, changes in family demands, and a desire to pursue new interests were all cited as factors that might influence a choice to exit academia (Magpantay-Monroe, 2009). The advantage to this study is that participants included full- and part-time faculty at all levels of nursing education but that is more than counterbalanced by two issues. The first is the sampling methodology in which participants were wholly self-selected with no verification of faculty practice provided by the author. The second was limited synthesis of findings and implications on the part of the researcher which gives readers a high level view of some issues that might be important but lacks the rich detail necessary for a deep understanding of the process.

The most comprehensive study conducted to date was performed by Felder (2007). Using a phenomenological methodology of qualitative research, she explored the process whereby nurses choose to pursue a faculty career and go about seeking the necessary educational preparation. She conducted in-depth interviews with students enrolled in or recently graduated from master's programs in nursing emphasizing educational practice. The research was conducted in a Gulf Coast state with students from the programs of interest between 2004 and 2006. The model that developed from the research was termed "Learning to Juggle" as the challenges associated with the preparation process and the expectations of the desired role were perceived to be similar to learning to concurrently keep multiple balls aloft. There was some examination of the initial desire to enter nursing but the selection aspect studied focused primarily on selection into academia. The culture of academia, both as a graduate student and a future faculty member were explored, as were challenges of graduate education. One specific

challenge of interest was that of choosing to pursue a degree with an education emphasis in departments where the master's program focus was on educating nurse practitioners. This meant the students involved in the research were a minority in the program and felt less supported for opting to pursue academic over independent clinical practice (Felder, 2007). Finally, the perceptions of participants acting as novice faculty while still a graduate student were examined; the first steps to full acceptance and understanding of the academic role (Felder, 2007). The two major drawbacks to this study were the sample not being faculty yet, and therefore had not made the transition, and the limited exploration of the original selection in nursing.

Currently there is literature concerning various aspects of the process of selecting into and pursuing nursing, as well as a much more limited literature regarding nursing faculty. The few studies examining movement into a faculty role largely disregard the initial selection into nursing and the undergraduate socialization process and what impact they might have on pursuit of an academic role. As degrees in nursing are required for entry into graduate nursing programs, which are, in turn, required for teaching nursing courses leading to licensure, this initial selection should be examined as a step in the process. Finally, sample selection and issues with analysis weaken the broadest studies of this process, suggesting that additional research is warranted.

Conclusion

While other authors have spoken of a landscape in reference to careers (Abbott, 1993; Blustein et al., 2004; Rotolo & McPherson, 2001), part of the contribution of this work is its more thorough application to a socially constructed reality. In this reality the

individual has a limited field of vision when initially observing the careers for selection; the starting valley of primary socialization. Within that field of view are the perceived career options; the career mountains to be climbed. Each mountain consists of a set of tasks centered on certain values and as such each is differentially attractive to individuals. Due to cultural shifts the field of vision has increased for women so nursing is competing with many more occupations to attract practitioners theoretically reducing the number of possible entrants to the career. Nursing's image is that of a direct care provider and thus will be attractive to individuals with those values and orientation, however, due to the feminine gendering of care nursing is not even in the field of vision for most males.

The person attracted to nursing is attracted to the role's publically portrayed image of patient care provision and the person attracted to education will find the role image of teacher, or researcher in elite academia, to be appealing. Each career is perceived as a completely separate mountain with limited direct linkage to the other (BLS, 2010). This means that some are attracted to nursing, some to teaching or research, and few members of either group to teaching nursing, thus explaining one initial aspect of the faculty shortage due the socially constructed career tasks and core values.

To climb the mountain of nursing a person must obtain the necessary education and license, the canyon experience. Again the field of vision is narrowed and now focused by the process. Care is reinforced as a core value, as expressed in the patient care tasks of nursing. But an additional value is instilled, professionalism. Some individuals will fail to traverse the canyon, and some will develop a role identity that leads to role strain and exit. Both contribute to the clinical shortage, in part through

misallocation of resources to persons unable to reach or remain on one of the practice plateaus. The faculty shortage may be facilitated because teaching is not presented as an extension of the core value of care, and its associated tasks, or of nursing professionalism as it might in other careers, such as medicine. The emphasis on care provision hides academia as a practice option and the role image the students bring with them from the lay culture helps facilitate academia's hidden nature.

Upon graduation and licensing, a plateau on the career mountain has been attained and the individual need not advance any further academically in order to remain within the profession. The personal investments of time and effort will be captured in the degree rather than lost entirely should the individual choose to exit the profession. The attainment of the degree and license may actually increase the probability of exit to other occupations as the license may be retained with a minimal amount of effort on the practitioner's part. The nurse now need not be restricted to working as a nurse, in whatever form, but can perform any job requiring a nursing background or requiring only a college degree from any discipline. He can also seek to cross bridges to another career mountain and pursue achievement and advancement there, such as a career in hospital administration or the biomedical industries. Exit of any type, including retirement, contributes to the clinical shortage and reduces the pool from to which draw academic nurses.

Academic nursing requires additional education, as do all types of advance practice nursing. A fog of low self confidence or a lack of resources could make the process of obtaining additional education, climbing higher on the career mountain intimidating or financially prohibitive, so individuals may instead opt to remain on their

current plateau. While nursing education may initially sound like a connecting ridge between nursing and education, the education and licensing requirements make it an additional peak on the nursing mountain only. At the top of the nursing mountain are a series of separate peaks representing each form of advance practice nursing, like the various specialties of medicine. The peaks have similar degree requirements but are practice specialization such as family nurse practitioner, nurse midwife, clinical nurse specialist (the hospital bound advanced practitioner), and academic nurse (North Carolina Center for Nursing [NCCN], 2004; Stowkowski, 2011). Of the four listed, the care value core to nursing is plainly evident in all but academic nursing so it would seem the academic nursing career competes with the practice options perceived to be aligned with the image that initially attracted the person to nursing. As such, nursing education may fail to attract as many individuals because the pool it must draw from has a predisposition away from that type of practice. Between the intimidating fog of low self confidence, scarce resources, and the predisposition of advance practice nurses toward "real nursing" that are socially constructed by the society and reinforced by the professional education and socialization process we may be able to sociologically explain at least some of the observed shortage of nursing faculty independent of income differentials. This suggests that merely increasing faculty salaries will not be sufficient to alleviate the shortage the underlying social-psychological factors must also be addressed.

Finally, the nursing faculty shortage restricts entry into the profession by narrowing the canyon entrance increasing the overall nursing shortage at a time when the demand for nursing care continues to increase (AACN, 2005; Buerhaus et al., 2009). If the faculty shortage is to be reduced the sociological reasons must be examined and

understood, not simply explained away as a factor to be controlled for when analyzing the issue from an economic perspective. The individuals who have ascended the peak of academic nursing may be different since they have acted against the predisposition toward direct care at some point in their career. If not, then maybe they have a more inclusive or unique definition of care, one that incorporates teaching and/or research within the self constructed nurse identity. Researchers and developers of nursing curricula would certainly want to know how and when academia was perceived as a legitimate practice option; how were current faculty members able to see past the "teachers" to see the nurses who teach? While pieces of the metaphor of the career mountain have empirical support, it lacks validation as a whole; it is defined by drawing on a wide and varied literature. Even when examining the process of interest, the literature is siloed or suffers from methodological weaknesses. If this model is to be used as a means of conceptualizing initial selection into a career and secondary selection into a teaching role within it the next step would be validation through discussions of the process with those who have experienced it. Their narratives could not only provide validation but add additional detail for the model than is presently available.

Chapter 3: Methods

Purpose and Paradigm

The aim of a research project guides all other aspects of the project. In this research there were two research aims. The first, a direct theoretical aim: the validation of the theoretical landscape model explicated in the preceding chapter. The second was indirect and applied: to gain a better understanding of the process of initially selecting to enter nursing but ultimately being employed as a member of a nursing faculty. As the demand for nursing providers increases, the findings may be used to facilitate interventions to reduce the shortage of nursing faculty and thereby expand the pipeline for new nurses.

As these aims sought to understand a human process over time within the individual's socially constructed context, this project fell within the constructivist research paradigm (Guba & Lincoln, 1998). Two aspects suggested a qualitative methodology to be the most appropriate, time and the interaction between participants and their socio-cultural context. While the interaction between an individual and time can be captured in a quantitative fashion, for reasons of validity the research would need to be collected prospectively through repeated measures over the time period of interest (Elliott, 2005) and cannot capture the rich interactions within context. Capturing both simultaneously required a qualitative methodology which allowed participants to be experts in their own experience (Elliott, 2005; Wojnar & Swanson, 2007).

Following the work of Felder (2007), this project utilized a phenomenological methodology. Phenomenology is designed to allow researchers to understand the lived

experience of individuals who have shared that experience, focusing on the meaning the individual makes during and from the experience (Lopez & Willis, 2004; Wojnar & Swanson, 2007). In like manner, this research examined the process itself, as experienced by the individual within the socio-cultural context, by obtaining reconstructed histories from the narratives of participants. The approach for this research was one of descriptive phenomenology, attempting to document the pathway and important events and influences as determined by participants.

Reconstructed histories may be prone to two problems; recall bias, which was combated by steps taken in preparation for the interviews, and individual biases in the actual reconstruction, an issue arising any time individuals supply data in narrative format. According to Crowe (1998), not only is experience unique to an individual but the individual interpretation is stored as language subject to the cultural context of the individual; what we recall as important is in part determined by what our culture suggests is important. The nature of this research was, in part, seeking to discover what the individual encoded as important to her career path, regardless of the reason; with consistencies across participants providing insight into issues for deeper examination. The context of the decision was obtained in an attempt to accurately understand the process though the transferability of findings could have been limited to cultural contexts similar to those of the study participants.

Population and Sample

The broad population for this study was registered nurses (RN) employed as faculty in programs leading to RN licensure. This population was selected because it

constitutes the limiting factor for training new registered nurses. The nursing curricula leading to a Bachelor's of Science in Nursing (BSN) requires a significant proportion of the required credits be taught by nursing faculty, severely limiting the number of students who can be admitted when faculty are lacking. These courses are to be taught/overseen by nurses with advanced degrees in the nursing field (NCCN, 2004; Stokowski, 2011), though a BSN may be accepted for student supervision and instruction at clinical rotation sites where the student-to-faculty ratio is much lower to assure patient safety. Any Master's of Science in Nursing or higher degree is acceptable for nursing faculty, depending on the institution. Individuals holding such degrees with a specific clinical focus are considered advance practice nurses; they have the training necessary for greater independent practice (U.S. Department of Health and Human Services, 2010). Advance practice nurses who have specialized, like nurse midwives or nurse anesthetists, are largely limited to faculty roles within their specialty which reduces the courses they are available to teach (NCCN, 2004; Stokowski, 2011).

The overall population of interest included individuals in clinical and didactic teaching roles at colleges with programs leading to RN licensure regardless of full or part-time status. Individual RNs fulfilling the faculty role in one of these program types have experienced the process of initial selection into nursing, pre-licensure education and socialization, and selection, preparation, and socialization into academic practice post-licensure; the process of interest in the proposed study.

From that population, a sample was recruited using a mixed purposeful sampling methodology; meaning more than one consideration was used in determining the sample (Patton, 2002, p. 244). For this research the theoretical construct was primary for sample

determination but cost and convenient location were also considered. The sample site was identified by the theoretical construct of BSN degree program as a proxy for RN licensure.

The program selected for sampling was a public institution in the Minneapolis-St. Paul, Minnesota Metropolitan Statistical Area. The dean was contacted for permission to recruit from their faculty. Upon receiving permission to recruit, the researcher obtained a list of eligible faculty from the dean's office with primary teaching role, didactic or clinical, identified; though faculty often teach both. From that list seven individuals in each subgroup were randomly selected and invited to participate, for a total of fourteen potential faculty participants. The researcher cooperated with the administrative faculty for one primary reason, identifying adjunct faculty, typically clinical instructors, for inclusion; a difficult task without the assistance of the departmental leadership as adjunct faculty are rarely included in publicly accessible university directories. As the research focused on the process and context of choosing a nursing career then subsequently pursuing a faculty role, factors like basic demographics, length of time in academia, or total time since licensure were not considered in sampling. These items were, however, collected in order to accurately describe the sample when presenting research results. Using this sampling methodology provided the researcher greater control over the sample selected with the intent of reducing potential selection bias due to self-selection (Morse, 1989).

As this research collected information on the experiences of individuals it was subject to Institutional Review Board (IRB) approval. There was no expectation of

intended benefit to the participants of the research from the data collection, no incentives were provided for participation, nor was the data sought classified as protected. The IRB reviewed and consented to the research plan.

Data Collection

The data collection method selected for the project was semi-structured interviews with individual participants. This method allowed the researcher to obtain narratives detailing the process of interest. One advantage was the opportunity for participants to share how they experienced the process and what they felt was important within their own biography that encouraged the result of interest (Elliott, 2005), employment as nursing faculty.

Once potential participants were identified, a letter briefly describing the research aim, methodology, and expected interview total length was sent to invite participation individually. When individuals agreed to participate, a meeting was arranged at a time and location convenient for the participant. When affirming the meeting with the participant, the topics of interest were further explained in order to allow the participant to prepare for the interview. This was to reduce issues related to recall during the interview though spontaneity of answers may have been reduced also. To maintain maximum spontaneity in responses given prior preparation, participants were not provided specific questions prior to the interviews (Elliott, 2005). Immediately prior to conducting the interview, informed consent was obtained and assurances of confidentiality provided; the participants were reminded that they may end the interview at any time though none availed themselves of the opportunity.

The interviews were to be conducted using the following script:

I am researching how and why individuals choose to go into nursing then at some point choose to go into or add a faculty role to their practice. So, in as detailed a fashion as possible, could you tell your story, including any values that you found attractive, and why; the experiences you consider influential before, during, and after nursing school for all forms of practice you have engaged in; and the values and experiences you consider to be important for your pursuing and maintaining a faculty role (including post-licensure education). There may be questions I ask for clarification or expansion in a given area but this is your story, you are the expert and know what is important in your history. Your willingness to share your experience is greatly appreciated, thank you. If you are ready to begin I will start with a few background questions and will have a few more at the end.

And following conclusion of the research interview demographic questions were asked for sample description purposes. In submitting the proposal for IRB review, a series of additional potential questions were detailed for proper evaluation (Appendix A).

The interviews were digitally recorded (audio) to ensure accuracy of information and transcribed and de-identified by the researcher. The researcher provided participants the transcripts from their individual interviews to review to ensure the transcript reflected the process as they experienced it and to allow participants to provide additional information they felt pertinent to the project. The purpose of allowing participant review was to increase the accuracy of the raw data prior to analysis and thus increase validity and trustworthiness of any findings (Bailey, 1996).

Data Analysis

Using the constant comparative method (Charmaz, 2005), preliminary analysis of the data occurred concurrently with data collection and led to one additional line of inquiry, pertaining to the financial concerns of nursing faculty, as the research progressed. The constant comparative method is the reason the researcher transcribed the data and it has two advantages; it allowed the researcher more time with the data and enabled a deeper understanding of the results. Computer software was considered for this project but was not selected for use since the constant comparative analytic method was employed rather than a quantitative-style content analysis.

Since part of the purpose of this research was to describe the process, the researcher listened during the interviews for important clues during the chronology as told by participants. Identifying points and influences which the participants considered important was facilitated by the participants as they emphasized those points during the interviews. When conducting the textual analysis, ideas related to points were highlighted and coded for grouping. Codes were determined by the researcher based on the thought the participant was conveying rather than using words derived from the text. These codes, while informed by the theoretical model were not determined by it; instead the thoughts as presented by the participants were the primary guide in the analysis. An example would be, "So then I went to a school close to my [high] school. So I just decided to go into nursing, try nursing, see if I like that." That thought as provided by Annie, was coded by the researcher as, "no firm choice before college" since that was the idea conveyed; no predetermined career direction, at least not nursing, prior to enrolling in college. As the codes were applied to the text, common themes and sub-themes

emerged from clusters of individual codes, each of which may have brought out only one aspect of the theme. The code, "no firm choice before college," clustered with others to develop the theme of the Initial Pursuit of Nursing; particularly when several participants expressed a similar history. When more than one idea was presented in a thought, the fragment was coded with each idea and patterns of overlapping ideas developed into the broad themes containing clusters of sub-themes. As the themes emerged, they followed the chronology of the pathway as experienced and presented by participants. In order to facilitate the analysis, coded fragments were collected into single-code files using Microsoft Word 2007 (Bellevue, WA) and Open Office Writer 3.4.1 (Apache Software Foundation, Los Angeles, CA).

Following initial analysis by the researcher, the de-identified transcripts were reviewed by a member of the dissertation supervising committee, Dr. Todd Rockwood. After Dr. Rockwood had reviewed the transcripts, the researcher's analysis was provided to him for review. In qualitative research, the researcher is the instrument which can lead to unintended bias due to existing ideas; the researcher may observe "findings" which are not truly in the data or may miscode data to fit with preexisting theories. Review by other researchers is one way to reduce this potential for bias (Bailey, 1996). Dr. Rockwood affirmed that the analysis conducted by the researcher accurately reflected the data sources. While there were a few disagreements on coding, these were limited to fragments which could have been coded to a different, though related, sub-theme within the same overarching theme.

Rigor

Quantitative research has dominated much of scientific inquiry and established guidelines, like validity, reliability, and generalizability, for determining acceptable knowledge (Sandelowski, 1986). Qualitative research cannot be judged using exactly the same measures but must be performed in an equally rigorous manner using appropriate guidelines. In judging qualitative research one must consider truth, is the experience accurately represented; applicability, of whom do the findings speak; auditability, is the method sufficiently detailed to allow other researchers to understand how the results were derived; and confirmability, could other researchers ascertain a substantially similar result with the same data (Sandelowski, 1986).

The process examined is one of career selection, an individual process conducted over many years. Accurate representation requires a reliance on individuals who have experienced the process, which does not include the researcher. Subjects defined the important points in the process in light of their own experience, an experience in which the researcher had no prior role. In order to affirm the truth of the data, member checking was employed after complete transcription of an individual's narrative. Each participant was provided a copy of their transcript prior to deidentification for review, to ensure it accurately reflected their story, and additional comments if the participant felt they were warranted; only four participants indicated that they reviewed the transcripts and none requested any changes or made additions.

In the quantitative-research sense, the results are only generalizable to nursing faculty at public institutions in the Minneapolis-St. Paul-St. Cloud, MN, Metropolitan Statistical Area. However, the necessary steps of the process studied are applicable to all

nursing faculty in the U.S. and are substantially similar across many healthcare disciplines. The two most significant groups of nursing faculty, didactic and clinical, where it is reasonable to expect differences in the pathway, which could limit applicability, were represented through purposeful sampling. Finally, the danger of limiting data collection to elites in a group, those most articulate and comfortable interacting with researchers, is limited as the population of interest consisted of well-educated individuals, many of whom engage in research themselves and any of whom could have accurately articulated their experience.

Chapter 4: Results

Sample Description

The sample consisted of ten participants on the faculty of a large Midwestern research university in the United States; a reduction of four due to respondent non-response during recruiting. The nursing program delivers education at multiple sites and academic levels. All the participants were female which is not unusual given the sex ratio in nursing is about nine females for every male (Landivar, 2013). The average age of the sample was 56 and reflects the fact that academic nurses are on average older than the nursing population as a whole (AACN, 2005). Most were Caucasian and not native to the state where they are currently employed. However, several participants had received a portion of their education at the institution where this research was conducted. While all ten taught in programs leading to the initial RN licensure, five also taught at the post licensure and graduate level. Five of the participants taught laboratory or clinical courses, of whom one was an adjunct professor at a clinical location; and members of this group did overlap with those teaching post-licensure and post-graduate courses. All but three had doctoral-level education in nursing. Finally, the areas of nursing in which the participants practiced were varied, including community-based, general medical-surgical, geriatrics, midwifery, oncology, and pediatrics.

Results

The research question of interest in this study was, "How do individuals become nursing faculty given they first chose a career in nursing?" The secondary question was,

"Given the income differential between an advanced clinical role and an academic, why do those individuals remain in the academic setting?" The themes which emerged during the data collection and analysis fall into four broad areas with three containing sub-themes as illustrated in Table 4.1. As can be seen, one sub-theme, "Maintain Nursing Practice," bridged two of the overarching themes, "Continuing in Academia" and "Financial Considerations."

Table 4.1 Themes and Sub-themes Emerging From Data Analysis

Themes	**Sub-themes**
The Initial Pursuit of Nursing	*None*
Redirection and Transitioning to Academia	Interactions with Teachers as a Student
	Dissatisfaction with an Early Nursing Role
	Chance Intervention and Redirection
	Prior Knowledge of a Teaching Role
	Transitioning to Academia
Continuing in Academia	Staying in Academia
	Interacting with Students
	Still Learning
	Competing Interests
	Maintaining Nursing Practice
Financial Considerations	Relative Income
	Non-Academic Financial Support
	Degree Costs

In this study the individuals who become professors of nursing did not, with one exception, settle on nursing until high school or later in their educational preparation. These nurses quickly became dissatisfied with the routine nature of staff nursing in a clinical setting. During their nursing education, the examples of and encouragement by their educators led to early recognition and consideration of academia as a professional

option; though to assume all the examples are positive is incorrect. The lone counter case knew early in her life that she wanted to be a nurse and, unlike the others, did not consider practicing in an academic setting until retiring from her clinical practice. For several of the individuals an element of chance appears to have played a role in redirecting the career path from clinical practice to academia, either an event or the timing of an invitation to teach was such that the participant took a significant step toward a faculty role either in lieu of or in addition to their clinical practice. Prior non-academic teaching was a strong theme throughout the data. The participants not only had engaged in non-academic teaching but recognized they had done so, often as a part of their clinical role. The actual transition to an academic role varied and while issues related to transitioning were raised, none indicated significant difficulties for themselves.

Once in academia, participants have chosen to remain for a variety of reasons; students, the continual learning process, and flexibility and autonomy, are all factors cited as reasons for why participants remain in their faculty role, especially in light of the relative income difference. The students they work with are bright, engaging, and interested in making a difference in the world, a difference the faculty member can facilitate through their teaching. While the students are learning, they are asking questions which challenge the faculty member and force her to continue learning herself; this is in addition to the academic research role where learning is integral. Participants continue to have interests competing with their role as an educator some of which are met within other aspects of their faculty role, such as writing and research, though clinical practice is not one. Instead, individuals consistently maintain a clinical role outside their academic activities; this meets that desire to have patient interaction, lends credibility to

their teaching, and for some, provides a supplemental income reducing the income disparity.

The financial issues related to a faculty role had two aspects, the first being the annual income difference which was typically discounted as important to the participants themselves but was ascribed to others, especially those who had left or declined academic practice, as an important negative factor. The income differential was counteracted by specific benefits within the academic role for one of the participants and mitigated for all others by some means of outside support, whether a spouse's income, clinical employment, or retirement income from a previous employer. The second financial aspect was the cost of obtaining the necessary education and the limited return on investment when in an academic position; some of the participants had been grandfathered into the doctoral requirement, continuing to teach with a Master's degree since retirement was approaching, while others had gained additional education at an employer's expense thus reducing their personal financial burden. These are the general findings which will now be examined more closely.

Initial Pursuit of Nursing

Consistently, individuals who became nursing faculty were later deciders when choosing nursing as a career. In all but one case, a counter case, nursing was not strongly considered as a career until middle school or later in the educational process and not firmly settled on until high school or after. Other options were consistently considered and sometimes pursued prior to nursing as indicated by Beth.

> I am a late bloomer in nursing. I actually did not receive my nursing degree until I was just about 40. I had been in business prior to that. I took a couple years of art first, (laughs) 'cause I loved it. But along with that I also was taking a few other courses and found that I loved biologies. So I did two full years of biology and...was just close to getting my biology degree when I, we met some friends...and the woman was a nurse. And she said to me that she felt that a biology education degree would not get me as far and show me as wide a world as nursing would and so she encouraged me to go into nursing. (Beth*)

In other instances, financial considerations helped guide the choice of nursing over other options. Charlotte discussed this in her story.

> I became interested in nursing as late as high school. I was not one of those kids who at 10 who wanted to be a nurse. I had no nursing mentors in my family. I graduated high school in 1971. We were at that time still locked into those female professions of nursing, teaching, professional secretary kind of things. ...And my father had a tremendous influence on me in that the fact that being a child of the depression and the wars and all that, he said, "You need to pick something to do that you can always have a job wherever you live. You can always land on your feet and that you like but you need to do all the things I couldn't do," so to speak. (Charlotte)

* Not her real name as the researcher provided "identifying names" for each participant when quoting.

Taken together, these demonstrate weak initial ties to the profession of nursing. The individuals had not longed for a career in nursing for a significant period of their lives, instead they had found the profession when it was time to seek a new career path and nursing appeared to be the best option given their interests and circumstances. That is not to say, the participants lacked a desire to provide care or had lacked experiences which encouraged them to consider a career in nursing. The participants may have previously considered a career in nursing but the interest was relatively low, no better than one option among several prior to actually enrolling in the nursing program (if the individual was already in college), or a preferred choice upon entering college only due to other experiences instead of a prior passion for the profession. Some of the participants had nurses as family members, worked in healthcare related jobs at a young age, or had opportunities to engage in care provision prior to embarking on their nursing education. They just were not sure that nursing was how they wanted to spend their working life. Gwen details this ambivalence even with a background that might strongly encourage a nursing career.

> I don't know why I decided to apply to nursing school when I did but I had an experience when I was a junior in high school working with a child who had special healthcare needs. I spent about five years after high school trying to figure out what I wanted to do and then one day I just decided it was time, next thing I know I was in nursing school. (Gwen)

In each of these cases, the pursuit of an academic career began relatively early in the individual's nursing career; often within a few years of initial licensure or even while

still pursing the nursing degree. The lone exception is the counter case. In contrast to each of the other participants, she decided early on that nursing was to be her career. When asked "when did you first consider nursing as a career," her reply was:

> When I was born. [It was] part of play, you play things, you know, in my brain I always, it just, it…there were two things I wanted to do, I guess, um, if I have two things but there was always one strong thing, it was nursing. And the second thing was teaching, don't ask me why, I don't know. [N]ursing was always a drive and everything I played was, you know, let's play hospital or something. So, you know, college was just a lot of work and I had my nose to the grindstone but ...I had no intention of anything but to get better at nursing. (Jane)

This early decision was interesting because not only was it unique among the participants, but so was her pathway to becoming nursing faculty. Instead of pursuing an academic role early in her nursing career, she had a complete clinical career and only considered transitioning to a faculty position upon retirement. She then made the transition and has continued to utilize the knowledge gained over her clinical career.

The decision to pursue nursing followed by the timing of considering a role as nursing faculty was an important and unexpected finding. It would seem an early decision to pursue a nursing career forecloses the option of academic nursing, at least while they are capable of continuing in clinical practice. Whereas those whose initial commitment to the nursing profession appears weak are much more open to considering an academic role. This suggests that maintaining adequate faculty to educate the next

generation of nurses requires thoughtfulness when recruiting individuals into the profession initially rather than attempting to recruit faculty away from clinical practice.

Redirection and Transitioning to Academia

Redirection and transitioning to academia did not emerge as a theme but instead as a collection of several sub-themes related to the motivations and activities related to that transition. Of interest were: the initial introduction to the idea that one could be a faculty member; aspects of clinical practice that encouraged the idea and eventual choice; unforeseen events that had an important impact; prior experience which affirmed that participants could perform the teaching duties; and problems that they either had or see in the process of entering an academic role from clinical practice.

Interactions with teachers as a student

As would be expected, interactions with professors in nursing school played a role in the pursuit of an academic role, however, not all of the interactions were positive. It appears that negative role models may have an important a role in guiding individuals to consider becoming faculty. Annie explained what prompted her to decide to teach nursing even before she had graduated with her initial nursing degree.

> [W]hile I was in school I found that my instructors were very, some of them were very supportive. So I thought, "..my first med-surg, medical-surgical, instructor to, ya know, I'd really like to be like that with people. Make 'em not be scared to death when they're in clinical." Some of them, however,..if I said a word wrong, I got a big red mark all over my evaluation. ... It was not really a lot of

> encouragement, you were just walking the line hoping you didn't do anything wrong and that you didn't ask the wrong question. Because if you asked a question that meant you didn't know the answer, and then you were penalized because of that. … So I thought to myself,.. "I want to go to school and learn how to be an instructor so that, one, I'm not the kind of nursing instructor that makes someone so sick that their gonna make a mistake or ask a question or get a word wrong. And then two, can I answer questions because I [don't] only know what is written on a piece of paper, ya know, the overhead." So my impetus for going to be, plus I wanted to be a good instructor, like the clinical instructor I had that was, you know very supportive and helpful. So my impetus was the non-examples I had, bad examples, and then the good examples I had in nursing school to be and instructor. (Annie)

While poor examples of nursing educators may prompt some to choose academia so they can facilitate the education of others that follow, good examples were more often mentioned as a reason to pursue becoming faculty. The role model who is well informed and engaging as a person was someone who not only could be but was worth being emulated as the participant advanced.

> While I was in [my] associate-degree program I was a bit in awe of my, of the clinical instructor. Thought, "You know every, you know everything and you're everywhere, and you always have a smile on your face." And I kinda was in awe of that person. I said, "Okay, I'm gonna try to be like her." (Charlotte)

Taking this a step further, professors who acted as strong mentors, observing students and pointing out their potential were also important for several of the participants. They had either not previously considered they might be capable of teaching or never thought of it as an option. This mentoring could also take the form of opportunities the student was then able to participate in which encouraged them to pursue a path toward academic practice.

> I was nurtured. I went to a small state college and my passion for discovery, I think, was recognized by some faculty and they kinda took me under their wing and then nurtured that. So that stands out, they helped me get opportunities to do research projects and think about the bigger picture. ...Went to nursing school and one of my faculty advisors, when I was meeting with her said, at one point, something like, "You're going to get a Ph.D. in nursing," or "You should get a Ph.D. in nursing," and I said, "I doubt it." I didn't believe that but it planted a seed. (Gwen)

As one would expect, the role of the professor in the life of a student can be an important factor in guiding an individual career. Sometimes this occurs in unexpected ways, such as the student who chooses to use the negative role model as a source of inspiration. However, the more typical means are those where the interactions are positive which requires awareness on the part of the professor to their own impact and the potential in the students they engage.

Dissatisfaction with an early nursing role

One fascinating finding was that each of the individuals, including the counter case, mentioned an early dissatisfaction with the routine of clinical nursing in its primary setting, the hospital. The activities the individuals were engaged quickly lost their challenge and the shifts were found to be wearing on the individual. As a result, each soon sought other opportunities for their nursing practice, whether that was additional education for an advanced clinical role with additional autonomy, a role with administrative aspects, or additional exploring along with education that eased the pathway toward academia.

> Started staff nursing and decided that that was too limiting. That was not all I wanted to do. ...So within two years of graduation I went back to grad school and got my masters..as a clinical nurse specialist with a focus on oncology, palliative care, and pain management. (Beth)

While Beth had a clearly defined goal, the same cannot be said of Francis who only recognized the initial dissatisfaction. She needed to explore additional opportunities within nursing before making a final determination.

> I think at that point I also realized that's not something I wanted to do for my entire career. I wasn't quite of the mindset that I wanted to work shifts forever. I loved patient, bedside care. So, I think I had that realization fairly early, but what exactly I wanted to do I wasn't probably so sure about. (Francis)

The consistency of this theme is strengthened by the fact that Jane, the counter case participant, also experienced this same frustration with the initial clinical practice. As a result she changed her practice emphasis within the clinical setting and continued there for an entire working career prior to transitioning.

> [I c]ame to the hospital, worked in adult coronary care and adult intensive care for a year and a half. And, um, then I was a little bored and I wanted, I wanted to go into more emergency work. ...I saw myself as not wanting to be in this routine pattern. (Jane)

While burnout is often discussed in relation to exit from nursing, these individuals experienced dissatisfaction but avoided burnout. They sought to remain within the profession but in different roles which reduced their stress level and fit their personal interests better, especially as they matured and gained professional experience. They started pursuing these opportunities prior to the stress level becoming such that they believed the best option was complete exit from the profession. This suggests that identification of a poor match between the individual and the initial work environment may be a mechanism to encourage additional exploration of other practice areas within nursing, including academia.

Chance intervention and redirection

Another strong theme within the stories provided by participants was that of chance in their entry into the academic role, the clearest example being that of Charlotte who had almost the same scenario play out twice. While a student herself, she

unexpectedly assumed the position of clinical instructor, mid-term, when the original instructor was unable to continue. It was as though she was somehow fated to be an academic nurse and needed it explained twice before fully accepting the idea.

> [T]his is maybe one of those things that happened that brought me into, but while I was there I was also a work-study student. So I worked in the lab with the associate-degree students; just like our lab, working with mannequins and all that kind of stuff that I am still doing almost 40 years later; which is fine because I enjoy it. And also, I'd worked in the lab for a couple of months, and then one of the clinical instructors at the school in the associate-degree program had a difficult pregnancy; had to go on bed rest like that (snaps fingers). And they came to me and said, "We think you've got the skills to be a clinical teacher, you have to take over immediately on a med-surg unit. You would have these students for the rest of the semester." There was about 7 or 8 weeks left. "But you have to take over 100% and we need to know now." And I said , "Okay." I had been a good leader, I had been a strong leader of various organizations in high school and I said, "This sounds really interesting." I had liked school. My husband and I moved and I totally left education and kinda that dream because there was so few schools where I was and I went into pure administration...Frankly, I got pretty bored with it within a couple years and then we moved. And then I went back to school fulltime. I worked enough and then I could go to school fulltime because then we had young children at home and that's all I wanted to do; not work but go to school fulltime. Went to the local university; it went very well. And I'll be damned if it didn't happen to me again. I'm sitting in class, small seminar class of

a dozen people, we are all in the CNS program and adult med-surg was our specialty. The associate dean walks into the room and she interrupted the class and goes, “I’ve got a problem.” She goes, “So and so who usually teaches out clinical med-surg students in the VA has broke her leg. She’s down and out. I need someone who can cover the rest of the semester, 8 weeks, with two groups of students at the VA tomorrow.” She says, “Who’s interested?” And bout four hands went up. And then she said, “Do any of you, by any chance, have VA clearance” “I do!” (laughter) “I do!” She looked at me and goes, “Do you want to do this?” And I said, “Yes, this is dream job.” She says, “Go now.” She says, “Go right to the VA now.” I went to the VA. I filled out all of the paperwork the rest of the day. I went to the unit. I met staff on the unit. I did patient assignments. I was back at 6 in the morning with a group of students. So this happened to me twice. (Charlotte)

Though Charlotte was engaged in the academic community when her opportunities for academic practice presented themselves, the same was not true of others. Francis was completely engaged in her independent clinical practice in a small-town setting when she was approached by a local college. She had already obtained the requisite education to teach in a nursing school but it was not something she had considered. However, the college was in need of a qualified instructor and so sought her out; she was, by chance, in the proverbial right place at the right time.

And then just life circumstances ended up living in a small town that happened to have a college in it and the college approached me to teach one of their courses

> because they needed someone with a graduate degree because of accreditation reasons and it sounded interesting. I said, "As long as you realize I've never taught at this level before; done this sort of thing but it'd be fun to try." (Francis)

A similar pathway was followed by the counter-case individual, Jane. She was facing retirement and lamenting the loss of the regular structure that work creates for life. As it turned out, she was lamenting to a faculty member who suggested that academia would be a good to continue her practice upon the completion of the clinical role. The nursing school needed an individual with her skill set just as she was losing the primary role in which she had gained and use that skill set. It was by chance that the individual aware of the teaching opportunity and the timing of the transition met and Jane could move into an academic role.

> I hit [full] retirement benefits in 2004. My husband said to me, "Why don't you just consider retiring and create, get a different job?" Well I still wasn't thinking about being faculty but I had a colleague over here and I just said, "that'll be…" I don't know, we were talking for a second and I said, "That'll be my life as I knew it." And she said, "What do you mean?" And I said, "I hit the [retirement threshold] and I don't know what I'm going to do." "Well, we need help over here in public health." So I came over kinda as a pinch hitter and really liked teaching. ...And that's how I got here, and it was not because I planned to get here. (Jane)

When examining a process with the goal of influencing in it the future and in others, chance is an undesirable aspect; yet in choosing to enter an academic role, chance appears to be a significant factor for nurses. While we may not be able to replicate the chance interactions and timing in other individuals, there are other areas which appear to be influential and by acting in those areas perhaps individuals can be prepared to pursue the opportunity for academic practice when it arises.

Prior knowledge of a teaching role

One of those areas is the knowledge or experience of a teaching role, though not necessarily within academia, prior to considering a transition to academic practice. Patient teaching is an important aspect of the clinical nursing role but it appears to be insufficient for encouraging individuals to contemplate teaching nursing in academic setting. Instead, it seems to require other forms of teaching that may appear to be more directly related to academia in order to increase the individual's comfort level to such an extent that the idea of teaching is no longer a significant barrier. The two primary means mentioned by individuals were employment in staff development and precepting of students in the clinical setting. Charlotte's experience teaching in a staff development role demonstrates this, though she points out that staff development and academia are different.

> [M]y first real teaching job was in staff development. Big, big difference between academic and staff development. But I loved that staff development role. I did that in, over the course; I did that in four different hospitals over the course of 10 years. And I truly enjoyed it. I really enjoyed teaching nurses, doing some up-to-

> date kind of stuff. ...We moved...and I had a wonderful position as a director of staff development for a few years again. I, it was the best of both worlds because I was a clinical nurse specialist but I was director of education for a large hospital; orientation and staff development, there were 10 people that reported to me. I actually taught the leadership classes and then a couple times a month I would get my hands busy and work on a unit to keep me up to date. And that was a wonderful role that was wonderful, so again I was always involved in the teaching aspect. (Charlotte)

For Jane, the staff development position was the second step toward academic practice. Her initial teaching experience revolved around taking on students as part of her regular staff position in the hospital. While she was not serving as an official clinical instructor, there were instances when this role was temporarily given to her.

> I learned that I loved students, working with students. I didn't realize it but I was always getting assigned students, you know? I would forget to let them go to lunch 'cause I was still teaching them at the bedside and if the instructor called in sick, and I had that happen, they'd just assign them to me. And I didn't realize that was maybe a gift I had, that not everybody liked that,…I'd done some little lectures and if I had had any down time I was always trying to write a policy or trying to fix something or "let's get this organized" or whatever. Anyway, they asked me to come into that [staff development] position, I didn't seek that position, so for six years I went to work there and I taught, you know, workshops on EKGs and I oriented new nurses into the ICU. (Jane)

While patient teaching may not be sufficient for contemplating a transition to academia, it can be an activity where the interest and ability are identified for additional development. That was the case for Deborah who enjoyed teaching the patient population she interacted with, families with newborns, and this developed into teaching students also as they were learning at the clinical site. She was different from Charlotte and Jane, in that she did not mention time in a staff development role, which suggests that either type of teaching experience may be sufficient for encouraging consideration of an academic teaching role.

> I found that in those first five years of being a nurse, in practice, that was the part of the role that I loved the most. I loved teaching; I loved teaching the patient and the family and again that population loved hearing about, "How can I take care of myself?" They want to be healthy. There's a lot of teaching in, you know, labor and delivery, newborn nursery, there's also a lot of coaching which I really liked. ...As a practice nurse I was always the person that they'd assign a student to me. You know, not only did I educate patients but often they'd say, "You know, we have students coming, you're a good teacher, you're real patient, and you're compassionate with these students. You know how to teach them." And I'm like, "Okay, fine." So I was often the staff nurse who would be the preceptor or the mentor, you know. And my role at the hospital over the years has been through nursing education, like educating new staff. (Deborah)

Gwen, however, is different from each of the other participants mentioned in that she pursued the academic role rather quickly following entry into the profession. The

short time duration in clinical practice precluded a role in staff development or many opportunities for teaching students in a hospital setting. What she mentioned was a desire to teach early on in her life, prior to pursuing a career in nursing then inadvertently returned to it upon entry into the nursing profession. We can see that in her experience.

> My aspirations were not faculty but when I was younger I did want to be a teacher. ...So I finished nursing school, worked for two years in an adult intensive care unit and pretty soon after starting to work I decided I'd go for my Ph.D. Again, I don't remember the thought process behind it. I applied to a direct entry program from BSN to Ph.D., along the way getting a pediatric nurse practitioner program. And then somewhere along there it occurred to me that if you have a Ph.D. in nursing that you will probably end up teaching in the university, so…here I am. It was almost predestined, but, um, I don't know that I knew at the beginning that I wanted to teach nursing, but, um, I'm here not necessarily because I love teaching as much as I enjoy the research. (Gwen)

As illustrated by the paths taken by these participants, prior teaching experience or desire is an important part of preparing for contemplating an academic nursing role. It may be that a teaching experience introduces individuals to a previously unrealized interest or ability or builds self-confidence so the idea of teaching is no longer a barrier. It could also be, individuals have previously desired a teaching role but circumstances have led them to become nursing professionals; with the appropriate guidance and training they could be directed back to that earlier desire to now be carried out through nursing education. These suggest there are opportunities within clinical practice and

initial recruitment into the profession where interventions could be implemented to lead individuals to being more amenable to the idea of teaching nursing in an academic setting.

Transitioning to academia

Desire and prior teaching experience by individuals, however, is not sufficient for reducing the faculty shortage which exacerbates the broader nursing shortage. Those individuals must either add academic practice to their current clinically oriented nursing practice or move completely from the clinical realm to the academic. This transition has been examined by other authors (Felder, 2007; Magpantay-Monroe, 2009; Schoening, 2009) but was also raised by the participants in this study as an important theme. The participants mentioned how they transitioned successfully as well as problems either they experienced or have observed related to the process. For Annie, that meant taking graduate classes in education to understand how students learn and how to facilitate that process. She also took advantage of the opportunity to work with and observe practicing faculty in an attempt to understand how they were successful in the educating process.

> I got into nursing and it was like, ugh, it was just, it wasn't the same. And I have a little theory about that but, I think nurses are not taught how to teach. They're not taught how to teach, a lot of them. People go into teaching and they take education courses. They're a nurse, they figure, "well you're a nurse you can do this." But that's not always true. You need some help, and it shows if you don't have the help. ...When I was in, uh, my master's program I took courses on how to, on teaching. It was teaching curriculum was minor I could take for my masters

in nursing. So with that I took courses of like test construction, how to develop a lecture, how to, um, how to uh conduct clinical. I went with a clinical instructor. I went as much as I could. I went more than I was supposed to go cause I wanted to be really. I wanted to take advantage of having someone who's done this, learning from them. ...I think that's one problem we have um, I used to beg people to let me go in their rooms and see 'em teach. And they didn't, ah, you know, here they're not so bad about it, where I used to work they didn't want me going in there and seeing how they taught. So I thought, you know, it would help me to know, to see what people are doing. ...[W]e had that advanced, it was advance practice nursing but it had a teaching component and that was done away with and I thought then, "why are we doing away with it?" because I knew we had this projected faculty shortage coming up. You know, why would we get rid of that? Well now we are bringing that back because if people are not, I mean, there's not a smooth transition between clinician and professor, it's a leap, but you need some tools to get there. (Annie)

While the discussion by Annie details her experience, it is sandwiched between observations about how nursing education is carried out at the graduate level. Individuals gaining the degrees where they become technically qualified to teach, lack any training about how to perform instruction. By doing so, the chasm between clinician and educator is expected to be crossed by the individual with no preparation for the challenges of the transition or the new role. If courses related to performing an academic role were included in the graduate education of nurses, the institutions would be building bridges

which could ease that transition and possibly ease the reluctance of clinical nurse to add an academic role when recruited.

Annie took advantage of the opportunities to learn from other faculty as she transitioned but she was not alone. Francis did likewise though the opportunity to transition presented itself as an adjunct position at a small college. Francis was able to focus on a single course and reach out the various faculty in the small department whenever she desired assistance. What she has observed from within her academic role is the fluidity of the academic schedule can be difficult to accept for some who have become accustomed to a rather rigid work schedule.

> And so that was my introduction into teaching college level nursing courses in a baccalaureate program. And as it turned out, I loved it. It was a great experience; it was part time so I could really focus on one course, you know. I was hired to teach and didn't have to get involved in all the politics of the institution; so that was very nice as well. It was a small department so I had a lot of support from other faculty and…so that was great. So that is, yeah, that's how I entered academia and then, kinda realized it would be a really fun place to stay. … [T]hey had a lecture component three days a week, it had a lab component, and it had a small clinical component. ...It definitely doesn't fit into and 8-to-5 model. So I think that might… I think I've noticed here some of my colleagues who've come from that setting, that can be a hard or difficult issue to realize. And your pay really has nothing to do with..hours put in. (Francis)

Jane was like both Annie and Francis in taking advantage of existing faculty who could be resources as she made the transition to academic practice following her clinical career. Her transition included a role that functioned similar to that of a teaching assistant; she aided in the instruction of the class on one site then delivered the instruction independently at a second site with fewer students. This didactic teaching was in addition to performing clinical instruction but the combination provided a solid foundation and developed her interest in the academic practice of nursing.

> I didn't really have any teaching methodology, a little bit in staff development. ...So I got over here and initially there were 170 students in this public health class, they had combined two classes, it was kind of a transition time. So I helped her teach it on the campus, there were 130 on this campus, 42 at a second site, then I took the presentation and did it for three hours the next day there and then the third day I had 17 students in clinical with another faculty member all day long. I really liked it... (Jane)

Each of these participants discussed the support that enabled them to make the transition from clinical nursing to academic nursing. The support could be through assistance in learning how to teach effectively via observation of or assisting practicing faculty, or though mentoring by other faculty members. It appears that connection and support eased what could be a difficult transition. Difficulties can include alterations of accepted routines but more significantly, a lack of understanding about how to carry out the instructional role. Jane points out she had no teaching methodology and Annie discussed the lack of instruction concerning education in the graduate nursing programs.

Lacking that knowledge would increase the difficulty of transitioning from clinical to academic practice and could, therefore, increase the dissatisfaction and likelihood of early exit by new faculty.

Continuing in Academia

If there are difficulties in transitioning from clinical nursing practice to academic nursing practice, the question must be asked, why individuals remain, especially in light of financial considerations that appear to make academic practice less desirable. As with redirection and transitioning, continuing in academic practice was not a single theme but a collection of several themes, each of varying strength. The strongest themes were related to actually staying in academic practice and the relationships with students that facilitate remaining but related were themes concerning how individuals deal with competing interests in nursing, including a continued desire for clinical practice. Together, these themes may shed light on topics to address when attempting to reduce concerns in individuals considering an academic role. What is not addressed here are the financial concerns in which academic practice is at a disadvantage in relation to clinical practice. Those will be explored separately in the final overarching theme.

Staying in academia

The popular image of a nursing is a practice in a clinical setting, taking care of patients in hospitals. While there are other forms of practice which individuals may pursue, the initial thought when someone mentions the word nurse is very stereotypical. If individuals opted for a career in nursing with that image in mind, what do they find in

academic practice that deters them from returning to full-time clinical practice from the teaching role? Two subjects mentioned were the students and flexibility in meeting the professional goals. Within the subject of students there were the students themselves as persons and the interactions that faculty have with students. The students as persons and flexibility of practice are addressed here as one theme since the two were often mentioned together. The interactions with students, while strongly overlapping, are addressed next. In discussing students as persons, Charlotte concisely details why students can be a strong inducement for nursing faculty to remain in academia.

> I think that's what you'll hear from people, is why we stay in this all these years later, is, what we see the students. We can affect the students and selfishly that's a very personal reward. Instead of patients because we transferred from patients to students. (Charlotte)

For Eva, the flexibility in work hours is extremely important. The ability to meet the goals of her practice from a variety of places allows her a freedom that helps reduce the valuation of the income disparity between clinical and academic practice which in turn reduces the attractiveness of clinical practice. But as with Charlotte, students play a significant role in her choice to remain as nursing faculty. She sees what she can do for them through the teacher-student relationship as well as what she is doing for the profession. By remaining in a faculty role, she helps ensure the continuation of the profession into the future.

> Well, there was a day when I woke up and I realized that I have a certain amount of, people call it academic freedom but it's freedom. In other words, I can say,

> "Hmmm, no, today I'm gonna work from home. I'm not coming in." Whereas, when I don't have a class in the classroom where I have to physically be there, I can sit at home in my office and, because a lot of the program I teach is online or communication with students is online or there's computer program where you can see people online… So, I can be smart about my time and say, "This is what I need to do for my workload and this is how I'm going to accomplish it." And that to me is worth a lot of money. But that's just a piece of, part of it is that I get personal satisfaction from the relationship with the students. ...And I think I have an ethical obligation to train future nurses and nurse practitioners and nurse midwives 'cause, you know what? In ten years I'm gonna be done and we need people to go out there and take care of people, so part of it for me is a moral obligation. (Eva)

Francis lends additional support to the thoughts provided by both Charlotte and Eva, deepening the theme that students as persons and career flexibility are strong motivators to remain in academic practice. It is the intangible benefits of a faculty career that encourage individuals to stay when presented with opportunities to return to a full-time clinical role.

> I would say probably the level of autonomy that I have, …along with the flexibility that I have just from day-to-day kind of perspective, my colleagues..their level of thinking, of problem solving, of..looking at the bigger picture of healthcare and nursing. [T]he students, for the most part, who are really highly motivated, ..looking forward to taking what they've learned into their own

> practice. ..[R]ealizing they're pretty young..and...may say what they know they want to do, and that's great, but just realizing that they've got lots of doors open to them and that's hard to know what impact or what they'll really take away from what we try to guide them through that'll make a difference for them. But..their energy, and interest, and motivation, all of that is really positive as well. (Francis)

Flexibility, autonomy, control are all aspects of one broader concept, independence, which is available in academic practice and has only recently started to expand for the nursing profession in the realm of clinical practice. Institution-based clinical practice has rather rigid time constraints and the clinician's practice is largely determined by the patient load. While the clinician has control over their specialty or focus, upon entry into that area the individual's practice independence can be quickly reduced. While there are time constraints in an academic setting, they have more flexibility since the primary measure of productivity is achievement of goals rather than time. That control of schedule as well as the ability to choose how the goals are attained gives the member of the university faculty a large measure of control over their own practice. For each of the participants, that independence, in conjunction with a diversity of activities, was an important factor in their choice to remain in academia rather than exiting back to clinical practice.

The students as individuals, motivated and curious, were also important factors. Their idealism and potential keep the participants interested in the teaching role as they feel a difference can be made. That desire to make a difference, which is often cited as a

reason for entering nursing, continues through a new role within the nursing profession. It is a difference participants realized could be made not simply at the individual level, as is often the case in a clinical practice, but also as the professional level through the education of the next generation of nurses.

Interacting with students

Nursing is a social activity regardless of its practice setting. By its very nature, the care provider must interact with the care receiver. In the academic setting, information substitutes for the direct care of clinical practice. However, the purpose of that information is to provide the learner a foundation for engaging in efficient and effective care provision in the students' future clinical setting. The conveyance of information requires engaged and continued interaction between the faculty member and the student; interaction which the participants valued both for type and duration.

> I see the students using that information... That's what I enjoy about being in clinical too; is seeing the student beginning to put it all together. ...I like to see them develop and grow and then I love to work with the on the units as nurses when I bring students there or as a nurse; a fellow colleague nurse, you know? (Annie)

For Annie, the ability to not only watch but facilitate the progression from inexperienced novice all the way through capable nursing professional was important. She could see the students incorporate the information she conveyed into their knowledge base and then make use of it in the appropriate fashion. An important aspect of this was

the ability to develop continuing relationships through the long-term teacher student roles of the academic setting. This is echoed by Eva.

> You know, I love to teach, I love students and it was the perfect fit for my personality. But that's just a piece of, part of it is that I get personal satisfaction from the relationship with the students. They jazz me up. They're so smart and every time I think I know what I'm talking about I realize I don't because they're so smart. And I'm not kidding, I'm serious, I love that. I learn from them every single day. And they're young and energetic and they're gonna change the world, gosh darn it, and they're gonna jump up on the desks. I love that. (Eva)

The relationships which can develop keep the nursing faculty members engaged in their practice through the questions they ask and the challenges they provide their professors. As Eva points out, the students have an energy that helps sustain her and force her to continue learning just to keep up with them. She must continually assess what she knows in order to remain relevant as a professor. For Gwen, it is the ability to see the students gain and express comprehension of not simply the information but how they can use it that encourages her to remain a professor.

> Last year I started teaching juniors. It is fun to watch them "pop." They want to know what is nursing in this setting... And I tell them, "It's what you make it." You have to find money, find people, and then do your nursing. But it isn't your usual nursing. It is teaching leadership and I can be impactful on her, the student, as a person. About halfway through the course they see, "I can make a difference." (Gwen)

Within the theme of interacting with students, the value of the relationships is what emerges. There is a time dimension available in the academic setting that can be lacking in many areas of clinical practice. The roles of teacher-student last longer than many clinician-patient pairings which allows for engagement between the individuals. What it also allows is for nursing faculty to observe change and see results in a fashion that may not be available in all clinical settings. While nurses in clinical practice obtain satisfaction and validation when a patient is provided the appropriate care and either maintains or regains health the ultimate result is often obscured following transfer or discharge. This is not the case for the participants in this research, they are able to develop relationships which allow the faculty member to not only obtain validation of their practice choice, but continue to observe and engage the former students following the end of the initial relationship at graduation. This ability appears to be an important and powerful motivator for remaining an academic nurse.

Still learning

The continuation of learning through academic practice emerged as a minor theme. Eva mentioned this in relation to her interaction with students and how they continually challenge her to learn more. However, she wasn't the only participant to raise the concept; Deborah did also.

> The other thing I really like about students is that they keep me learning. They keep asking questions so that I can continue to learn, you know. ‘Cause I see in my role, my years in the...[hospital], when I would get to be the expert practitioner it got to be kinda rote. I knew how to do all these skills. I loved that

> teaching was always new. But I could get pretty comfortable in my role, whereas in teaching you are constantly being inundated by questions. You know, constantly having to stay like a step ahead of the students. Plus I'm constantly teaching new courses, you know. So I like that stimulation. (Deborah)

Deborah has maintained a clinical practice separate from her academic role and points out a potential issue for the expert clinician: the job becoming routine. For her, academic practice balances that potential for routine with new challenges and questions from students as well as the opportunity to develop and present new classes. The ability to obtain mental stimulation from the academic role continued to draw some of the participants back to it for the intangible benefit of learning.

Competing interests

Continuing in academia requires mitigating the attraction of competing interests. Considering the initial career decision was to enter nursing with its emphasis on clinical practice, it is reasonable to assume clinical activity would retain its attractiveness for individuals whose primary nursing role has become educational. A minor theme emerged addressing how some participants dealt with having clinically-based practice as a competing interest for their academic role.

> Some of them, some of the nurse practitioners who see patients day after day, they want to go back to that, they want to go back to that intense patient contact which they didn't have here. And so one or two of them have used that but it also doesn't hurt that they're also gonna make more money. And they know that when

> they're going and they say that when they're going. ...I think that for the clinical people, I think it's losing their practice because the need for teaching is so great that we also, most of us don't have time for clinical practice. I mean I don't know how I would fit it in if I did some clinical practice; I don't know what they'd take away. (Beth)

As Beth expresses, she has become fully invested in her role as a nursing professor, so much so that she cannot imagine surrendering part of it in order to return to or regain some level of clinical activity. However, colleagues whom she has taught alongside have left the academic role in order to practice their profession in a clinical setting again. What is interesting is that she singles out the nurse practitioners, often a primary care role where relationships can develop over an extended period of time, not unlike the relationships that can develop in the educational setting. What she sees, however, is that the activities of the primary care relationship, in conjunction with increased income, are more satisfying for those colleagues who have exited academia. They were unable to obtain the same level of professional satisfaction from the educational role that they found in the clinical role, unlike Charlotte.

> And for many of us, we've been able to transition that passion that we had for patients to the passion for students. That is certainly true for me. So I just transitioned it. And for the first couple of years when I couldn't participate in clinical practice anymore as a clinical instructor.., that was very difficult on me. But hearing the stories from the students and reading their papers and all that brought that to life for me so it was fine. So it was fine because they could bring it

> to life for me and I could respond to them in seminar… So I didn't need to be actively doing it again, because I could remember the experiences. And so, I've been able to fulfill that. If my health was good I would still a couple days a week be out on the clinical units 'cause that's a great job for me. I envy all the people... that are out there... (Charlotte)

For Charlotte, she retains the satisfaction gained through her clinical experience through her interactions with students. In essence, she is engaging in clinical experience vicariously through her students. Through discussions with them she relives her experiences and uses those to facilitate the educational and professional progression of the students around her.

In both instances, the faculty member has found a way to mitigate the attraction of the clinically-based practice in favor of remaining in academia. When a means of doing so does not develop for an individual, they exit the academic role. However, becoming completely invested and time constrained or obtaining that clinical connection through the experiences of students are not the only means of dealing with clinical practice as a competing interest.

Maintaining nursing practice

The means of dealing with the attraction of clinical practice that appears most direct is to retain some level of clinical activity. Several of the participants had chosen to work outside the academic environment in order to maintain some level of clinical practice. For two of the participants, they felt clinical practice was important for their

academic role by keeping them relevant to the profession and in touch with issues that their students might face.

> [I] have kept my foot in the door, for example, this evening..I'll zip down [to the hospital] and work. It's very important to me that I keep my foot in practice. I think that makes me a much more credible person in terms of faculty. ...So I work at least [once a week] and then I pick up during the summertime more often. (Deborah)

For Deborah, the ability to say to students, "I've been there," and have it not mean years ago was important for being to engage and educate her students. Eva felt strongly enough that she engaged in her clinical activities on a volunteer basis.

> So right now what I'm doing is I'm working on a volunteer spot with what they have[; c]linics where I go and work with people who are uninsured. I keep my skills up, still see patients, prescribe, stay on top of the literature but don't get paid for it and that's okay, I can volunteer. (Eva)

What she mentions is an aspect of continued learning, in this case having to "stay on top of the literature." But her desire for maintaining a clinical role isn't limited to that; it involved retaining the clinical skills which she is teaching to students, again having credibility with those students so that they trust the information she provides. However, she isn't the only one as Isabelle pointed out, "[N]ow I'm teaching, lecturing fulltime teaching, although I still work at the hospital a little bit." This emerged as a major theme as about half the participants mentioned retaining some level of clinical practice, even if

it was a single line in the interview as was the case with Isabelle. Their ability to not only choose to but then retain a clinical role despite the academic load, demonstrates that becoming a nursing professor does not require abandonment of one's clinical practice. If individuals assume that transitioning to a faculty role will bring their clinical role to an end, the competing interest barrier may be difficult to overcome, particularly during attempts to recruit potential professors initially. Instead of abandonment, that clinical role may be used to engage students and enhance education by the faculty member.

It appears that individuals who choose to remain as faculty rather than return solely to a clinical-based role have means of either mitigating the attraction of the clinical role or increasing the valuation of the academic role. Individuals may choose not to leave the clinical role entirely, instead retaining it to facilitate effective education and meet the attraction of clinical practice. Others choose to meet it through their interactions with students. Those interactions occur over a period of time which allow for the development of lasting relationships students and provide professors the opportunity to see the difference they have made in the lives of those students, even post-graduation. Thus, the academic role gains value for the individual relative to the clinical practice through the teacher-student relationships. However, those relationships are developed in a role which allows the faculty member a significant amount of independence in carrying out the necessary functions of that role. That independence is also important in allowing individuals to accept the income disparity between clinicians and professors of nursing.

Financial Considerations

The final overarching theme that emerged during the research was that of financial considerations. Each of the participants addressed the issue on some level. The disparity between academic and clinical practice was pointed out but of interest is how individuals dealt with the disparity, either through their valuation of priorities or reduction of the income difference through other means. In a period where making the incomes of nursing faculty members competitive with clinical providers appears nonviable for recruiting and retaining faculty, the means by which current faculty meet the issue could provide a better understanding of faculty incomes as a barrier and alternative ways to overcome it.

Relative income

The existence of a wage disparity for nursing faculty as compared to clinical practitioners and its relative amount is the first issue to explore. Beth summarized the problem well using her own experience as the example. Her ability to speak to the issue is enhanced by the income change due to her own transition in conjunction with having an immediate family member currently engaged in a clinical role.

> [I] lost probably $40 thousand in income by coming here. We can now make almost twice as much in clinical practice. So that's why we don't have the educators. And with lower degrees, ok, so at any rate, I loved it. And then I realized that as an advance practice nurse, many of my colleagues leave because of the income. And that's basically what it is. …[I]n the past, I've lost a lot of colleagues here who are practitioners; I'm not talking about the researchers. The

practitioners, the ones who really want to be involved in teaching clinical practice have left because usually it's been of monies; the money is just better out in the community. Anyway, it's, it's really difficult and it's been difficult through the years to make that decision, for me it has not been difficult but for colleagues it has. But there are some of us, so I believe that the clinical instructors here are doing so because they really love it, which really makes for a high grade level of instructor here. I admire all my colleagues. And I'm not talking about the researchers necessarily, although, you know, I admire them too. But in clinical practice, again, you have to make a harsh decision because it just doesn't pay. And I really believe that that's why we don't have instructors at the clinical level. It's about love of teaching. It absolutely is the love of teaching. Now we do only work…9 months, if we worked 12 the income would be a little better. It's still not going to be what it is to clinical practice. I have a doctorate, my daughter is a nurse practitioner with a masters degree who is doing quite well and, uh, she's making a whole lot more than I am; almost double what I'm making in clinical practice. Now I can't, I can't say some of those who have left have all left for monies. Some of them, some of the nurse practitioners who see patients day after day, they want to go back to that, they want to go back to that intense patient contact which they didn't have here. And so one or two of them have used that but it also doesn't hurt that they're also gonna make more money. (Beth)

Here we see that a difficult decision is made in order to pursue academic nursing. Financially, the individuals who are educators are receiving much lower remuneration for

their effort despite having higher educational attainment and expertise in their field of nursing. As Beth mentions, part of that is a difference in the working time period, 9 months versus 12, but 9 months teaching is intended to be the academic equivalent of an annual effort with the additional three months to be used for ensuring one remains relevant in their field. For Eva, we see that the dollar amount lost due to the transition to academia was similar though she explains how, in part, she justifies accepting that reduced income.

> First of all, I would say that, yes, you can make more money in clinical practice than you can teaching here. But everything comes with a price. If I were to work full-scope midwifery, and when I worked I made about $30 thousand more a year than I make now as a faculty person. And so, $30 thousand a year is a little less than $3 thousand a month and of course by the time taxes are over it's half that, but it meant I worked Christmas and weekends and nights and up all night and that to me was worth something. (Eva)

The regularity and control over one's own schedule are what Eva uses to discount the increased income she could have working as a clinician. She has revalued that income and reduced its priority such that the academic environment exceeds the value of clinical practice. However, to be credible as a professor, one must have experience in the subject area they are teaching. Jane embarked on an academic career with a wealth of clinical experience, as she notes below, but the instructional value of that experience was not included in the initial salary offer. This fact highlights an issue in academia where experiential knowledge is valued less than educational attainment.

> When they did interview me for helping out at the school the first time, and I had been working, and I had no idea what faculty made, didn't care, never looked, wasn't going to that probably, but, you know, the salary was, I'm going, shockingly low, I'm going, "Really?!" Well, and I said, "I want this much." And they said, "Well, you want what the PhDs want," or something. And I said, "Well, what does my 35 years count for?" So, you know, that's kinda how I responded and they gave me a little boost. (Jane)

These participants clearly expressed the potential financial barriers to transitioning from clinical nursing to academic nursing. There is a severe decrease in the income potential when a person chooses to teach nursing rather than treat patients as their entire practice. Part of the reason for that is, inadequate valuation of experiential knowledge in a profession whose focus is activity based. This devaluation of experiential knowledge means reduced initial salaries, reduced growth potential over time, and depression of relative salaries across the field.

Non-academic financial support

Ideally, incomes for academic nursing practice would be competitive with salaries for clinical nursing practice, however, that is not currently the case. Eva justifies the difference through intangible benefits such as increased control over the schedule but other participants addressed the income differential directly through financial support from sources other than their academic employer. Charlotte was one of the participants

who relied on her spouse's income as the primary means of household support thus decreasing the need for the additional income.

> I do have to address the financial part. It's very important to a lot of people you will be speaking to. I can be very honest in just saying, it's not that important to me because I'm still married to the same person 35 years later and I fall back on his insurance and that kind of stuff. (Charlotte)

Outside support can be through the income of another person or through additional employment outside the educational setting. Deborah has chosen to continue with a clinical-based practice in a hospital and while this is primarily to maintain her clinical skills and enhance her educational credibility, the additional income is an added benefit.

> So I work [for the hospital] at least [once a week] and then I pick up during the summertime more often. Yes, I took a cut in pay, you know, from being fulltime in the neonatal intensive care unit to my first teaching job I took a $20 thousand cut. Right? But I think the satisfaction of having students learn and that I was able to share my knowledge, but keep in mind I always kept my foot in practice, always had an additional income to support, to supplement my teaching habit. You know, so I did, I've always had a second job because there is a huge pay differential, you know. (Deborah)

So while there is a significant income differential between being a clinician and being a faculty member in nursing, there are ways in which current faculty have

overcome that difference. They main retain some level of clinical nursing, not only for personal and professional satisfaction but also the additional income; they may rely on a spousal income to reduce the impact of the disparity on household activities; or, as one participant did, transition following retirement from a clinical career and use the retirement income to supplement the academic income. Thus, options are available for transitioning to a faculty role despite the income differentials that currently exist.

Degree costs

Finally, there was one issue related to the financial factors that was only briefly mentioned but is important. Beth pointed out that her daughter makes nearly twice as much in her clinical practice as she does personally in her faculty role. The value of this difference is increased when you consider that Beth's daughter has only a master's degree rather than the doctoral that Beth has earned. The additional education requirement for this program means the individuals incur additional costs which may not be justified in light of the reduced salaries in academia; and yet this requirement is expanding among nursing programs more broadly.

> I would say the biggest barrier, a bigger barrier in my own observation is the fact that it's the doctorate. That the university wants the doctorate, the doctorate is expensive, people look at how much it's going to cost to get the doctorate and, "Will I make that portion up by being a faculty person?" So if there's a loan forgiveness program for faculty and say, "Come here and teach for us and your DNP will be paid for, your Ph.D. will be paid for, that would be an easier way to attract faculty. (Eva)

As we can see, Eva raised this issue but then recommended a potential means of resolving the problem. If universities took on the costs of educating individuals to the doctoral level in return for employment as faculty for a given period of time, the ability to recruit new faculty could be enhanced. For the individual, the cost barrier to earning the additional degree could be reduced and the university would have qualified professors for at least of period of time with the potential for much longer. Programs like this could serve to reduce the impact of the wage disparity by removing the need to repay debt incurred while seeking the doctoral degree.

The themes that emerged around financial considerations are all interwoven. Currently there is an income disparity negatively impacting faculty of nursing. This disparity must be overcome by individuals who choose to enter and remain in academic practice either directly through outside financial support or indirectly though a relative revaluation of the clinical and academic roles. The cost of obtaining the necessary education as well as the undervaluation of experiential knowledge gained in clinical practice serve as additional barriers to individuals considering a transition from clinical nursing to academic nursing. Any long-term solutions will need to address these issues if academic nursing is to become more attractive to clinicians.

Chapter 5: Discussion

Relationship to Other Research

All research has implications for both theory and application. It can also confirm existing research or raise further questions which then need to be resolved. The research presented here is no different. The sample was uniformly female which was not unexpected given the small sample size and gender distribution of nursing (Landivar, 2013). In addition, the average age of participants was in the 50s and mirrors findings in research elsewhere (AACN, 2005). As a result academic nurses, including those in this sample, are limited in their time of continued active practice in comparison to nurses in clinical settings; this leads to a need for more rapid turnover as nursing faculty age out of the profession.

The current research produced data that largely confirmed prior research in career choice related to academic practice among nurses. That research examined the propensity to pursue graduate work in nursing (Plunkett, Iwasiw, & Kerr, 2010); factors related to being a nursing professor (Boley, 2004); deterrents to choosing a faculty position (Lawrence, 2007); the choice to pursue a faculty role (Schoening, 2009); factors relating to remaining a professor of nursing (Magpantay-Monroe, 2009); and post-graduate education process (Felder, 2007). Most of these prior studies found additional support in this research for at least some of their findings; the exception was Lawrence (2007). The sample for this study was made up of individuals who had chosen a faculty role, unlike the participants of Lawrence (2007) research, and as such, direct confirmation of those findings was not a part of this work. The lone, indirect support for Lawrence (2007)

findings was increased salary being mentioned as a reason for why colleagues of participants in this study had left academic practice; whereas participants in the work by Lawrence (2007) had opted for non-academic practice due to the reduced income potential as an academic nurse. What participants in this research discussed from their own experiences was the ability to accept the reduced income and/or supplement it as coping mechanisms in light of the income disparity faced by academic nurses.

The participants in this study did have a propensity to seek additional education and several expressed an individual drive for success as well as a continued interest in learning. While not formally measured as in the research by Plunkett, Iwasiw, & Kerr (2010), the expression does fit with their findings of a high level of self motivation being correlated to pursing graduate nursing education.

The work of Boley (2004) concerning factors related to being a nursing professor was also supported by the data in this study. While this research did not include nurse practitioners, the faculty in both studies expressed interests in performing research, maintaining an flexible schedule, as well as a desire for engaging in teaching. Since direct clinical practice had either diminished or ended for most of the participants, the desire to work in a hospital is unlikely to be a strong motivating factor as it was for the nurse practitioners (Boley, 2004). The lone exception is the counter-case who remained in a hospital setting until retirement and only then transitioned to the academic setting.

The choice to move from clinical to academic setting and the educational process were previously examined by Felder (2007) and Schoening (2009). The participants in those studies indicated the process was a struggle in part due to a lack of background, direction, and mentoring. While two of the participants in this study sought out the

professional tools necessary for success in an academic setting, others spoke of transitioning without background and training. Participants might have had some form of mentoring, whether easy access to other faculty because their first experience was in a small department or they were paired with another faculty member to teach a course, the educational preparation did not provide training in the skills necessary for employment in a teaching role. In fact, one of the participants lamented the elimination of such a course from a master's program she had been involved with. This mirrored the experiences reported by Felder (2007) and Schoening (2009).

Like the findings reported by Boley (2004), Magpantay-Monroe (2009) found that a "love of learning" and a flexible work schedule were factors that nursing found attractive about academic practice. What Magpantay-Monroe (2009) also found was the relationships with students were a strong influence in choosing to remain as nursing faculty as was a continued desire to learn. Again, both of these findings obtained additional support in the stories provided by participants in this research. Themes capturing these ideas were quite strong as they were provided by multiple participants as they related their experiences in their academic role.

During the course of this study, one new, directly-related study was published by Evans (2013). She used a nationwide internet survey to ascertain the factors nursing faculty identified as important in their transition to and continuation in academic nursing. Her findings concerning recruitment and retention of nursing faculty were similar to those in this research. Individuals sought to advance the profession through work with students (Evans, 2013). They also had altruistic motivations and valued flexibility in practice over salary considerations (Evans, 2013). She found stronger support for the

importance of positive role models when considering a career in academia (Evans, 2013). That was in contrast to this research where early dissatisfaction with the routine practice of staff nursing was an important motivator for considering alternative forms of nursing practice.

Nothing in this current study directly contradicted the findings of other researchers. Instead, the findings here provided additional support for some of their results and were silent concerning the remaining findings, such as the graduate school experience explored by Felder (2007). The repetition of results when using different populations strengthens the themes that emerged through their consistency across researchers and participants; however, this merely compares the current findings to the existing research. Of additional interest is the implications for theory as well as academic policy.

Theoretical Implications

Part of the purpose of this study was an attempt to validate a theoretical model presented as part of the background to this research. The model compared career choice and progression as metaphorical landscape with the primary feature being a range of mountains. Each mountain consisted of one profession with its rights and responsibilities and the relative position of each to the others was determined by commonality, what some had termed career clusters (Gati, 1984). Individuals would make a career choice based on the how they perceived the mountain fit their preferences and would remain on that mountain so long as they were rewarded sufficiently in both tangible and intangible benefits. Selection would be influenced by societal constructs which could limit the

individual's ability to see alternatives as viable options as well as by chance opportunities which could either bring entirely new career possibilities into view or alter the relative attractiveness of previously known options. Upon choosing, the educational socialization process, particularly for the sociologically-defined "professions," would act as a canyon experience reinforcing the accepted professional ideals within the individual and thus hindering consideration potential practice alternatives, even within the profession that might be of benefit to the profession. As professional progression occurred, at various points there would be plateaus where gains were consolidated and additional progress could be deemed unnecessary by the individual, especially where educational degrees and licenses ensured societal acceptance of gains and prevented professional regression. Finally, there would be bridges between career mountains which allow individuals to leave and return to the plateaus previously attained with a minimal amount of effort on the individual's part. This is an integrated theory of career choice and progression rather than multiple theories limited in their explanatory power to one portion of the whole.

Due to the nature of the data provided by the participants, the socialization canyon did not find support. In the course of relating their personal experiences in choosing nursing and then becoming faculty, they did not speak much of their time as a student or how it impacted their professional thinking. What several did state was that their interactions with faculty, both positive and negative, led them to consider a faculty role early on in their nursing career but this was not uniform across all the subjects. Those who did discuss their interactions with faculty did not speak of those experiences as reinforcing their prior views of nursing or giving clinical practice a favored status, though the focus of the education process leading to licensure is clinically oriented.

Instead it was limited to direct personal interactions with specific faculty who had a direct impact on the participant. Since most of the participants came to choose their initial career in nursing relatively late (only the counter case chose nursing from a very early age), it is reasonable to assume that this group does not reflect nurses as a whole. As such, their experience which does not lend credence to the idea of a canyon experience for socialization for professional education should also not be taken as evidence against the idea; merely lack of support due to the nature of the sample.

Chance influence, however, was broadly supported as an important factor in either selecting or affirming a choice to enter nursing or pursue an academic role within nursing for these participants. Some of the experiences mentioned as directing influences to pursue nursing were the birth of a child and the interactions with the nurse midwife, unexpectedly low grades in other majors, failure to find a job having graduated with a degree in another major, and discussions with friends about opportunities in other fields relative to the opportunities in nursing. In each of these instances, a change in that event could have meant the participant choose a different path other than nursing. After entering nursing, chance again played a role, this time redirecting to academic practice, through unexpected opportunities to teach and recruitment into a faculty role when retirement was rapidly approaching. In both cases, new vistas were seen, new opportunities perceived at periods in time when the individual could act on them and alter their path to pursue a new career course.

Three aspects of the model are closely related: the relative positions of careers as represented by the mountains; the initial perceptions and limitations to those perceptions; and the attractiveness of the mountain described as fit. The clustering of careers found

weak support in this study. Participants did mention being interested in related areas or developing that interest as a result of experiences, but there was no strong statement of wanting to be a doctor and opting to be a nurse; one had an interest in biology, another in veterinary school, and another in the healthcare area due to her work in a pharmacy, but this was the extent of the data surrounding relative position of career. Instead, the narrowed vision which limited perception of potential options was evident in the stories of virtually every participant. The age of the participants was mentioned because it was evidence of the time period each grew up in. At the time several were making their initial career choice the options available to women which were social acceptable were limited as one participant said to "nursing, teaching, professional secretary kind of things." Due to the social construction of professions at the time, the participants could not see many alternatives as options for them. Their vision was narrowed as though they were starting in a narrow valley. It was only later that additional careers became socially more acceptable for women (Buerhaus et al., 2009).

The attractiveness of the mountain and perceived fit was provided credence in this research but not in the manner expected by the researcher. The expectation prior to the research was that individuals who progressed into academic practice were likely strongly attracted to nursing early on, felt a dedication to the profession, and thus sought to perpetuate the profession as educators. In essence, they were assumed to be like most members of the profession (Saarmann et al., 1992) but had, for some reason, come to perceive a different practice option which was unobserved by most nursing professionals (Rupp et al., 2006). Instead, those who became faculty were weakly attracted to the profession initially and quickly sought alternative means of practice within nursing.

These individuals fit but were not drawn to profession in a highly motivated fashion, as evidenced by the fact that chance played a significant role in selecting a nursing career for several participants. Strong attraction to nursing was limited to the counter case participant. She knew early on that she wanted to be nurse and actively sought it, she did progress academically while working in the clinical setting but chose to remain in that clinical setting as long as possible; only transitioning to academia upon retirement. What this suggests is that individuals who are strongly attracted to the profession of nursing as envisioned by the public (Thornton & Nardi, 1975) tend to remain in clinical practice, and likely at the lower educational levels (USDHHS, 2010), taking advantage of the plateau that the Registered Nurse license provides. Instead of seeking to advance further in the profession, many individuals who enter nursing due to a strong attraction to the values of nursing (Hitlin & Piliavin, 2004), such as care, altruism, and treatment of physical illness (Cook, Gilmer, & Bess, 2003; Thorpe & Loo, 2003), and find sufficient tangible and intangible benefits at the first plateau to remain there until leaving the profession entirely. Others may advance the academic rungs in the profession's ladder but opt to either remain clinical practitioners or opt against an academic role for financial reasons (Lawrence, 2007).

What remains in the theoretical model are the bridges, for which there was support in the data. The concept of the bridge was that individuals who had gained a professional plateau could leave the profession and return to that same level with minimal effort. As teaching, even within the professionally-proscribed educational programs, is considered a separate area of the mountain range (BLS, 2010), the continuation of clinical practice by several of the participants is evidence that bridges

exist. Instead of complete exit from the profession with the potential for return given a change in the labor environment, as suggested by McIntosh et al. (2006), this research discovered individuals crossing that bridge on a regular basis in order to keep the patient contact that many find attractive in nursing and to keep their teaching relevant for the students they are currently instructing. Despite not working fulltime in the clinical setting, they are not questioned about their skills because they had attained and maintained their license. This would also allow them to return fulltime to a clinical practice if they so choose as had colleagues previously.

With one exception, the theoretical model set forth here was validated, if not always in the anticipated manner. The evidence for canyon-like socialization which narrowed the professional's ability to perceive various practice options was not supported by the data and will need additional study. The weak attraction to the profession by most participants was a new finding and has practical implications which will be explored in the next section. Overall though, the public perceptions of professions, limited initial view when considering career options, and the bridging between careers did find support for validation in this study.

Policy Implications

Each of the four primary themes which developed in this research provide opportunities where policy changes might facilitate a reduction in the shortage of nursing faculty. First, in the initial pursuit of nursing changes in recruitment into the profession need to be considered. Second, during the recruitment of nurses into academic practice the bridges to a faculty role need to be made more apparent throughout the career

trajectory. Third, in order to encourage continuing in academic practice competing interests need to be accommodated within the faculty role. And finally, academic salaries need to increase to a level where outside financial support is not needed to make academic practice a viable career option.

Initial Pursuit of Nursing

The unusual finding in this research was the weak initial attraction to nursing expressed by the participants. It was as though most were "unanticipated nurses." Instead of seeking a career in nursing very early in life they found themselves either choosing it in college due to familial pressures or chance experiences which pushed them toward the profession. The use of the term "unanticipated" reflects the late decision making prior to seeking the necessary education as well as the initial weak ties; a nursing career would not have been an easily predicted path for the individuals who eventually assumed the faculty role. Once in clinical settings, they quickly became bored with typical activities they faced in their practice and thus sought alternative means of performing their nursing role. This suggests that it would be wise of the profession and educational programs within the profession to recruit individuals who are not strongly motivated to pursue a nursing career, for either traditional reasons or monetary gain, but yet have some interest. Active recruitment of individuals with prior experience in teaching, even if limited, might also be wise as this study suggests those are who become the educators of the next generation of nurses. This recruitment would be in conjunction with opportunities for teaching in the educational process incorporated in the graduate level curriculum so individuals have some experience with the faculty role as progress academically.

According to the findings here, the alleviation of the nursing faculty shortage may rely as much on who is admitted to nursing school as any other factor.

Redirection and Transitioning to Academia

Changes in who gets recruited and admitted into the nursing programs initially may correct the faculty shortage over the long term but other steps will also be needed both for short-term relief and continuing alleviation. Identification of the bridge to academic practice needs to occur throughout the career path from nursing school to retirement from clinical practice. The incorporation of a module concerning the nursing faculty role would be wise during the prelicensure education process; likely as a section just prior to graduation. However, all graduate programs in nursing should consider including teaching exposure as a requirement for degree completion. Prior exposure was found to be important in this study and its inclusion in graduate nursing curricula could encourage more clinicians to consider pursuing academia as a viable practice option. While this may require alterations in existing graduate nursing programs, the recent increase in Doctor of Nursing Practice programs (AACN, 2012) provides an opportune situation for inclusion during initial degree development.

Another important finding in this study was early dissatisfaction with the staff nursing role following initial licensure. While dissatisfaction can increase to such an extent that individuals exit the profession (Decker, 1985), in this study participants sought other opportunities to continue practicing within nursing. As a result, a policy shift recommended from this study is that nursing schools contact graduates between two and five years after licensure to determine career satisfaction. Individuals indicating some

level of dissatisfaction with the form their practice is taking should be encouraged to explore an academic career. This recommendation would be especially pertinent if individuals had been among those termed "unanticipated nurses" in this study or had demonstrated an interest in continued learning while students.

The active recruitment of clinicians nearing retirement would be an additional recommendation resulting from this research related to enhancing redirection to academia. Jane, the counter-case participant, was looking for opportunities to remain in the profession despite the end of her active clinical practice. Her recruitment by individuals already in academic practice allowed her that opportunity and provided students the opportunity to learn from her many years of clinical practice. Unlike the other participants who entered academic practice early, Jane did not consider or even perceive it as a viable option personally until facing the end of her clinical career. Her experience suggests those who were strongly motivated to pursue a nursing career might find a faculty position attractive as a means of continuing their professional involvement when transitioning from clinical practice to retirement or when forced to exit clinical practice due to other reasons, such as health. While this would limit the time individuals could serve as professors in nursing programs, it would help alleviate the faculty shortage so long as clinicians have continued their educational advancement, enhance the academic content through the experiences gained over many years as clinicians, and reduce the immediate need to increase salaries in order reduce the income disparity currently experienced by academic nurses.

Continuing in Academia

For individuals in academic practice, the recommendation is to incorporate some form of clinical practice into academic employment not unlike the Unification Model employed by Rush University where most of the faculty members have joint clinical and teaching appointments (Sigma Theta Tau, 2003). This recommendation should not require additional effort outside the academic role on the part of the nursing faculty member. While it may require the individual pursue clinical activities in a volunteer setting, those hours should be counted as a portion of the faculty member's professional employment. This recommendation would have two benefits; the faculty member continues to have patient interactions relevant to students and the competing interest of clinical practice expressed by several participants in this study would be fulfilled. This recommendation is not that all nursing faculty be required to maintain clinical practice, which is where it differs from the Unification Model (Sigma Theta Tau, 2003), but that it be available as a part of the academic role for those who choose it. If carried out within a university-based clinic, it could be potential revenue stream with which to alleviate the financial concerns raised in this research.

Financial Considerations

In this study, the impact of the disparity between clinical and academic salaries was largely mitigated by outside financial support for the participants. The financial support came most often through spousal incomes which made the academic incomes sufficient though by no means attractive. Those who did not mention spousal financial support either supplemented their incomes through outside clinical practice, did not have

their university employment as their primary income, or used pension income to reduce the income disparity. In each instance, the income difference between academic and clinical practice was important and had been discussed as a reason colleagues had left the faculty role. While the intangible benefits of academic nursing are important and were used by some participants as justification for accepting the disparity, they are not sufficient to eliminate the faculty shortage currently observed in nursing. The sociological dimensions suggest that while a competitive salary need not be equal to the clinical setting, in part due to other benefits in academic practice, the current difference is too great to be overcome by the policies aimed at the sociological dimensions alone; some decrease in the financial disparity is necessary if individuals are expected to pursue an academic nursing position without outside financial support.

Limitations

Like all research, this study has limitations. In this study, those limitations are related to the sample population and issues of validity. The sample population had four significant limitations which could inhibit the transferability of findings to other populations; in quantitative research this is termed generalizability (Sandelowski, 1986). First, the sample population consisted of faculty at a single institution – a large, Midwestern, public research university. The faculty of institutions providing nursing education which are substantially different, such as private colleges, may have a faculty whose pathways are different, particularly if there are cultural differences in hiring practices at such schools. Second, all the participants were female which means the findings may not be transferable to male faculty in schools of nursing. Third, most of the

participants were Caucasian and raised in the United States thus their pathway was not subject to difficulties often faced by individuals who are ethnic or racial minorities or who immigrate to the US at some point in their lives. Fourth, the average age of the population was 56 which means that generation differences limit the transferability of findings to younger individuals; more recent nursing graduates and younger faculty who may have recently entered academia after limited clinical practice.

The limitations of validity are prominent in two areas. The lack of data supporting the canyon of educational socialization means this portion of model lacks face validity at this time. Future research may demonstrate support, but the educational process for a profession cannot be assumed to narrow a student's professional vision based solely on the findings of this study. The validity is also limited largely to face validity as the sample population was small and the method considered inappropriate for many of the other forms of social science validity.

Further Research

Though this research provided support for substantial portions of the proposed model, additional research is necessary particularly on the issues surrounding professional education and socialization. In order to develop that aspect of the model, participants may need to be recruited not just from a similar population, academic nurses, but from the population who have not chosen an academic pathway. By comparing perceptions of the educational experience and how each group was socialized, the support for the canyon of the model may be discovered due to differences in the starting populations and their personal motivations for pursuing nursing.

Additional research on theoretical aspects is important for understanding the career choice process both for predictive value and areas of potential intervention. However, of more immediate interest is research into areas of potential intervention suggested by this study. The first is discussed above, the recruitment of individuals who are not strongly motivated by the social image of nursing. The success of interventions in recruitment and admissions to nursing school would be one area of examination when trying to increase the pool from which to draw future faculty. A second would be in the education process, both pre- and post-licensure, where requiring modules related to academic nursing and teaching could both expose students to those opportunities as undergraduates and prepare them to take on some teaching role even if the primary focus of their post graduate work is independent, clinical practice. Requiring a module related to academic practice in post-graduate education may encourage individuals to either add it to their clinical role or transition to it should their clinical role be reduced. Research in this area would include measures of changes in attitudes and persistence of those changes over time. A third area deserving additional study is that of career satisficing – choosing to remain at a plateau and the motivating factors. Such work would require a population drawn from nurses in clinical practice at the various interviewed for their experience, both in education and employment. Of primary interest in relation to this study would be choosing to pursue no further education beyond the bachelor's degree since it limits the pool of potential faculty. Other areas of potential research include changes in the population of applicants for nursing school and how increased income potential may be affecting who pursues a nursing career, the professional portrayal and public perception of nursing, and organizational socialization following initial licensure. Each of these

could have a substantial future impact on the supply of academic nurses and thus the overall supply of nursing professionals.

Conclusion

Career choice does not occur in a vacuum. Many factors influence the decision, both social and economic. Focusing on one aspect to the exclusion of the other will not solve problems in the distribution of practitioners, whatever the field. In this study, an integrated model of thinking about career selection and pursuit was presented. Using the nursing profession and the shortage of nursing faculty as a case study, large parts of that model were validated. Additionally, policy recommendations for alleviating the nursing faculty shortage developed as a result of the research; policies aimed at both the short and long term and both the social and economic aspects. Additional work needs to be done, both further validating or invalidating the model and implementing the policy recommendations in order to ensure an adequate supply of providers in the future.

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Appendix A: Additional questions for research interviews

1. When did you first decide to become a nurse?
    - Follow-up: What was going on around you at the time?
    - What other possibilities interested you?
2. What attracted you to nursing?
    - Follow-up: What other options did you consider and why did you not choose them?
    - How did you select your school?
    - Did you consider medicine?
    - Were there any specific values you held that enhanced nursing's attractiveness?
    - Considering you are a teacher now, why did you not originally choose a career in education?
    - Did you see the values associated with teaching as different from nursing? How so?
3. What was your experience in your undergraduate nursing school?
    - Possible probes: Interactions with & impressions of faculty, impressions of what the teaching role consists of.
    - What were the educational/clinical rotations?
4. What was your first area of practice (such as medical-surgical) after graduation?
    - Follow-up: Why "this area?"
    - Was it personal interest or available position?
    - If personal interest, how did that interest develop over the course of your education?
5. What was your motivation in pursuing graduate nursing education?
    - Possible probe: advanced clinical practice, administrative advancement, interest in academia
6. When did you first consider teaching?
7. How did you come to consider teaching?
    - Possible probes: What prompted the initial consideration?
    - What were your experiences in clinical practice?
8. What attracted you to teaching nursing?
    - Do you (still) see the values of teaching nursing different from nursing? Other teaching?
9. Have you maintained additional clinical practice? (Didactic)
10. How do you see teaching fitting in a nursing role?
    - If it doesn't, how do you reconcile that with your original choice of nursing?

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