

Nursing Faculty Job Satisfaction and Intent to Stay in Academia

A Dissertation submitted
to the Graduate School
Valdosta State University

in partial fulfillment of requirements
for the degree of

DOCTOR OF EDUCATION

in Educational Leadership

in the Department of Curriculum, Leadership, and Technology
of the Dewar College of Education and Human Services

May 2017

Tracy Jones-Darnell

MSN, Valdosta State University, 2001
BSN, Georgia Southern University, 1996

© Copyright 2017 Tracy Jones-Darnell

All Rights Reserved

This dissertation “Nursing Faculty Job Satisfaction and Intent to Stay in Academia,” by Tracy Jones-Darnell, is approved by:

**Dissertation
Committee
Chair**

Lantry L. Brockmeier, Ph.D.
Professor of Curriculum, Leadership, and Technology

**Committee
Members**

Nicole M. Gibson, Ph.D.
Professor of Curriculum, Leadership, and Technology

Robert B. Green, Ph.D.
Professor of Curriculum, Leadership, and Technology

James G. Archibald, Ph.D.
Associate Professor of Curriculum, Leadership, and
Technology

**Dean of the
Graduate School**

James T. LaPlant, Ph.D.
Professor of Political Science

FAIR USE

This dissertation is protected by the Copyright Laws of the United States (Public Law 94-553, revised in 1976). Consistent with fair use as defined in the Copyright Laws, brief quotations from this material are allowed with proper acknowledgement. Use of the material for financial gain without the author's expressed written permission is not allowed.

DUPLICATION

I authorize the Head of Interlibrary Loan or the Head of Archives at the Odum Library at Valdosta State University to arrange for duplication of this dissertation for educational or scholarly purposes when so requested by a library user. The duplication shall be at the user's expense.

Signature _____

I refuse permission for this dissertation to be duplicated in whole or in part.

Signature _____

ABSTRACT

The retention of nursing faculty is a growing concern in the United States and a major challenge for the nursing profession. The purpose of this study was to examine the causal effects among the variables mentoring, job stress, incivility, organizational commitment, and occupational commitment on nursing faculty job satisfaction and intent to stay in academia. A structural equation model was generated and tested to examine the relationships among variables and to identify the direct effects, indirect effects, and total effects on job satisfaction and intent to stay in academia.

The sample consisted of 118 associate degree nursing faculty in the state of Georgia who were primarily female, Caucasian, master's prepared, and employed full-time in academia. Nursing faculty responded to the 87-item Nursing Faculty Job Satisfaction Questionnaire which was created from six previously validated instruments. The Pearson's correlations among variables were positive and moderately correlated except for the variables of job stress and incivility which were negative and moderately correlated with the other variables. Occupational commitment and organizational commitment had the strongest, positive correlations with job satisfaction and intent to stay. Incivility had the smallest correlation with intent to stay, whereas mentoring had the smallest correlation with job satisfaction. In the final path model, the variables organizational commitment, job stress and occupational commitment were the strongest predictors of job satisfaction. The variables occupational commitment, organizational commitment, and job satisfaction were the strongest predictors of nursing faculty intent to stay in academia.

TABLE OF CONTENTS

| | |
|-------------------------------------|----|
| Chapter I: INTRODUCTION | 1 |
| Statement of the Problem..... | 6 |
| Purpose of the Study..... | 7 |
| Research Questions..... | 8 |
| Research Methodology | 9 |
| Significance of the Study..... | 11 |
| Theoretical Framework..... | 12 |
| Limitations of the Study..... | 15 |
| Definition of Terms..... | 15 |
| Organization of the Study..... | 17 |
| Chapter II: LITERATURE REVIEW | 18 |
| Future of Nursing..... | 19 |
| Healthcare Reform | 21 |
| Nursing Shortage | 23 |
| Nursing Faculty Shortage | 24 |
| Nursing Education | 27 |
| Program Type | 31 |
| Nursing Faculty Work life..... | 33 |
| Individual Characteristics | 35 |
| Job Stress | 37 |
| Incivility..... | 38 |
| Moral Distress..... | 41 |

| | |
|---|----|
| Role Conflict..... | 44 |
| Leadership..... | 46 |
| Faculty Salaries..... | 48 |
| Workload..... | 49 |
| Mentoring..... | 51 |
| Organizational Commitment..... | 53 |
| Occupational Commitment..... | 56 |
| Job Satisfaction..... | 58 |
| Intent to Leave..... | 66 |
| Intent to Stay..... | 70 |
| Chapter III: METHODOLOGY..... | 74 |
| Research Design..... | 74 |
| Participants..... | 74 |
| Instrumentation..... | 75 |
| Faculty Stress Index..... | 77 |
| Nursing Faculty Satisfaction Questionnaire..... | 77 |
| Incivility in Nursing Education Survey..... | 78 |
| Organizational Commitment Questionnaire..... | 79 |
| Occupational Commitment Instrument..... | 80 |
| Mentoring..... | 81 |
| Intent to Stay..... | 81 |
| Demographic Characteristics..... | 82 |
| Instrument Development..... | 82 |

| | |
|---|-----|
| Data Collection | 84 |
| Data Analysis | 85 |
| Statistical Considerations and Assumptions | 88 |
| Summary | 90 |
| Chapter IV: RESULTS..... | 91 |
| Demographic Characteristics of ADN faculty..... | 92 |
| Item-Level Descriptive Statistics..... | 94 |
| Scale Descriptive Statistics | 102 |
| SEM Model Assumptions and Analysis | 105 |
| Descriptive Statistics and Correlations after Data Transformation | 108 |
| Summary | 126 |
| Chapter V: SUMMARY AND DISCUSSION | 128 |
| Related Literature | 128 |
| Methodology..... | 136 |
| Summary of Findings..... | 138 |
| Discussion of Findings..... | 139 |
| Limitations of the Study | 147 |
| Implications for Future Research..... | 148 |
| Conclusion | 150 |
| REFERENCES | 152 |
| APPENDIX A: Institutional Review Board Approval from Valdosta State University..... | 173 |
| APPENDIX B: Letter to Dean or Director | 175 |
| APPENDIX C: Letter to Participant | 177 |

| | |
|---|-----|
| APPENDIX D: Nursing Faculty Job Satisfaction and Intent to Stay Questionnaire | 179 |
| APPENDIX E: Permission to use Faculty Stress Index | 186 |
| APPENDIX F: Permission to use Dreher and Ash's Mentoring Scale | 188 |
| APPENDIX G: Permission to use the Occupational Commitment Instrument..... | 190 |

LIST OF FIGURES

| | |
|--|-----|
| Figure 1: Initial Theoretical Path Model of Factors Affecting Intent to Stay in ADN Nursing Faculty..... | 11 |
| Figure 2: Initial Theoretical Path Model of Factors Affecting Intent to Stay in ADN Nursing Faculty with Coefficient's..... | 112 |
| Figure 3: Theoretical Path Model of Factors Affecting Intent to Stay in ADN Nursing Faculty with the Covariance's Among the Exogenous Variables | 114 |
| Figure 4: Final Theoretical Path Model of Factors Affecting Intent to Stay in ADN Nursing Faculty with the Covariance's Among the Exogenous Variables..... | 116 |

LIST OF TABLES

| | |
|---|-----|
| Table 1: Cronbach’s Alpha Reliability Coefficient for each NFJSQ Scale..... | 87 |
| Table 2: Number and Percentage of Georgia ADN Nursing Faculty by Demographic Characteristic | 93 |
| Table 3: Number of Responses and Descriptive Statistics by Item for Occupational Commitment | 95 |
| Table 4: Number of Responses and Descriptive Statistics by Item for Organizational Commitment | 96 |
| Table 5: Number of Responses and Descriptive Statistics by Item for Incivility Frequency..... | 97 |
| Table 6: Number of Responses and Descriptive Statistics by Item for Job Stress | 99 |
| Table 7: Number of Responses and Descriptive Statistics by Item for Job Satisfaction..... | 101 |
| Table 8: Number of Responses and Descriptive Statistics by Item for Intent to Stay.... | 102 |
| Table 9: Descriptive Statistics of each Variable’s Total Scale Score before Data Transformation..... | 103 |
| Table 10: Correlation among Variable’s Total Scale Score before Data Transformation | 105 |
| Table 11: Descriptive Statistics of each Variable’s Total Scale Score after Data Transformation..... | 108 |
| Table 12: Correlations among Variables Total Scale Scores after Data Transformation..... | 109 |

| | |
|---|-----|
| Table 13: Summary of the Model Fit Indices for each Path Model..... | 116 |
| Table 14: R ² values for Model Comparison..... | 118 |
| Table 15: Indirect, Direct, and Total Effects on Job Satisfaction and Intent to Stay..... | 119 |
| Table 16: Predictor Variables of Job Satisfaction and Intent to Stay | 121 |
| Table 17: Model Fit Indices for Measurement Invariance..... | 125 |

ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to my committee chair, Dr. Lantry Brockmeier, who has pushed me every day to reach my potential as the best writer and researcher. I would like to thank my committee for the support and encouragement throughout the dissertation process: Dr. Nicole Gibson, Dr. James Archibald, and Dr. Robert Green. Thank you for pushing me to be my absolute best. Without your guidance and expertise, this study would not be complete.

I would also like to thank my family. My husband, Greg, has always been my biggest encourager and had the most faith in my ability to complete this dissertation. You sacrificed a lot for me to get this far and I could not have completed this without you. Next, to my children, Josie, Dalton, and Anslee, thank you for allowing me to be absent at times. I regret there were times that I had to miss your games, school activities, and family outings. However, through this process, I hope you have witnessed the meaning of lifelong learning.

Chapter I

INTRODUCTION

The turbulent healthcare environment today is impacting everyone in the United States whether it is personally or professionally. Although not addressed in the current proposed legislature, the nursing profession will be the most profoundly affected group of healthcare workers in the upcoming years. With the current nursing shortage and the unstable healthcare marketplace, nursing education is key to stabilizing our healthcare system (Davis, Davis, & Williams, 2010). Kowalski and Kelley (2013) stated “even though they do not directly provide health care services, nursing faculty have a larger-than-life impact on access to and the cost of health care” (p. 71). Nursing faculty comprise less than 13% of the nursing workforce, yet are responsible for educating 100% of the future nursing workforce (American Association of Colleges of Nursing (AACN), 2012a).

With nursing being the largest single healthcare occupation in the nation, a shortage of faculty can in turn threaten the nation’s ability to educate nurses and support the healthcare needs. According to AACN (2012b), this shortage will ultimately impact access and cost of healthcare. In 2009, the state of Georgia reported a vacancy rate of 6.7% for full-time faculty at all University System of Georgia (USG) institutions (USG, 2010). The reasons that were given for the vacant positions were personal reasons, newly created position and higher paying clinical job, retirement, and another faculty position, respectively (USG, 2010). Unfortunately, the projection of an increased nursing faculty

shortage will impact our healthcare system almost as much as the shortage of bedside nurses (Nardi & Gyurko, 2013).

Nationally, the AACN (2012a) reported the nurse faculty vacancy rate was 7.6% in 2011. An estimated 14,000 nursing students were turned away from masters and doctoral programs due to lack of faculty (AACN, 2012a). In order to understand and alleviate the nursing faculty shortage we must first examine the variables that are contributing to the shortage. Studies have explored the various aspects of faculty work life in colleges and represent an important piece of the higher education research puzzle. Job satisfaction (Chung et al., 2010), the role of job stress in faculty work life (Cranford, 2013), mentoring (Chung et al., 2010), faculty individual characteristics (Gerolamo & Roemer, 2011; Ryan, Healy, & Sullivan, 2012), organizational commitment (Al-Hussami, Saleh, Abdalkader, & Mahadeen, 2011; Gutierrez, Candela, & Carver, 2012), and occupational commitment represent a few of the variables under study in nursing education. Various factors influencing the probability of faculty members to leave one institution for another institution or their decision to leave academia altogether have been studied in order to create a plan to recruit and retain productive, quality faculty members (Roughton, 2013). The extent and depth of understanding nursing faculty and their complex roles has important implications for higher education (Ryan et al., 2012).

Nursing faculty have the responsibility and commitment to educate students to become competent nurses encountering the complicated ethical dilemmas in the health care system (Rosenkoetter & Milstead, 2010). Although the literature reveals other disciplines have similar issues in educating students, nursing education is an interdisciplinary profession that requires the integration of concepts from education,

psychology, medicine, and other health care disciplines (Ferguson & Day, 2005). Nurse faculty in academia have the obligation to act as advocates for students, patients, the community, and the discipline (Rosenkoetter & Milstead, 2010) and are often the ones that have contributed to the knowledge of the profession of nursing (Ferguson & Day, 2005). This daunting role has the underlying premise to safeguard patients and the community from incompetent and unethical practices of others.

Nursing education has undergone significant changes in student populations as well as the changing technology and ethical dilemmas. A common occurrence in communities where heavy industry was the economic base, are students who are entering nursing school as their second career after being out of academia for years. Kolanko et al. (2006) reported this student population has no experience with nonservice oriented jobs. These second career students have difficulty adjusting to critically thinking and providing nursing care when their work skill set was previously from assembly lines or industrial jobs.

Kolanko et al. (2006) found nursing faculty across the nation are reporting an increase in uncivil behaviors by students in the classroom. Previous research on uncivil behavior has been performed primarily in the clinical practice and not on faculty experiences and their reactions to uncivil behavior (Kolanko et al., 2006). A variety of student-to-faculty uncivil behaviors have been cited in the literature, such as, arriving late to class, students threatening to give unwarranted poor faculty evaluations, profanity, inappropriate racial and sexual slurs, and violent acts against nursing faculty members (Luparell, 2007). Luparell (2007) reported these behaviors have impacted nursing faculty physically and emotionally by decreasing their self-esteem and in some instances causing

faculty to leave nursing education. Collegial incivility or faculty-to-faculty incivility has been attributed with nurse faculty resigning or leaving academia (Yildirim, Yildirim, & Timucin, 2007). Faculty reported isolation in the workplace after experiencing attacks on their personality and professional status from other faculty members.

The current focus in nursing education is a reflection of the complex health care system, changing student population, technological advances, and moral dilemmas (Ferguson & Day, 2005). Cranford (2013) reported role strain is a significant predictor of job satisfaction and intent to stay in academia, with faculty reporting concerns of exhaustion, job functions unrelated to the job, and lack of awareness of multiple role expectations.

Another issue associated with a nurse faculty's role is the lack of scientific evidence in nursing education which forces educators to base their decisions from their own experiences, not evidence based practices. Epstein and Hundert (2002) defined professional judgment as the nursing faculty's ability to make decisions based on integrated evidence and practice knowledge from the clinical setting with psychosocial knowledge of individual students. This lack of research causes role conflict in nursing education because faculty must devise their curricular and teaching strategies based on experience and not on previously tested research methods (Ferguson & Day, 2005).

Novice and experienced nursing faculty are struggling to meet the needs of an increasingly diverse student population, while trying to balance the components of the faculty role and the role of expert clinician in the practice setting (Suplee & Gardner, 2009). The American Nurses Association (ANA) (2000) defined nursing professional development as "a life-long process of active participation by nurses in learning activities

that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals” (p. 4).

Orientation or mentoring programs can assist nursing faculty in making the transition from expert clinician to novice educator by providing opportunities for building teaching skills, networking, and integrating into the academic culture (Suplee & Gardner, 2009).

Baker (2010) found mentoring can increase job satisfaction and retention by preparing nurse faculty for their new academic roles.

Academic leadership in nursing education has to ensure partnerships exist among clinical and academic settings in order to produce quality clinician-educators (Al-Hussami et al., 2011). Goldenberg (1990) reported most nursing programs do not address the need to prepare nursing leaders to assume leadership roles and many are entering into leadership positions with little or no preparation. This lack of training has been associated with poor leadership behaviors which in turn result in poor faculty job satisfaction (Young, Pearsall, Stiles, & Horton-Deutsch, 2011). Nursing leaders report being thrust into leadership roles and urge administrators to ensure leadership concepts and practices are taught to new nursing leaders (Young et al., 2011).

Al-Hussami et al. (2011) explored work related variables such as workload, pay, and autonomy and reported the variables to be positively related to organizational commitment. Workload has been identified as one of the major concerns among faculty members who reported equitable workloads indicated fairness and support from administration (Potter & Rinaldi, 2001). Yoon and Thye (2002) reported in some instances employees with high workloads have greater self-efficacy and self-esteem due to the greater contribution to the organization. According to Shaw and Gupta (2001), pay

has been identified as the most important aspect of organizational commitment, but few studies were found to have been conducted on employee perceptions of pay fairness (Al-Hussami et al., 2011). Job autonomy has been found to be positively related to organizational commitment and an organizational climate with autonomy allowed organizational commitment to flourish (Breugh, 1985).

Nursing faculty have a commitment to the profession of nursing, but their commitment to nursing education can be varied depending on their perceived role in their current position (Roberts & Glod, 2013). Roberts and Glod (2013) found tenure track nursing faculty tend to focus on excellence in teaching and research, while non-tenure track nursing faculty are teachers or clinicians whose service is reflected in clinical practice. The difference in opinions of nursing faculty regarding their service to the organization can produce tension within the faculty and lead to lack of job satisfaction and an increase in faculty turnover.

Statement of the Problem

The nursing education arena experienced tremendous change because of shifting from a focus on traditional education to one of an education that is flexible and cost effective for the student and the institution (Sword, 2012). These changes are most notably impacting the 2-year community colleges that have a reported enrollment of more than 40% of the total undergraduates in the nation (U.S. Department of Education, 2012). This enrollment has increased over the past 30 years and has surpassed the rate of growth in 4-year colleges and universities. The proliferation and growth of student populations also has produced a growth of enrollments in nursing programs as nursing has become a more popular and competitive major (Roberts & Glod, 2013).

The fact that nursing faculty are paid significantly lower than those working in clinical practice coupled with the increase in the number of nursing faculty retiring challenges the growth of nursing programs (Brady, 2007). The growth of enrollment in nursing programs along with the national nursing faculty shortage has increased the need to recruit and retain full-time and part-time faculty (AACN, 2012a). Sword (2012) reported studies have been aimed at nursing faculty attrition and not on the factors that promote nursing faculty retention. Snarr and Krochalk (1996) reported studies on nursing faculty job satisfaction in academia have been inadequate and incomplete because they do not explain the complexities of nursing faculty work life, job stress, organizational commitment, and intent to stay or leave academia. Additionally, research conducted on job satisfaction has been aimed at either deans or staff nurses with little attention on nursing faculty (Snarr & Krochalk, 1996). Brady (2007) found the focus of nursing faculty research occurred predominantly in baccalaureate and graduate programs which have different faculty roles and faculty demographics than associate degree nursing educators. Job satisfaction of nursing faculty has been studied on the national level, but lacks the ability to be reflective of state level job satisfaction because of the variances among state demographics such as economic drivers, student demographics, and faculty demographics (AACN, 2012a).

Purpose of the Study

A need exists to better understand nursing faculty roles in the various program levels, teaching modalities, and the variables that will assist in recruiting and retaining nursing faculty (AACN, 2012a). This study examined the phenomenon of nursing faculty member's job satisfaction and intent to stay by providing a model of the variables

impacting a nursing faculty member's decision to stay or leave their current position. This purpose was accomplished using a two-stage process. The first stage was to assess and understand the factors associated with job satisfaction and intent to stay or leave academia, while specifically examining the role of job stress, moral distress, leadership practices, mentoring, incivility, faculty work life, individual characteristics, and organizational commitment. The second stage of this study was to provide a model of variables that contributed to job satisfaction and intent to stay in academia and to educate institutions regarding the variables contributing to attrition and attainment of nursing faculty in associate degree programs in the state of Georgia. This information will increase the body of knowledge regarding nursing faculty and will provide state and local legislators with data to create a strategic plan for two year community colleges in the state of Georgia.

Research Questions

The present study investigated nursing faculty job satisfaction and intent to stay in academia using a more comprehensive framework. The study addressed some of the deficits of existing research by answering the following research questions:

RQ1: What are Georgia ADN faculty's views on mentoring, job stress, incivility, organizational commitment, occupational commitment, job satisfaction, and intent to stay in academia?

RQ2: Is the theoretical path model, which describes the causal effects among the variables mentoring, job stress, incivility, organizational commitment, and occupational commitment on nursing faculty job satisfaction and intent to stay consistent with the observed correlates among these variables?

RQ3: If the theoretical path model is consistent, what are the estimated direct, indirect, and total effects among the variables job stress, mentoring, incivility, organizational commitment and occupational commitment on job satisfaction and intent to stay?

RQ4: Is the specified path model equivalent across various demographic variables?

Research Methodology

The current study employed a nonexperimental, survey research design. Correlations among variables being measured were analyzed using Pearson product-moment correlation tests as well as structural equation modeling. The variables of interest include job stress, mentoring, individual characteristics, organizational commitment, and occupational commitment. These variables were investigated to determine the underlying structure of job satisfaction and intent to stay or leave using structural equation modeling.

Participants for this study included nursing faculty who teach in an ADN program within the state of Georgia. A web search identified a total of 27 schools of nursing within the state of Georgia that offered Associate degrees in nursing. Eligible faculty from such programs were recruited to participate. Participation was voluntary and confidential for all of the participants.

Faculty were recruited to participate in the study using invitation email that included a written statement regarding the approval of the study by the Institutional Review Board (IRB) at VSU. Nursing faculty e-mail addresses were obtained from the school website and verified with the dean or director of each nursing program. In

September 2015, the dean or director of each nursing program was sent an introductory email explaining the study and asking for their assistance and opinion regarding the surveying of their nursing faculty. A follow-up phone call to the dean or director was sent to determine the best way to disseminate the questionnaire to their faculty. The nursing faculty within the identified 23 schools of nursing received an introductory email explaining the purpose and process of the study, a description of the sampling criteria, and a request to complete the survey. Packets containing the cover letter and the questionnaire were mailed to each school of nursing. Additionally, participants were given the option to participate via online or mailed survey. For those participants who wanted to participate in the online survey, a web link for the survey host, Survey Monkey™, was included in the survey instructions as well as the informed consent process. Participants were given 2 weeks to respond to the survey request before the first email reminder was sent to the list of nursing faculty (University of Wisconsin-Madison: Office of Quality Improvement, 2010). A follow-up phone call was made to several of the deans to ensure they have received the paper-and-pencil questionnaire packets and to answer any additional questions they may have regarding the questionnaire process. A total of five follow-up e-mails were sent out in 2-week increments.

Data analysis began immediately upon submission of all completed surveys. Data were downloaded from Survey Monkey into an EXCEL spreadsheet. Statistical Package for the Social Sciences (SPSS) was utilized for quantitative data analysis including descriptive statistics, and correlational analysis. SPSS AMOS and R software programs were employed for the purpose of statistically analyzing the fit of the observed data with

the proposed structural equation model. The model in Figure 1 illustrates the proposed relationship among job satisfaction and intent to stay as determined by job stress, mentoring, organizational commitment, and occupational commitment.

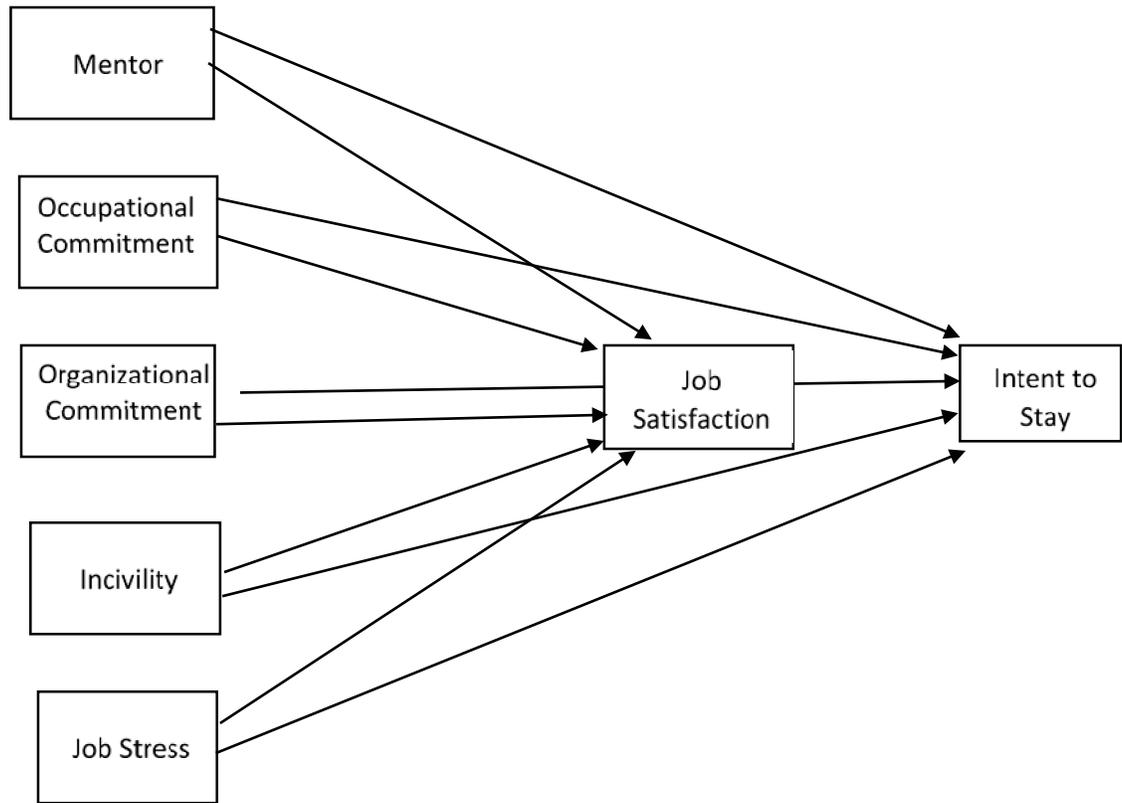


Figure 1. Initial theoretical path model of factors affecting intent to stay in ADN nursing faculty.

Significance of the Study

In the healthcare field, nursing faculty members play a vital role in the education of nurses, yet quality research studies are scarce with previous studies focusing on factors that cause faculty dissatisfaction instead of the factors that result in nursing faculty's intent to stay in nursing education (Garbee & Killacky, 2008). This study fills that

knowledge gap and was designed to address several deficits currently present in the existing research of job satisfaction and intent to stay in nursing academia in ADN programs in the state of Georgia. This line of inquiry aims to provide administrators of nursing education programs with knowledge regarding faculty satisfaction and intent to stay. The results enhance the capability of administrators and legislators to influence social change and a strategic plan for professional application.

This study aimed to benefit faculty and administrators in nursing education. The knowledge obtained from this study enabled nursing programs to have better student outcomes when the nursing faculty are committed to the organization and display positive behaviors in the classroom and clinical setting. Additionally, the study has the potential to benefit the health of the community by providing the knowledge needed to recruit and retain faculty members who will in turn educate future nurses to provide quality patient care and ultimately ensure patient safety.

Previous studies have been descriptive and correlational in nature with structural models in different domains that have not been cross-validated to ascertain whether they hold true in all nursing faculty rather than being sample specific (Garbee & Killacky, 2008). This study examined the relationship among nursing faculty work life, job stress, organizational commitment, and job satisfaction and the relationship to intent to stay or leave academia. The findings benefited existing knowledge and practice policy and provide a foundation for future research in intent to stay or leave academia.

Theoretical Framework

McKenna and Slevin (2008) stated theory influences science in that we gain knowledge and understanding of concepts through the use of theory. Therefore, theory

guided research leads to a better understanding of concepts important to nurses. The use of theory within a nursing organization or individual practice helps to provide a framework for organizing data, outcomes, implementation of care, and evaluation of goals (McKenna & Slevin, 2008). Theoretical frameworks used in practice situations serve as a guide, flowchart, or design for thinking about nursing while providing nursing care (McKenna & Slevin, 2008). Although theories are conceptual in nature their use in practice can be significant to nursing education.

Job satisfaction has been defined as the set of attitudes an employee has about his job (Ofondu, 1988). The employee sustains a positive job attitude when his personal needs, both social and psychological, are realized while performing his tasks (Chinweuba, 2007). The conceptual framework used for this study was Herzberg's Motivation-Hygiene Theory of Job Satisfaction proposed by Herzberg, Mausner, and Snyderman (1959).

Herzberg's initial research was borne out of human resource philosophies and used the critical incidence technique to study accountants and engineers. Herzberg et al. (1959) used Maslow's theory of personal growth and self-actualization to understand the good feelings associated with positive job attitudes. One of Herzberg's first hypothesis contended that job satisfaction and dissatisfaction were affected by different factors therefore they could not be measured on the same continuum (Herzberg et al., 1959). Herzberg et al.'s (1959) earlier hypothesis was amended and restated as the two-factor theory of job satisfaction. This theory proposed there were two types of factors that promote motivation or lack of motivation in the work environment, intrinsic factors and extrinsic factors (Herzberg et al., 1959). Additionally, Herzberg's Motivation-Hygiene

Theory of Job Satisfaction explored factors that contributed to low and high employee morale in the workplace and the effects of those feelings on an employee's job performance (Derby-Davis, 2014).

Rosser and Townsend (2006) described Herzberg's first set of factors entitled "intrinsic factors" or "motivators" as those factors related to a person's job content or more specifically as the actual tasks a person performs at their job. These factors promote job satisfaction by satisfying the person's need for self-actualization and in turn a positive job attitude with productivity improvement.

Within the nurse faculty role, job satisfaction has been associated with a number of individual and institutional factors (Chung, 2011). Individual factors include occupational commitment and job stress from role conflict, incivility, and workload. It has been proposed a mentoring relationship will aide faculty in achieving these factors by decreasing their level of job stress. Institutional factors include leadership behaviors, program structure and leadership. These individual and institutional factors of job satisfaction are congruent with Herzberg's Theory of job satisfaction which organizes these factors into motivators.

The second set of factors identified in Herzberg's theory was the "extrinsic factors" or "hygiene's." These factors have been described as factors associated with the work environment or the actual situation a person encounters in the work environment (Rosser & Townsend, 2006). The physical working conditions, salary, job benefits, and job security have been cited as the extrinsic factors in the nurse educator's role. Unlike the intrinsic factors, the satisfaction of these needs can prevent dissatisfaction or poor performance and ultimately the faculty's intent to leave. This further explains the

premise of Herzberg's theory that meeting one set of factors will not ensure job satisfaction, rather will only prevent job dissatisfaction.

Limitations of the Study

Limitations highlight potential weakness in the study and can affect the generalizability of a study (Creswell, 2008). This study is limited to full-time nursing faculty employed in ACEN accredited ADN programs in the state of Georgia. The findings are generalizable to this nursing faculty and the ability to generalize results based on a nonrandom sample to the larger population of nursing faculty is limited. This study measured the relationship of job stress, mentoring, individual faculty characteristics, organizational commitment, and occupational commitment on job satisfaction and the intent to stay in their current position in the academic year 2015-2016. The correlational research can determine an association among variables, but cannot determine a causal relationship therefore interpretation is a potential limitation.

Definition of Terms

For the purpose of this study, the conceptual and/or operational definitions are:

Incivility. "Speech or action that is disrespectful or rude and ranges from insulting remarks and verbal abuse to explosive, violent behavior" (Clark & Springer, 2010, p. 93).

Intent to Stay. The intention of the faculty member to stay in their present institution for at least 1 year (Ryan et al., 2012).

Job Satisfaction. One's affective response to various facets or aspects of the work environment (Salancik & Rkeffer, 1977; Snarr & Krochalk, 1996; Wheelless, Wheelless & Howard, 1983).

Job Stress. The anticipation one gets of his or her inability to respond adequately to perceived demand, accompanied by the anticipation of negative consequences (Gmelch, Wilke, & Lovnick, 1986).

Leader. Dean, director, or chief nursing academic officer in an AACN accredited school of nursing.

Leadership Behavior. Leading and influencing the development of shared values, vision, and expectations to develop the organizations goals and general effectiveness (Feather, 2009).

Mentoring. The relationship among a mentor or experienced faculty member and a protégé or a new, inexperienced faculty member. It can be either a formal or informal process (Chung & Kowalski, 2012).

Moral Distress. When one knows the right thing to do, but organizational policies make it nearly impossible to pursue the right course of action (Ganske, 2010).

Nursing Faculty. Any full-time faculty member working in an AACN school of nursing who teaches in an ADN, BSN, MSN, or doctoral program and holds a minimum of a master's degree in nursing.

Occupational Commitment. A psychological link among a person and his or her occupation that is based on affective reaction to that occupation.

Organization. The school or college of nursing.

Organizational Commitment. The belief and acceptance of goals and values of the organization, a willingness to exert effort for the organization, and a desire to remain in the organization (Gutierrez et al., 2012).

Organization of the Study

This chapter provided an introduction to the study, identified the problem and purpose, discussed the significance of the research and rationale for quantitative methods, listed research questions, and defined terms. Chapter 1 presented current research and also the need for additional research in the area of nursing faculty job satisfaction and intent to stay in academia. In Chapter 2, a review of literature is presented on job satisfaction and intent to stay with the subtopics of the future of nursing, nursing faculty shortages, job satisfaction, mentoring, organizational commitment, occupational commitment, and leadership behaviors. Chapter 3 presents the methodology of the study which includes an identification and description of the survey participants, survey instruments, and the process and procedures for collecting and analyzing data. Chapter 4 includes an analysis of the data collected in terms of the research questions. Chapter 5 presents a discussion of the results, conclusions, recommendations, and implications for further research.

Chapter II

LITERATURE REVIEW

This chapter addresses the relevant literature on job satisfaction and the specific components that result in a nurse faculty intent to leave academia. A review of the literature was conducted to determine similarities in the research that can be used to predict job satisfaction in nursing faculty. Although no studies were found that address the current fiscal strains of higher education and the changes in the healthcare system, the literature review identified job satisfaction as the primary component necessary for the educational system to recruit and retain qualified nurse faculty in nursing programs (Roughton, 2013). The review was conducted via the Valdosta State University (VSU) libraries through a literature search from computerized databases, including GAIN, MEDLINE and CINAHL, and included nursing research journals, education journals and psychology journals. The inclusion criteria for the review were variables that directly affected job satisfaction in nursing faculty, such as job stress, mentoring, civility, moral distress, leadership, teaching modalities, organizational commitment, and occupational commitment. Literature was reviewed from the last 7 years to focus on the current changes in higher education and the nursing profession as related to job satisfaction. Older literature was included in this review to understand the previous issues in job satisfaction as compared to the more recent issues under study. The key words used for searching relevant literature included nursing shortage, nursing faculty shortage, moral

distress in nursing, civility, job stress, nursing faculty job satisfaction, faculty retention, organizational commitment, occupational commitment, intent to leave and intent to stay.

Future of Nursing

In 2012, the AACN cited a Gallop poll reported the nursing profession as the most trusted profession for the last 12 years (AACN, 2012a). Since that time the healthcare system has become fragile and turbulent because of the vast changes in reimbursement, staffing levels, acuity levels of the aging population, and the image of a trusted profession at risk of being tarnished. The nursing profession has had to take an offensive approach to patient care due to the constant negative media coverage. Nursing has been linked to medication and hospital errors which have caused a heightened level of public concern regarding safety with healthcare professionals and the clinical setting (AACN, 2012a).

The Institute of Medicine (IOM) reported by the year 2030 more than 20% of the U.S. population will be 65 years of age or older (Houde & Melillo, 2009). This reported increase could be in part due to the aging of the baby boomer population, but could also be attributed to preventive health services which have allowed our population to live longer. The increase of the aging population has impacted the nursing profession with the average age of a registered nurse being 44.5 years old with few years left to work before retirement (Houde & Melillo, 2009). The aging nurse and the healthcare changes that have forced an increased acuity of patients and nurse-patient ratios are a few of the projected challenges for the nursing profession. Additionally, nursing education programs will have a challenging time recruiting and graduating young competent nurses.

Houde and Melillo (2009) reported due to economic and societal changes the future older adults will have greater differences in education and socioeconomic status as well as ethnic and racial diversity. This will also be a challenge to the healthcare system because neither physicians nor nurses are sufficiently educated on cultural or geriatric patient care issues. To overcome this challenge, the IOM recommended educational providers need to recruit, retain, and enhance the competency of all individuals delivering geriatric care (Houde & Melillo, 2009).

The economic downturn in 2006 slightly decreased the nursing shortage because it forced retired nurses to return to work, part-time nurses to work full-time, and many nurses had to work additional shifts to make-up for their spouse's loss of income. In the education arena, the economy affected the demographics of students entering into nursing school with an influx of second-career students entering into nursing school with no previous experience with nonservice oriented jobs (Kolanko et al., 2006). These students may have chosen nursing as a career for the stability of the profession and not necessarily because they want to provide nursing care to our growing patient population.

Additionally, Bittner and O'Connor (2012) reported the economic crisis influenced nursing education shortage by advance practice nurses choosing to leave academia for more profitable practice opportunities.

Historically, nurses have been mostly women and nonminorities but today's students are diverse. The AACN (2012a) estimated 73% of undergraduate students are now considered "nontraditional" which is defined as any student who meets at least one of the following criteria: aged 25 or older; commutes to school; enrolled part-time; is male; a member of an ethnic or racial minority group; speaks English as a second

language (ESL); has dependent children; and/or holds a general equivalency diploma (GED) (AACN, 2012a). It has also been reported undergraduate students are often employed while in school in order to meet financial obligations (AACN, 2012a).

Davis, Davis, and Williams (2010) identified the current trends in higher education as well as how nursing faculty are prepared or being prepared to face the issues impacting their future. Davis et al. (2010) offered suggestions to attract ethnic minorities into nursing education and also provided recommendations to retain ethnic minorities. They were able to uncover issues related to all nursing faculty and nursing programs. Davis et al. (2010) found international schools graduate many more science and engineering majors yearly when compared to the United States which could potentially lead to nursing education being outsourced to international markets. In order for us to prevent this from occurring Davis et al. (2010) wrote, “the nursing profession must attract a younger cohort of technologically savvy students and faculty reflective of the growing diverse population in the United States” (p. 122).

Healthcare Reform

In 2008, the Robert Wood Johnson Foundation (RWJF) and the IOM created a 2-year initiative with the intent of focusing on the need to assess and transform the nursing profession by forming a committee and producing a report that would make recommendations for the future of nursing (National Academies Press, 2011). The focus of the study was “to explore how the nursing profession can be transformed to help exploit these opportunities and contribute to building a health care system that will meet the demand for safe, quality, patient-centered, accessible, and affordable care” (p. 21). The four key messages developed by the committee were utilizing advanced practice

nurses fully, encouraging nurses to advance their education and training through an improved educational system, nurses and other health care professionals should partner to redesign the health care in the United States, and the need for better data collection and information infrastructure thru workforce planning and policy making (National Academies Press, 2011).

In 2010, the Patient Protection and Affordable Care Act and the Health Care Education Affordability Reconciliation Act were passed and represented the broadest changes in our health care system since the conception of the Medicare and Medicaid programs in 1965 (National Academies Press, 2011). Nationally, this healthcare reform introduced millions of previously uninsured Americans into our healthcare system by providing them with low-cost health insurance. The proposed mandates required most U.S. citizens and legal residents to have health insurance and enforced tax penalties for those who are not in compliance. Medicaid expanded to 133% of the federal poverty level to accommodate all of those individuals less than 65 years old who are not eligible for Medicare. The regulation of the proposed mandates is patrolled by the states, with each state choosing which federal components to include in their state healthcare plan.

In 2013, 1.3 million previously uninsured Georgians were introduced into the healthcare system by the healthcare reform mandates. These mandates have not addressed the need for additional resources for higher education and specifically nursing faculty. This increased patient population placed additional strain on nursing faculty to recruit, retain, and graduate nurses. These changes have nursing faculty and leaders focusing intently on the IOM report with a renewed sense of emergency in hopes of caring for this increased patient population.

Nursing Shortage

The nursing literature has reported a future nursing shortage for the last decade. Several factors have been attributed to the current and future nursing shortage, such as, the aging baby boomer population, healthcare reform, and nursing faculty shortage (AACN, 2012a). It has been reported over the next 10 to 15 years approximately one third of the current nursing workforce will be expected to retire (AACN, 2012a). The loss of working nurses will be impactful to the healthcare system because healthcare reform has prevented nursing schools from opening more spaces to allow more students into nursing programs, while at the same time the nursing faculty shortage has also prevented the education of additional future nurses due to specific state driven faculty-to-student ratios.

In addition to the mass exodus of retiring nurses, the U.S. Bureau of Labor Statistics (2013) reported an estimated 3.2 million new health care jobs will be created between 2008 and 2018. The current shortage has resulted in higher patient loads and hostile work environments. Dotson, Dave, and Cazier (2012) reported nurses were physically and emotionally exhausted with reports of burnout and decisions to leave the nursing profession due to job dissatisfaction. Buchan and Aiken (2008) debated the nursing shortage and argued the nurse shortage could be more of an issue of nurses not willing to work in the current health care environment.

The Task force on Health Professions Education was formed to analyze Georgia's future needs in health professions education. This group reported 20,000 additional nurses would be needed in the state of Georgia by 2012, while the current rate of production would only introduce 12,000 new nurses into the healthcare system (USG,

2006). This has been in part due to the fact over 4,000 qualified students were denied admission into Georgia nursing programs because of facility and faculty shortages. The findings and recommendations of this report indicated the need to correct the nursing faculty shortage before attempting to correct the nursing shortage and the need to increase the availability of clinical and academic venues (USG, 2006).

Due to the new healthcare reform laws, both the nursing shortage and the nursing faculty shortage will be affected. The reform will place sicker patients in the hospital while paying for fewer nurses to care for these patients (Shay & Mick, 2013). In turn, patients will not get adequate care and nurses will be at risk for work burnout at a much faster rate and leave the profession.

Nursing Faculty Shortage

The National League of Nursing (NLN) Board of Governors conveyed in their position statement the difficulty in maintaining qualified and experienced nursing faculty due to faculty leaving education for higher paying jobs in clinical sites and an increase in retirement (Gutierrez et al., 2012). Historically, nursing education attracted nurses who were motivated to succeed and enthusiastic about the nursing profession with the desire to share their knowledge of nursing with others. Nursing faculty have been inclined to be creative and resourceful problem solvers (Luparell, 2007). The role of the nursing educator has been complex and challenging with the task of balancing the role of mentor, information provider, and counselor to her students while also maintaining professional standards (Rosenkoetter & Milstead, 2010).

Despite the small number of nursing faculty compared to the number of nurses, the growing nursing faculty shortage has threatened the nations capacity to educate

nurses and in turn provide health care needs to its residents (Kowalski & Kelley, 2013). The nursing faculty shortage has received little attention when compared to the nursing shortage but has recently been recognized as a direct issue impacting the ability to graduate adequate numbers of students for the nations nursing workforce (Gutierrez et al., 2012). This public awareness has resulted in an overabundance of applicants into nursing programs that cannot be admitted due to the lack of nursing faculty (Brady, 2007). The findings from the National Faculty Query revealed nursing faculty teaching in ADN programs nationally are 52 years of age, 86% are white, and 95% are female, and 54% hold a master's degree in nursing. Davis et al. (2010) reported the median age of retirement of nurse faculty who hold a doctoral degree was 63.1 years. The reported retirement age of nursing faculty was much lower than the average retirement age for the nation which will make it even more difficult to deal with the increased enrollment into nursing programs without the expertise of the older nurse faculty member (Kaufman, 2010).

Nationally, various strategies have been implemented to increase the number of nursing faculty that range from accelerated programs for advanced practice nurses, to the Nurse Reinvestment Act that includes provisions for a Nursing Faculty Loan Program. This has been a step in the right direction but the nursing faculty shortage needs to be addressed prior to uncovering the potential solutions for the future nursing shortage. Nursing programs have had to increase enrollment to get more nurses at the bedside while at the same time working their faculty more and getting paid less due to higher education budget cuts and health care reform mandates (USG, 2006).

The nation's reported 7.6% nursing faculty shortage has been attributed to the lack of doctoral degree prepared faculty and noncompetitive salaries when compared to positions in the clinical practice arena (AACN, 2012b). Practice settings have the capability to offer competitive salaries and workloads to recruit and retain nurses, whereas associate degree nursing programs have been bound by their institution (Brady, 2007). Budget constraints and hiring freezes have existed and have contributed to the faculty shortage along with a reported lack of qualified applicants for each geographic region. McDermid, Peters, Daly, and Jackson (2013) reported the nursing faculty shortage was an international problem with the lack of nurses pursuing academia due to doctoral level degree requirements. The ageing of the faculty workforce as well as pay disparities and the demands of an academic lifestyle with scholarly activities have been cited as other possible causes to the international nursing faculty shortage (McDermid et al., 2013).

In Georgia, nursing faculty only comprised approximately 3% of the nursing workforce but has been responsible for educating 100% of the future nurses (AACN, 2012b). Recruiting and retaining qualified nursing faculty was one of the recommendations presented by the Task force on Health Professions Education (USG, 2006). In order to accomplish this recommendation, the task force stated the system should consider salary comparability with academic competitors and clinical settings. It was also recommended the University System of Georgia (USG) should consider hiring more diverse faculty and support current faculty with mentoring programs and faculty development. The International Nursing Education Network collaborated with the

National League for Nursing to address the global shortage and devise a recruitment and retention plan that could be used internationally (Nardi & Gyurko, 2013).

The nursing faculty shortage will impact the future of the healthcare system and in order for a solution to be successful it has to be publicly visible, well defined, and strategic by presenting the financial benefits the solution will have on the health care system (Kowalski & Kelley, 2013). Kowalski and Kelley (2013) stated the solution must address the two basic questions: “What specifically, is the nursing faculty shortage?” and “Why should anyone care?” (p. 70). Kowalski and Kelley’s (2013) proposed approach was significantly different from the previous approaches of other state boards of nursing and nursing workforce center web sites. Previously, there was little to no distinction among the nursing faculty shortage and other academic or health care requests for support nor was there any statistical analysis of each state’s nursing faculty shortage.

The lack of a well-defined nursing faculty shortage problem coupled with the competition for health care resources will be the primary barriers to solving the nursing faculty shortage. Kowalski and Kelley (2013) stated in order for the nursing faculty shortage to be resolved changes in behavior and priorities need to occur in existing and future faculty members, academic administrators, state policymakers, and community and health care system leaders. Each of these constituencies will be directly affected by the shortage and each will have a role in developing the solution.

Nursing Education

Higher education has been around since the 1800s with the creation of the first three colleges, Harvard, William and Mary, and Yale, in 1836 in the British colonies of America (Altbach, Gumport, & Berdahl, 2011). In 1860, Florence Nightingale opened

the first nursing school named Nightingale Training School of Nurses at St. Thomas hospital in London. Her goal for the school was to create an independent woman-led profession, where women had opportunities for promotion and higher salaries and responsibilities (Garofalo, 2010). Florence Nightingales apprenticeship model allowed nurses to be trained in the hospitals by doctors and were often utilized as employees to staff the hospitals (Roberts & Glod, 2013). In the early 1900s, nursing education evolved into a two-tier system with a practical nurse, and a professional nurse who supervised the practical nurse. More formal education was developed with Diploma and Practical schools of nursing in addition to the traditional Nightingale schools.

It was not until 1948 when Ester Lucille Brown published her recommendations for nursing education that it transformed from an education based on service in the clinical setting to a profession based on science (Roberts & Glod, 2013). Nurses were able to utilize evidence based practices in the clinical setting they learned in the classroom setting. These monumental changes moved the nursing profession away from the physician and hospital setting into the academia setting with nursing faculty that were allowed to teach on research-based practices (Roberts & Glod, 2013).

Nursing education has evolved over the years from the original two-tiered system to a system consisting of many different levels of pre-licensure nursing such as a licensed practical nurse, a diploma prepared registered nurse, an associate prepared registered nurse, and a baccalaureate prepared registered nurse. In 2014, the nursing profession had master and doctoral level degrees as well as countless certification programs for all specialties which gave the student the benefit of obtaining a degree in a local classroom or in a virtual classroom thousands of miles from the classroom.

In every nursing program in the United States, the overall goal has been to have a student pass the National Council Licensure Examination (NCLEX). Nursing schools attempt to accomplish this goal by structuring their curriculum to provide students with a holistic approach to nursing (Prymachuk, Easton, & Littlewood, 2009). Nursing programs are accredited by the state board of nursing. When the pass rate of students from a program fall below 80%, the program is put on probation and if the scores do not improve the program will lose accreditation. Without accreditation the nursing programs will be closed and nursing faculty will not have employment.

Chinweuba (2007) stated the primary function of nursing education was to prepare the student to be able to transfer nursing theory into current nursing practice. While this appeared to be a rather simplistic task, nursing faculty have been responsible for preparing nursing researchers to further the body of nursing knowledge and the nursing profession and preparing their successors of future educators of nurses (Chinweuba, 2007). Unfortunately this has translated into nursing faculty using their professional judgment when making decisions about integrating evidence and practice knowledge from prior experiences (Ferguson & Day, 2005).

The code of ethics for nurse educators was originally published in 1983. Rosenkoetter and Milstead (2010) found due to the changing health care and educational systems a need existed to revise the codes to keep them relevant to existing nursing practice. Technology has changed the way educators teach, students learn, and nurses practice with informatics introducing complex issues in the classroom such as patient privacy and confidentiality, and student dishonesty. Ethical dilemmas in genomic research and end of life decisions have created new challenges regarding the education of

students (Rosenkoetter & Milstead, 2010). Kalb (2008) recommended core competencies of nurse educators to assist them in shaping their own teaching practices and transforming nursing education by promoting lifelong learning of nurse educators.

Economic changes in the health care system and the cost and quality agenda in higher education have directly impacted nursing education. Fitzpatrick (2006) stated higher education is challenged with making “education more affordable, more accountable, and more innovative” (p. 297) which will impact nursing education significantly. Nursing education’s traditional clinical teaching model of faculty-student ratios of 1:10, which is mandated by state boards of nursing for patient safety, appears much more costly when compared to other education programs. Fitzpatrick (2006) reported a need to become more transparent to the public and future students by collecting and presenting detailed financial data and learning outcomes to support the cost effectiveness of nursing education teaching modalities (Fitzpatrick, 2006). The biggest challenge to nursing education has come from the Complete College America (CCA) campaign whose primary focus is on increasing graduation rates in order to increase job related credentials thereby closing the gap in college completion for traditionally underserved populations (Morris, 2012).

Over the years, the National League of Nursing (NLN) published research priorities in nursing education to build a strong community of nurse educator scholars. These priorities aimed at exploring the efficiency and effectiveness of the approaches to nursing education. The 2012-2015 priorities focused on leading reform in nursing education by identifying and evaluating education practice linkages as well as identifying and evaluating domain specific knowledge and technology in nursing education (AACN,

2012b). Increasing nursing education workforce diversity was also a priority in hopes of building a strong international nursing education workforce. The nursing faculty shortage was addressed in the research priorities by proposing to identify characteristics that would foster success in nursing education program leaders, identify educational innovations that increase leadership competencies of faculty, examining professional development programs that could potentially increase funding for nursing education research, and identifying mentors who are most successful in recruiting and training scholars to develop research programs in nursing education (AACN, 2012b).

Bruce (2005) stated in order to have a successful nursing education system we must first recruit masters' degree prepared nurses to enter academia with incentives such as loans and grants to further their education on the doctoral level. These incentives would lighten the financial burden while also increasing and retaining quality nursing faculty. Bruce (2005) mirrored the NLN and AACN concerns with additional suggestions on restructuring faculty roles by blending aspects of scholarship and research with current clinical responsibilities. All of Bruce's (2005) suggestions would be hinged on support of current faculty who will mentor and support the future nursing faculty population.

Program Type

The Annual Survey of Schools of Nursing has been conducted yearly by the NLN. In 2012, there were 1839 basic RN programs in the nation with 1804 associate degree (ADN), 59 diploma, and 696 baccalaureate programs. There was a slight decrease of diploma programs from the previous year and a slight increase in associate and baccalaureate programs. In this same year, 39% of the applicants to basic RN programs

were accepted into the program of their choice while 28% of the qualified applicants were not accepted. A reported 33% of the applicants were denied admission because they did not meet the admission qualifications. Associate degree nursing programs reported turning away the highest percentage of applicants at 84% with the diploma programs reporting the least percentage of applicants turned away at 66%. The primary reasons cited in the literature for not expanding capacity of basic RN programs are lack of clinical placement, lack of classroom space, and lack of qualified faculty (Nardi & Gyurko, 2013)

According to the USG (2010), the admissions to USG nursing programs have increased in the academic year 2007-2008. Although there was an increase in admission, there were over 4,000 qualified applicants denied admission due to facility and faculty constraints (USG, 2006). These applicants have been placed on long waiting lists and have to re-apply to be evaluated for admission the next semester.

The admission criterion varies with each institution and program type in the state. According to the USG Board of Regents Survey of Nursing Programs in Georgia (USG, 2010), most reported using either the total college GPA or a calculated GPA based on the prerequisite courses required by the nursing program and the grade the student made on the pre-admission standardized test. Other admission requirements ranged from a face-to-face interview to having the student submit reference letters and some institutions required students to write an essay on an assigned topic (USG, 2010). When compared to the average college applicant, nursing students generally have higher GPAs and test score averages but they also have higher attrition rates than students from other disciplines.

With the changes in higher education reimbursement related to retention, nursing programs and faculty face additional concerns regarding producing quality nurses.

Nursing Faculty Work Life

The challenges in nursing faculty work life have evolved in the past years from those of societal challenges to economic changes that affect not only nursing faculty but the nursing profession and our nation's healthcare system. Rosenkoetter and Milstead (2010) cited one of the nurse faculty codes which tasked nursing educators to "facilitate and guide the learning of students in order to ensure quality nursing education and to advance the professional practice of nursing" (p. 138). Chinweuba (2007) stated the challenging work of the nurse educator could be a motivator to high performance, but also a generator of high levels of stress which affects job satisfaction.

Davis et al. (2010) highlighted the fact the changing demographics of the population have presented nursing education with the challenge of providing "culturally specific nursing care for an increasingly culturally diverse population" (p. 123). In 2011, the IOM recommended a need to increase the number of minority health professionals to help in eliminating health disparities (National Academies Press, 2011).

Higher education has gone through a number changes as a result of Complete College America (CCA) which was created in 2009 by non-profit foundations with an aim to "increase college completion rates, to increase job-related credentials, and to narrow the gap in college attainment for traditionally underserved populations" (p. 167). Georgia was one of 29 states in CCA and received 1 million dollars in grant money for four state universities. Complete College Georgia (CCG) is supported by the Governor

and lead by the USG to provide partnerships to transform remediation and restructure education delivery to decrease the completion time for students to graduate.

The state of Georgia currently has a degree completion rate of 42% and has a goal to reach 60% by 2020, which would translate into 250,000 more degrees earned in the state of Georgia (Morris, 2012). The reported benefits to the nursing workforce have been overshadowed by the unknown effects on college nursing programs. One of the proposed strategies for decreasing attrition rates was to tie a faculty's salaries and funding for the institution to attrition rates. This strategy has been cited as counterintuitive in nursing education because national and state accreditation standards bind nursing faculty with the responsibility of failing subpar students who do not have the potential to pass the NCLEX.

Nursing faculty have reported a sense of job stress from university mandates and moral distress for upholding the standards of their profession in order to maintain a quality healthcare system. Nursing faculty report having lost their voice and their academic freedom in the classroom (Bellack, 2003). Academic freedom as set forth by the American Association of University Professors (AAUP) in the *1940 Statement of Principles on Academic Freedom and Tenure* and defined as “the freedom to conduct research and disseminate the results, teach topics for which they are qualified, and express in public writing or speech their opinions as citizens, without discipline or censure” (p. 527).

The AACN identified difficult working conditions as a factor in the nursing faculty shortage with a reported two thirds of nursing schools in the nation experiencing nursing faculty shortages (Kuehn, 2010). Kuehn (2010) investigated the role nursing

administrators and nursing faculty member's play in promoting a healthy academic workplace environment and what strategies could be implemented to create an environment for recruitment and retention of nursing faculty. In 2006, the NLN developed the "Healthful Work Environment tool kit" to assess the current work environment by identifying the problems and developing a plan of action. This tool kit has been used by numerous institutions with the conclusion that a shared governance model was the most crucial need for change in the workplace (Kuehn, 2010).

Individual Characteristics

Nurses who enter academia often do so late in their careers after they have experienced years of bedside nursing (Nardi & Gyurko, 2013). Due to entering academia later in life, nursing faculty have not had lengthy careers in the academic setting. The 2009 Annual Survey of Schools of Nursing found over 76% of full-time nursing faculty were over the age of 45 and over 16% were over the age of 60 (Kaufman, 2010). As reported by Yucha and Witt (2009), the most impactful issue in the overall nursing profession was the aging of nursing faculty.

Costanza, Badger, Fraser, Severt, and Gade (2012) explored the implications of generational differences regarding work-related attitudes on the future of nursing research and practice. Costanza et al. (2012) studied generations, which they defined as "groups of individuals (i.e., cohorts) based on shared experiences at similar ages" (p. 376), with the idea each generation had similarities in attitudes, political orientations and general dispositions. Costanza et al. (2012) conducted a meta-analysis using job satisfaction, organizational commitment, and intent to turnover as the three work-related criteria. Job satisfaction and organizational commitment have been suggested to be conceptually

related by Harrison, Newman, and Roth (2006). In addition, Le, Schmidt, Harter, and Lauver (2010) indicated the need to treat the two concepts as a single marker of job attitudes.

Costanza et al. (2012) used the meta-analytic procedures of Hunter and Schmidt (2004) and computed their data by using *ds* from reported means and standard deviations. The results of their meta-analysis indicated there were no meaningful differences among generations in work-related outcomes with small effect sizes identified in all three work-related criteria (Costanza et al., 2012). These findings support the findings from Sackett (2002) who reported little evidence supporting the existence of significant and meaningful differences that could be attributed to generation membership. Costanza et al. (2012) discussed the need to question the organizational interventions that have been designed to address generational differences and urge administrators to postpone implementing programs that recruit future nursing faculty based on generational characteristics.

Kaufman (2010) reported findings from the NLN survey revealed 14% of full time faculty members were from a racial-ethnic minority, which was an increase of 3.5% from the previous faculty census conducted in 2006. This increase belonged primarily to African American and Hispanic educators with Asians underrepresented when compared to other areas of academia (Kaufman, 2010). Overall, one third of nursing faculty were tenured in 2009 (Kaufman, 2010) but does not separate clinical from non-clinical faculty in this number. Kaufman (2010) reported tenure status was different according to the type of program of instruction with doctoral programs having the highest number of

tenured faculty (44%) and pre-licensure RN programs having the least amount of tenured faculty (21%).

Job Stress

Job stress has been defined by Gmelch et al., (1986) as “one’s anticipation of his or her inability to respond adequately to a perceived demand, accompanied by the anticipation of negative consequences for an inadequate response” (p. 270). McDermid et al., (2013) reported job stress occurred with novice nursing faculty who reported emotions such as fear, uncertainty, and confusion due to their limited awareness of the complex role as an academic. Many reported an expectation of teaching as the core component of their new position and had no knowledge of committee obligations, research, and university work (McDermid et al., 2013).

Schriner (2007) found culture influenced job stress in both novice and senior nursing faculty. New or novice faculty members reported frustration with senior faculty who lack clinical competence due to not teaching clinical courses or practicing outside of the classroom. In addition, the clinically competent faculty members reported a lack of recognition or promotion for maintaining clinical expertise (Schriner, 2007). Schriner (2007) urged schools of nursing to recognize the cultural differences and adopt and implement policy changes that will alleviate stress of new faculty members transitioning into their role.

Paton (2007) examined the literature to determine what unique set of professional teaching knowledge nursing educators possess and the everyday reality of nursing faculty job responsibilities. Derby-Davis (2014) reported the multiple role expectations of teaching, research and service for nursing faculty could potentially impact job satisfaction

or dissatisfaction. Paton (2007) found a lack of nursing research on the roles and expectations of nursing faculty as they experience challenges when becoming clinically competent and educationally proficient. Scanlan (2001) theorized the practice of clinical teaching occurs through learning on the job. McKenna and Wellard (2004) contended nursing faculty must be good facilitators, helpers, motivators, and role models. The nursing faculty role has been strained further by the fact nursing educators get paid by one institution but perform clinical practice in other institutions, which placed both the educators and the students in a visitor role at the clinical site (McKenna & Wellard, 2004; Packer, 1994; Taylor & Care, 1999).

Incivility

Clark and Springer (2010) defined civility as “an authentic respect for others that requires time, presence, willingness to engage in genuine discourse, and intention to seek common ground that governs both speech and behavior toward others” (p. 1) whereas incivility can be defined as “rude, disruptive, intimidating and undesirable behaviors that are directed toward another person” (p. 1). Civility and incivility do not constitute one action but rather exist on a continuum with extreme cases on either end (Clark & Springer, 2010). Incivility not only occurs in clinical practice, but also in the academic environment (Robertson, 2012). Incivility, also referred to as horizontal/lateral violence, relational aggression, bullying, mobbing, harassment, and interpersonal conflict (Clark, Werth, & Ahten, 2012), can range in severity from mildly aggressive (e.g., ignoring a coworker, withholding information, assigning unreasonable workload, public humiliation, talking behind other’s back, gossiping, innuendo, insubordination, passive aggression, and scapegoating) (Cleary, Hunt, Walter, & Robertson, 2009; Gallant-Roman

2008) to highly aggressive (i.e., bullying, threats of physical attack, actual physical violence) (Stokowski, 2011).

Incivility was found prominently in nursing education literature. There were two types of incivility identified in nursing education; student incivility and faculty incivility. Both of these have a direct impact on nursing education and job satisfaction. Luparell (2007) conducted a qualitative study on 21 nursing faculty who reported experiencing student incivility and the impact the incidents had on the nursing faculty. Luparell (2007) used the critical incident technique to identify the events the faculties felt were incidents of incivility by the students. The faculty reported being caught off guard by the incidents and used words to describe the incidents as “attacked, assaulted, wounded, and injured” (p. 16).

Luparell (2007) identified several themes that emerged from the study. Physical toll was the most prominent theme with faculty reporting physical symptoms such as interrupted sleep patterns and loss of sleep. The psychological consequences reported were self-doubt in their teaching abilities, posttraumatic stress, motivational status of faculty, and eventually retreat and withdrawal from the profession of nursing education. Faculty reported having a change in pedagogy and taking measures to avoid conflict like modifying grading criteria. The fiscal ramifications reported by the faculty were time expenditures on follow-up meetings regarding the incident and personal financial cost of attorney and legal fees.

Luparell’s (2007) findings revealed three out of the 21 participants in the study chose to leave academia due to their negative experiences with students. Luparell (2007) suggested the findings of this study should be used to educate new nursing faculty on the

possibility of uncivil encounters with students and train them how to deal with these volatile situations. The recommendations from this study were to discover what impact incivility will have on the nursing workforce and what safeguards will be put in place to protect nursing faculty (Luparell, 2007).

Kolanko et al. (2006) explored student incivility toward faculty and found within the literature it encompassed a wide range of student behaviors. Incivility has been defined as classroom actions, like showing up late for class, to more violent actions defined in the literature as bullying or mobbing behaviors toward faculty. By illuminating these behaviors, Kolanko et al. (2006) wanted to create a solution that would support positive change in the educational environment.

Kolanko et al. (2006) found bullying to be defined by the International Council of Nurses as “psychological workplace violence experienced by a nurse faculty member when a nursing student intentionally exerts power or intimidation in a manner that leads that faculty member to feel that there may be a threat to his or her personal well-being” (p. 38). Direct bullying by students involved verbal and physical aggression toward a faculty member while indirect bullying involved passive aggressive behaviors, such as social isolation. Kolanko et al. (2006) found faculty were reluctant to report issues with student incivility due to fear of litigation, the time involved to follow through with the incident, lack of faculty experience with such issues, and feeling such incidents should not be part of the students permanent record and should be used as a learning tool.

Incivility has been reported as an international issue within nursing education. Yildirim et al. (2007) conducted a study on nursing faculty in Turkey to determine the effect incivility had on educators and also their responses to the encounters. Yildirim et

al. (2007) used the term mobbing as the reference for incivility and defined it as “antagonistic behaviors with unethical communication directed systematically at one individual by one or more individuals in the workplace” (p. 447).

Results from the study by Yildirim et al. (2007) identified nurse faculty experiences of mobbing behaviors from their colleagues as well as their superiors. The most common behaviors reported were attacks on personal status and personality, belittlement in front of others by managers, speaking about a faculty member in a degrading or dishonoring manner in front of others, and getting blamed for things that were not their fault (Yildirim et al., 2007). Although numerous mobbing behaviors were identified in the study, Yildirim et al. (2007) also found 31% of the faculty participating in the study reported they had never encountered mobbing behaviors in the previous 12 months.

Yildirim et al. (2007) grouped the faculty responses to mobbing into psychosocial, physiologic, counter-productive work behaviors, and action-based responses. The most common responses reported were physiologic with reports of feeling tired, stressed and having headaches, and also psychological responses of replaying and reliving the behavior over and over (Yildirim et al., 2007). The organizational behaviors reported were not trusting anyone at work, decreased attachment to work, and experiencing conflict with coworkers (Yildirim et al., 2007). With the study findings, Yildirim et al. (2007) recommended identifying mobbing behaviors by awareness and developing policies to protect nursing faculty from such behaviors.

Moral Distress

Moral distress, also labeled “ethics in nursing education,” has been found throughout the literature investigating curricular matters of ethics education in nursing schools (Fowler & Davis, 2013). The first publication to address nursing ethics was published in 1900 and since that time, nursing ethics literature has expanded to include such issues as bioethics, cheating by students, end of life practices, and technological advances (Fowler & Davis, 2013). Many new nurse educators have been shocked at the interpersonal demands placed on nursing faculty. In contrast, the older, more seasoned faculty feel disadvantaged because the changing student demographics force them to learn different social skills and interpersonal patterns as well as modifying their previous teaching habits to incorporate technology (Kolanko et al., 2006).

With advances in the healthcare system, nursing faculty have been faced with new and complex ethical and moral dilemmas. Numminen, Leino-Kilpi, van der Arend, and Katajisto (2009) reported human genetic science has increased the knowledge of genetic diseases and raised questions regarding how treatments and their subsequent cures are justified. Also, the economy has changed the health care system focus by emphasizing financial gain over the good of humanity (Numminen et al., 2009).

Ganske (2010) discovered a gap in knowledge regarding moral distress in nursing academia. Moral distress in academia has been associated with activities such as colleague incivility, student incivility, student cheating, academic admission standards, and cultural concerns. Although heavily researched in the clinical nursing arena, moral distress has not been studied in nursing education. Ganske (2010) found moral distress does exist in the literature but the recognition or labeling of it as such by faculty has not occurred. The ethical environment of an organization has been reported as the strongest

indicator of moral distress among nursing faculty. Ganske (2010) wrote “moral distress in education may result in turnover among nurse educators, something we can ill afford in this era of faculty shortage” (p. 10).

Ganske (2010) described moral distress as “occurring when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action” (p. 2). Nursing faculty have been in a unique situation in higher education trying to balance the rights and feelings of the student with their duty to the nursing profession to promote public service. Faculty faced challenges of producing academically and clinically competent students that will perform in the nursing profession in a legally, ethically, and culturally safe manner. This challenge has often been the basis for the nursing faculty’s moral distress. When nursing students are identified as an unacceptable risk to public safety, nursing faculty are faced with the moral dilemma of making decisions that will ultimately have harmful implications for students and their chosen career.

Stokes (2007) reported on moral distress and outlined the various issues nursing faculty have faced in higher education. According to Stokes (2007), nursing faculty “work within an ethic of care rather than an ethic of competitive individualism” (p. 498). The concept of caring has been the basis for the theoretical foundation for nursing practice. Nurse faculty agonize over making decisions that could potentially hurt the student but as registered nurses they worry about the public getting hurt from an unsafe student (Stokes, 2007). Faculty have also reported the sense that their voices are not heard by administration because of institutional constraints and focus on the rights of the student to receive an education (Stokes, 2007).

Role Conflict

Role conflict, role ambiguity, and role strain have been used interchangeably in the nursing literature. Cranford (2013) defined role strain as “the stress generated when a person has difficulty complying with the expectations of a role” (p. 2). Role conflict and role ambiguity have been identified as a source of job stress in novice nursing faculty who left clinical practice and entered academia (Specht, 2013). Expectations, skills sets, values and politics are all different than what novice nurse faculty were used to in clinical practice. Specht (2013) found nursing faculty who receive guidance and support through a mentoring relationship have reported less role conflict and role ambiguity.

Cranford (2013) examined role strain experienced by nursing faculty who left clinical practice and entered academia, and emphasized the differences among clinical and academia nursing and the importance to recognize those differences. Cranford (2013) sought to determine the extent to which role strain predicted job satisfaction and the intent to stay in academia (Cranford, 2013). A multifaceted researcher designed instrument was used in the study and measured sixteen role strain items on a 4-point Likert scale. Bivariate correlations showed that role ambiguity ($r(244) = .66, p < .01$), interpersonal support ($r(244) = .59, p < .01$), and self-assessed instructional competency ($r(244) = .37, p < .01$) were positively associated with role strain. The predictor variables role ambiguity, interpersonal support, self-assessed instructional competency, and personal characteristics, as well as age, were examined for their multivariate relationships by using regression analysis with role strain as the criterion variable. This analysis revealed the full model predicted 52% of the variance in role strain, ($F(1,240) = 61.80, p < .01$). Role ambiguity was the strongest predictor accounting for the largest

proportion of unique variance, $\beta = .47$, $t(240) = 8.18$, $p < .01$ followed by interpersonal support, $\beta = .26$, $t(240) = 4.54$, $p < .01$, self-assessed instructional competency, $\beta = .14$, $t(240) = 2.75$, $p < .01$, and age, $\beta = -.09$, $t(240) = -2.02$, $p = .04$.

Chung's (2011) dissertation findings mirrored those reported in Cranford's 2013 study. Chung (2011) focused on the relationship among faculty mentoring relationships and their possible impact on faculty job stress and psychological empowerment, and whether these variables affect overall job satisfaction of nursing faculty. The study was performed on a national sample of full-time nursing faculty who completed a descriptive survey containing a demographic questionnaire plus Dreher's mentoring scale, Gmelch's faculty stress index, Spreitzer's psychological empowerment scale, and the National Survey for Postsecondary Faculty's job satisfaction scale (Chung, 2011).

Chung (2011) reported a 2.93% of margin of error which indicated the study was highly generalizable to the target population of full-time nursing faculty. The instruments were used in previous studies and were found to be valid and reliable. The Cronbach's alpha scores of the instruments in the study were: Gmelch's faculty stress index = .93, Dreher's and Ash's mentoring scale = .94, Spreitzer's psychological empowerment scale = .90, and NSOPF job satisfaction scale = .81. The findings revealed mentoring quality ($r = .23$, $p < .01$) and psychological empowerment ($r = .35$, $p < .01$) were positively correlated with job satisfaction, but that mentoring quality ($r = -.16$, $p < .01$) and psychological empowerment ($r = -.44$, $p < .01$) were negatively correlated with job stress. Chung's findings were reflective of previous studies that found job stress was the most significant link to job satisfaction and has been reported as a problem across all occupations (Cranford, 2013; McDermid et al., 2013).

The issue of clinical competence strained the role of nursing faculty. The primary faculty expectations within a school of nursing has been the maintenance of clinical competence and the testing of new models of nursing care delivery (Weitzel, 1996). Nursing faculty struggle with maintaining clinical expertise while being confined to the academic setting instead of in the clinical setting daily. Without clinical competence, the faculty would have to rely on nursing staff members to assist students with clinical experiences. Weitzel (1996) reported the budget constraints applied to universities and colleges contributed to the need for accountability and competence in teaching.

Leadership

Kouzes and Posner (2007) wrote about how leaders could model the way by clarifying their values and setting example for others to follow. In their words, “to stand up for your beliefs, you have to know what you stand for” (Kouzes & Posner, p. 47). In nursing education, administrator’s competent leadership practices are equated with the quality and success of the graduates (Goldenberg, 1990). Administrators have been expected to be experts in their respective areas and knowledgeable in all other fields of nursing practice as well as be able to manage the various faculty personalities and business aspects of the nursing division. Goldenberg (1990) found most nursing administrators reported having little to no preparation prior to entering into their current position and “have not been socialized to assume leadership roles” (p. 1326).

Giltinane (2013) defined a leaders role as “leading and influencing the development of shared values, vision, and expectations to enhance their organizations planned goals and overall effectiveness” (p. 35). Kouzes and Posner (2007) defined their leadership process of modeling the way as “setting the example.” In order to set the

example a leader must execute the desired values and aspirations by following through on his/her commitments (Kouzes & Posner, 2007). Collins (2005) found high performing organizations create a culture of self-discipline in their shareholders. The leaders ensure shareholders know the system and boundaries in their system and this allows them to work independently within their system (Collins, 2005).

Although the transformational leadership approach has been preferred by nurses, Giltinane (2013) believed a situational leadership approach would be more applicable to the turbulent changing national healthcare system and defined the situational leadership approach as when “effective leaders adapt their leadership style to manage particular situations” (p. 38). Lynch, McCormack, and McCance (2011) listed the core competencies of situational leaders as having the ability to be flexible and to identify the performance, competence, and organizational commitment of others. Situational leadership could utilize directive behaviors which define group roles by explaining the tasks each role should achieve and how they are to be completed in order to decrease role conflict or role strain (Grimm, 2010).

Munir, Nielsen, Garde, Albertsen, and Carneiro (2012) explored the effects of work-life conflict between transformational leadership and job satisfaction in health care workers. Munir et al. (2012) conducted a longitudinal study by administering a questionnaire to the participants initially and again after 18 months. The study findings revealed global transformational leadership behaviors were directly associated with work-life conflict on their sample ($r = -.30, p < .01$). This was consistent with previous studies and added to the current knowledge regarding the link between transformational leadership style and its positive impact on work-life balance.

Gormley (2003) found little research existed regarding job satisfaction of nursing faculty. The author conducted a meta-analysis on job satisfaction with the purpose of identifying factors influencing job satisfaction in nurse faculty in institutions of higher education in the United States. Gormley (2003) discovered leadership factors in the dean or chairperson strongly influenced nursing faculty satisfaction. The three leadership factors reported as having an impact on nursing faculty job satisfaction were perception or expectation of the leader's role in curriculum and instruction with an effect size of 0.73, consideration with an effect size of 0.80, and initiating structure behaviors with an effect size of 0.68. Gormley (2003) found role conflict and role ambiguity affected nursing faculty job satisfaction with significantly high and moderate effect sizes of 0.80 and 0.58, respectively (Gormley, 2003).

Faculty Salaries

The most recognized difference in the literature regarding academia versus clinical practice in nursing has been reported as salary disparities. Kaufman (2010) reported from the NLN 2009 faculty census, nursing faculty salaries were well below those earned by other faculty in higher education. Yucha and Witt (2009) reported over the last 15-20 years there has been an increased student interest in nurse practitioner and administrative roles over faculty roles which they account to the higher salaries. Although faculty salary has not been reported as the single cause of job stress, it has been more prominent due in part to the recent economic downturn and educational reform.

The University of Nevada, Las Vegas (UNLV) leveraged higher salaries for their nursing faculty in response to their expanded population growth, Nevada legislative mandates, and their nursing and nursing faculty shortages (Yucha & Witt, 2009).

Through a customized model of faculty employment, UNLV administrators were able to increase nursing faculty salaries substantially to recruit and retain quality faculty members. Unfortunately, the new model brought faculty dissatisfaction with the faculty leave policy, workload policy, and the academic calendar (Yucha & Witt, 2009).

Yucha and Witt (2009) found UNLV faculty members reported dissatisfaction with mandated annual leaves which had to be taken during spring break and in between semesters. Faculty members with school aged children reported increased stress due to the academic calendar breaks conflicting with break times of local school systems (Yucha & Witt, 2009). Also, due to the changes in the employment model, a heavy workload policy was implemented and faculty were expected to teach 12 credit hours each semester. This increased workload was reported as interfering with faculty members work life balance and caused dissatisfaction with their position (Yucha & Witt, 2009).

Workload

Workload has been defined by Allen (1997) as “a composite of all professional tasks performed by faculty: teaching or instructional activities, class preparation, research, administration, and public service” (p. 27). The components of faculty workload vary with variables to consider such as the organizational structure, the mean size of divisions, and the distribution of resources (Ellis, 2013). The expectations of faculty will be dependent on the institutional mission. Larger state universities tend to place greater emphasis on research whereas the smaller community colleges primarily focus on the teaching aspect of faculty workload. Bittner and O'Connor (2012) suggested nurse faculty workloads are higher than faculty in other departments.

The NLN/Carnegie Foundation Survey findings revealed 44% of nursing faculty were dissatisfied with their workload (Kaufman, 2007). Nursing faculty reported working an estimated 56 hours per week as compared to a reported 45 to 55 hours per week of other U.S. post-secondary faculty. Approximately three fourths of nurse faculty workload was reported to be direct student contact by teaching, clinical student supervision, and mentoring or advising students, with the remaining workload divided between clinical practice, institutional or departmental service, research, and administrative duties (Kaufman, 2007).

Ellis (2013) reported workload equity was a concern for most faculty and found there were three considerations in faculty workload development: unbiased workloads, transparency in the assignment of workloads, and accountability. Faculty with higher workloads report feelings of undervalued and underappreciated. Schriener's (2007) study on faculty role transition reported a faculty member stating "If you can't teach, you get rewarded with more time off because they've pulled you out of courses; but that means the better teachers actually get super-loaded" (p. 148).

The AAUP (2000) reported the standard distribution of faculty workload was 40% teaching, 40% research, and 20% service which may be true for Universities but 2-year community colleges make up a large portion of higher education and do not have research as a large portion of their workload. The AAUP (2000) found the range in workload hours to be between 6 and 15 credit hours, with 9 hours being the preferred teaching load for undergraduate education and 12 hours being the maximum teaching load for effective instruction for undergraduate programs.

Gerolamo and Roemer (2011) examined nurse faculty workload and its relationship to the nurse faculty shortage. Gerolamo and Roemer (2011) found only one national study examined nurse faculty workload which was the National Survey of Nurse Educators: Compensation, Workload, and Teaching Practices conducted in 2006 by the National League of Nursing and the Carnegie Foundation. While the response rate was only 25% for this study, nearly half of the respondents indicated dissatisfaction with their current workload and workload was the motivating factor for intent to leave their current position.

Mentoring

Mentoring as a concept appeared in the literature in both the business and educational arenas with the prominent findings reporting that mentoring should exist on some level within every organization. Garbee and Killacky (2008) defined mentoring as “a relationship between a mentor and protégé, either formal or informal” (p. 2). The NLN stated this traditional definition of mentoring may not be as useful in today’s applications and co-mentoring and peer mentoring relationships may be just as valuable to nurse educators (Nursing, 2006). The NLN, along with the AACN, understand the importance of mentoring and reported mentoring could be a solution to the nursing faculty shortage.

Rice, Sorcinelli, and Austin (2000) suggested support from senior faculty, chairs, and deans could be critical in attracting, developing, and retaining faculty. Rice et al. (2000) researched new and early-career faculty for years and created ten principles of good practice which focused on three areas: improving review and tenure processes, encouraging positive relations with colleges and students, and easing stresses of time and

balance. The principles encompassed the variable of mentoring as well as leadership, occupational commitment, workload and their relationship to intent to stay in academia (Rice et al., 2000). Rice et al. (2000) encouraged academic department and deans to use the principles as a tool to improve the life of faculty rather than as a tool for evaluation.

The vast majority of nursing faculty transitioned from being an expert clinician in the clinical environment to a novice educator in nursing education with little to no orientation. Specht (2013) explored mentoring and its relationship to decreasing role stress and role conflict in new faculty in baccalaureate and graduate programs in the United States. Specht's (2013) findings revealed a significant main effect for the mentoring variable on role conflict ($F(1, 222) = 6.47, p < .01$) as well as on role ambiguity ($F(1, 222) = 5.14, p = .02$).

Baker (2010) reported novice nurse faculty need orientation on curriculum development, classroom instruction, testing and evaluation, which are all unfamiliar to new educators. Group mentoring was found to decrease stress while increasing collegiality by providing a safe environment for the new faculty member to express his or her concerns (Baker, 2010). The NLN (2006) reported a firm stance on mentoring by reporting that as a hallmark or indicator of excellence in nursing education all faculty must have a structured plan for their faculty role. Baker (2010) found a formalized orientation could increase job satisfaction and retention while also increasing competency of nursing educators. Specht (2013) also found mentoring eased the transition of the novice nurse from practice to education by decreasing the role ambiguity and role conflict they experience.

Chung's (2011) dissertation aimed at determining if the existence of a mentoring relationship among nursing faculty directly impacted their job stress and psychological empowerment and in turn their overall job satisfaction. Chung (2011) emailed a survey to all full-time faculty working in CCNE accredited nursing programs and had a response rate of 14.5%. Of the sample ($N = 959$), almost 40% reported having a mentor with 75.5% of the respondents rating their mentoring quality as "good." Chung (2011) reported the multivariate results demonstrated statistical differences between the mentored and non-mentored group on the linear combination of dependent variables, Wilk's lambda = 0.965, multivariate $F(3, 945) = 11.52, p < 0.0005$, power 1.00. Chung (2011) reported significant results from the Spreitzer's psychological empowerment scale where mentored faculty demonstrated a higher mean score than non-mentored faculty. The findings from the Gmelch's faculty stress index revealed the mentored group reported less overall job-related stress than the non-mentored group. Lastly, the results from the NSOPF job satisfaction scale were significant, $F(1, 1947) = 33.64, p < 0.0005$, power 1.00, with mentored faculty reporting a higher job satisfaction than non-mentored faculty.

Organizational Commitment

Organizational commitment has been defined by Garbee and Killacky (2008) as a "belief in and acceptance of goals and values of the organization" (p. 2). Organizational commitment theory was based on the theory of reciprocity and social exchange theory (Gutierrez et al., 2012). This theory proposed multiple commitments occur in the workplace, such as, coworker, manager, and work team commitments that surpass the overall commitment to the organization. Gutierrez et al. (2012) explained organizational

commitment by suggesting other constructs such as global job satisfaction, perceived person organization fit, and work values contribute to employees' commitment to the organization. In an opposing viewpoint, Meyer and Allen (1991) contended faculty who were committed to an organization remained at the organization not because of emotional attachment but because of the realization the economic ramifications for leaving were too large. Yoon and Thye's (2002) Dual Process Model of organizational commitment linked specific job behaviors and organizational practices to job satisfaction and opinions of organizational support of employees. This model's premise was that faculty members who perceived they were supported by their organization, then pledged their commitment to the organization (Al-Hussami et al., 2011).

The human relations movement was another leadership and organizational theory which used concepts such as morale, group dynamics, democratic supervision, personnel relations, and behavioral motivation (Fullan, 2007). The human relations movement proposed the way workers were treated in the workplace had a direct impact on their performance. The workers individual and social processes had a profound impact on shaping workers attitudes and behaviors. The human relations movement stated management needed to provide positive feedback and worker recognition in order for workers to have social satisfaction. The term "social man" was defined by Mayo as individuals who perform better when they have good on-the-job relationships and perform better with work-group pressure instead of management pressure (Fullan, 2007).

Johnson (2001) examined nursing faculty empowerment among ADN nursing faculty across the nation and its impact on organizational culture and job satisfaction. Johnson (2001) findings revealed organizational culture was a statistically significant

contributor to faculty empowerment and also revealed a moderate relationship among job satisfaction and organizational culture.

Gutierrez et al. (2012) utilized a structural equation modelling approach to investigate the relations among organizational commitment, global job satisfaction, work values, person organization fit, perceived organizational support, and developmental experiences among nursing faculty in the United States. Gutierrez et al. (2012) based their constructs on Meyer and Allen's (1997) Three Component Model of Commitment which identified three components of organizational commitment: affective, continuance, and normative. Nursing faculty who were currently teaching at a NLN state approved school of nursing during the 2006-2007 school year were surveyed via an emailed 75 question survey.

The findings from Gutierrez et al.'s (2012) study suggested the SEM model supported most of the hypothesized relationships among nursing faculty's organizational commitment. Perceived organizational support, person-organization fit, job satisfaction, and developmental experiences positively predicted organizational commitment in nurse faculty (Gutierrez et al., 2012). Gutierrez et al.'s (2012) recommended nurse faculty administrators use this model and findings to increase retention rates by making institutional policy changes which would in turn increase nurse faculty commitment, job satisfaction, and perceived organizational support.

Byrne (2011) surveyed nursing faculty from five baccalaureate schools of nursing in two Midwestern states to determine if there was a relationship among leadership style of deans to nursing faculty professional satisfaction and organizational commitment. Byrne (2011) constructed a Likert scale questionnaire which was comprised of 36

questions designed to investigate the correlation among transformational and transactional leadership theory and professional satisfaction and organizational commitment. Byrne's (2011) findings revealed a significantly positive relationship between transformational leadership and organizational commitment ($r = .51, p < .001$) and a negative relationship between transactional leadership and organizational commitment ($r = -.54, p < .001$).

Byrne's (2011) findings revealed there was no relationship between organizational commitment and nursing faculty level of position ($H(3) = 2.58, p > .05$). When examining professional satisfaction, Byrne's findings revealed a significantly positive relationship between transformational leadership and professional satisfaction ($r = .62, p < .001$) and a significantly negative relationship between transactional leadership and professional satisfaction ($r = .46, p < .05$).

Occupational Commitment

The foundation of the profession of nursing was built on moral and ethical practices. As with nurses, educators practice a form of leadership based on moral authority and commitment to the nursing profession while also being one of the lowest paid positions in the nursing profession (Prymachuk et al., 2009). In nursing education, the vision has historically been to educate students to be knowledgeable, caring, and compassionate nurses in the community. Nursing faculty have a commitment to the profession of nursing as well as a commitment to the education of nurses. Professional commitment has been examined for years and can be found under terms like occupational commitment and career commitment. Occupational commitment has been defined as "a psychological link between a person and his/her occupation that is based on affective

reaction to that occupation” (Le et al., 2010, p. 800) and career commitment has been defined by Kirking (2007) as “ones attitude toward ones profession or vocation” (p. 27).

Kirking (2007) surveyed ADN nursing faculty in Wisconsin and Minnesota to determine if there was a relationship between job satisfaction and occupational commitment among nursing faculty. The 79 question survey allowed Kirking (2007) to study the individual concepts and the interrelationships between job satisfaction, organizational commitment, psychological empowerment, structural empowerment, and work centrality. Occupational commitment was further studied within the four dimensions of affective commitment, normative commitment, accumulated cost commitment, and limited alternatives commitment (Kirking, 2007). The study’s findings ($r = .17, p < .05$) revealed greater job satisfaction was associated with greater occupational commitment. Kirking (2007) reported these findings were consistent with previous research on job satisfaction and its importance on intent to stay in academia.

Tufano (2010) studied nursing faculty personal characteristics to determine the characteristics that features motivate a lifelong commitment to teaching nursing as a profession. The findings from this qualitative study identified five themes as motivating factors in choosing nursing education: mentors/role models, variety/flexibility, family influence, internal motivation, and opportunity (Tufano, 2010). Tufano (2010) found an existence of internal motivators in the respondents who stated nursing education was their “true calling.” Additionally, the respondents reported they value their autonomy but value administrative support when necessary.

Tufano (2010) findings mirrored those reported in the National Survey on Faculty Role Satisfaction conducted in 2005 by the National League of Nursing (NLN). The

number one reason to stay in education, reported by nursing faculty, was a love of working with students. Other reasons nursing faculty reported for staying in academia were a sense of contributing to the profession, working in an intellectually stimulating environment, and having professional autonomy or flexibility in ones work (NLN, 2005). Tufano (2010) recommended continuing research to develop a tool to identify personal characteristics in nurses who would be satisfied with a career in nursing education.

Job Satisfaction

Job satisfaction and dissatisfaction have been studied by a variety of disciplines as well as a range of institutional settings. Multiple theories of job satisfaction exist that explain how people find pleasure within their organization and their occupations (Snarr & Krochalk, 1996). These theories have made attempts to define the limit of job satisfaction and to develop a consistent theoretical basis for studying factors associated with influencing an individual's affective response to their work environment (Kennerly, 1989; Snarr & Krochalk, 1996; Wheelless et al., 1983).

According to Hinshaw and Atwood (1983), job satisfaction theories and studies have been classified by their dimensionality, unidimensional versus multidimensional, and placement on a continuum. The unidimensional approach produces a single summative score for all aspects of the job by using a single or multiple item scale (Snarr & Krochalk, 1996). The general measure of job stress (SIG, stress in general), which is an example of a unidimensional approach, has been used in numerous job satisfaction studies (Yankelevich, Broadfoot, Gillespie, Gillespie, & Guidroz, 2011). The multidimensional approach conceptualizes the job as consisting of several interrelated tasks that are measured and scored separately (Balzer et al., 1990). Herzberg's two factor

theory of motivation and hygiene and Balzer et al.'s (1990) Job Descriptive Index (JDI) both utilized a multidimensional approach but Herzberg's approach considered job satisfaction on a continuum from satisfaction to no satisfaction; whereas, Balzer et al.'s (1990) JDI considered job satisfaction on a continuum from satisfaction to dissatisfaction (Snarr & Krochalk, 1996).

When reviewing the related literature, a substantial number of studies were found that investigated clinical nursing job satisfaction and nursing administrator job satisfaction as opposed to job satisfaction in nursing faculty (Chung et al., 2010; Cranford, 2013; Holaday & Buckley, 2008). Rosser and Townsend (2006) found previous studies explored job satisfaction more as a variable to organizational and structural issues that affect faculty turnover or intent to leave as opposed to being the primary focus of study. Derby-Davis (2014) reported a gap in the literature regarding factors that predict job satisfaction and the intent to stay of nursing faculty. For those studies performed on nursing faculty in academia, most were performed in the 4-year sector and with faculty in research universities which provides little knowledge on community college educators. The focus was significantly different in 4-year faculty whose primary focus is on conducting research while 2-year college faculty members focus on community participation and leadership with teaching and advising students as their primary job aspect.

The gap in literature exists between identifying the variables that can promote job satisfaction in order to retain the current nursing faculty population while at the same time providing an enticing arena in academia where innovative and enthusiastic educators are recruited to academia. Job satisfaction and success of nursing faculty have been

threatened by multiple role expectations, insufficient time, heavy workload, lack of mentoring, and lack of collegial and administrative support (Derby-Denby, 2014; Gazza, 2009; Gerolamo & Roemer, 2011; Gormley, 2010). Job satisfaction has also been identified as a variable that promotes retention in organizations (Derby-Denby, 2014).

Herzberg's Two Factor Theory (1966) was found most often in the literature when addressing nurse faculty job satisfaction. This theory hypothesized job satisfaction and dissatisfaction are influenced by two different types of factors and cannot be measured on the same continuum. Herzberg theorized "extrinsic factors" or "hygienes" must be met to prevent dissatisfaction and poor performance while "intrinsic factors" or "motivators" must also be met to ensure productivity improvement through job satisfaction (Rosser & Townsend, 2006). Rosser and Townsend (2006) reported although Herzberg's theory was not based in higher education organizations, it has provided insight and a framework for a vast number of studies on job satisfaction of community college faculty.

The earlier work of Staw, Bell, and Clausen (1986) examined the importance of job attitudes on job satisfaction and organizational commitment. Srivastava (2013) built on the previous literature with his study which sought to determine if there was a relationship between organizational commitment and job satisfaction by investigating the effects of trust and locus of control. The study defined locus of control as "the extent to which people believe them or external factors such as chance and powerful others are in control of the events that influences their lives" (p. 160). Srivastava (2013) used factor analysis with principle axis factoring method and varimax rotation to cluster the variables and test the first hypothesis, there is a positive relationship between job satisfaction and

organizational commitment. Hierarchical regression analysis was used to test the second hypothesis, trust moderates the effect of job satisfaction on organizational commitment.

Srivastava (2013) explored the relationship between job satisfaction and organizational commitment and the effects of trust and locus of control on that relationship. The findings revealed a significant positive relationship between job satisfaction and organizational commitment ($r = .72, p < .01$). Srivastava (2013) performed hierarchical regression analysis to determine if trust and locus of control moderated the relationship between job satisfaction and organizational commitment. In the first step of analysis, the coefficient of determination was 0.26 which indicated job satisfaction explained 26.6% of organizational commitment. In the second step of analysis, trust and locus of control were added as independent variables and explained 31.8% and 49.8% of the variation, respectively. Lastly, the interaction trust terms were added and explained 17.2% of the variation. Srivastava (2013) suggested these results could assist administrators to understand job satisfaction and organizational commitment from employee's personal traits.

Kirking's (2007) examination of job satisfaction and occupational commitment revealed a positive and moderately strong relationship between the dimensions of job satisfaction and its correlation with total job satisfaction. The strongest relationships reported were between total job satisfaction and satisfaction with job opportunities ($r = .73, p < .01$), with supervisor ($r = .67, p < .01$), with the job itself ($r = .69, p < .01$), and with the pay ($r = .56, p < .01$). These findings revealed if these four dimensions are met then the individual will have a high level of job satisfaction.

Bittner and O'Connor (2012) examined the literature on job satisfaction and found the majority of studies have been conducted on nurses in practice while few have actually examined nurse faculty job satisfaction. This lack of knowledge encouraged Bittner and O'Connor (2012) to conduct a study as part of a strategic plan for the Massachusetts/Rhode Island League for Nursing to discover what barriers to job satisfaction nursing faculty in the New England region have experienced. Out of the 226 respondents in the survey, there was a reported mean of 14 years teaching and mean of 9.16 years teaching at their current institution. Bittner and O'Connor (2012) reported 19% of those surveyed were likely to leave academia in one year and 52% of those surveyed were likely to leave academia in 5 years due to improved compensation, retirement, career advancement, and a more improved flexibility in work life balance. Inversely, Bittner and O'Connor (2012) found the factors reported as having an impact on faculty intent to stay in academia were flexibility of workload, positive impact on retention, contribution to the profession, working in an intellectually stimulating environment, and autonomy.

Of the 20 survey items listed as having a possible impact on job satisfaction, Bittner and O'Connor (2012) reported recognition by the college for research, support for research, the climate for racial and ethnic minorities, and recognition for community service had no impact on satisfaction among nursing faculty. The findings also revealed the majority of the respondents reported having two or more jobs which was a change from recent reported findings in the literature.

Several dissertations have been found in the literature related to job satisfaction in nursing faculty. Unfortunately each study examined different variables related to job

satisfaction which prevents the findings from being generalizable for all nursing faculty. Some of the job satisfaction variables found in the literature were job stress, incivility, psychological empowerment, mentoring, leadership practices, and organizational commitment. The most commonly used instruments were the Job Descriptor Index (JDI), Gmelch's faculty stress index, Spritzer's psychological empowerment scale, and the Nursing Faculty Satisfaction Questionnaire (NFSQ).

Beach's (1997) dissertation surveyed nursing faculty ($n = 362$) in Mississippi with regard to six facets: work itself, present pay, opportunities for promotion, supervision, relationship with co-workers, and their job in general. The survey utilized three instruments: the JDI, Job in General, and a demographic survey. Beach's (1997) findings revealed there was a statistically significant positive relationship ($r = .12, p < .05$) between race and satisfaction with relationship with coworkers and ($r = .12, p < .05$) between years of experience teaching full-time and satisfaction with pay. The findings also revealed no correlations above .30 were found between the facets of job satisfaction and the demographic variables of race, marital status, years of experience teaching full-time at the present institution and years of clinical experiences. The faculty reported dissatisfaction only with "opportunities for promotion" in ADN programs. The respondents answered neutrally regarding their pay scale and the only correlation found with facets and demographics was between the type of academic program and opportunities for promotion, with BSN faculty reporting a higher level of satisfaction than ADN faculty.

McInnis's (2005) dissertation purpose was to see if there was a difference in job satisfaction among nursing faculty based on their teaching modality. The instrument

entitled “Nursing Faculty Satisfaction Questionnaire” was used for the study and consisted of 41-item questions to be rated on a five-point Likert scale. The instrument was emailed to 1935 nursing faculty across the nation with a response rate of 22.6%. Factor analysis was conducted on these 41 questions and factor extraction was accomplished with principal components methodology. McInnis (2005) examined seven factors which accounted for 66.17% of the variance in item responses. Internal consistency was tested using Cronbach’s alpha coefficient with values ranging from $r = 0.76$ to $r = 0.95$ for each of the seven factors.

McInnis (2005) found there was no statistical difference in the three types of teaching modalities with all of the groups ($r = .76, p = < .001$) reporting job satisfaction in the range of “indifferent” to “satisfied.” McInnis (2005) used hierarchical regression analysis to examine the relationship between the number of years at an institution and the hours spent in hybrid course delivery as these were identified as accounting for most of the statistically significant association with approximately 4% of the variance in the Total Scale Score ($R^2 = .038$; Adjusted $R^2 = .033, p = < .001$). Lastly, McInnis (2005) reported the NFSQ utilized in this study was found to be a reliable measurement tool for job satisfaction of nursing faculty.

Johnson’s (2001) dissertation entitled “Organizational Culture and Job Satisfaction as Antecedents for Empowerment of Associate Degree Nursing Faculty” was to explore the organizational culture and job satisfaction in ADN educators in order to discover the impact of these factors on faculty empowerment. Johnson (2001) surveyed 407 nursing educators in the southeastern United States. The Organizational Culture

Assessment Instrument, Job Satisfaction Scale, and the Psychological Empowerment Instrument were all utilized for this study.

Johnson (2001) findings revealed 25% of the variance in empowerment of associate degree nursing faculty was explained by the collective effects of organizational culture and job satisfaction. Correlation analysis indicated a moderate relationship existed between organizational culture and job satisfaction of associate degree nursing faculty ($r = .52, p < .01$). This study aimed at applying the findings by creating an environment where faculty may emulate empowering behaviors as role models for future graduates.

Chung and Kowalski (2012) examined job satisfaction in relation to nursing faculty mentoring quality, job stress, and psychological empowerment. The full model of 19 predictors accounted for approximately 47% of the variance in job satisfaction, $R^2 = .46, F(19, 650) = 30.071, p < 0.001$. Chung and Kowalski (2012) employed multiple regression analyses and found job satisfaction was significantly and uniquely associated with the presence of a mentoring relationship ($\beta = .11, t(650) = 3.47, p < .001$), salary ($\beta = .17, t(650) = 4.58, p < .001$), tenure status ($\beta = -.09, t(650) = -2.72, p < .01$), psychological empowerment ($\beta = .30, t(650) = 8.86, p < .001$), and job stress ($\beta = -.42, t(650) = -12.85, p < .001$).

Dalal, Baysinger, Brummel, and LeBreton (2012) explored the relative importance of established job attitudes on job performance with the addition of the new job attitude of employee engagement. They found previous studies placed job satisfaction as the dominant job attitude and explored other job attitudes individually without determining the contribution or relative importance each predictor made to the

overall job performance model. Dalal et al. (2012) used univariate and multivariate relative weight analysis to assess the relative importance of six job attitudes as predictors of three components of overall employee performance.

Dalal et al. (2012) defined relative importance as “the contribution each predictor makes to the overall model R^2 , considering both its unique contribution and its contribution in the presence of other predictors” (p. 301). Dalal et al. (2012) used relative importance analysis in their study to break down the total predicted variance in a criterion by identifying the variance attributed to each individual predictor. They surveyed 191 employees from various occupations in two separate subsamples. Their study results indicated the continued importance of job satisfaction as a dominant job attitude while also suggesting job satisfaction and employee engagement were important predictors in determining overall employee contributions to an organization (Dalal et al., 2012).

Intent to Leave

Nursing faculty have been faced with many issues and challenges over the past decade which has led to many choosing to leave academia either for an early retirement or for better paying jobs in the clinical arena. In the past, faculty were attracted to academia because of a desire to expand the knowledge base of the nursing profession. Faculty members functioned as innovators in the science of nursing by creating and instructing evidence –based nursing curricula to the next generation of nurses (AACN, 2012b).

Faculty intentions to leave have been assessed over the years and a variety of studies are found in the literature. For example, Roughton (2013) conducted a study to help identify characteristics of nursing faculty that predicted their intention to leave their

positions in academia. Roughton (2013) performed a cross-sectional analysis using a subset of the large survey respondent data set ($N > 4000$), which was collected in 2006 by the National League of Nurses by the Survey of Nurse Educators: Compensations, Workload, and Teaching Practice (Roughton, 2013). Results showed the overall risk for nursing faculty to leave their teaching positions either in the next year or within the next 5 years was 19% and 49%, respectively. Roughton (2013) designed the Six Domains Model to represent the six domains of factors suggested by AONE leaders, which contribute to nursing faculty shortages. This model served as an organizational framework to clarify the systemic problem and provide strategies to solve the shortage crisis. A total of 16 (17) predictors, in the domains of regulatory environment, financing, education, faculty roles, satisfaction, and subjective reasons to leave, significantly predicted the intention to depart from teaching over the next year (Roughton, 2013).

The findings from this study revealed the top five reasons reported by respondents for leaving their current position were retirement, more compensation, more flexibility to balance work and life issues, more career development opportunities, and decreased workload (Roughton, 2013). Using backwards stepwise multiple regression, Roughton (2013) had 16 statistically significant variables in the next-year model and 17 variables in the 5-year model. The *c*-statistic was .82 and .80, respectively for the next-year regression model and the 5-year model. The results of the multiple regression model were presented in terms of the overall risk of nursing faculty leaving their teaching positions. The likelihood ratio test ($p < .001$) and the Wald statistic ($p < .001$) revealed both of the models estimate fit the data at an acceptable level (Roughton, 2013).

Roughton's (2013) next-year model produced one faculty role that was predictive of intent to leave in the next year. The faculty who perceived that their school valued clinical work over simulation were 36% more likely to leave in the next year. The faculty who reported less satisfaction were significantly more likely to leave their current position in the next year (Roughton, 2013). In Roughton's (2013) 5-year model, 17 characteristics were identified as predictors of intent to leave in the next 5 years. The characteristics which made nurse faculty less likely to leave were age, older faculty who were close to retirement age and also those faculty who received tuition reimbursement as a benefit (Roughton, 2013). The reasons found that predicted possible intent to leave in the next 5 years were less work, more compensation, more flexibility to balance work and life issues, more career development opportunities, more opportunity to use skills and abilities, a more amenable institutional culture, and more work variety (Roughton, 2013).

Roughton (2013) provided strategies to address the nursing shortage and nurse faculty intent to leave. Unfortunately, most of her proposed strategies would have to happen from the college level and if the nursing division was not heavily supported by the college and administration then they would not be successful. Also, her strategy to offer higher salaries and benefits to align academia salaries with those in clinical positions too would be dependent on the college administration along with federal and state funding.

In order to enhance knowledge regarding faculty intent to leave and assist public research universities with developing tools to retain faculty, Ryan et al. (2012) studied the relationships among various variables identified in the extant literature and faculty, intent to leave for another institution and intent to leave academe. Ryan et al. (2012)

utilized the binary logistic regression to analyze survey data obtained from a 2005 survey administered to tenured/tenure-track faculty members at a Midwestern public research university. Ryan et al. (2012) created an overall integrated model that examined stress factors, satisfaction factors, support and fit factors, and scholarly productivity factors and their impact on intent to leave a public research university.

With regard to predicting a faculty member's consideration of leaving for another institution, Ryan et al. (2012) found consideration of leaving to be statistically significantly associated with greater workplace stress (odds ratio = 2.12, $p < .05$), working within a "soft-pure" discipline (odds ratio = 3.74, $p < .001$), fewer years of service at the university (odds ratio = .94, $p < .001$), and greater research productivity (odds ratio = 1.64, $p < .001$). This model of predictors accounted for almost 21% of the variation in consideration of leaving for another institution and correctly identified 77.6% of the cases.

When predicting a faculty member's consideration of leaving academe altogether, Ryan et al. (2012) found consideration of leaving to be statistically significantly associated with not having a spouse or partner (odds ratio = .32, $p < .001$), a perceived lack of support (odds ratio = .65, $p < .01$), a perceived lack of fit (odds ratio = .65, $p < .001$), working within a "hard-applied" discipline (odds ratio = .27, $p < .05$), stress of raising a family (odds ratio = 2.03, $p < .01$), and dissatisfaction with certain aspects of the "faculty job" (odds ratio = 1.87, $p < .05$). This model of predictors accounted for almost 36% of the variation in consideration of leaving academe and correctly identified 79.5% of the cases.

Intent to Stay

The previous research conducted in nursing education focused primarily on nursing faculty attrition or intent to leave with very little work focused on nursing faculty retention or intent to stay. Various strategies to increase or recruit nursing faculty to academia were found but professional development plans for faculty retention were scarcely addressed or researched. The variables examined as predictors for intent to stay were job satisfaction, mentoring, workplace stress, organizational commitment, and leadership behaviors (Garbee & Killacky, 2008; Ryan et al., 2012).

Garbee and Killacky's (2008) dissertation aimed at discovering a set of predictor variables for nurse faculty's intent to stay in nursing education which would provide administrators with a better understanding of factors influencing faculty retention. Garbee and Killacky (2008) found numerous studies regarding nursing faculty attrition while few were focused on the positive aspects reported by nursing faculty and their intent to stay or retention. Demographic, academic, experiential and attitudinal variables were explored to determine the most significant predictor variables.

Garbee and Killacky (2008) administered an online survey by combining four research instruments to obtain quantitative data in addition to asking three open ended questions to identify common themes. On initial analysis, Garbee and Killacky (2008) found Pearson correlations suggested significant weak to moderate negative relationships between intent to stay and intent to leave scores ($r(313) = -.467, p < .001$) and decided to use intent to stay scores in all regressions as the criterion variable. Garbee and Killacky (2008) reported the relationship between job satisfaction and intent to stay indicated

moderate positive correlations that were significant between intent to stay 1 year ($r(313) = .40, p < .001$), intent to stay 5 years ($r(313) = .35, p < .001$), and job satisfaction.

Garbee and Killacky (2008) found 55.7% of the sample reported having a mentor and those faculty with mentors scored significantly higher on organizational commitment ($M = 5.85, SD = 1.12$). Garbee and Killacky (2008) reported organizational commitment was the most significant predictor variable. Their findings revealed that organizational commitment can significantly predict intent to stay 1 year ($F(1, 314) = 75.015, p < .001$) and intent to stay 5 years ($F(1, 314) = 81.225, p < .001$) (Garbee & Killacky, 2008).

Three open ended questions or statements were asked to identify factors that contribute to the participants satisfaction and dissatisfaction from their work and if they would like to share additional comments about their work. The findings revealed more comments related to satisfaction ($n = 914$) were expressed than those related to dissatisfaction ($n = 914$) and 252 additional comments were provided from 154 participants. The most frequently found satisfaction themes were being part of student success, flexibility, and faculty colleagues. The most frequently found dissatisfaction themes were time demands, extremes in leadership behavior, and low pay. Comments such as “we are a family” and “we have a great group of people who one can trust as well as the college” emerged from the faculty colleagues theme (Garbee & Killacky, 2008). These comments led Garbee and Killacky (2008) to wonder if nursing faculty are staying for faculty or collegial support versus organizational commitment. Unfortunately, this could not be answered from their findings and suggested further research would need to be conducted.

Hamlin's (2013) dissertation aimed at exploring the relationship between job embeddedness and intent to stay of nursing educators from BSN programs in 17 southern states. Hamlin (2013) found previous studies focusing on nurse faculty retention was sparse and no previous research had examined nursing faculty retention through application of the job embeddedness theory. Multiple studies were found in the literature on job embeddedness and retention of employees in disciplines outside of nursing education (Reitz, Anderson, & Hill, 2010).

Hamlin (2013) administered an online survey composed of 48 items measuring six dimensions of job embeddedness which were community fit, organizational fit, community links, organizational links, community sacrifice, and organizational sacrifice. Hamlin (2013) emailed 1060 nursing faculty from NLNAC accredited BSN programs in the southern United States and received a total of 325 responses or a 36.2% response rate. The relationship between job embeddedness (total) and intent to stay indicated significant positive correlations ($r(323) = .41, p < .001$). Also, the relationship between organizational job embeddedness and intent to stay indicated a significant positive relationship ($r(323) = .46, p < .001$).

Hamlin (2013) conducted three regressions to assess if years as nursing faculty mediated the relationship between intent to stay and job embeddedness (total). The three regressions conducted were if job embeddedness (total) predicts intent to stay ($F(1, 322) = 63.20, p < .001$), if job embeddedness (total) predicts years as a nurse educator ($\chi^2(1) = 16.87, p < .001$), and if job embeddedness (total) and years as a nurse educator predicts intent to stay ($F(2, 320) = 36.59, p < .001$). Hamlin (2013) reported one of the five study

hypotheses was rejected as mediation was not supported and job embeddedness remained a significant predictor of intent to stay ($B = 2.59, p < .001$).

Chapter III

METHODOLOGY

This chapter contains a description of the quantitative methods used in this study. The chapter includes a discussion of the research design, population, instrumentation, data collection, and data analysis. In addition, the statistical considerations and assumptions are discussed.

Research Design

This study employed a nonexperimental, survey research design using structural equation modeling to test how the constructs were theoretically linked and the directionality of the significant relationships (Schreiber, Nora, Stage, Barlow, & King, 2006). Path analysis is a form of structural equation modeling that uses only a single measure for each of the observed constructs in the model (Kline, 2011). A quantitative approach utilizing surveys was the methodology of preference used to gather data and to determine the relationship and paths among the variables in this study. Path analysis was the appropriate method to examine the hypothesized relationships between the observed variables as shown in Figure 1 in Chapter 1 (Schumaker & Lomax, 2016). Path analysis has been described as an extension of multiple regression by including several regression equations and specifying direct, indirect, and total effects among the observed variables in the model (Schumaker & Lomax, 2016). The overall fit of the model represents how well the model explains the data, an outcome not available in multiple regression. The proposed model included five exogenous variables, which were defined as variables not

influenced by another variable and were often referred to as independent variables in other research designs. The five exogenous variables in this model were job stress, mentoring, incivility, organizational commitment, and occupational commitment. Each variable was on the interval measurement scale.

The model also included two endogenous variables or variables that were influenced by other variables. These variables included job satisfaction and intent to stay. The measurement of these variables was on the interval measurement scale.

Demographic variables included in the survey were age, race or ethnicity, highest degree earned, full or part time status, number of years as a faculty member, number of years at their current position, and whether he or she holds employment outside of their faculty position.

Participants

The target population for this research study was all full-time nursing faculty teaching in the state of Georgia working for ADN nursing programs. This study began with a population of 27 ADN programs in Georgia with approximately 300 nursing educators. Through self-reporting measures from the deans and directors of the programs, it was determined that one of the programs had transitioned from ADN to BSN, two of the private institutions no longer held classes in Georgia, and one college no longer had a nursing program. In September 2015 there were 23 institutions in Georgia with pre-licensure nursing programs (USG, 2014). Of the 23 institutions, 14 institutions were in the technical college system, eight institutions were community or state colleges, and one institution was a university (USG, 2014). A review of the 23 institutions faculty profiles revealed there were approximately 217 nursing educators teaching in ADN

programs in the state of Georgia.

The sample size for this study was important because it related to the stability of the parameter estimates (Schreiber et al., 2006). The guidance from the existing literature pertaining to appropriate SEM sample size varied widely. Schreiber et al. (2006) and Suhr (2006) suggested an ideal 20:1 (participant to variable) ratio, but cautioned it was difficult to achieve and a 10:1 ratio would be more attainable and still be sufficient to prevent Type II errors. For the purpose of this study, the entire population of 217 nursing educators who were teaching full-time in ADN programs in the state of Georgia were surveyed.

Instrumentation

Measurement scales for each of the constructs in the model were based on items from previously validated instruments. Prior research instruments contained essential components of the proposed model but no existing instrument related specifically to ADN nursing faculty job satisfaction. A questionnaire was developed for this study by using questions from seven previously validated instruments. When necessary, item wording of existing scales was adapted to fit within the context of the current study. The questionnaire included Gmelch, Wilke, and Lovrich's (1986) Faculty Stress Index (FSI), Martin's (1991) National Faculty Satisfaction Questionnaire (NFSQ), Clark's (2010) Incivility in Nursing Education Survey (INE), Mowday et al.'s (1982) Organizational Commitment Questionnaire (OCQ), Blau's (2003) Occupational Commitment Instrument (OCI), Dreher and Ash's (1990) Mentoring Scale, Garbee and Killacky's (2008) Intent to Stay Scale, and demographic characteristics.

Faculty Stress Index

Developed by Gmelch et al. (1986), the FSI elicited responses regarding leadership practices, faculty job stress, faculty/student civility, workload, and role strain. The index was based on items from the Administrative Stress Index (Gmelch et al., 1986) and items suggested via stress logs kept by 20 faculty for 1 week (Gmelch et al., 1986). The resulting 45-items were divided into five subscales which were reward and recognition, time constraints, departmental influence, professional/identity, and student interaction. Each subscale measured the degree of stress within that particular category. The scoring for the instrument involved adding the scores on each item in the scale to get a total score, all of which were completed using a 5-point frequency estimate scale with 1 (*rarely or never stressful*) and 5 (*always or frequently stressful*) as the anchor labels. The scale also offered the participants a “not applicable” response.

Gmelch et al. (1986) tested and validated the FSI by pilot studies for content validity which produced data reliability ratings from .77 to .82. The findings of Gmelch's research generated an alpha reliability coefficient of .77 for the teaching scale, an alpha reliability coefficient of .71 for the research scale, and an alpha reliability rating of .79 for the service scale. The results produced a mean coefficient alpha of .83, which when compared to the pilot study indicated the survey instrument had a strong degree of consistency and reliability (Gmelch et al., 1986).

National Faculty Satisfaction Questionnaire

The NFSQ (Martin, 1991) was used to measure the variables of workload, autonomy, organizational commitment, and occupational commitment. Martin (1991)

created the NFSQ from the basis of the Job Descriptive Index and the Minnesota Satisfaction Questionnaire after determining there was a lack of a valid and reliable instrument which examined all aspects of the role of the nursing faculty member to investigate job satisfaction. The NFSQ prompted responses regarding multiple aspects of the role as a nursing faculty such as, feelings of importance and responsibility as well as workload, pay and benefits (Martin, 1991). The NFSQ was developed by Martin as a means to assess the perceptions of job satisfaction held by nursing faculty. Martin's (1991) nursing faculty satisfaction scale consisted of 42 items which were scored on a 5-point frequency estimation scale ranging from 0 (*very dissatisfied*) to 4 (*very satisfied*). Items included: "how satisfied are you with the level of importance of your work in teaching," "how satisfied are you with the amount of work required," and "how satisfied are you with the supervision of your position?"

Martin's (1991) instrument was mailed with the Job Descriptive Index (JDI) to the randomly selected nursing faculty member subjects. Correlation of subject responses on the NFSQ and the six subscales of the JDI resulted in significant positive correlations with correlation coefficients of .59, .44, .54, .69, .26, and .47 (McInnis, 2005). Internal consistency assessed using the Cronbach's alpha reliability coefficient was calculated to be .92 ($n = 496$) for the NFSQ instrument (McInnis, 2005).

Incivility in Nursing Education Survey

The INE (Clark & Springer, 2010) instrument was used to measure the variable of incivility. The INE was developed as a means to quantitatively measure the frequency and types of incivility experienced by nursing students and nursing faculty in academia (Clark & Springer, 2010). The INE was created based on faculty and student interviews,

a review of literature, and professional experiences of the developer. The INE was divided into three sections which included a demographic component (section I), a list of student and faculty behaviors (section II), and four open-ended questions (section III). The behaviors listed in section II were divided into two groups: behaviors that may be considered uncivil and behaviors that are known to be threatening. Section II also included two items which assessed the degree to which students and faculty identify incivility as a problem within their academic program, as well as whether they view students or faculty as the most common perpetrator of incivility. Clark and Springer's (2010) INE asked participants if they considered a behavior as disruptive ranging from 1 (*always*) to 4 (*never*). Additionally, participants were asked how often they have experienced or seen the behavior in the past 12 months ranging from 1 (*often*) to 4 (*never*).

Initial inter-item reliability coefficients ranged from .68 – .88 for student incivility factors and .70 – .94 for faculty incivility factors. Subsequent studies have found inter item coefficients which ranged from .81 – .89 (student incivility) and .92 – .95 (faculty incivility). The INE recognized behaviors nursing students and faculty identify as uncivil, as well as how often the behaviors occurred in academia. In addition, the INE included a qualitative portion which assessed what nursing students and faculty believe contributes most to incivility, as well as ways to prevent, intercede, and react to incivility.

Organizational Commitment Questionnaire

The OCQ, developed by Mowday, Porter, and Steers (1982) addressed the variables leadership and organizational commitment in this study. The instrument was developed to measure the organizational commitment of employees on the three concepts

of affective, continuance, and normative (Al-Hussami et al., 2011). The original instrument consisted of 15 items, including six reverse-scored items. All items for measuring the OCQ were scored on a 5-point Likert scale ranging from 1 (*totally disagree*) to 5 (*totally agree*). Items included: “I find that my values and the company’s values are very similar, this company really inspires the very best in me in the way of job performance, and for me this is the best of all possible companies for which to work.”

The Cronbach’s alpha values were between .82 and .93 (Mowday et al., 1982). Maier and Woschee (2002) supported the construct validity with confirmatory factor analysis by reporting OCQ represented a construct that can be empirically distinguished from other work attitudes such as job satisfaction and job involvement.

Occupational Commitment Instrument

The OCI was developed by Blau (2003) and was based on Meyer et al.’s (1993) work on organizational commitment and Carson et al.’s (1995) work on career entrenchment. The 24-item instrument contained four subcategories for measuring four components of occupational commitment. The original instrument consisted of 24 items which were scored on a 6-point Likert scale ranging from 1 (*strongly disagree*) to 6 (*strongly agree*). Items included: “I like being in this occupation” and “this is the ideal occupation for my life work.”

Blau (2003) used a 5-year longitudinal research design to test for instrument validity. Three samples were utilized to test the instrument, medical technologists, working adults, and MBA students. The Cronbach’s alpha values for all of the samples were between .81 and .94 (Pardo, 2011).

Mentoring Scale

Dreher and Ash's (1990) Mentoring scale was used to measure the variable of mentoring in this study. This scale was only answered by respondents who answered yes to the question regarding whether or not they had a mentor in their current position. If the participant answered "no" to the demographic question asking whether the participant had a current mentor at their faculty job, this portion of the survey was skipped. If the participant answered "yes" they have a current mentor at their faculty job, they were asked to respond to this portion of the survey.

The mentoring scale was originally developed by Dreher and Ash (1990) to be used as a global measure of mentoring experiences. Dreher and Ash's (1990) mentoring scale consisted of 18 items which were scored on a 5-point frequency estimation scale ranging from 1 (*not at all*) to 5 (*to a very large extent*). Items included: "to what extent has your mentor encouraged you to talk openly about anxiety and fears that detract from your work?" and "to what extent has your mentor gone out of his/her way to promote your career interests?"

The total score for the scale ranges from 18 to 90 and means for each question was calculated to indicate a mentoring score specific for each item. Dreher and Ash (1990) reported the internal consistency or coefficient alpha was .95. Garbee (2006) had an expert panel of nursing faculty review the instrument for content validity. After a positive review, the instrument was utilized in Garbee's 2006 dissertation.

Intent to Stay Scale

The intent to stay scale was developed by Price and Mueller (1981) to measure nurse's intentions for continued membership in an organization using a single question.

Yoder (1995) and Kosmoski and Calkin (1986) expanded the instrument to include additional questions in order to increase reliability and gain a better understanding of intent to stay. This scale was later modified by Garbee and Killacky (2008) and reported the intention scores on an 11-point scale ranging from 0 (*will not stay*) to 10 (*definitely will stay*). Items included: “I plan to leave this institution as soon as possible” and “I would be reluctant to leave this institution.”

The Price and Mueller (1981) single question instrument had a Cronbach’s alpha of .94 (Prevosto, 2001). Kosmoski and Calkin’s (1986) modified six-question instrument had an internal reliability of .90. Yoder’s (1995) expanded the instrument to seven questions and reported a coefficient alpha of .89. Furthermore, Garbee and Killacky’s (2008) instrument reported reliability coefficients from .70 to .91. This study utilized four questions from the Garbee and Killacky (2008) instrument.

Demographic Characteristics

Seven demographic and profile characteristics were included in the questionnaire. The demographic portion included the report of profile characteristics including questions regarding a participant’s race or ethnicity, highest degree earned, full or part-time faculty status, number of years as a faculty member, number of years in current position, name of their current institution, and whether he or she held employment outside of their faculty position. The specific demographic questions were selected based on trends that emerged from the literature review (see Appendix D).

Instrument Development

The NFJS and Intent to Stay questionnaire was created by pulling items from each of the previous scales. By selecting certain items, the instrument length was decreased to

promote participation. Each item was reviewed to ensure there was a match between the chosen items and the purpose of this study. A Likert scale with response categories ranging from: 1 (*strongly disagree*) to 5 (*strongly agree*) was used to measure item responses for the variables occupational commitment, organizational commitment, and intent to stay. A Likert scale with response categories ranging from: 1 (*not at all*) to 5 (*to a very large extent*) was used to measure item responses for the variable mentoring. A Likert scale with response categories ranging from: 1 (*rarely or never stressful*) to 5 (*always or almost always stressful*) was used to measure item responses for the variable job stress. A Likert scale with response categories ranging from: 1 (*very satisfied*) to 5 (*very dissatisfied*) was used to measure item responses for the variable job satisfaction.

Content Validation Study

In order to ensure the range of content was covered, a content validation study was conducted with a small group of nursing faculty members. Six content experts were asked to evaluate each item for clarity, appropriateness, and relevance to the content of job satisfaction and intent to stay in academia. Three of the content experts were provided with four of the original instruments and three content experts were provided with the remaining three of the original instruments used to construct the Nursing Faculty Job Satisfaction and Intent to Stay in Academia Questionnaire. The content experts were asked to review the items for inclusion of all aspects of the nursing faculty job responsibilities.

Content validity was assessed via an evaluation of seven yes or no questions where the evaluator had the opportunity to provide an explanation if they answered “no” to Questions 1 thru 6 and if they answered “yes” to Question 7. Feedback from each of

the six content experts was examined and changes were made to the questionnaire to reflect their feedback. All of the content experts agreed the questionnaire covered the domains and subdomains from the original instruments and were adequately assessed in the questionnaire used in the current study.

One of the content experts suggested adding the statement “students who are” in the incivility section and “my job requires” to the job stress section. One content expert suggested separating Question 33 into two questions to assess departmental and institutional separately. One content expert suggested adding “specify” in the other option for the ethnicity/race question in the demographics section. One content expert suggested adding an “other” option to the highest educational degree obtained in the demographics section. All of the suggested changes were made to the questionnaire prior to data collection. The final instrument consisted of a total of 87 items.

Data Collection

Once the Institutional Review Board granted permission, data collection began (see Appendix A). The names of the ADN programs in the state of Georgia were obtained from the Georgia Board of Nursing website. Email addresses for nursing faculty were obtained from each school of nursing website and were updated throughout the fall of 2015. An email letter describing the study was sent to the Dean or Director of each of the participating schools of nursing. The letter included a description of the purpose of the study, a statement regarding benefits of the research to the nursing faculty profession, and the approximate time commitment. A follow-up phone call was made to the deans and directors to determine what would be the best form of dissemination of the survey to their faculty as well as to verify the faculty email addresses. After speaking

with the deans and directors, an informational letter along with copies of the survey was mailed and emailed to 217 educators in mid-September 2015. The information packet provided faculty members with the option of completing the survey on paper or online by entering the hyperlink provided in the letter.

The return of the completed questionnaire was accepted as consent to participate in the study and the online participants were greeted with an informed consent letter that indicated that completion of the questionnaire will be agreement to participate in the survey. The information presented in the informed consent reiterated that participation in the study was voluntary, identifying data was secured in order to protect participant privacy and confidentiality, a limited amount of time was required to answer the survey (approximately 15 minutes), there was not risks to the participants for completing the survey, and participation contributed to the body of nursing faculty knowledge.

Several strategies were employed to increase the survey response rate. Four reminder emails were sent to the nursing faculty at 2 to 3 week intervals. The days and times were altered to reach those who have different office days and times. Each follow up email reminder included the current response rate as well as the goals with the community of respondents (McPeake et al., 2014). Additionally, an incentive to participate was offered to respondents by offering a chance to win one of four Wal-Mart gift cards.

Data Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences (SPSS), AMOS, and R statistical packages. The data was formatted and entered into SPSS to analyze the distributional characteristics of the survey items. For instance,

frequency statistics, measures of central tendency, and variance statistics for the data were calculated and summarized using descriptive statistical techniques. Recoding issues for negatively worded items were also addressed as needed. Careful analysis of data applicability after collection and before conducting any analysis was of utmost importance as well as time consuming (Field, 2009). This step was important because it provided the foundation for any subsequent analysis and if neglected could result in poor fitting models or inadmissible models.

The seven instruments used for this study were converted to a total scale score for the process of analysis. A total scale score was calculated by averaging all of the items in each scale: Mentoring – 9 items, Occupational Commitment – 5 items, Organizational Commitment – 8 items, Incivility – 8 items, Job Stress – 23 items, Job Satisfaction – 20 items, and Intent to Stay – 4 items. The following items were reverse-scored: Occupational Commitment – item 1 and item 5; Intent to Stay – item 1; and Job Satisfaction – items 1-20, such that greater scores indicated greater levels of job satisfaction. Table 1 displays the Cronbach alpha's reliability coefficient score for each of the variables scale. The scores ranged from .79 to .94 which indicated a high reliability of each scale and that homogenous scale measured its intended purpose for this study.

Table 1

Cronbach's Alpha Reliability Coefficient for Each NFJSQ Scale

| Scale | Items | Cronbach's Alpha |
|------------------------------|-------|------------------|
| Mentoring | 9 | .95 |
| Occupational Commitment | 5 | .89 |
| Organizational Commitment | 8 | .88 |
| Incivility | 8 | .79 |
| Job Stress | 23 | .93 |
| Job Satisfaction | 20 | .92 |
| Intent to Stay | 4 | .85 |

The descriptive statistics were calculated initially to allow for an examination and description of the characteristics of the population. Descriptive statistics such as the mean, median, standard deviation (SD), frequency counts, and percentages were calculated for the demographic continuous variables, years teaching in academia and years teaching in current position. Additionally, the variables of incivility, mentoring, occupational commitment, organizational commitment, job stress, job satisfaction, and intent to stay in academia have mean, median, and standard deviations calculated as well as skewness and kurtosis to illustrate symmetry and normal distribution. Each dichotomous and discrete categorical variable, employment status, outside employment, presence of mentoring, and type of mentoring, were summarized with frequency data. Data were analyzed further using Pearson's product moment correlations for all

continuous variables to determine the relationship between the variables. Finally, structural equation modeling (SEM) was employed to test the overall fit of the observed data with the proposed theoretical model.

AMOS and R were employed for the purpose of computing a structural equation model (SEM). Specifically, the model to be tested included five exogenous variables: job stress, mentoring, incivility, organizational commitment, and occupational commitment. These exogenous variables were tested as predictors of the endogenous variables, job satisfaction and intent to stay. A path coefficient was calculated for each path, and overall model fit indices were calculated to determine the overall fit of the theorized model with the data collected for the study. Finally, a multigroup analysis was conducted to determine if the model fits across certain demographic characteristics.

Statistical Considerations and Assumptions

Before performing data analysis, several statistical assumptions must be met (Cohen, Cohen, West, & Aiken, 2003). The assumptions that must be met when using structural equation modeling pertain to sample size, distributional issues, and complete data. The statistical consideration of missing data was examined on each variable. Data cleaning began with the examination of missing data for errors in entry. AMOS used maximum likelihood estimation in the presence of missing data which is a method that makes use of all available data points. All of the variables had some missing data, but constituted less than 1%, which was ignorable or not systemic (Kline, 2011). For this study, there were 10 cases that had greater than 50% of missing data and were excluded from the data set. Other missing data from the remaining participants were replaced by the median values of the corresponding variables.

Outliers could have a serious impact for any regression-based test such as SEM. The scores for the variable scales were converted to z-scores and screened for univariate outliers using a cut-off value of 3.29 by frequency distributions and histograms with the normal curve imposed. Although there were no cases considered outliers, they were visualized for credible authority and were considered to be valid components of the sample.

Each dependent and mediating variable must be continuous and normally distributed; each observed variable should be univariate normal. Data normality was focused on the idea data was from one or more normally distributed populations. Univariate data normality focused on skewness and kurtosis which were measures of shape and were based on the distribution curve as a whole and not on individual cases, histograms, stem-and-leaf plot, Q-Q plots, Shapiro-Wilk test, and Kolmogorov-Smirnov (KS) test. Some authors suggest univariate values approaching at least 2.0 for skewness and 7.0 for kurtosis should be suspect (Field, 2009).

The data were examined for multivariate outliers by using Mahalanobis distance which detected scores that deviated from the mean for a group of variables. When multivariate outliers were found data transformation was utilized. Data transformation reduced the multivariate skewness and kurtosis of all variables collectively by reducing the univariate skewness and kurtosis of each individual item (Gao, 2009). The Box Cox data transformation method was performed on the skewed variables and the transformed variables were used in analyses. There were six cases removed from the subsequent analyses, leaving a final data set containing 118 cases with a Mardia's coefficient

of -2.635 and a cr of -1.275 indicating the multivariate normality assumption of the data set was achieved.

Summary

This chapter outlined the research design and methodology for studying the factors associated with nursing faculty job satisfaction and intent to stay in academia. A quantitative survey research design was justified as appropriate to the investigation of support variables on satisfaction. Structural equation modeling was chosen to develop a model that simultaneously defined multidimensional constructs such as workplace variables, job satisfaction and intent to stay and tested the direct effects of workplace variables and satisfaction on associate degree nursing faculty's intent to stay. The proposed conceptual model draws upon Herzberg's (1966) work to create the constructs.

Instrumentation identification and validity was discussed. The construction of the NFJSQ was discussed as well as the procedures for content validation and the pilot study. The population was identified through emails and phone calls to deans and directors of each nursing program. The data collection procedures were discussed regarding the dissemination of the paper-and-pencil surveys and the inclusion of the hyperlink in the email participation letter. Data analysis and statistical considerations and assumptions were discussed. Multigroup analysis was discussed regarding the selection of which demographic characteristics met the analysis criteria.

Chapter IV

RESULTS

The purpose of this quantitative research study was to identify the importance of the variables affecting nursing faculty job satisfaction and intent to stay by testing a hypothesized model. Data were collected over a 3-month period using a self-report questionnaire, which participants completed using either a paper-and-pencil format or by completing an online questionnaire posted on Survey Monkey™. The SPSS, Analysis of Moment Structures (AMOS; version 22), and R were employed in the analysis.

The current research was designed to answer the following research questions:

RQ1: What are Georgia ADN faculty's views on mentoring, job stress, incivility, organizational commitment, occupational commitment, job satisfaction, and intent to stay in academia?

RQ2: Is the theoretical path model, which describes the causal effects among the variables mentoring, job stress, incivility, organizational commitment, and occupational commitment on nursing faculty job satisfaction and intent to stay consistent with the observed correlates among these variables?

RQ3: If the theoretical path model is consistent, what are the estimated direct, indirect, and total effects among the variables job stress, mentoring, incivility, organizational commitment and occupational commitment on job satisfaction and intent to stay?

RQ4: Is the specified path model equivalent across various demographic variables?

This chapter presents the data analysis and results of the models. The first section of this chapter describes the demographic characteristics of the sample. The second section reports the item-level descriptive statistics and the subscale descriptive statistics along with Pearson's correlation coefficients with the untransformed data. The statistical considerations, assumptions, and the data transformation process will be discussed. The descriptive statistics of the transformed data will be presented. The third section describes the model identification process as well as the direct, indirect, and total effects. The final section presents the measurement invariance across selected demographic variables.

Demographic Characteristics

This section will describe and present the demographic characteristics of the sample of nursing faculty used in this study. At the time of data collection, there were 23 ADN programs with approximately 217 nursing faculty. A total of 134 of 217 (62.2%) nursing faculty responded to the survey with 124 surveys (57.1%) being usable for analysis. The participants were asked to answer six demographic questions related to their position as an associate degree nursing faculty member. The categories included employment status, race or ethnicity, highest level of education, years teaching full-time in academia, years teaching full-time in current position, and additional employment. Table 2 presents the individual characteristics of the sample.

Consistent with the literature review, 79% of nursing faculty were White ($n = 98$). Nursing faculty responding to the Nursing Faculty Job Satisfaction Questionnaire (NFJSQ) held a minimum of a BSN degree. The largest number of respondents ($n = 93$) indicated their highest educational level was a MSN degree and the smallest number of

respondents indicated their highest educational level was a BSN ($n = 2$) and ABD ($n = 2$). More respondents reported having an additional job ($n = 64$) outside of their responsibilities as an educator than those who reported they did not hold additional employment ($n = 58$).

Table 2

Number and Percentage of Georgia ADN Nursing Faculty by Demographic Characteristic

| Demographic Characteristics | Value | <i>n</i> | % |
|-----------------------------|--------------|----------|------|
| Employment Status | Full-time | 116 | 93.5 |
| | Part-time | 6 | 4.8 |
| | Not reported | 2 | 1.6 |
| Race or Ethnicity | Asian | 1 | 0.8 |
| | Black | 22 | 17.7 |
| | Hispanic | 1 | 0.8 |
| | White | 98 | 79.0 |
| | Not reported | 2 | 1.6 |
| Highest Educational Level | BSN | 2 | 1.6 |
| | MSN | 93 | 75.0 |
| | ABD | 2 | 1.6 |
| | Doctoral | 18 | 14.5 |
| | Other | 9 | 7.3 |
| Additional Employment | Yes | 64 | 51.6 |
| | No | 58 | 46.8 |
| | Not reported | 2 | 1.6 |

Nursing faculty responded to two questions regarding their employment history. The mean number of years nursing faculty reported teaching full-time in academia was 9.61 years ($SD = 7.47$), while the mean number of years teaching in their current full-time position was considerably less at 5.69 years ($SD = 5.44$). Also, a total of 17 nursing faculty (13.7%) stated they had been in academia for 20 years or longer.

Item-Level Descriptive Statistics

The variables in this study were measured using the NFJSQ which contained 79 items from seven previously validated scales. The initial mentoring question was a yes or no question and those who answered no did not complete the following nine mentoring questions. Due to the amount of missing data caused by using a nominal measurement scale, the 10 mentoring questions were not used to analyze the descriptive statistics in the hypothesized model. For the mentoring variable, nursing faculty were asked if they had 0 (*no mentor*) or 1 (*mentor*) and if they were assigned 0 (*informally*) or 1 (*formally*). Ninety nursing faculty (73%) reported they did have a mentor and 68 faculty (76%) reported their mentor was assigned formally.

RQ1: What are Georgia ADN faculty's views on mentoring, job stress, incivility, organizational commitment, occupational commitment, job satisfaction, and intent to stay in academia?

The occupational commitment variable was measured using five items from Blau's (2003) Occupational Commitment Instrument (OCI). Table 3 presents the number of responses for each item as well as the mean, median and standard deviation for occupational commitment items. Seventeen nursing faculty (13.7%) reported they agreed or strongly agreed they would get a different job paying the same amount if they could. The majority of nursing faculty (74%) agreed or strongly agreed their profession was ideal for their life and they liked their profession too much to give it up (71%). Similarly, when asked if they were disappointed that they entered into nursing education, only one respondent (0.8%) strongly agreed and five respondents (4%) agreed they were

disappointed they entered nursing education indicating greater than 82% of the responding nursing faculty were satisfied with their choice of occupation.

Table 3

Number of Responses and Descriptive Statistics by Item for Occupational Commitment

| Item | 1 | 2 | 3 | 4 | 5 | <i>Mdn</i> | <i>M</i> | <i>SD</i> |
|--|----|----|----|----|----|------------|----------|-----------|
| 1 If I could get another different job, paying the same amount I would probably take it. | 40 | 43 | 24 | 8 | 9 | 2.00 | 2.78 | 1.18 |
| 2 I definitely want a career for myself in nursing education. | 1 | 2 | 19 | 37 | 65 | 5.00 | 4.31 | 0.84 |
| 3 I like this profession too much to give it up. | 1 | 13 | 22 | 37 | 51 | 4.00 | 4.00 | 1.04 |
| 4 This is the ideal profession for my life work. | 2 | 6 | 24 | 41 | 51 | 4.00 | 4.07 | 0.97 |
| 5 I am disappointed that I ever entered into nursing education. | 71 | 31 | 16 | 5 | 1 | 1.00 | 2.34 | 0.91 |

Note. 1 (*Strongly Disagree*), 2 (*Disagree*), 3 (*Neither Disagree nor Agree*), 4 (*Agree*), and 5 (*Strongly Agree*).

Organizational commitment was measured using eight items from the original Organizational Commitment Questionnaire instrument developed by Mowday et al. (1982). Table 4 presents the number of responses for each item as well as the mean, median, and standard deviation for organizational commitment items. The majority of nursing faculty agreed or strongly agreed to 4 of 8 questions. One-hundred seven faculty (86.2%) agreed or strongly agreed to be willing to put great effort to help their institution be successful. One-hundred nine faculty (87.9%) agreed or strongly agreed that they cared about the fate of their institution. In contrast, 43 faculty (34.6%) disagreed with accepting almost any type of job assignment in order to keep working for their institution.

Table 4

Number of Responses and Descriptive Statistics by Item for Organizational Commitment

| Item | 1 | 2 | 3 | 4 | 5 | <i>Mdn</i> | <i>M</i> | <i>SD</i> |
|--|----|----|----|----|----|------------|----------|-----------|
| 1 I am willing to put in a great deal of effort beyond that normally expected in order to help this institution be successful. | 4 | 1 | 12 | 50 | 57 | 4.00 | 4.25 | 0.90 |
| 2 I talk up this institution to my friends as a great place to work. | 2 | 15 | 22 | 49 | 36 | 4.00 | 3.82 | 1.03 |
| 3 I would accept almost any type of job assignment in order to keep working for this institution. | 21 | 43 | 31 | 22 | 7 | 2.00 | 2.60 | 1.13 |
| 4 I am proud to tell others that I am part of this organization. | 3 | 7 | 22 | 60 | 32 | 4.00 | 3.90 | 0.93 |
| 5 I find that my values and the institutions values are very similar. | 5 | 16 | 37 | 45 | 21 | 4.00 | 3.49 | 1.04 |
| 6 This institution really inspires the very best in me in the way of job performance. | 8 | 17 | 39 | 39 | 21 | 3.00 | 3.39 | 1.11 |
| 7 I really care about the fate of this institution. | 3 | 1 | 11 | 59 | 50 | 4.00 | 4.23 | 0.83 |
| 8 For me this is the best of all possible institutions for which to work. | 15 | 17 | 46 | 35 | 11 | 3.00 | 3.08 | 1.10 |

Note. 1 (*Strongly Disagree*), 2 (*Disagree*), 3 (*Neither Disagree nor Agree*), 4 (*Agree*), and 5 (*Strongly Agree*).

Eight items regarding student behaviors were used from the Incivility in Nursing Education (INE) instrument to measure the variable of incivility (Clark & Springer, 2010). Table 5 presents nursing faculty responses when asked the frequency with which they encountered students performing incivility in the last 12 months. Forty-one faculty (33.1%) cited they often encountered students who were not paying attention in class and 66 faculty (53.2%) reported they sometimes encountered students who were not paying attention in class. Similarly, 60 faculty (48.4%) reported they often encountered students who were unprepared for class and 44 faculty (42.3%) cited they sometimes encountered students who were unprepared for class. In contrast, the least experienced incivility

behavior reported by nursing faculty were students who were cheating on exams or quizzes.

Table 5

Number of Responses and Descriptive Statistics by Item for Incivility Frequency

| Item | 1 | 2 | 3 | 4 | <i>Mdn</i> | <i>M</i> | <i>SD</i> |
|---|----|----|----|----|------------|----------|-----------|
| 1 Students who are not paying attention in class. | 0 | 17 | 66 | 41 | 3.00 | 3.19 | 0.65 |
| 2 Students who are being unprepared for class. | 1 | 19 | 44 | 60 | 3.00 | 3.31 | 0.75 |
| 3 Students who are refusing to answer direct questions. | 28 | 63 | 27 | 6 | 2.00 | 2.09 | 0.79 |
| 4 Students who are using cell phones in class. | 14 | 36 | 40 | 34 | 3.00 | 2.76 | 0.98 |
| 5 Students who are arriving late or cutting class. | 6 | 35 | 54 | 29 | 3.00 | 2.85 | 0.83 |
| 6 Students who are creating tension by dominating class discussion. | 12 | 57 | 44 | 11 | 2.00 | 2.44 | 0.78 |
| 7 Students who are cheating on exams or quizzes. | 37 | 57 | 24 | 6 | 2.00 | 1.99 | 0.83 |
| 8 Students who are demanding grade changes or special favors. | 20 | 59 | 30 | 15 | 2.00 | 2.32 | 0.88 |

Note. 1 (*Never*), 2 (*Rarely*), 3 (*Sometimes*), and 4 (*Often*).

Faculty job stress was measured using Gmelch's Faculty Stress Index (FSI) (1986). Table 6 presents the number of responses for each item as well as the mean, median, and standard deviation for job stress items. The first 21 items in the scale assessed the faculty member's perception of job stress. The items 22 and 23 assessed the level of stress they experience in their job and in their daily lives, respectively. Seventy-four nursing faculty (59.6%) reported feeling pressure to compete with colleagues was rarely or never stressful. When asked about their chair, 57 nursing faculty (45.9%) reported resolving differences with their chair as rarely or never stressful and 60 nursing faculty (48.3%) reported not knowing how my chair evaluates their performance as rarely or never stressful. When asked about their students, 40 nursing faculty (32.3%) reported evaluating the performance of their students as rarely or never stressful and 47 faculty

(37.9%) reported having students evaluate their teaching performance as rarely or never stressful. In contrast, the most frequently reported items that were always or almost always considered stressful by nursing faculty were their heavy workload (25.8%) and their inadequate salary to meet their financial needs (29.8%).

Table 6

Number of Responses and Descriptive Statistics by Item for Job Stress

| Item | 1 | 2 | 3 | 4 | 5 | <i>Mdn</i> | <i>M</i> | <i>SD</i> |
|--|----|----|----|----|----|------------|----------|-----------|
| 1 Participating in work-related activities outside of regular working hours | 18 | 25 | 40 | 28 | 13 | 3.00 | 2.94 | 1.19 |
| 2 Complying with departmental rules and regulations | 36 | 50 | 24 | 9 | 5 | 2.00 | 2.17 | 1.05 |
| 3 Complying with institutional rules and regulations | 40 | 44 | 28 | 8 | 4 | 2.00 | 2.13 | 1.04 |
| 4 Having inadequate facilities (office, lab, classrooms) | 48 | 15 | 33 | 18 | 10 | 2.00 | 2.41 | 1.34 |
| 5 Evaluating the performance of my students | 40 | 43 | 29 | 10 | 2 | 2.00 | 2.12 | 1.00 |
| 6 Having students evaluate my teaching performance | 47 | 40 | 21 | 9 | 7 | 2.00 | 2.10 | 1.16 |
| 7 Resolving differences with fellow faculty members | 28 | 34 | 30 | 26 | 6 | 2.50 | 2.58 | 1.19 |
| 8 Having insufficient time to keep abreast of current developments in my field | 10 | 34 | 34 | 31 | 15 | 3.00 | 3.06 | 1.15 |
| 9 Having insufficient authority to perform my responsibilities | 40 | 33 | 24 | 14 | 13 | 2.00 | 2.41 | 1.32 |
| 10 Believing that the progress of my career is not what it should or could be | 43 | 24 | 30 | 17 | 10 | 2.00 | 2.41 | 1.30 |
| 11 Assignment of duties that take me away from the office | 27 | 31 | 34 | 22 | 10 | 3.00 | 2.65 | 1.23 |
| 12 Being unclear as to the scope and responsibilities of my job | 43 | 39 | 20 | 16 | 6 | 2.00 | 2.22 | 1.19 |
| 13 Having inadequate time for teaching preparation | 18 | 28 | 25 | 28 | 25 | 3.00 | 3.11 | 1.35 |
| 14 Feeling pressure to compete with my colleagues | 74 | 24 | 13 | 11 | 2 | 1.00 | 1.73 | 1.06 |
| 15 Resolving differences with students | 37 | 44 | 26 | 12 | 5 | 2.00 | 2.23 | 1.10 |
| 16 Feeling that I have too heavy workload, one that I cannot possibly finish during the normal workday | 21 | 25 | 33 | 13 | 32 | 3.00 | 3.08 | 1.42 |
| 17 Receiving insufficient recognition for teaching performance | 45 | 25 | 20 | 17 | 17 | 2.00 | 2.48 | 1.44 |
| 18 Resolving differences with my chair | 57 | 23 | 21 | 12 | 11 | 2.00 | 2.17 | 1.34 |
| 19 Lacking congruence in institutional, departmental, and personal goals | 47 | 26 | 23 | 12 | 16 | 2.00 | 2.39 | 1.40 |
| 20 Not knowing how my chair evaluates my performance | 60 | 24 | 21 | 10 | 9 | 2.00 | 2.06 | 1.28 |
| 21 Receiving inadequate salary to meet financial needs | 24 | 15 | 22 | 26 | 37 | 4.00 | 3.30 | 1.49 |
| 22 Assess the level of stress you experience in your job | 9 | 36 | 27 | 33 | 19 | 3.00 | 3.14 | 1.20 |
| 23 Assess the level of stress you experience in your daily life | 12 | 50 | 35 | 21 | 6 | 2.50 | 2.67 | 1.02 |

Note. 1 (*Rarely or Never Stressful*), 2 (*Slight Stress*), 3 (*Moderate Stress*), 4 (*Lots of Stress*), and 5 (*Always or Almost Always Stressful*).

Job satisfaction was measured using 20 items from Martin's (1991) nursing faculty job satisfaction scale. Table 7 presents the number of responses for each item as well as the mean, median, and standard deviation for job satisfaction items. One-hundred ten faculty (88.7%) reported being satisfied or very satisfied with the level of importance of their work in teaching. Similarly, 98 faculty (79.0%) reported being satisfied or very satisfied with their sense of accomplishment from their work. One-hundred three nursing faculty (83.1%) reported they were satisfied or very satisfied with their opportunity to work independently.

When asked about their students, 105 nursing faculty (84.7%) reported being satisfied or very satisfied with their interactions with students in the clinical setting and 111 nursing faculty (89.5%) reported being satisfied or very satisfied with their interactions with students in the classroom setting. Seventy-six nursing faculty (61.3%) reported they were dissatisfied or very dissatisfied with their rate of pay in their position and 42 nursing faculty (33.9%) reported they were dissatisfied or very dissatisfied with the amount of work required for their job. Overall, 94 faculty (75.8%) reported they were satisfied or very satisfied with their job while only 16 faculty (12.9%) reported being dissatisfied or very dissatisfied with their job as a nursing faculty member.

Table 7

Number of Responses and Descriptive Statistics by Item for Job Satisfaction

| Item | 1 | 2 | 3 | 4 | 5 | <i>Mdn</i> | <i>M</i> | <i>SD</i> |
|--|----|----|----|----|----|------------|----------|-----------|
| 1 Level of importance of your work in teaching | 51 | 59 | 6 | 7 | 1 | 2.00 | 1.77 | 0.84 |
| 2 Amount of authority you have to accomplish your job tasks | 28 | 68 | 15 | 11 | 2 | 2.00 | 2.12 | 0.91 |
| 3 Opportunity to try new, innovative ideas | 39 | 60 | 13 | 11 | 1 | 2.00 | 1.99 | 0.92 |
| 4 Amount of work required | 15 | 41 | 26 | 28 | 14 | 3.00 | 2.88 | 1.22 |
| 5 Opportunity to use your abilities in your position | 34 | 59 | 17 | 12 | 2 | 2.00 | 2.10 | 0.97 |
| 6 Opportunity to work independently | 45 | 58 | 8 | 13 | 0 | 2.00 | 1.91 | 0.92 |
| 7 Accurate evaluation of your performance | 26 | 59 | 22 | 14 | 3 | 2.00 | 2.27 | 0.99 |
| 8 Supervision of your position | 25 | 58 | 22 | 12 | 7 | 2.00 | 2.34 | 1.08 |
| 9 Ability to resolve differences with your supervisor | 30 | 55 | 20 | 10 | 9 | 2.00 | 2.30 | 1.14 |
| 10 Security of your position | 30 | 57 | 22 | 11 | 4 | 2.00 | 2.21 | 1.01 |
| 11 Opportunity for advancement | 18 | 42 | 31 | 21 | 12 | 3.00 | 2.73 | 1.19 |
| 12 Relationship with your peers | 39 | 68 | 10 | 7 | 0 | 2.00 | 1.88 | 0.78 |
| 13 Rate of pay for your position | 4 | 26 | 18 | 36 | 40 | 4.00 | 3.66 | 1.22 |
| 14 Medical/health insurance benefits available | 24 | 54 | 28 | 14 | 4 | 2.00 | 2.35 | 1.02 |
| 15 Colleges support for the professional growth of the faculty | 23 | 46 | 26 | 17 | 12 | 2.00 | 2.59 | 1.21 |
| 16 Sense of accomplishment you receive from your work | 37 | 61 | 19 | 5 | 2 | 2.00 | 1.98 | 0.87 |
| 17 Degree of technical support available to you | 31 | 63 | 16 | 11 | 3 | 2.00 | 2.13 | 0.97 |
| 18 Interactions with students in the clinical setting | 43 | 62 | 17 | 2 | 0 | 2.00 | 1.82 | 0.72 |
| 19 Interactions with students in the classroom setting | 45 | 66 | 10 | 3 | 0 | 2.00 | 1.77 | 0.70 |
| 20 Overall satisfaction with your job | 25 | 69 | 14 | 12 | 4 | 2.00 | 2.20 | 0.97 |

Note. 1 (*Very Satisfied*), 2 (*Satisfied*), 3 (*Neither Satisfied nor Dissatisfied*), 4 (*Dissatisfied*), and 5 (*Very Dissatisfied*).

This study measured the intent to stay variable by utilizing four items from the Garbee and Killacky (2008) instrument. Table 8 presents the number of responses for each item as well as the mean, median, and standard deviation for intent to stay items. Seventy-five faculty (60.4%) reported they disagreed or strongly disagreed to leaving their institution as soon as possible. On the other hand, when asked if they would leave

the institution voluntarily before they retire, 45 faculty (36.2%) neither agreed nor disagreed and 28 faculty (22.5%) strongly disagreed as compared to 14 faculty (11.2%) who strongly agreed.

Table 8

Number of Responses and Descriptive Statistics by Item for Intent to Stay

| Item | 1 | 2 | 3 | 4 | 5 | <i>Mdn</i> | <i>M</i> | <i>SD</i> |
|---|----|----|----|----|----|------------|----------|-----------|
| 1 I plan to leave this institution as soon as possible. | 44 | 31 | 28 | 11 | 10 | 2.00 | 2.29 | 1.26 |
| 2 I would be reluctant to leave this institution. | 17 | 20 | 29 | 35 | 23 | 3.00 | 3.22 | 1.30 |
| 3 I plan to stay at this institution as long as possible. | 17 | 16 | 31 | 33 | 27 | 3.00 | 3.30 | 1.31 |
| 4 Under no circumstances will I voluntarily leave this institution before I retire. | 28 | 18 | 45 | 19 | 14 | 3.00 | 2.78 | 1.27 |

Note. 1 (*Strongly Disagree*), 2 (*Disagree*), 3 (*Neither Disagree nor Agree*), 4 (*Agree*), and 5 (*Strongly Agree*).

Scale Descriptive Statistics

Items within each scale were added together to derive a total score. Of the 134 nursing faculty in the study, there were 10 cases that had greater than 50% of missing data and were excluded from the data set. In the remaining 124 cases, there was less than 1% of missing data. Of the missing data, 23 cases were missing one data point, three cases were missing two data points, and four cases were missing three data points. These 30 missing data points were replaced by the median values of the corresponding item. Table 9 presents the descriptive statistics for each scale. The variable mentoring was a categorical, dichotomous variable and was not included in the descriptive statistics, although 90 nursing faculty (73%) reported having a mentor.

Cronbach's alpha coefficient was used to assess the internal consistency of the scales used in this study. Cronbach's alpha ranged from .79 to .94 indicating good to

excellent reliability of each scale. Negatively worded items were reverse scored to ensure a positive continuum. In the occupational commitment scale, item number 1 and item number 5 were reverse coded; in the job satisfaction scale all 20 items were reverse coded; and in the intent to stay scale, item number 1 was reverse coded.

The variables mean total scores ranged from 13.01 to 74.98. Descriptive statistics indicated the overall mean total score for job satisfaction was $M = 74.98$ ($SD = 12.43$). Occupational commitment ranged from 8 to 25 with an average mean total score of 20.51 ($SD = 4.05$). The total score of intent to stay ranged from 4 to 20 with an average mean total score of 13.01 ($SD = 4.34$).

Table 9

Descriptive Statistics of Each Variable's Total Scale Score before Data Transformation

| Scale | Min | Max | Mdn | M | SD | Skewness | Kurtosis |
|---------------------------|-----|-----|-------|-------|-------|----------|----------|
| Occupational Commitment | 8 | 25 | 21.00 | 20.51 | 4.05 | -.72 | -.18 |
| Organizational Commitment | 9 | 40 | 29.00 | 28.76 | 6.13 | -.44 | .39 |
| Incivility | 12 | 31 | 21.00 | 20.96 | 4.17 | .14 | -.48 |
| Job Stress | 23 | 99 | 56.00 | 57.57 | 18.17 | .24 | -.85 |
| Job Satisfaction | 46 | 100 | 75.00 | 74.98 | 12.44 | .02 | -.50 |
| Intent to Stay | 4 | 20 | 13.00 | 13.01 | 4.34 | -.37 | -.50 |

Note. $n = 124$

A correlation matrix was generated to examine the correlations among the variables: mentoring, occupational commitment, organizational commitment, incivility, job stress, job satisfaction, and intent to stay. The relationships among the study's variables were assessed using the Pearson product-moment correlation coefficient (see Table 10). Correlations among the variables ranged from .01 to -.69. The analysis

revealed the occupational commitment variable was significantly correlated with all of the variables, with the exception of the mentoring variable, $r(122) = -.03, p = .81$. A moderate, negative correlation was found between occupational commitment and incivility, $r(122) = -.34, p < .001$, indicating as the incivility frequency total score increased, occupational commitment total score decreased. A small, negative correlation was found between organizational commitment and incivility, $r(122) = -.22, p = .03$, indicating that as the incivility frequency total score increased, organizational commitment total score decreased. Additionally, the strongest negative correlation of the exogenous variables was found between occupational commitment and job stress, $r(122) = -.52, p < .001$, indicating as job stress increased, occupational commitment total score decreased.

The endogenous variable, job satisfaction, had a strong, negative correlation with job stress, $r(122) = -.69, p < .001$, indicating that as the job satisfaction total scores increased, the job stress total scores decreased. Job satisfaction had the strongest positive correlation with intent to stay, $r(122) = .56, p < .001$, indicating that as job satisfaction total score increased, the intent to stay total score increased.

Table 10

Correlations among Variables Total Scale Scores before Data Transformation

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------------------------|------|--------|--------|--------|--------|-------|------|
| 1. Mentor | 1.00 | | | | | | |
| 2. Occupational Commitment | -.03 | 1.00 | | | | | |
| 3. Organizational Commitment | .15 | .47** | 1.00 | | | | |
| 4. Incivility | -.03 | -.34** | -.22* | 1.00 | | | |
| 5. Job Stress | -.11 | -.52** | -.45** | .37** | 1.00 | | |
| 6. Job Satisfaction | .20 | .55** | .55** | -.29** | -.69** | 1.00 | |
| 7. Intent to Stay | .01 | .56** | .50** | -.16 | -.44** | .57** | 1.00 |

Note. * $p < .05$ ** $p < .001$.

SEM Model Assumptions and Analysis

Prior to model identification, the basic assumption requirements for structural equation modeling include missing data, adequate sample size, outliers, and univariate and multivariate normality. The data set was explored for missing data by examining the frequency distribution of each variable. There were 10 cases with incomplete data which were removed from the data set. There were 23 single data points missing which accounted for less than 5% of the data set and median value imputation was used on those cases. Loehlin (1992) recommended collecting at least 100 cases with 200 cases being more optimal for an adequate sample size in SEM. This study has a final data set of 124 cases which is a minimally adequate sample size for SEM.

Each variable was evaluated for univariate outliers by visually inspecting boxplots and z -scores. There were no scores greater than 1.5 times the interquartile range which

would be considered outliers. In addition, subscale scores were converted to z -scores to mathematically assess for outliers. The z -scores were analyzed for outliers using a cut-off value of 3.29 and there were no outliers. The two closest scores were -3.08 in the mentoring subscale and -3.22 in organizational commitment subscale. These two data points were left in the data set.

After checking for missing data and univariate outliers, each value was examined for univariate normality. Univariate normality describes the distribution of each variable. Univariate normality was evaluated by means of histograms, stem-and-leaf plot, Q-Q plots, Shapiro-Wilk test, and Kolmogorov-Smirnov (KS) test. Using the Shapiro-Wilk test, the data were evaluated for univariate normality. Gnanadesikan (1977) stated the smaller the W value, the greater the departure from normality and a p value of 0.1 or higher indicates the univariate normality assumption was met. Normal skewness and Kurtosis values were observed and the examinations of the histograms and Q-Q plots indicated similar distribution of scores. Further analysis through the Kolmogorov-Smirnov (K-S) test indicated normal distribution for job stress, $D(118) = .07, p = .20$, and job satisfaction, $D(118) = .06, p = .20$, however the K-S test for occupational commitment, $D(118) = .15, p < .001$, organizational commitment, $D(118) = .08, p = .04$, incivility frequency, $D(118) = .09, p = .03$, and intent to stay, $D(118) = .09, p = .02$, indicated the variables were nonnormally distributed.

Multivariate normality describes the joint distribution of all variables in the sample. Multivariate normality was examined after univariate nonnormality was determined and found the assumption was violated. Multivariate outliers were assessed by examining their Mahalanobis distance which measured the observations farthest from

the centroid. Six cases were removed from the data set due to their Mahalanobis distance greater than 12.45 and p value $< .001$ which left a data set containing 118 cases. After the removal of the six cases, the data set was re-examined for outliers and normality. Multivariate normality was examined by the Mardia's coefficient (-2.635) and was found to be nonnormal. To achieve normality, additional steps were taken to meet the normality assumption. The next step performed was transforming the data which in theory should reduce the multivariate skewness and kurtosis of all variables collectively by reducing the univariate skewness and kurtosis of each individual variable.

In an attempt to meet the multivariate assumption, data transformations were tried such as natural log, Log 2, square root reciprocal, and inverse. These data transformation techniques were ineffective and did not reduce nonnormality. The Box-Cox power transformation was attempted for each variable. Osborne (2010) described the Box-Cox data transformation as a power transformation process that identifies an appropriate exponent (λ) to use to transform the data into a normal shape. By utilizing Box-Cox, the optimal transformation for each variable was determined after being anchored at 1.0. Each variable had a λ value for the data transformation process: occupational commitment $\lambda = 1.8$, organizational commitment $\lambda = 1.4$, job stress $\lambda = 0.6$, and intent to stay $\lambda = 1.2$. Incivility and job satisfaction were not transformed and their original values were used. After the data transformation process, univariate and multivariate normality was checked. Both Mardia's skewness estimate of 2.95 ($p = .40$) and Mardia's kurtosis estimate of 45.67 ($p = .20$) indicated multivariate normality. Therefore, according to Mardia's multivariate normality test, the data set follows a multivariate normal distribution and the normality assumption was met.

Descriptive Statistics and Correlations after Data Transformation

After data transformation, statistical considerations and assumptions were met.

Analysis was performed based on data from 118 respondents with R statistics, SPSS, and AMOS 22.0 statistical packages. The variables mean total scale scores ranged from 20.0 to 110.74. Descriptive statistics indicated the overall mean total score for job satisfaction was $M = 30.03$ ($SD = 12.31$). Occupational commitment ranged from 1.38 to 110.74 with an average mean total score of 71.70 ($SD = 31.28$). The total score of intent to stay ranged from 1.08 to 25.91 with an average mean total score of 14.30 ($SD = 6.60$).

Table 11

Descriptive Statistics of Each Variable's Total Scale Score after Data Transformation

| Scale | Min | Max | Mdn | M | SD | Skewness | Kurtosis |
|---------------------------|------|--------|-------|-------|-------|----------|----------|
| Occupational Commitment | 1.38 | 110.74 | 72.17 | 71.70 | 31.28 | -.28 | -1.06 |
| Organizational Commitment | 6.08 | 94.74 | 53.40 | 54.47 | 19.38 | .08 | -.42 |
| Incivility | 1.00 | 20.00 | 10.00 | 9.94 | 4.17 | .11 | -.47 |
| Job Stress | 1.00 | 21.10 | 12.40 | 12.39 | 4.52 | -.19 | -.73 |
| Job Satisfaction | 1.00 | 55.00 | 30.00 | 30.03 | 12.31 | -.02 | -.42 |
| Intent to Stay | 1.08 | 25.91 | 13.97 | 14.30 | 6.60 | -.17 | -.63 |

Note. $n = 118$

The relationships between the study's variables were assessed using the Pearson's product-moment correlation coefficient. As shown in Table 12, there is a significant strong, positive relationship between occupational commitment and job satisfaction, $r(116) = .72, p < .001$, indicating as occupational commitment scale scores increased, job satisfaction scale scores increased. Similarly, there is a significant moderate, positive relationship between job satisfaction and intent to stay, $r(116) = .64, p < .001$, indicating

as job satisfaction scale scores increased, intent to stay scale scores increased. On the other hand, the correlation results revealed a significant strong, negative correlation between job stress and job satisfaction, $r(116) = -.71, p < .001$, indicating as job stress scale scores increased, job satisfaction scale scores decreased.

Table 12

Correlations among Variables Total Scale Scores after Data Transformation

| Variable | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------------------------|-------|--------|--------|--------|--------|-------|------|
| 1. Mentor | 1.00 | | | | | | |
| 2. Occupational Commitment | .17 | 1.00 | | | | | |
| 3. Organizational Commitment | .18* | .52** | 1.00 | | | | |
| 4. Incivility | .14 | -.32** | -.30* | 1.00 | | | |
| 5. Job Stress | .04 | -.53** | -.54** | .37** | 1.00 | | |
| 6. Job Satisfaction | .14 | .60** | .72** | -.28** | -.71** | 1.00 | |
| 7. Intent to Stay | .24** | .62** | .59** | -.16 | -.47** | .64** | 1.00 |

Note. * $p < .05$ ** $p < .001$.

When comparing the correlations of the untransformed variables to those of the transformed variables, there were several important findings to note. First, the untransformed mentoring variable had no significant correlations while the transformed mentoring variable had two significant positive correlations with organizational commitment, $r(116) = .18, p = .01$, and intent to stay, $r(116) = .24, p < .001$. The transformed organizational commitment correlations were all increased from the untransformed correlations with the most significant increase in the strong, positive correlation with job satisfaction, $r(116) = .72, p < .001$. Job stress, occupational

commitment, and intent to stay transformed variable correlations increased with every variable except the incivility frequency variable correlations which remained consistent from the untransformed variables.

RQ2: Is the theoretical path model, which describes the causal effects among the variables mentoring, job stress, incivility, organizational commitment, and occupational commitment on nursing faculty job satisfaction and intent to stay consistent with the observed correlates among these variables?

A model based on previous research and theory was developed to describe the relationships between the variables under examination. The variables in this study were evaluated by using the total scale scores after data transformation. Mentoring was the only nominal variable employed in the model. The hypothesized model is displayed graphically in Figure 2. The model illustrated the proposed path diagram that depicts the relationship between the exogenous variables mentoring, occupational commitment, organizational commitment, incivility, and job stress and the endogenous variables job satisfaction and intent to stay.

Several indices were examined to determine the extent to which the data fit the hypothesized model. Fit indices were placed into three main categories of model fit, model comparison, and model parsimony. The model fit criteria used in this study were chi-square (X^2) and root-mean-square error of approximation (RMSEA). The model comparison indices used were the comparative fit index (CFI) and Tucker-Lewis index (TLI).

A nonsignificant chi-square (X^2) statistic indicates that a model significantly reproduces the sample variance-covariance relations in the matrix (Schumaker & Lomax,

2016). The chi-square coefficient is centered on sample size of the data and therefore alternative indices should be used to evaluate the model. The value of RMSEA reflects the average of discrepancies expected among the model if fitted to population data. A value of RMSEA from .10 to .08 is considered to indicate a model of moderate fit to the available data, less than .08 to .05 a model of good fit, and less than .05 a model of excellent fit (Schumaker & Lomax, 2016).

The comparative fit index (CFI) and Tucker-Lewis index (TLI) were the model comparison indices used. These indices measure the improvement in noncentrality in going from the theoretical or proposed model to a null model which establishes a baseline from which one could expect other alternative models to be different (Schumacker & Lomax, 2016). In general, values above .95 indicate an acceptable fit of the model to the data.

The likelihood ratio tests the null hypothesis for goodness of fit of the model, and statistical significance was determined at the $p = .05$ level. WLS estimation was used to estimate the model parameters including path coefficients and variance estimates. Figure 2 displays the results of the path analysis, including standardized coefficients and correlation coefficients for each pair of variables in the model. The chi-square results in Figure 2, $\chi^2 (df = 10) = 130.23, p < .001$, indicated the model did not fit the observed data. The analysis produced CFI and TLI values of 0.31 and 0.26, respectively. The RMSEA value was 0.32, which suggested a poor fitting of the proposed model to the observed data. Overall, the results of the path analysis suggested the model in Figure 2 was a poor fit for the data.

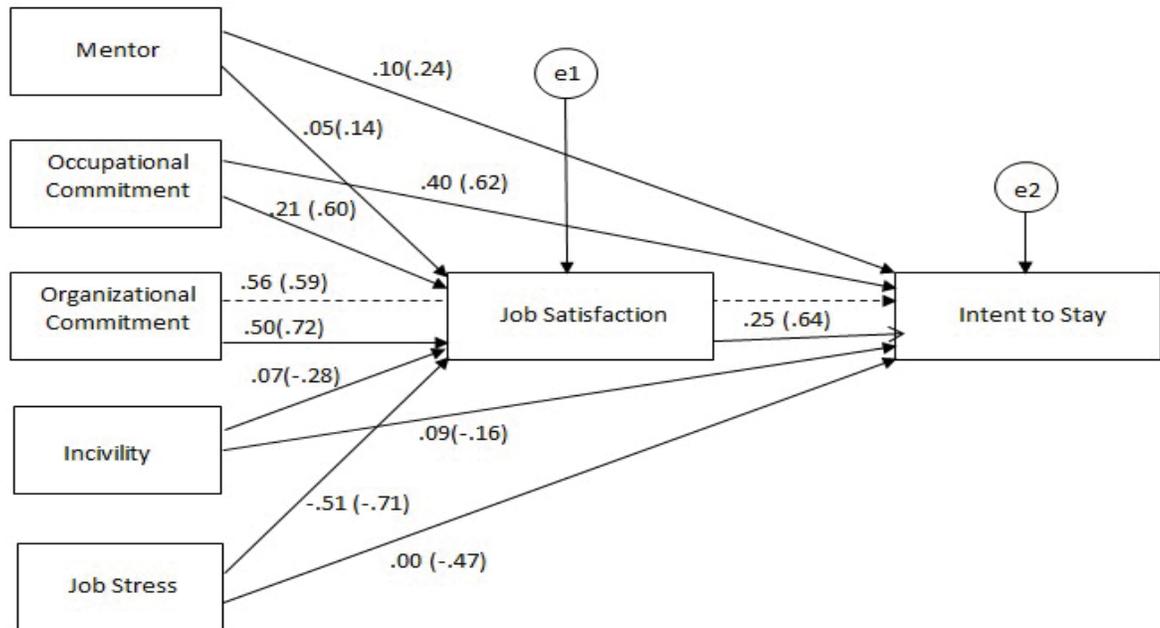


Figure 2. Initial theoretical path model of factors affecting intent to stay in ADN nursing faculty with coefficients. The standardized coefficients are displayed with the correlation coefficients in parentheses.

Upon the initial analysis in AMOS, it became necessary to conduct modifications to the model because of the poor fit of the data to the model. Path analysis is an extension of multiple regression therefore, the addition of the covariance's of the exogenous variables was added to the model to determine if it resulted in a better fit between the data and the hypothetical model. Figure 3 shows the results of the path analysis on Model 2, including path coefficients or parameter estimates for each pair of variables in the equation.

The second model with covariances added between the exogenous variables was a saturated just-identified model, which had zero degrees of freedom and resulted in a probability level that could not be calculated. With the addition of the covariances of the

exogenous variables to the model, the second analysis provided improved statistical values but remained a poor fitting model. The chi-square value, which is the most common goodness-of-fit index, failed to provide support for the model. A saturated, just identified model with a zero degrees of freedom could not provide an accurate estimate. The CFI and TLI estimate improved from 0.31 in Model 1 to 1.00 in Model 2 and the TLI estimate increased from 0.26 in Model 1 to 1.00 in Model 2. CFI and TLI values above .95 indicate an acceptable fit of the model. The RMSEA estimate improved considerably from 0.32 in Model 1 to 0.16 in Model 2. Because the RMSEA estimate should be less than 0.08 to be considered indicative of a good fit of the data, the improved RMSEA estimate of 0.16 failed to provide support for the model.



Figure 3. Theoretical path model of factors affecting intent to stay in ADN nursing faculty with the covariance's among the exogenous variables. The standardized coefficients are displayed with the correlation coefficients in parentheses for the endogenous variables. Correlation coefficients are only displayed between the exogenous variables.

An additional analysis was performed by examining the covariance's to determine if a modified model could be estimated that would result in a better fit between the data and the hypothesized model with covariances. Residual values in the residual matrix, modification indices, and theory guided model modification. The standardized residual covariances were evaluated and any z-score greater than 1.96 or 2.58 would indicate a particular variable relation was not well accounted for in the path model (Schumaker & Lomax, 2016). There were no covariances that exceeded 1.96 but the covariance between incivility frequency and mentoring had the highest z- score of 1.55 with the covariance between mentor and job stress having a z- score of .43. Modification indices

were used to determine how to modify the model for a better fit. The chi-square difference test suggested the covariance's between mentoring and job stress and mentoring and incivility could be dropped from the analysis to improve model fit. The decision to eliminate these covariances from the model was theoretically evaluated and deemed necessary as the answer of having a mentor (yes or no) has no bearing on the frequency of incivility occurring neither in nursing faculty's workday nor with the amount of job stress reported by nursing faculty.

Model 3, the final model, was a result of modifying the model by removing two covariances between the mentoring and incivility frequency variable and the mentoring and job stress variable. With these adjustments to the model, a third analysis provided a model that fit the data appropriately. After determining the model fit the data and was theoretically consistent, the parameter estimates and individual tests of significance of each parameter estimate were interpreted. Figure 4 displays the final path analysis with standardized and correlation coefficients of Model 3.

In the final model, chi-square results, $\chi^2 (df = 2) = 2.440, p = .295$, improved and indicated the model fits the observed data. The CFI value changed from 1.00 in Model 2 to 0.99 in Model 3. The TLI value remained constant from 1.00 to .99. The RMSEA value dropped to .04, which is indicative of an excellent fit of the proposed model to the observed data. The standardized root-mean-square residual (SRMR) in Model 3 was .04 which also indicated a good model fit. Table 13 presents a summary of the model fit indices. The improvement of the model is indicated by the improvement of the model fit indices from model 1, model 2, and model 3.

other

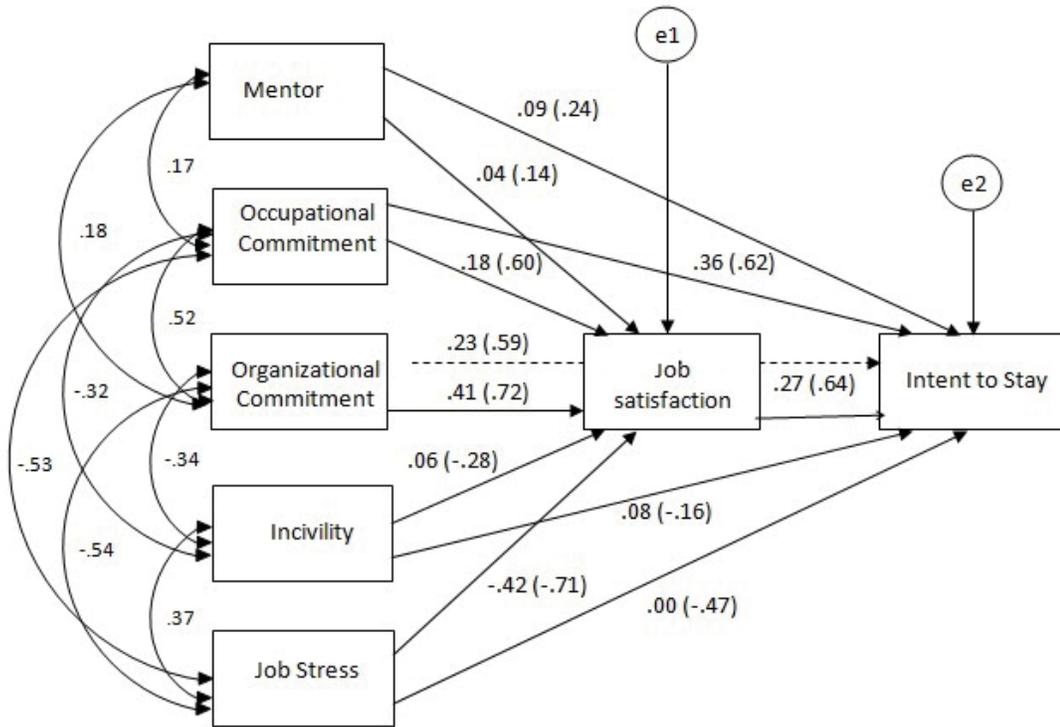


Figure 4. Final theoretical path model of factors affecting intent to stay of ADN nursing faculty with the covariance's among the exogenous variables. The standardized coefficients are displayed with the correlation coefficients in parentheses for the endogenous variables. The correlation coefficients are only displayed for exogenous variables.

Table 13

Summary of the Model Fit Indices for Each Path Model

| Model | χ^2 | Df | p value | CFI | TLI | RMSEA |
|---------|----------|----|---------|------|------|-------|
| Model 1 | 130.23 | 10 | .00** | .31 | .26 | .32 |
| Model 2 | 0.00 | 0 | .00 | 1.00 | 1.00 | .16 |
| Model 3 | 2.44 | 2 | .30 | .99 | .99 | .04 |

Note. χ^2 = Chi-Square test; CFI = Comparative Fit Index; TLI = Tucker-Lewis Index; RMSEA = Root-Mean-Square-Error of Approximation. * $p < .05$ ** $p < .001$.

The squared multiple correlations (R^2) value for each of the endogenous variables, job satisfaction and intent to stay, indicate the percentage of variance in that variable accounted for by the variables that directly affect it. Schumacker and Lomax (2016) suggested comparing the R^2 values of each model by conducting an F test during the model modification process to ensure the addition or subtraction of variables was warranted to improve model fit. Table 14 presents the R^2 values for each of the three models.

The R^2 values were compared between the models to determine if model modification was supported. The R^2 value increased from 56% to 70% of the variance in job satisfaction from model 1 to model 3 that was accounted for by mentoring, organizational commitment, occupational commitment, incivility, and job stress. Similarly, the R^2 values for intent to stay increased from 42% to 55% of the variance in intent to stay from model 1 to model 3 that was accounted for by mentoring, organizational commitment, occupational commitment, incivility, job stress, and job satisfaction. The implications of these values are that all six variables account for 55% of the variation in intent to stay. Alternatively, 45% of the variation cannot be explained by the predictor variables which indicate other variations can be accounted for in intent to stay. Also, the adjusted R^2 is .550 is very close to the R^2 value of .552, which indicates if the model were derived from the population rather than a sample it would account for only 0.2% less variance in the outcome.

Table 14

R² Values for Model Comparison

| Variable | Model 1 | Model 2 | Model 3 |
|------------------|---------|---------|---------|
| Job Satisfaction | .56 | .70 | .70 |
| Intent to Stay | .42 | .54 | .55 |

Note. $n = 118$.

RQ3: If the theoretical path model is consistent, what are the estimated direct, indirect, and total effects among the variables job stress, mentoring, incivility, organizational commitment and occupational commitment on job satisfaction and intent to stay?

Total Effects

The analysis produced standardized path coefficients for each exogenous variable that lead to each endogenous variable. The final model supported the data among associate degree nursing faculty in Georgia and the respecified, hypothesized model was presented in Figure 4. Table 15 presented the indirect, direct, and total effects of mentoring, occupational commitment, organizational commitment, incivility, and job stress on job satisfaction and intent to stay. The results show evidence of a statistically significant path between job stress and job satisfaction ($\beta = -.42, p < .001$), indicating with increased job stress there is decreased job satisfaction. Occupational commitment ($\beta = .41, p < .001$) and job satisfaction ($\beta = .27, p = .02$) had significant positive path coefficients in their prediction of intent to stay. This implies increased occupational commitment and job satisfaction in nursing faculty are related to increased intent to stay.

The model hypothesized mentoring, occupational commitment, organizational commitment, incivility and job stress were mediated and have indirect effects on intent to stay through job satisfaction. Job stress did not have an effect on intent to stay. As with job satisfaction, the two variables that did not have an effect on intent to stay were mentoring and incivility.

Table 15

Indirect, Direct, and Total Effects on Job Satisfaction and Intent to Stay

| Variable | Indirect Effect | Direct Effect | Total Effect |
|---------------------------|-----------------|---------------|--------------|
| Job Satisfaction | | | |
| Mentor | - | .04 | .04 |
| Occupational Commitment | - | .18* | .18* |
| Organizational Commitment | - | .41** | .41** |
| Incivility | - | .06 | .06 |
| Job Stress | - | -.42** | -.42** |
| Intent to Stay | | | |
| Mentor | .01 | .09 | .10 |
| Occupational Commitment | .05 | .36** | .41** |
| Organizational Commitment | .11 | .23* | .34* |
| Incivility | .02 | .08 | .10 |
| Job Stress | -.11 | .00 | -.11 |
| Job Satisfaction | .00 | .27* | .27* |

Note. * $p < .05$. ** $p < .001$.

Direct Effects

After determining the model fits the data and is theoretically consistent, the parameter estimates and individual tests of significance of each parameter estimate were interpreted. This process allowed for the estimation of causal relations among variables as well as mediating effects (Kline, 2005) of direct and indirect effects of mediator variables in the predictions between endogenous and exogenous variables. The standardized parameter estimates and standard error for each path coefficient, as well as

the CR and p value of each exogenous variable are displayed in Table 16. When the critical ratio (CR) is greater than 1.96, the path is significant at the .05 level.

The results show evidence of a statistically significant path between job stress and job satisfaction ($\beta = -.41, p < .001$) but not to mentoring ($\beta = .04, p = .41$) and incivility ($\beta = .05, p = .33$). This was interpreted as job stress increased then nursing faculty job satisfaction decreased. Together, all of the exogenous variables contributed to 70.1% of the total variance in job satisfaction and is worthy of attention. Similar to the parameter estimates of job satisfaction, incivility ($\beta = .08, p = .25$), and mentor ($\beta = .09, p = .17$) had nonsignificant parameter estimates with intent to stay. Additionally, examining the findings of this study, organizational commitment appears to predict the construct job satisfaction ($\beta = 0.41, p < .001$) positively and job stress appears to predict job satisfaction ($\beta = 0.42, p < .001$) negatively. In total, 21.8% of the variance in job satisfaction was accounted for by these two constructs alone.

The two variables that predicted both job satisfaction and intent to stay were occupational commitment and organizational commitment. Organizational commitment appears to predict the construct intent to stay ($\beta = 0.22, p = .03$) and occupational commitment appears to predict intent to stay ($\beta = 0.35, p < .001$). In total, 27% of the variance in job satisfaction was accounted for by these two constructs alone. Interestingly, with the exception of the mentoring and incivility constructs, the results indicate the majority of the constructs examined in this section were statistically significant and predictive of job satisfaction and intent to stay.

Table 16

Predictor Variables of Job Satisfaction and Intent to Stay

| Exogenous Variable | Endogenous Variable | β | Std. Error | Z |
|---------------------------|---------------------|---------|------------|---------|
| Mentor | Job Satisfaction | .04 | 1.48 | .82 |
| Organizational Commitment | Job Satisfaction | .41 | .04 | 6.29** |
| Incivility | Job Satisfaction | .05 | .16 | .98 |
| Job Stress | Job Satisfaction | -.42 | .18 | -6.29** |
| Occupational Commitment | Job Satisfaction | .18 | .02 | 2.67* |
| Occupational Commitment | Intent To Stay | .35 | .01 | 4.30** |
| Incivility | Intent To Stay | .08 | .11 | 1.15 |
| Job Stress | Intent To Stay | .00 | .13 | .01 |
| Job Satisfaction | Intent To Stay | .27 | .06 | 2.37* |
| Mentor | Intent To Stay | .09 | .98 | 1.35 |
| Organizational Commitment | Intent To Stay | .22 | .03 | 2.39* |

Note. * $p < .05$. ** $p < .001$. $n = 118$.

This particular analysis determines whether or not job satisfaction significantly predicts intent to stay above and beyond that which can be explained by mentoring occupational commitment, organizational commitment, incivility, and job stress. In the path model, significant mediation effect of job satisfaction existed. Organizational commitment ($\beta = 0.41$, $p < .001$), occupational commitment ($\beta = 0.18$, $p < .001$), and job stress ($\beta = 0.42$, $p < .001$) significantly predicted job satisfaction, which in turn

significantly predicted intent to stay ($\beta = 0.27, p < .05$). Incivility ($\beta = 0.08, p = .25$) and mentoring ($\beta = 0.09, p = .18$) were not predictive of intent to stay.

Indirect Effects

Mediation analysis was conducted to test the effect of job satisfaction as a mediator in the prediction between mentoring, incivility, job stress, occupational commitment, organizational commitment and intent to stay. Organizational commitment and occupational commitment were significantly predictive of job satisfaction and significantly predicted intent to stay in the absence of the mediator, job satisfaction. In contrast, job stress was significantly predictive of job satisfaction and did not significantly predict intent to stay ($\beta = .00, p = .99$) in the absence of the mediator, job satisfaction.

RQ4: Is the specified path model equivalent across selected demographic variables?

The previous analyses were performed with respect to a single group. In order to answer this research question, it was necessary to determine if the model was equivalent for or applicable across two or more groups. When model differences were examined across groups, the model was being tested for the property of invariance (Schumacker & Lomax, 2016). Simply stated, this meant the model was a good fit for the data of one group as it was for another group. A requirement for multigroup analysis is variables must be on the nominal measurement level. Three of eight demographic characteristics in the NFJSQ met this requirement and were analyzed for measurement invariance: race or ethnicity, educational level, and additional employment.

The analysis was performed in SPSS AMOS Version 23 and R software package. A series of model comparisons were performed to test for weak, strong, and strict invariance among all of the groups by defining more and more stringent equality constraints (Schumacker & Lomax, 2016). Model 1 was the baseline model in which the same factor structure was imposed on each group. Model 2 included all of the components of model 1 in addition to constraining of all the factor loadings to be equal across all groups. Weak invariance existed if the fit of the invariance model was not worse than the fit of the baseline model. Model 3 included all of the components of model 1 and model 2 with the addition of the structural weight to be equal across all groups and measured for strong measurement invariance by comparing the model against the weak measurement invariance model. Model 4 included all of the components of the first three models with the addition of the structural means across all groups and measured for strict measurement invariance by comparing the model against the strong measurement invariance model.

The chi-square statistic was utilized in chi-square difference test of nested models in the analysis of factorial invariance. The multigroup analyses produced a single chi-square for each model tested independent of the number of groups compared in the analyses; thus, changes in χ^2 were assessed and compared among a default model and different constrained models and evaluated for statistically significant differences. Additionally, the comparative fit indices difference test [Δ CFI] – a robust statistic for testing the between-group invariance was used for comparison (Chen, 2007).

Initially, participants responded to the race or ethnicity question with five responses: Asian, Black or African American, Hispanic, White, or other. The small

sample sizes of many of these ethnicity groups precluded using them in the multigroup analysis and only two subgroups had more than 10 participants: White ($n = 98$) and Black or African American ($n = 22$). Table 17 presents the results of measurement invariance for race or ethnicity. The question to be answered was whether or not the model was invariant across the two different race or ethnicity groups. For the comparison involving only the path coefficients, the chi-square value was not statistically significant, $X^2(4, n = 114) = 2.47, p = 1.00$. The second comparison configuration examined the combined factors of path coefficients and the variance/covariance of the variables. The chi-square was significant, $X^2(11, n = 114) = 21.98, p = .01$. The factor structure and factor loading were the same, but intercepts were different which indicated weak invariance existed. We can infer the two groups, White and Black or African American, differed on the construct of the model.

For the demographic characteristic additional employment, the respondents answered a single question with a yes ($n = 60$) or no ($n = 56$) response. For the comparison involving only the path coefficients, the chi-square value was not statistically significant, $X^2(4, N = 116) = 7.98, p = 1.00$. The second comparison configuration examined the combined factors of path coefficients and the variance/covariance of the variables. The chi-square was not significant, $X^2(11, N = 116) = 17.22, p = .23$. The third comparison configuration examined the combined factors of path coefficients, variance/covariance of the factors, and the variances of the error terms. The chi-square was not significant, $X^2(11, N = 116) = 17.22, p = 1.00$, indicating strict invariance existed. Strict invariance indicates the two groups, those faculty who had additional employment and those who did not, did not differ on the construct of the model.

Table 17

Model Fit Indices for Measurement Invariance

| | X^2 | df | p value | RMSEA | CFI | Δ CFI |
|---------------------------------|-------|----|-----------|-------|------|--------------|
| Race or Ethnicity (n = 114) | | | | | | |
| Model 1: Baseline | 2.47 | 4 | - | .00 | 1.00 | - |
| Model 2: Weak Invariance | 2.47 | 4 | 1.00 | .00 | 1.00 | .00 |
| Model 3: Strong Invariance | 21.99 | 11 | .01** | .13 | .97 | .03 |
| Model 4: Strict Invariance | 21.99 | 11 | 1.00 | .13 | .97 | .00 |
| Additional Employment (n = 116) | | | | | | |
| Model 1: Baseline | 7.98 | 4 | - | .13 | .99 | - |
| Model 2: Weak Invariance | 7.98 | 4 | 1.00 | .13 | .99 | .00 |
| Model 3: Strong Invariance | 17.23 | 11 | .24 | .10 | .98 | .01 |
| Model 4: Strict Invariance | 17.23 | 11 | 1.00 | .10 | .98 | .00 |
| Educational level (n = 107) | | | | | | |
| Model 1: Baseline | 6.11 | 4 | - | .10 | .99 | - |
| Model 2: Weak Invariance | 6.11 | 4 | 1.00 | .10 | .99 | .00 |
| Model 3: Strong Invariance | 16.58 | 11 | .16 | .09 | .98 | .01 |
| Model 4: Strict Invariance | 16.58 | 11 | 1.00 | .09 | .98 | .00 |

Note. * $p < .05$. ** $p < .001$.

Initially, educational level was answered with five responses: BSN, MSN, ABD, Doctorate, or other. The small sample sizes of the groups precluded using them in the multigroup analysis and only two subgroups had more than 10 participants: MSN ($n = 93$) and Doctorate ($n = 18$). For the comparison involving only the path coefficients, the chi-square value was not statistically significant, $X^2(4, N = 107) = 6.11, p = 1.00$. The second comparison configuration examined the combined factors of path coefficients and the variance/covariance of the variables. The chi-square was not significant, $X^2(11, N = 107) = 16.58, p = .16$. The third comparison configuration examined the combined factors of path coefficients, variance/covariance of the factors, and the variances of the error terms. The chi-square was not significant, $X^2(11, N = 107) = 16.58, p = 1.00$,

indicating strict invariance. Strict invariance indicates the two groups, MSN and Doctorate, did not differ on the constructs of the model.

Summary

This chapter provided a description of the sample as well as a summary of the quantitative data analysis using structural equation modeling and its results. The data set consisted of 118 ADN faculty in the state of Georgia who were primarily female, Caucasian, MSN prepared, and employed full-time in academia which was consistent with previous national nursing faculty demographics reports from the NLN. The results of this study revealed the majority of nursing faculty reported overall job satisfaction and an intention to stay in their job at their current organization. The two job stress issues reported by nursing faculty were inadequate salary and workload.

The initial hypothesized model of variables did not fit the observed data. The final model of variables included covariances between various exogenous variables and fit the observed data appropriately. The covariate model revealed the variables that were statistically significant for predicting intent to stay of ADN nursing faculty in Georgia. The most significant positive predictor of intent to stay was occupational commitment.

The final model supported the hypothesized prediction among nursing faculty's intent to stay and its antecedents both directly and indirectly through job satisfaction. Occupational and organizational commitment were the only variables that were statistically significant in predicting both job satisfaction and intent to stay. In contrast, incivility frequency and mentoring were not predictive of job satisfaction or intent to stay. Job stress was the only variable that had a strong significant negative correlation

with job satisfaction. Surprisingly, job stress was found to not significantly predict intent to stay.

Furthermore, multigroup analysis was utilized to analyze parameters specific for nursing faculty according to their race or ethnicity, educational level, and presence of additional employment outside of their faculty role. Strict measurement invariance was found for two of the three demographic characteristics (i.e., additional employment and educational level) which indicated that the constructs of the model were the same for both groups.

Chapter V

SUMMARY AND DISCUSSION

The primary purpose of this study was to assess and understand the factors associated with job satisfaction and intent to stay or leave academia, while specifically examining the role of job stress, mentoring, incivility, occupational commitment, and organizational commitment. A second purpose of the study was to provide a model of variables that contribute to job satisfaction and intent to stay in academia and to educate institutions regarding the variables contributing to attrition and attainment of nursing faculty in associate degree programs in the state of Georgia. This chapter integrates the findings with previous research by comparing and contrasting these results with the previously reported literature.

This study began with 23 ADN programs in the state of Georgia with a population of 217 nursing faculty. The nursing faculty were asked to respond to the survey consisting of questions from seven previously validated instruments and a demographic characteristics section. The questionnaire data were collected in the fall of 2015. The analysis was guided by four research questions and structural equation modeling was utilized to determine if selected variables could predict job satisfaction and intent to stay in academia.

Related Literature

There has been a great deal of research on the variables influencing job satisfaction and intent to stay of nursing faculty since the late 1990s. However, few if

any studies have focused on the ADN population of nursing faculty in the state of Georgia and how their workplace environment impacts their job satisfaction and ultimately their intent to stay in academia. The results in this study support and further validate empirical results from previous studies. A comprehensive literature review was provided in Chapter 2 on mentoring, incivility, job stress, occupational commitment, organizational commitment, job satisfaction and intent to stay. Implications for the discipline of nursing as well as directions for future research are discussed.

Mentoring

During an extensive literature review examining mentoring as a variable in a model, there were mixed findings. Chung's (2011) study investigated the effects of job stress, mentoring, and psychological empowerment on job satisfaction among nursing faculty. Chung's (2011) results were significant with mentored faculty reporting less job stress than nonmentored faculty. Additionally, Chung's (2011) findings were significant with faculty who were mentored demonstrating higher job satisfaction than the nonmentored faculty. Chung (2011) reported a positive relationship among mentoring quality, psychological empowerment, and job satisfaction and a negative relationship among job stress and mentoring quality, psychological empowerment, and job satisfaction. Gutierrez et al. (2012) reported similar results that nurse faculty administrators who are able to use mentoring skills would build positive relationships with nursing faculty and increase global job satisfaction.

In contrast to their research, Gwyn (2011) investigated the quality of mentoring relationships and years of employment in academia and their relationship to occupational commitment among nursing faculty. Gwyn (2011) found no difference in the

occupational commitment of mentored faculty versus nonmentored faculty. Only one variable in the study's model was weakly demonstrated, that of mentoring relationships being correlated to occupational commitment of nursing faculty. Overall, Gwyn's (2011) theoretical model was not supported in the study with no statistical support for mentored faculty having different occupational commitment or the number of years in academia.

Incivility

Incivility has been described in the classroom by faculty who reported a wide range of student encounters from mild to highly aggressive and perceived threat to their own well-being, job security, or possessions (Luparell, 2007). Incivility has been found as one of the most commonly cited reasons for nursing faculty job dissatisfaction which leads to faculty leaving their current position and the nursing profession altogether (Clark & Springer, 2010). Clark and Springer (2010) explained the complex issue of incivility as two-fold, a student problem when students often act out in the classroom and a faculty problem with nursing faculty acting in an unprofessional manner toward other faculty members.

Luparell's (2007) qualitative study interviewed 21 nursing educators to find out what impact uncivil encounters had on their job satisfaction and intent to stay in academia. Thirty-six uncivil encounters were reported and the most frequent theme reported was the physical toll the encounter placed on the faculty member. Luparell (2007) findings revealed faculty morale and job satisfaction were negatively affected with 3 of 21 of the participants leaving academia citing student incivility as the determining factor in their decisions to leave. Uncivil encounters were reported to have a

negative effect on the educational environment and morale and job satisfaction were negatively affected (Luparell, 2007).

Job Stress

Chung's (2011) study investigated the effects of job stress, mentoring, and psychological empowerment on job satisfaction among nursing faculty. Chung's (2011) study found job stress was most statistically significantly linked to job satisfaction and was reflective of previous studies that found job stress to be a severe problem for workers across industries including faculty across disciplines. Chung's findings (2011) mirrored previous literature that found an inverse relationship between job stress and job satisfaction. McDermid et al.'s (2013) findings reported the lack of role preparation as one of the primary job stressors impacting nursing faculty job satisfaction. Similarly, Brady (2007) cited the fact ADN faculty members have minimal service and research requirements so their teaching workload was greater and in turn was a factor of job stress and job satisfaction.

In contrast, Chinweuba (2007) findings revealed a weak, positive correlation between job stress and job satisfaction, indicating the presence of job stress brings about job satisfaction and leads to increased productivity. Two possible explanations for this finding were the fact nurse professionals have come to accept the stressors in their job as part of their life and a result of faculty being in a position to significantly control their workday (Chinweuba, 2007). Additionally, nursing educators have an increased sense of job satisfaction knowing they are responsible for improving the nursing profession which impacts students, patients, and their community.

Occupational Commitment

Interpersonal relationships, job satisfaction, increased job stress, social support, and leadership practices have all been identified as factors impacting occupational commitment in the nursing profession (Tufano, 2010). Meyer and Allen (1997) reported nurses who had been in the profession longer had higher levels of occupational commitment, which were in turn negatively related to intent to leave the nursing profession. In contrast, Gwyn's (2009) study examined the quality of mentoring relationships and years in academia of nursing faculty and found neither of these variables were predictive of occupational commitment.

Cohen et al. (2003) stated professionals will proceed with their professional expectations before their organizational expectations and urged organizations to develop the professional commitment of nurses initially over focusing on organizational commitment. Tufano (2010) found nursing faculty personal characteristics or internal motivators were what determined their occupational commitment and called it a "true calling." Kirkling's (2007) study revealed a significant, positive relationship between job satisfaction and occupational commitment and a majority of the respondents reported a sense of responsibility or obligation to stay in the nursing profession. These were insightful findings as the majority of the respondents felt they had many job options available to them if they decided to change their current occupation.

Organizational Commitment

Previous research has identified organizational commitment as being associated with positive organizational outcomes and should be examined separately from occupational commitment (Kirkman & Shapiro, 2001). The Gutierrez et al. (2012) final

SEM model demonstrated perceived organizational support, developmental experiences, and job satisfaction positively predicted nurse faculty's organizational commitment to their academic organization. Findings from this study suggest a way for nursing faculty administrators to use mentoring skills to build a positive relationship with nursing faculty, which in turn, can lead to organizational commitment and job satisfaction (Gutierrez et al., 2012).

Al-Hussami et al. (2011) found a predictive model of three predictors to occupational commitment: job satisfaction, perceived organizational support, and age. Meyer and Allen (1991) contended organizational commitment is a psychological state linking faculty to their organization. This contention was supported by Al-Hussami et al.'s (2011) study where most of the faculty spoke highly of their universities, stated they cared about the fate of their universities, and felt a sense of loyalty to their universities.

Job Satisfaction

Job satisfaction has been a concept in the literature for over 100 years. The absence of job satisfaction has been linked with poor motivation, stress, absenteeism, and high turnover (Castaneda & Scanlan, 2014) and the presence of job satisfaction increases productivity. Harrison et al. (2006) stated job satisfaction and organizational commitment were conceptually related. The Gutierrez et al. (2012) SEM study found job satisfaction was positively predicted by organizational commitment and was positively correlated with intent to stay.

Snarr and Krochalk (1996) examined job satisfaction and the corresponding organizational characteristics. Their study found job satisfaction was significantly reported by nursing faculty but there was no relationship found between job satisfaction

and organizational characteristics (Snarr & Krochalk, 1996). Additionally, Kennerly (1989) explored similar concepts between organizational characteristics and job satisfaction and reported weak to negligible associations. This has been a common theme in the job satisfaction literature as the numerous concepts related to job satisfaction makes it difficult to isolate and identify the most significant concepts that apply to the various types of nursing programs.

Intent to Stay

Research into intent to stay has been imperative to determine what factors will retain nursing faculty. Nationally, the primary driving force behind the nursing shortage has been found to be the shortage of nursing faculty. Cranford (2013) findings revealed 60% of the nursing faculty reported they were very likely to remain in academia for the duration of their careers. Although these findings appear positive, intent to stay may be attributable to the age of most nursing faculty or it could be explained by their strong commitment to the organization which is characteristic of this age group as well as many nursing faculty who have been in the nursing profession for a number of years, moving closer to retirement age.

Garbee and Killacky (2008) found faculty intentions to leave to be the most during the first 3 years in academia. In previous studies, inadequate salary has been cited as one of the key factors of nursing faculty leaving academia. With healthcare reform and higher education budget cuts, salaries have been impacted greatly in the last decade and have driven faculty to working a second job while employed as a full-time faculty member (Cranford, 2013). Given these findings, the variables impacting intent to stay and strategies to retain nursing faculty were important to identify. The National League

of Nursing (2005) study found inadequate salary and workload as dominant factors in nursing faculty's decision to leave their faculty role in academia.

Demographic Characteristics

Gender and race or ethnicity distributions of current full-time nursing faculty present challenges to nursing education. The 2009 NLN faculty census findings revealed the average nursing faculty member was over the age of 45, Caucasian, and female. The most notable changes in demographics from the 2006 to 2009 census were the increase in minority nursing faculty by 3.5% and the increase in nursing faculty over the age of 60 by 7%. Consistent with the NLN 2009 census findings, Chung and Kowalski's (2012) study participants were on average female, 53 years old, Caucasian, and had less than 10 years of experience as a full-time faculty member.

Cranford (2013) reported 40% of nursing faculty were currently working a second job and 79% stated at some point they had worked a second job while employed as a faculty member. The AACN (2012) reported master's prepared nursing faculty make 22% less than their counterparts working in the clinical setting. Brady (2007) cited the fact practice settings could adjust salaries to maintain a competitive edge to retain nurses whereas; associate degree nursing programs were not afforded with this opportunity due to higher education reform and budgetary constraints.

The 2009 NLN faculty census findings revealed 25% of nursing faculty were doctorally prepared. The AACN (2012c) special survey found the lack of doctorally prepared nursing faculty was the primary reason for the increase in the national nurse faculty vacancy rate. McDermid et al.'s (2013) participants reported a sense of reluctance or anger about having to obtain a doctoral degree in order to maintain their

full-time faculty position in academia. Similarly, Schriener (2007) study participants reported a feeling of incompetence in nursing education for not being doctorally prepared which was in contrast to their role in the clinical arena where they were considered clinical experts or in a leadership positions.

Methodology

A quantitative approach using questionnaire data were used to capture the nursing faculty data. This study explored the structural relationships between the exogenous variables and their impact on job satisfaction and intent to stay constructs in a sample of ADN nursing faculty from Georgia. To examine these relationships, a hypothesized path model representing the theoretical interpretation of the relationships among these constructs was proposed based on previous research and theory. The initial descriptive results were examined further in conjunction with structural path analyses. This strategy allowed an understanding of the problem to be gained through analysis of the variables impacting job satisfaction and intent to stay of nursing faculty.

Participants

The target population for the study was ADN nursing faculty teaching in academic settings in the state of Georgia. Of the 217 ADN faculty in the state of Georgia, 134 faculty responded to the invitation to participate yielding a response rate of 62%, and 124 responses met the inclusion criteria. In general, the demographic information collected about participants in this study was similar to the nationally reported nursing faculty statistics. Only 14.5% of the participants reported being doctorally prepared which supports the national need for doctorally prepared faculty. With regards to the aging nursing faculty workforce, 14% of the participants reported

having taught in academia for 20 years or longer which indicates an older nursing faculty population.

Instrumentation

In order to ensure the range of content was covered, an expert panel comprising of six nursing faculty members was consulted to validate the clarity and understandability of the survey questions. A pilot study was conducted prior to conducting the research study to assess the use of the survey and the participants offered suggestions regarding grammatical changes to increase understandability of some of the items in the questionnaire. The final questionnaire (NFJSQ) consisted of 87 items combined from the seven previously validated instruments and a demographic characteristics section. Cronbach's alpha coefficients ranged from .85 to .93 and mirrored those of the original instruments.

Data Collection and Analysis

The participants completed the NFJSQ by either using Survey Monkey© online or by completing the paper-and-pencil questionnaire. Both forms took approximately 15 minutes to complete and the results were entered into SPSS statistics 23. Descriptive statistics and zero order correlations were computed for all measures utilizing the SPSS statistics 23 and R software packages. Questionnaire data from participants was converted to total scale scores for variables except for mentoring, which was assessed by a single question of whether or not a faculty member had a current mentor. Statistical considerations and assumptions were checked and data transformations were performed in order to meet the assumptions. Structural equation modelling was used to explore the hypothesized paths among the constructs via SPSS, AMOS, and R software packages.

Summary of Findings

A structural equation model was generated and tested to examine the relationships among variables and to identify the direct effects, indirect effects, and total effects on job satisfaction and intent to stay in academia. Data from 118 nursing faculty from ADN programs in the state of Georgia participated in this study. The average participant was female, Caucasian, MSN prepared, and working full-time. Seventy-three percent of the participants reported having a mentor and of those 76% reported their mentor was assigned to them formally. The Pearson's correlations among variables were significant except with the variables mentoring and incivility. Intent to stay and incivility were significant with all of the variables except mentoring and intent to stay. Job stress and incivility were the only variables that were negatively correlated with the other variables. The two most commonly cited issues causing job stress were heavy workload and inadequate salary. The student incivility actions that occurred most often were students who were unprepared for class and not paying attention in class.

The results of this study showed the majority of the participants reported they were satisfied with their choice of occupation and cared about their current institution. Occupational commitment and organizational commitment had the strongest, positive correlations with job satisfaction and intent to stay. These results were similar to the qualitative themes reported by Garbee and Killacky (2008) which were related to occupational commitment, being a part of student success, and organizational commitment, collegial environment.

In addition, 76% of nursing faculty reported job satisfaction and 60% reported that they had no desire to leave their current position. The findings of this study were

consistent with those found in the literature and were supported by the theoretical framework of this study, Herzberg's Two Factor Theory. The findings added dimensions to the theoretical framework suggesting organizational commitment and occupational commitment along with job satisfaction may lead to intent to stay of nursing faculty. In the final path model, the variables organizational commitment, job stress and occupational commitment were the strongest predictors of job satisfaction, respectively. In addition, the variables occupational commitment, organizational commitment, and job satisfaction were the strongest predictors of nursing faculty intent to stay in academia, respectively.

Discussion of Findings

The current research study examined if there were variables that could assist in determining job satisfaction and intent to stay of Georgia ADN nursing faculty. The ultimate goal is to produce more nursing graduates and fill much needed nurse vacancies in the field as well as retain faculty who are satisfied teaching in academia. Following is a discussion of the research variable results in the context of existing literature and theory, followed by implications for practice, theory, and future research.

Mentoring

In this study, the majority 72.9% ($N = 90$) of the respondents reported having a mentor versus 27.1% ($N = 34$) who reported they did not have a mentor. This finding was interesting to note because the percentage of mentored faculty was higher than previous studies, such as Chung (2007) who reported only 40.5% of faculty had a mentor. The assessment of these results was encouraging because it indicated mentoring was being used regularly in nursing academia which was consistent with the

recommendations from the National League of Nursing (2006). Although mentoring scores did not significantly predict intent to stay, the literature illustrates the benefits of mentoring and suggested peer relationships were an alternative to mentoring (Boice, 2000).

Chung and Kowalski (2012) noted a positive correlation between mentoring and nursing faculty job satisfaction. In this study, mentoring was found to be significantly correlated to organizational commitment and intent to stay while having the least positive correlation with job stress. In contrast to Chung and Kowalski (2012) findings, mentoring had the least significant direct effect on job satisfaction in this study. Perhaps the small sample size contributed to the failure to support previous research findings or the quality of the mentoring relationships could have impacted these findings as well.

Records and Emerson (2003) predicted insufficiently prepared faculty could lead to a decline in the nursing profession. Although mentoring has been recommended for new faculty across academic disciplines, the methods of mentoring have not been standardized and do not function well for every pair of mentor and mentee. Time spent working together is the most essential element in a successful mentoring relationship and is also the biggest challenge for nursing faculty today with increased nursing faculty shortages. Current experienced faculty may not have the time to adequately mentor novice faculty members. Therefore, administrators should view mentoring as a necessary service to support faculty teaching.

Incivility

Occupational commitment, organizational commitment, and job satisfaction were significantly negatively correlated with incivility. This finding is consistent with

previous studies on incivility and support the need to control student incivility in order to retain nursing faculty who are committed to their profession and organization. The two most common student actions reported by faculty in this study were students who were not paying attention in class and students who were unprepared in class. Although, these are two of the more mild incivility actions reported, they are equally frustrating to nursing faculty and have been found to decrease occupational commitment and job satisfaction.

Incivility had a nonsignificant correlation with intent to stay. In contrast to these findings, Luparell's (2007) study reported the most significant factor in nursing faculty leaving academia was student incivility. The nursing profession has a higher level of workplace violence than other disciplines (Luparell, 2007). Perhaps nursing educators are accustomed to incivility in the clinical setting so when they encounter incivility in academia they are not as sensitive or ignore it as a significant problem for intent to stay.

Job Stress

In recent years, job stress has been problematic for faculty across disciplines and has been especially true for nursing faculty due to long clinical course hours and high workloads (Kaufman, 2007). The result of job stress for nursing faculty members has been burnout and their intent to leave academia (Kaufman, 2007). The study results showed a meaningful inverse relationship between job stress and job satisfaction which concurs with the body of knowledge. As Gmelch's theory of faculty job stress determined, faculty are unable to function effectively when stress levels become too high (Gmelch et al., 1986). These results supported Gmelch's theoretical model. This finding is important to note as an imminent nursing faculty shortage is looming in the future.

Administrators have been urged to identify and alleviate the factors associated with job stress to ensure nursing faculty job satisfaction and intent to stay in academia to prevent an even greater shortage of nursing faculty.

The areas in which nursing faculty did not feel were important job stress concerns were feeling pressure to compete with my colleagues, resolving differences with my chair, and not knowing how my chair evaluates my performance. This finding is contrary to the literature which noted nursing faculty members feel pressure to publish in order to obtain tenure. This difference of findings could be attributed to ADN nursing faculty have less obligations for research and publications versus baccalaureate and graduate nursing faculty.

Occupational Commitment

This study found occupational commitment was significantly positively correlated with job satisfaction which is consistent with the literature review which suggested the two constructs could be related (Glisson & Durick, 1988; Lee, Carswell, & Allen, 2000; Puhland, 2001). These results are similar with the finding reported by Meyer and Allen (1997) whose research supported that nurses who have been in the profession longer had higher levels of occupational commitment and were negatively related to intent to leave the nursing profession. Kirking (2007) reported a low but significant correlation between occupational commitment and job satisfaction.

The highest items reported by faculty in this study were “I definitely want a career in nursing education” and “this is the ideal profession for my work life.” These findings are consistent with Kirkling’s (2007) findings where nursing faculty indicated they had a strong desire to stay in their occupation and were satisfied with their career choice.

Additionally, occupational commitment was found to have the highest direct effect intent to stay. This is also a significant finding as Brady (2007) stated one of the biggest challenges in the recruitment and retainment of nursing faculty was to identify those applicants who have the passion to be nurse educators

Organizational Commitment

Past research has recognized professional satisfaction as a component of organizational commitment and research demonstrates job satisfaction is a predictor of organizational commitment (Price, 1981). In this study, organizational commitment was significantly positively correlated with job satisfaction and intent to stay. Similarly, Gutierrez et al.'s (2012) structural model included job satisfaction as a positive predictor of nurse faculty's organizational commitment. Organizational commitment was negatively correlated with job stress and incivility and positively correlated with occupational commitment. This is congruent with Al-Hussami et al.'s (2011) findings which reported a positive relationship between job satisfaction and organizational commitment.

Consistent with Meyer and Allen's (1991) previous research on organizational commitment, this study found organizational commitment had a significant strong positive direct effect on job satisfaction and intent to stay. Srivastava's (2013) study revealed a positive relationship between job satisfaction and organizational commitment and explored the moderating outcome of trust and locus of control on the relationship between job satisfaction and organizational commitment.

Job Satisfaction

Job satisfaction had a significant moderate to strong correlation with all of the variables in the study, with the exception of the mentor variable. The findings of study revealed 80% of the participants reported having overall satisfaction with their job. The exogenous variables, mentoring, incivility, job stress, occupational commitment, and organizational commitment, accounted for 70% of the variance in job satisfaction. Similarly, Ruel (2009) explored job satisfaction with the predictors of role conflict, role ambiguity, and work role balance. Ruel's findings suggested when nurse faculty experience more role conflict, role ambiguity, and felt less balanced in their work roles that the result may be decreased job satisfaction. Although Ruel (2009) investigated different predictors of job satisfaction and intent to stay than the current study, her findings revealed a significant, strong relationship existed between overall job satisfaction and overall intent to stay.

In this study, the two most often reported items nursing faculty reported affecting their job satisfaction were the level of importance of their work in teaching and their interaction with students in the classroom setting. This is consistent with the NLN's (2005) National Study of Faculty Role Satisfaction results that reported the number one factor that influenced faculty members to either take on the faculty role or stay in it was working with students. These findings are particularly important with ADN nursing faculty because the teaching component is the main focus of their faculty role as they generally have minimal service requirements and no requirement to either conduct research or publish.

Intent to Stay

Fifty-one percent of nursing faculty reported they plan to stay at their current institution as long as possible, whereas 18% reported they plan to leave their current institution as soon as possible. Brady (2007) reported inadequate salary and increased workload were associated with nursing faculty's intent to leave. This is consistent with this study's results which found inadequate salary and increased workload as the two most reported issues affecting nursing faculty job stress.

The variables mentoring, occupational commitment, organizational commitment, incivility, job stress, and job satisfaction explained 55% of the variance of intent to stay. Occupational commitment and organizational commitment have significant strong positive correlations for both job satisfaction and intent to stay. These results further supported the theoretical model and indicate this combination of variables could assist nursing organizations to begin their retention strategies for nursing faculty by focusing on these variables.

An important assumption of this study was that job satisfaction would be positively correlated to intent to stay. Using Herzberg's two factor theory as a basis, this study focused on whether nursing faculty with job satisfaction would stay in academia. Herzberg's theory focused on the causes of job satisfaction or motivators and the causes of dissatisfaction or hygiene factors (Khalifa & Truong, 2010). Herzberg's theory emphasized job satisfaction cannot be improved by any of the hygiene factors, but by improving motivators. The findings of this study indicated job satisfaction explained 27% of the variance of intent to stay which was significantly better than Ruel's (2009) model of predictors that only explained 8% of the variance of intent to stay.

Demographic Characteristics

The national need for doctorally prepared nursing faculty, in combination with the increased age of nursing faculty, demonstrate a frightening reality for nursing education's future. Only 14.5% of the participants of this study reported they were doctorally prepared. The national nursing faculty shortage is at 8% (AACN, 2012a) in part because of a limited pool of doctorally prepared faculty.

The majority of nursing faculty reported having worked approximately 10 years in academia and 6 years in their current position. Reitz, Anderson, and Hill's (2010) findings revealed older nursing faculty were highly embedded in their job and the older the nursing faculty, the greater the likelihood they would choose to remain in their current position. Similarly, Zhou and Volkwein (2004) found seniority or number of years teaching had the strongest impact on nursing faculty's intent to leave academia.

Gender and race distributions of current full-time nursing faculty present challenges to nursing education as well. The participants of this study were 80% Caucasian which does not reflect the distribution of the general population, but it does reflect the distribution of the nursing workforce (AACN, 2012c). The AACN and other agencies have developed grants, scholarships, and collaborative groups to promote more diversity among nursing faculty (AACN, 2012c). Kauffman's (2010) study reported 14% of nursing faculty were minority and urged nursing to focus on increasing diversity at all levels to best serve our patients and students.

Bittner and O'Conner (2012) reported a majority of their respondents had two or more additional jobs. Similarly, when asked if they were currently working a second job, greater than 50% of the participants responded yes. Inadequate salary was noted as one

of the top job stressors reported by the participants of this study. In general, nursing faculty members believe that they are grossly underpaid and because of the poor salaries they often leave academia to return to the clinical arena.

Limitations of the Study

A major limitation of this study was the method used to collect the data. Access to the faculty's email addresses was dependent on the college's website and access to an accurate list of current nursing faculty was dependent upon the deans or directors. The stringent work schedule and excessive daily emails may have hindered the response from the deans or directors which reduced the response rate for the study.

Because nursing faculty are inundated with questionnaires each semester, they may have been too busy to complete the study's survey. Due to budgetary constraints and new higher education initiatives, the number of schools in Georgia and in turn ADN faculty had decreased significantly from the academic year prior to data collection. The faculty position changes in fall semester were not factored into the study.

Cross validation testing which assesses how well results of a statistical analysis will generalize to an independent data set was not performed as the limited sample size prevented holding out data from the sample. The number of participants in the study was 118 which can be considered by some to be relatively small for a structural equation modeling study. A smaller sample size means the power would be lower and would therefore be more difficult to reject the null hypothesis. Another limitation with regard to the sample was the fact that all the participants were from ADN schools in Georgia which limited external validity of any results and the ability to generalize the results to the larger population of all American nursing faculty.

Although more than half the variance was explained by the constructs, other variables might have been added to assist in understanding faculty job satisfaction and intent to stay. Some valuable data may have been lost since the respondents were not given the opportunity to make comments. Adding a qualitative component to the study may offer further explanations for the responses to the research questions.

Implications for Future Research

Administrators are faced with a present faculty shortage that leads to the decreased ability to meet student demand for nursing education (Nardi & Gyurko, 2013). Strategies that help with retention of faculty and recruitment of new faculty may potentially help alleviate the faculty shortage problem. The literature clearly shows a link between faculty shortages and the inability to meet student demand (AACN, 2012b). The inability to meet student demand for nursing education results in decreased nurse graduates to fill existing nursing shortages (Aiken, Cheung, & Olds, 2009; Crum, 2010; Crum, 2013; Tufano, 2010). AACN (2012a) reported in 2011 over 75,000 qualified applicants were turned away from nursing schools. The increased nursing shortages in the field lead to an inability to adequately serve the health needs of our population (AACN, 2012a; Buchan & Aiken, 2008). According to the IOM (2011), the shortage of nurses is directly related to the shortage of educators at all levels of nursing academia.

The average respondent had less than 10 years of academic experience. This finding coupled with the increase in faculty retirement reported in the literature could result in a nursing faculty workforce comprised of inexperienced novice nursing faculty. Without experienced faculty to mentor the inexperienced, especially in knowledge dissemination, nursing as a discipline may be vulnerable. It takes a considerable amount

of time for a faculty member to gain experience and reach tenure. Faculty will be less inclined to take on the workload of a tenure-track if they only have a few years to practice as faculty members. Proactive measures to include in a retention plan by administrators in nursing education may reverse these trends. Ultimately, satisfied nurse faculty will not only attract new educators to teaching but also retain current faculty to reduce anticipated shortages. More educators are necessary to teach and conduct research on strategies for student success in nursing education.

A qualitative approach with personal interviews may illicit deeper responses to questions regarding job satisfaction. Interview questions in a phenomenology study may focus on faculty perceptions of job stress, incivility, occupational commitment, and organizational commitment. Open-ended questions that explore other possible reasons for job satisfaction and intent to stay may bring deeper knowledge of the issues to light.

A follow up study may include a deeper look at specific support strategies and the level of impact on job satisfaction. For example, examining the level of satisfaction with services such as mentoring, training, administrative support, and technical assistance may help determine if the extent of services provided are impactful on job satisfaction. Support services should be evaluated for effectiveness and relevance to faculty.

If faculty are unsatisfied with the leadership or support services, however remain overall satisfied with their job, there may be other intrinsic or extrinsic factors that lead to job satisfaction. Administrators, as a result of identified extrinsic and intrinsic factors, may be able to predict which faculty are better suited to teach. Satisfied faculty may choose to teach for longer periods and potentially serve as a recruiting tool to entice new faculty to teach.

Race or ethnic distributions of current full-time nursing faculty present challenges to nursing education as well. The research study sample was 80% white. This does not reflect the distribution of the general population, but it does reflect the distribution of the nursing education workforce (AACN, 2012b). In order to best serve our patients and students nursing continues to focus on increasing diversity at all levels (Kaufman, 2007).

Conclusion

This study represents comprehensive research on the different variables impacting Georgia ADN nursing faculty job satisfaction and intent to stay. This study was designed to identify a model of variables that contribute to the successful retention of nursing faculty. Five exogenous variables were used to measure job satisfaction and intent to stay and determine which variables were the most significant predictors. Additionally, this study examined the extent to which various factors affected job satisfaction in ADN nursing faculty and the effect of job satisfaction on their intention to stay in academia. The total population of ADN faculty in Georgia was approximately 217 nursing faculty at the outset of this study, 118 nursing faculty were participants. Question 1 sought to determine nursing faculty's views on mentoring, job stress, incivility, organizational commitment, occupational commitment, job satisfaction, and intent to stay in academia whereas Question 2 sought to determine if the model of variables was consistent with the observed correlates among these variables.

As noted in the research, filling anticipated vacancies and retaining current faculty in nursing education is essential to meet student demand for education (AACN, 2012a). The findings of this study have tremendous implications for the nursing profession and their importance not only for nursing faculty and students but also for expanding our

understanding of the conceptual phenomenon of job satisfaction. On the topic of job satisfaction, should consideration be given to finding ways to increase nursing faculty salaries or decreasing their workload? Or better yet, should these even be the institutions responsibility when supplying nurses benefits the health care facilities the most?

Whatever the case, it seems as though local economies drive what best meets the needs of institutions and their community (USG, 2014). Through the quantitative findings, nursing faculty reported a dedication to their organization and occupation with job satisfaction and an intent to stay in academia. Multigroup analysis indicated that the constructs of the model are the same for nursing faculty with additional employment and various educational levels.

REFERENCES

- Al-Hussami, M., Saleh, M. Y. N., Abdalkader, R. H., & Mahadeen, A. I. (2011). Predictors of nursing faculty members' organizational commitment in governmental universities. *Journal of Nursing Management, 19*, 556-566. doi: 10.1111/j.1365-2834.2010.01148.x
- Allen, H. L. (1997). Faculty workload and productivity: Ethnic and gender disparities. *NEA 1997 Almanac of Higher Education*. Washington, DC: National Education Association, 25-42.
- Altbach, P. G., Gumport, P. J., & Berdahl, R. O. (2011). *American Higher Education in the Twenty-first Century: Social, Political, and Economic Challenges* (3rd ed.). Baltimore, MD: The Johns Hopkins University Press.
- American Association of Colleges of Nursing. (2012a). *Nursing faculty shortage fact sheet*. Retrieved from <https://apps.aacn.nche.edu/Media/pdf/FacultyShortageFS.pdf>
- American Association of Colleges of Nursing. (2012b). *Nursing shortage fact sheet*. Retrieved from <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortageFS.pdf>
- American Association of Colleges of Nursing. (2012c). *Special Survey on Vacant Faculty Positions for Academic year 2012-2013*. Retrieved from <https://www.aacn.nche.edu/leadinginitiatives/research-data/vacancy13.pdf>.
- American Association of University Professors. (1940). *1940 Statement of Principles on Academic Freedom and Tenure*. Washington, DC: Author.

- American Association of University Professors. (2000). Interpretive comments on the statement of faculty workload (Committee on Colleges and University Teaching, Research, and Publications). *Academe*, 8, 69-72.
- American Nurses Association. (2000). *Scope and standards of practice for nursing professional development*. Washington, DC: Author.
- Arbuckle, J. L. (2013). *Amos* (version 22.0) [computer program]. Chicago: SPSS.
- Baker, S. L. (2010). Nurse educator orientation: professional development that promotes retention. *Journal of Continuing Education in Nursing*, 41, 413-417.
doi: 10.3928/00220124-20100503-02
- Baker, S. L., Fitzpatrick, J. J., & Griffin, M. Q. (2011). Empowerment and Job Satisfaction in Associate Degree Nurse Educators. *Nursing Education Perspectives*, 32, 234-239. doi: 10.5480/1536-5026-32.4.234
- Balzer, W. K., Smith, P. C., Kravitz, D. A., Lowell, S. E., Paul, K. B., & Reilly, B. A. (1990). *Users' manual for the Job Descriptive Index, (JDI) and the Job in General (JIG) Scales*. Bowling Green State University, Bowling Green Ohio.
- Beach, M. M. (1997). *Perceptions of job satisfaction of nursing faculty in Mississippi's nursing degree programs*. (Doctoral dissertation). Retrieved from EBSCOhost database.
- Bellack, J. P. (2003). Academic freedom, academic duty. *Journal of Nursing Education*, 42, 527-528.
- Bentler, P. M. (1980). Multivariate analysis with latent variables: Causal modeling. *Annual Review of Psychology*, 31, 419-456.

- Berent, G. M. (2008). *Identifying characteristics of nurse educators in a academe*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text database.
- Bittner, N. P., & O'Connor, M. (2012). Focu on retention: identifying barriers to nurse faculty satisfaction. *Nursing Education Perspectives, 33*, 251-254.
- Blau, G. (2003). Testing for a four-dimensional structure of occupational commitment. *Journal of Occupational & Organizational Psychology, 76*, 469-488.
- Boice, R. (2000). *Advice for New Faculty Members*. Needham Heights, MA: Allyn & Bacon.
- Brady, M. S. (2007). Educational innovations. Recruitment and retention of associate degree nursing faculty. *Journal of Nursing Education, 46*, 190-192.
- Breaugh, J. (1985). The measure of job autonomy. *Human Relations, 38*, 551-570.
- Bruce, S. (2005). Who Will Teach the Next Generation of Oncology Nurses? *ONS News, 20*, 1-7.
- Buchan, J., & Aiken, L. (2008). Solving nursing shortages: a common priority. *Journal of Clinical Nursing, 17*, 3262-3268. doi: 10.1111/j.1365-2702.2008.02636.x
- Budden, J. S., Zhong, E. H., Moulton, P., & Cimiotti, J. P. (2013). The 2013 national nursing workforce survey of registered nurses. *Journal of Nursing Regulation, S3-S72*.
- Buerhaus, P. I., Auerbach, D. I., & Stalger, D. O. (2009). The recent surge in nurse employment: causes and implications. *Health Affairs, 28*, 657-668.
- Byrne, D. M. (2011). *The relationship of leadership style of the department head to nursing faculty professional satisfaction and organizational commitment* (Order

- No. 3515889). Available from ProQuest Dissertations & Theses Full Text. (1024564382).
- Carson, K. D., Carson, P. P., & Bedeian, A. G. (1995). Development and construct validation of a career entrenchment measure. *Journal of Occupational and Organizational Psychology*, 68, 301-320.
- Castaneda, G. A. & Scanlan, J. M. (2014). Job satisfaction in nursing: A concept analysis. *Nursing Forum*, 49, 130-138.
- Chen, F. F. (2007). Sensitivity of goodness of fit indexes to lack of measurement invariance. *Structural Equation Modeling: A Multidisciplinary Journal*, 14, 464-504.
- Chinweuba, A. U. (2007). Relationship between job-stress and job satisfaction among nurse educators in Nigeria. *West African Journal of Nursing*, 18, 82-88.
- Chung, C. E. E. (2011). *Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text database. 3498175
- Chung, C. E., & Kowalski, S. (2012). Job stress, mentoring, psychological empowerment, and job satisfaction among nursing faculty. *Journal of Nursing Education*, 51, 381. doi:10.3928/01484834-20120505-03
- Chung, K. C., Song, J. W., Kim, H. M., Woolliscroft, J. O., Quint, E. H., Lukacs, N. W., & Gyetko, M. R. (2010). Predictors of job satisfaction among academic faculty members: do instructional and clinical staff differ? *Medical Education*, 44, 985-995. doi: 10.1111/j.1365-2923.2010.03766.x

- Clark, C. M., & Springer, P. J. (2010). Academic nurse leaders' role in fostering a culture of civility in nursing education. *Journal of Nursing Education, 49*, 319-325. doi: 10.3928/01484834-20100224-01.
- Clark, C. M., Werth, L., & Ahten, S. (2012). Cyber-bullying and incivility in the online learning environment, Part 1: Addressing faculty and student perceptions. *Nurse Educator, 37*, 150-156.
- Cleary, M., Hunt, G. E., Walter, G., & Robertson, M. (2009). Dealing with bullying in the workplace: Toward zero tolerance. *Journal of Psychosocial Nursing, 47*, 34-41.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied Multiple Regression/Correlation Analysis for the Behavioral Sciences (3rd ed.)*. Mahwah, NJ: Erlbaum.
- Collins, J. (2005). *Good to Great and the Social Sectors*. (ISBN-13: 978-0-9773264-0-2)
- Community College Week. (2013). *Associate degree top producers*. Retrieved from <http://www.ccweek.com/News/templates/pdfs/Top100/2012/Disciplines/CCWTo p50-RegNurse-AS-2012.pdf>.
- Complete College, A. (2011). Time is the enemy: the surprising truth about why today's college students aren't graduating...., and what needs to change. *Complete College America*.
- Costanza, D., Badger, J., Fraser, R., Severt, J., & Gade, P. (2012). Generational differences in work-related attitudes: A meta-analysis. *Journal of Business & Psychology, 27*, 375-394. doi: 10.1007/s10869-012-9259-4.

- Cranford, J. S. (2013). Bridging the gap: Clinical practice nursing and the effect of role strain on successful role transition and intent to stay in academia. *International Journal of Nursing Education Scholarship*, 10, 1-7.
- Creswell, J. W. (2008). *Research Design: Qualitative, Quantitative, and Mixed Methods* (2nd ed.): Thousand Oaks, CA: Sage Publications.
- Dalal, R. S., Baysinger, M., Brummel, B. J., & LeBreton, J. M. (2012). The relative importance of employee engagement, other job attitudes, and trait affect as predictors of job performance. *Journal of Applied Social Psychology*, 42, E295-E325. doi: 10.1111/j.1559-1816.2012.01017.x.
- Davis, B. W. (2011). A conceptual model to support curriculum review, revision, and design in an Associate Degree Nursing Program. *Nursing Education Perspectives*, 32, 389-394. doi: 10.5480/1536-5026-32.6.389.
- Davis, S. P., Davis, D. D., & Williams, D. D. (2010). Challenges and issues facing the future of nursing education: implications for ethnic minority faculty and students. *Journal of Cultural Diversity*, 17, 122-126.
- Derby-Davis, M. J. (2014). Predictors of nursing faculty's job satisfaction and intent to stay in academe. *Journal of Professional Nursing*, 30, 19-25.
- Dotson, M. J., Dave, D. S., & Cazier, J. A. (2012). Addressing the nursing shortage: a critical health care issue. *Health Marketing Quarterly*, 29, 311-328. doi: 10.1080/07359683.2012.732861.
- Dreher, G. F., & Ash, R. A. (1990). A comparative study of mentoring among men and women in managerial, professional, and technical positions. *Journal of Applied Psychology*, 75, 539-546.

- Ellis, P. A. (2013). A comparison of policies on nurse faculty workload in the United States. *Nursing Education Perspectives*, 34, 303-309.
- Epstein, R. M., & Hundert, E. M. (2002). Defining and assessing professional competence. *Journal of the American Medical Association*, 287, 226-235.
- Feather, R. (2009). Emotional intelligence in relation to nursing leadership: does it matter? *Journal of Nursing Management*, 17, 376-382.
- Ferguson, L., & Day, R. A. (2005). Evidence-based nursing education: myth or reality? *Journal of Nursing Education*, 44, 107-115.
- Field, A. P. (2009). *Discovering Statistics using SPSS: (and sex, drugs, and rock 'n' roll)*. London; Thousand Oaks, Calif. : Sage Publications.
- Fitzpatrick, J. J. (2006). From the editor. The cost and quality agenda comes to higher education. *Nursing Education Perspectives*, 27, 297-297.
- Fowler, M. D., & Davis, A. J. (2013). Ethical issues occurring within nursing education. *Nursing Ethics*, 20, 126-141. doi: 10.1177/0969733012474290.
- Fullan, M. (2007). *The Jossey-Bass Reader on Educational Leadership (2nd)*. San Fransisco, CA: Jossey-Bass.
- Gallant-Roman, M. A. (2008). Strategies and tools to reduce workplace violence. *AAOHN Journal*, 56, 449-454.
- Ganske, K. M. (2010). Moral distress in academia. *Online Journal of Issues in Nursing*, 15, 1-2. doi: 10.3912/OJIN.Vol15No03Man06.
- Gao, Y. (2009). Data reductions, fixed parameter tractability, and random weighted d-CNF satisfiability. *Artificial Intellegence*, 173, 1343-1366.

- Garbee, D. D., & Killacky, J. (2008). Factors influencing intent to stay in academia for nursing faculty in the southern United States of America. *International Journal of Nursing Education Scholarship*, 5, 1-15.
- Garofalo, M. E. (2010). Florence Nightingale (1820-1910): Feminism and hospital reform. *American Journal of Public Health*, 100, 1588.
- Gazza, E. A. (2009). The experience of being a full-time nursing faculty in a baccalaureate nursing education program. *Journal of Professional Nursing*, 25, 218-226.
- Gerolamo, A. M., & Roemer, G. F. (2011). Workload and the nurse faculty shortage: Implications for policy and research. *Nursing Outlook*, 59, 259-265.e251. doi: 10.1016/j.outlook.2011.01.002.
- Giltinane, C. L. (2013). Leadership styles and theories. *Nursing Standard*, 27, 35-39.
- Gmelch, W. H., Wilke, P. K., & Lovnick, N. P. (1986). Dimensions of stress among university faculty: Factor analytic results from a national study. *Research in Higher Education*, 24, 266-286.
- Gnandesikan, R. (1977). *Methods for Statistical Analyses of Multivariate Observations*. New York: Wiley.
- Goldenberg, D. (1990). Nursing education leadership. Effect of situational and constraint variables on leadership style. *Journal of Advanced Nursing*, 15, 1326-1334. doi: 10.1111/j.1365-2648.1990.tb01750.x.
- Gormley, D. K. (2003). Factors affecting job satisfaction in nurse faculty: a meta-analysis. *Journal of Nursing Education*, 42, 174-178.

- Gormley, D. K. (2010). Influence of work role and perceptions of climate on faculty organizational commitment. *Journal of Professional Nursing*, 26, 108-115.
- Grimm, J. W. (2010). Effective leadership: Making the difference. *Journal of Emergency Nursing*, 36, 74-77.
- Grust, P. L. (2013). *A study of the relationship of incivility to faculty satisfaction and persistence in nursing education*. (Doctoral dissertation.) Retrieved from Available from EBSCOhost rzh database.
- Gutierrez, A. P., Candela, L. L., & Carver, L. (2012). The structural relationships between organizational commitment, global job satisfaction, developmental experiences, work values, organizational support, and person-organization fit among nursing faculty. *Journal of Advanced Nursing*, 68, 1601-1614. doi: 10.1111/j.1365-2648.2012.05990.x.
- Gwyn, P. G. (2011). The quality of mentoring relationships' impact on the occupational commitment of nursing faculty. *Journal of Professional Nursing*, 27, 292-298.
- Hamlin, A. S. (2013). *Nursing educator retention: The relationship between job embeddedness and intent to stay among nursing educators*. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses. (Order No. 3599184).
- Harrison, D. A., Newman, D. A., & Roth, P. L. (2006). How important are job attitudes? Meta-analytic comparisons of intergrative behavioral outcomes and time sequences. *Academy of Management Journal*, 49, 305-325.
- Herzberg, F., Mausner, B., & Synderman, B. S. (1959). *The Motivation to Work*. New York: Wiley.

- Hinshaw, A. S. & Atwood, J. R. (1983). Nursing staff turnover, stress and satisfaction models, measures, and management. In H.H.Werley, & J. J. Fitzpatrick (Eds.) *Annual Review of Nursing Research* (pp.133-153) , New York, NY: Springer.
- Houde, S. C., & Melillo, K. D. (2009). Caring for an aging population. *Journal of Gerontological Nursing*, 35, 9-13. doi: 10.3928/00989134-20091103-04.
- Hunter, J. E., & Schmidt, F. L. (2004). *Methods of Meta-analysis: Correcting Error and Bias in Research Findings* (2nd ed.). Thousand Oaks, CA: SAGE.
- Institute of Medicine of the National Academies. (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, D.C.: The National Academies Press.
- Johnson, B. A. H. (2001). *Organizational culture and job satisfaction as antecedents for empowerment of associate degree nursing faculty*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text database. 3001509.
- Kalb, K. A. (2008). Core competencies of nurse educators: inspiring excellence in nurse educator practice. *Nursing Education Perspectives*, 29, 217-219.
- Kaufman, K. (2007). Introducing the NLN/Carnegie national survey of nurse educators: compensation, workload, and teaching practice. *Nursing Education Perspectives*, 28, 164-167,
- Kaufman, K. A. (2010). Findings from the 2009 faculty census: study confirms reported demographic trends and inequities in faculty salaries. *Nursing Education Perspectives*, 31, 404-405.
- Kennerly, S. M. (1989). Leadership behavior and organizational characteristics: Implications for faculty job satisfaction. *Journal of Nursing Education*, 28, 198-202.

- Khalifa, M. H. El-din and Q. Truong (2010). The relationship between employee perceptions of equity and job satisfaction in the Egyptian private universities. *Eurasian Journal of Business and Economics*, 3, 135-150.
- Kirking, E. M. (2007). *Job satisfaction and occupational commitment among Wisconsin and Minnesota associate degree nursing educators*. (Doctoral dissertation). Retrieved from ProQuest Dissertations & Theses Full Text database. (3263110)
- Kirkman, B. L. & Shapiro, D. L. (2001). The impact of cultural values on job satisfaction and organizational commitment in self managing work team: The mediating role of employee resistance. *Academy of Management Journal*, 44, 557-569.
- Kline, R. B. (2011). *Principles & Practice of Structural Equation Modeling*. The Guilford Press.
- Kolanko, K. M., Clark, C., Heinrich, K. T., Olive, D., Serembus, J. F., & Sifford, K. S. (2006). Academic dishonesty, bullying, incivility, and violence: difficult challenges facing nurse educators. *Nursing Education Perspectives*, 27, 34-43.
- Kosmoski, K. A. & Calkin, J. D. (1986). Critical care nurses' intent to stay in their positions. *Research in Nursing and Health*, 9, 3-10.
- Kouzes, J. M., & Posner, B. Z. (2007). *The Leadership Challenge*. San Francisco, CA: Jossey-Bass.
- Kowalski, K., & Kelley, B. M. (2013). What's the ROI for resolving the nursing faculty shortage? *Nursing Economics*, 31, 70-76.
- Kuehn, M. B. (2010). Creating a healthy work environment for nursing faculty. *Creative Nursing*, 16, 193-197. doi: 10.1891/1078-4535.16.4.193.

- Le, H., Schmidt, F. L., Harter, J. K., & Lauver, K. J. (2010). The problem of empirical redundancy of constructs in organizational research: An empirical investigation. *Organizational Behavior and Human Decision Processes*, 112, 112-125, doi:10.1016/j.obhdp.2010.02.003.
- Lei, P., & Wu, Q. (2007). Introduction to structural equation modeling: Issues and practical considerations. *Educational Measurement: Issues and Practice*, 26, 33-43.
- Luparell, S. (2007). The effects of student incivility on nursing faculty. *Journal of Nursing Education*, 46, 15-19.
- Lynch, B. M., McCormack, B., & McCance, T. (2011). Development of a model of situational leadership in residential care for older people. *Journal of Nursing Management*, 19, 1058-1069.
- Maidani, E. A. (1991). Comparative study of Herzberg's two-factor theory of job satisfaction among public and private. *Public Personnel Management*, 20, 441.
- Martin, C. M. (1991). *The development and validation of the nursing faculty satisfaction questionnaire*. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Thesis. (Order No. 9129561)
- McDermid, F., Peters, K., Daly, J., & Jackson, D. (2013). 'I thought I was just going to teach': stories of new nurse academics on transitioning from sessional teaching to continuing academic positions. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 45, 46-55. doi: 10.5172/conu.2013.45.1.46.
- McInnis, L. A. (2005). *Nursing faculty satisfaction and course delivery methodology*. (Doctoral dissertation). Available from EBSCOhost database.

- McKenna, H. & Slevin, O. (2008). *Vital Notes for Nurses: Nursing Models, Theories, and Practice*. New York: Wiley.
- McKenna, L. G., & Wellard, S. J. (2004). Discursive influences on clinical teaching in Australian undergraduate nursing programs. *Nurse Education Today*, 24, 229-235.
- McPeake, J., Bateson, M., & O'Neil, A. (2014). Electronic surveys: How to maximise success. *Nurse Researcher*, 21, 24-26.
- Meyer, J. P., & Allen, N. J. (1991). A three-component conceptualization of organizational commitment. *Human Resource Management Review*, 1, 61-89.
- Meyer, J. P., & Allen, N. J. (1997). *Commitment in the Workplace : Theory, Research, and Application / John P. Meyer and Natalie J. Allen*. Thousand Oaks, Calif. : Sage Publications, c1997.
- Morris, L. (2012). All together now: Degree completions!, Editorial. *Innovative Higher Education*, pp. 167-169. Retrieved from <http://proxygsu-val1.galileo.usg.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=a9h&AN=74638540&site=eds-live&scope=site>.
- Mowday, R. T., Porter, L. W., & Steers, R. M. (1982). *Employee-Organizational Linkages*. New York:NY: Academy Press.
- Munir, F., Nielsen, K., Garde, A. H., Albertsen, K., & Carneiro, I. G. (2012). Mediating the effects of work-life conflict between transformational leadership and health-care workers' job satisfaction and psychological wellbeing. *Journal of Nursing Management*, 20, 512-521. doi: 10.1111/j.1365-2834.2011.01308.x.

- Nardi, D. A., & Gyurko, C. C. (2013). The global nursing faculty shortage: status and solutions for change. *Journal of Nursing Scholarship, 45*, 317-326. doi: 10.1111/jnu.12030.
- National League for Nursing. (2005). *A national study of faculty role satisfaction 2003*. New York: National League for Nursing.
- National League for Nursing. (2006). Position statement: Mentoring of nurse faculty. *Nursing Education Perspectives, 27*, 110-113.
- Nulty, D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education, 33*, 301-314.
- Numminen, O. H., Leino-Kilpi, H., van der Arend, A., & Katajisto, J. (2009). Nursing students and teaching of codes of ethics: An empirical research study. *International Nursing Review, 56*, 483-490. doi: 10.1111/j.1466-7657.2009.00748.x.
- Nursing, N. L. (2006). Position statement: Mentoring of nurse faculty. *Nursing Education Perspectives, 27*, 110-113.
- Nyame-Mireku, M. N. (2013). *Determinants of job satisfaction among hospital pharmacists and their intent to leave using Herzberg's two-factor theory* (Doctoral dissertation). Retrieved from EBSCOhost psych database. (3548929).
- Ofondu, L. N. (1988). *Self-perception and job satisfaction among nurses in Owerri L.G.A.* Unpublished theses. UNEC. 1988: 19-23.
- Osbourne, J. W. (2002). Notes on the use of data transformation. *Practical Assessment, Research, & Evaluation, 8*, 1-7.

- Packer, J. (1994). Education for clinical practice: An alternative approach. *Journal of Nursing Education*, 33, 411-416.
- Pardo Linares, P. J. (2011). *Job satisfaction, organization commitment, occupational commitment, turnover intent and leadership style of tissue bank employees* (Order No. 3434775). Available from ProQuest Dissertations & Theses Full Text. (847400465). Retrieved from <http://search.proquest.com/docview/847400465?accountid=14800>.
- Paton, B. I. (2007). Knowing within: Practice wisdom of clinical nurse educators. *Journal of Nursing Education*, 46, 488-495.
- Polit, D. F., & Beck, C. T. (2004). *Nursing Research : Principles and Methods*. Philadelphia : Lippincott Williams & Wilkins.
- Potter, L. & Rinaldi, M. (2001). Improve your custodial services. *Principal Leadership* (High School Edn), 1, 73-74.
- Preacher, K., & Hayes, A. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods*, 36, 717-731.
- Preacher, K., & Hayes, A. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879-891.
- Prevosto, P. (2001). The effect of "mentored" relationships on satisfaction and intent to stay of company-grade U.S. army reserve nurses. *Military Medicine*, 166, 21-26.
- Price, J. L., & Mueller, C. W. (1981). A causal model of turnover for nurses. *Academy of Management Journal*, 24, 543-565.

- Prymachuk, S., Easton, K., & Littlewood, A. (2009). Nurse education: Factors associated with attrition. *Journal of Advanced Nursing*, 65, 149-160. doi:10.1111/j.1365-2648.2008.04852x.
- Records, K., & Emerson, R. J. (2003). Mentoring for research skill development. *Journal of Nursing Education*, 42, 553-557.
- Reitz, O. E., Anderson, M. A., & Hill, P. D. (2010). Job embeddedness and nurse retention. *Nursing Administration Quarterly*, 34, 190-200. doi: 10.1097/NAQ.0b013e3181e702b7.
- Rice, R. E., Sorcinelli, M. D., & Austin, A. E. (2000). *Heeding new voices: academic careers for a new generation*. New Pathways Working Paper Series, inquiry #7. Washington, DC: American Association for Higher Education.
- Roberts, S. J., & Glod, C. (2013). Faculty roles: Dilemmas for the future of nursing education. *Nursing Forum*, 48, 99-105. doi: 10.1111/nuf.12018.
- Robertson, J. E. (2012). Can't we all just get along? A primer on student incivility in nursing education. *Nursing Education Perspectives*, 33, 21-26.
- Rosenkoetter, M. M., & Milstead, J. A. (2010). A code of ethics for nurse educators: revised. *Nursing Ethics*, 17, 137-139. doi: 10.1177/0969733009350946.
- Rosser, V. J., & Townsend, B. K. (2006). Determining public 2-Year college faculty's intent to leave: an empirical model. *Journal of Higher Education*, 77, 124-147.
- Roughton, S. E. (2013). Nursing faculty characteristics and perceptions predicting intent to leave. *Nursing Education Perspectives*, 34, 217-225.
- Ruel, S. P. (2009). *Factors influencing nurse faculty's job satisfaction and intent to stay* (Order No. 3367202). Available from ProQuest Dissertations & Theses

Global. (304998195). Retrieved from

<http://library.valdosta.edu:2048/login?url=http://search.proquest.com/docview/304998195?accountid=14800>.

Ryan, J., Healy, R., & Sullivan, J. (2012). Oh, won't you stay? Predictors of faculty intent to leave a public research university. *Higher Education*, 63, 421. doi:

10.1007/s10734-011-9448-5.

Sackett, P. R. (2002). *Letter Report*. Washington, DC: The National Academies, Division of Behavioral and Social Sciences and Education.

Salancik, G. & Rfeffer, J. (1977). An examination of need-satisfaction models of job attitudes. *Administrative Science Quarterly*, 22, 427-456.

Scanlan, J. M. (2001). Learning clinical teaching. Is it magic? *Nursing and Health Care Perspectives*, 22, 240-246.

Schreiber, J. B., Nora, A., Stage, F. K., Barlow, E. A., & King, J. (2006). Reporting structural equation modeling and confirmatory factor analysis results: A review. *The Journal of Educational Research*, 99, 323-327,330-337,384.

Retrieved from

<http://search.proquest.com/docview/204202199?accountid=14800>.

Schriner, C. L. (2007). The influence of culture on clinical nurses transitioning into the faculty role. *Nursing Education Perspectives*, 28, 145-149.

Schumaker, R. E., & Lomax, R. G. (2016). *A Beginners Guide to Structural Equation Modeling*. New York, NY: Routledge.

- Shaw, J. D., & Gupta, N. (2001). Pay fairness and employee outcomes: exacerbation and attenuation effects of financial need. *Journal of Occupational and Organizational Psychology*, 74, 299-320.
- Shay, P. D., & Mick, S. S. (2013). Post-acute care and vertical integration after the Patient Protection and Affordable Care Act. *Journal of Healthcare Management*, 58, 15-27.
- Snarr, C. E., & Krochalk, P. C. (1996). Job satisfaction and organizational characteristics: results of a nationwide survey of baccalaureate nursing faculty in the United States. *Journal of Advanced Nursing*, 24, 405-412. doi: 10.1046/j.1365-2648.1996.19725.x.
- Specht, J. A. (2013). Mentoring relationships and the levels of role conflict and role ambiguity experienced by novice nursing faculty. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 29, e25-e31. doi: 10.1016/j.profnurs.2013.06.006.
- Srivastava, S. (2013). Job satisfaction and organizational commitment relationship: effect of personality variables. *Vision (09722629)*, 17, 159-167. doi: 10.1177/0972262912483529
- Staw, B. M., Bell, N. E., & Clausen, J. A. (1986). The dispositional approach to job attitudes: a lifetime longitudinal test. *Administrative Science Quarterly*, 31, 56.
- Steiger, J. M. (1990). Structural model evaluation and modification: An interval estimation approach. *Multivariate Behavioral Research*, 25, 173-180.
- Stevens, J. (1996). *Applied Multivariate Statistics for the Social Sciences*. Mahwah, NJ: Lawrence Erlbaum Publishers.

- Stokes, G. (2007). Different voices in nurse education. *Educational Philosophy & Theory*, 39, 494-505. doi: 10.1111/j.1469-5812.2007.00249.x.
- Stokowski, L. A. (2011). *The downward spiral: Incivility in nursing*. Medscape. Retrieved from www.medscape.com.
- Suhr, D. (2006). *The basics of structural equation modeling*. Retrieved from <http://www.scribd.com/doc/205955716/tut-suhr-pdf>.
- Suplee, P., & Gardner, M. (2009). Fostering a smooth transition to the faculty role. *Journal of Continuing Education in Nursing*, 40, 514-520.
- Sword, T. S. (2012). The transition to online teaching as experienced by nurse educators. *Nursing Education Perspectives*, 33, 269-271.
- Taylor, K. L., & Care, W. D. (1999). Nursing education as cognitive apprenticeship. *Nurse Educator*, 24, 31-36.
- Tufano, V. E. (2010). *Personal characteristics of nursing faculty that motivate a long-term commitment to nursing education*. Retrieved from ProQuest Dissertations & Theses Full Text database.
- U.S. Bureau of Labor Statistics (2013). Overview of Projections to 2022. *Monthly Labor Review*, 136.
- U.S. Department of Education, National Center for Education Statistics. (2012). *Digest of education statistics: 2012*. Retrieved July 23, 2014, from <http://www.nces.ed.gov/digest/d12index.asp>.
- University of Wisconsin-Madison, Office of Quality Improvement (2010). *Survey fundamentals: a guide to designing and implementing surveys*. Retrieved August

1, 2014, from

http://oqi.wisc.edu/resourcelibrary/uploads/resources/Survey_Guide.pdf.

University System of Georgia, Task Force on Health Professionals Education. (2006).

Task force on health professions education final report : findings and recommendations. Retrieved from

http://www.usg.edu/health_workforce_center/documents/health_taskforce_report_0606.pdf

University System of Georgia Board of Regents, Center for Health Workforce Planning

& Analysis. (2010). *Survey of A Profile of Georgia's Registered Nurses Workforce*. Retrieved from

http://www.usg.edu/health_workforce_center/documents/RN_Workforce_Licensure_Renewal_Survey_Results_Sept_2010.pdf

University System of Georgia Board of Regents, Center for Health Workforce Planning

& Analysis. (2014). *Nursing programs*. Retrieved from

http://www.usg.edu/health_workforce_center/nursing/programs/georgia_nursing_programs#private/.

Weitzel, M. (1996). Evaluation of clinical competence of clinical nursing faculty.

Journal of Nursing Education, 35, 51-53.

Wheless, V., Wheless, L., & Howard, R. (1983). An analysis of the contribution of

participative decision making and communication with supervisor as predictor of job satisfaction. *Research in Higher Education*, 18, 145-180.

Wignall, R. A. (2004). *An investigation of job satisfaction of florida state prison industry*

workers: An examination of herzberg two-factor theory (Order No. 3131080).

Available from ABI/INFORM Complete. (305043425). Retrieved from
<http://search.proquest.com/docview/305043425?accountid=14800>

- Yankelevich, M., Broadfoot, A. , Gillespie, J. , Gillespie, M., & Guidroz, A. (2011).
General job stress: A unidimensional measure and its non-linear relations with
outcome variables. Published online in Wiley Online Library
(wileyonlinelibrary.com) DOI: 10.1002/smi.1413.
- Yildirim, D., Yildirim, A., & Timucin, A. (2007). Mobbing behaviors encountered by
nurse teaching staff. *Nursing Ethics*, 14, 447-463. doi:
10.1177/0969733007077879.
- Yoder, L. H. (1995). Staff nurses' career development relationships and self-reports of
professionalism, job satisfaction, and intent to stay. *Nursing Research*, 44, 290-
297.
- Yoon, J., & Thye, S. (2002). A dual process model of organizational commitment: job
satisfaction and organizational support. *Work and Occupations*, 29, 97-124.
- Young, P. K., Pearsall, C., Stiles, K. A., & Horton-Deutsch, S. (2011) Becoming a
nurse faculty leader. *Nursing Education Perspectives*, 32, 222-228.
- Yucha, C. B., & Witt, R. (2009). Leveraging higher salaries for nursing faculty. *Journal
of Professional Nursing*, 25, 151-155. doi: 10.1016/j.profnurs.2009.01.007.
- Zhou, Y., & Volkwein, J. F. (2004). Examining the influences on faculty departure
intentions: A comparison of tenured versus non-tenured faculty at research
universities using NSOPF.99. *Research in Higher Education*, 45, 139-176.

APPENDIX A:

Institutional Review Board Approval Form



**Institutional Review Board (IRB)
for the Protection of Human Research Participants
PROTOCOL EXEMPTION REPORT**

PROTOCOL NUMBER: IRB-03214-2015 **INVESTIGATOR:** Tracy Jones-Darnell

PROJECT TITLE: Nursing Faculty Job Satisfaction in Georgia ADN Programs and their Intent to Stay in Academia

INSTITUTIONAL REVIEW BOARD DETERMINATION:

This research protocol is **exempt** from Institutional Review Board oversight under Exemption Category (ies) 2. You may begin your study immediately. If the nature of the research project changes such that exemption criteria may no longer apply, please consult with the IRB Administrator (irb@valdosta.edu) before continuing your research.

ADDITIONAL COMMENTS/SUGGESTIONS:

Although not a requirement for exemption, the following suggestions are offered by the IRB Administrator to enhance the protection of participants and/or strengthen the research proposal:

NONE

If this box is checked, please submit any documents you revise to the IRB Administrator at irb@valdosta.edu to ensure an updated record of your exemption.

Elizabeth W. Olphie 5/4/15 **Thank you for submitting an IRB application.**

Elizabeth W. Olphie, IRB Administrator Please **direct questions to irb@valdosta.edu or 229-259-5045.**

APPENDIX B:

Letter to Dean or Director

Letter to Director or Dean

August 15, 2015

Tracy Jones-Darnell
155 Springhill Drive West
Tifton, GA 31793

Dear Director/Dean:

I need your assistance. My dissertation topic is nursing faculty job satisfaction and intent to stay in academia and will survey nursing faculty teaching in Georgia associate degree nursing programs. As a nursing educator myself, I am aware of the issues nursing faculty are faced with on a daily basis. I plan to conduct a confidential, paper and pencil questionnaire (or an online questionnaire) in hopes of discovering a set of predictor variables for nursing faculty intent to stay in nursing education.

I will be contacting you in a few days to request your assistance with contacting your faculty and/or would like to speak with you directly about your thoughts or opinions related to this survey. The anticipated time of data collection will be during the Fall semester of 2015. Participation in this study will help to improve our understanding of nursing faculty job satisfaction and their intent to stay in academia.

Thank you for your time and consideration. If you have further questions regarding this study, you may contact me at 229-848-2089 or tracy.jones.1@darton.edu. I look forward to speaking to you soon.

Sincerely,

Tracy Jones-Darnell MSN, RN
Valdosta State University
Educational Leadership
Doctoral Student

APPENDIX C:
Letter to Participant

September 17, 2015

Tracy Jones-Darnell
155 Springhill Drive West
Tifton, Georgia 31793

Dear Nursing Colleague:

I need your help. Please assist me with my doctoral dissertation examining job satisfaction and intent to stay in academia of nursing faculty in Georgia associate degree nursing programs. Your response is very important to the success of this study.

Please complete the enclosed survey and return in the enclosed stamped envelope by October 20. However, if you prefer to complete the survey electronically, you may go to <http://www.surveymonkey.com/r/nursingfacultyjobsatisfaction>. The survey should take no more than 20 minutes to complete. Your responses will be kept confidential and only group level data will be reported. The research complies with the Valdosta State University International Review Board's guidelines for studies including human participants.

Thank you in advance for your time and contribution to expanding the knowledge of nursing faculty job satisfaction and intent to stay in academia. Upon completion of the survey, you may submit your email address to be eligible for one of four Wal-Mart gift cards and/or to request a copy of the survey findings. If you have any questions, please feel free to contact me at 229-848-2089 or email me at tracy.jones.1@darton.edu.

Sincerely,
Tracy Jones-Darnell MSN, RN
Valdosta State University
Educational Leadership
Doctoral Student

APPENDIX D:

Nursing Faculty Job Satisfaction and Intent to Stay Questionnaire

Purpose: This research is to examine how factors associated with job satisfaction impact the recruitment and retention of educators in associate degree nursing programs in Georgia.

Consent: Submission of this survey indicates your consent for participation. All responses will be kept strictly confidential, and only group-level results will be reported.

Directions: Select the number in each column that best reflects your opinion as accurately as possible.

| | | | | | | |
|--|--|------------------------|--------------------------|-----------------------|--------------------------|-------------------------------|
| A. | Do you or did you have a mentor? | Yes (1) | No (2) | | | |
| If you answer “No” to having a mentor, you may skip to section B. | | | | | | |
| 1. | Was your mentor assigned formally to you or did you informally choose a mentor? | Formally (1) | Informally (2) | | | |
| | Mentoring To what extent has your mentor.... | Not at all | To a small extent | To some extent | To a large extent | To a very large extent |
| 2. | Given or recommended you for challenging assignments that present opportunities to learn new skills? | (1) | (2) | (3) | (4) | (5) |
| 3. | Helped you finish assignments or meet deadlines that otherwise would have been difficult to complete? | (1) | (2) | (3) | (4) | (5) |
| 4. | Gone out of his or her way to promote your career interests? | (1) | (2) | (3) | (4) | (5) |
| 5. | Conveyed empathy for the concerns and feelings you have discussed with him/her? | (1) | (2) | (3) | (4) | (5) |
| 6. | Discussed your questions or concerns regarding feelings of competence, advancement, relationships with peers and department heads or work or family conflicts? | (1) | (2) | (3) | (4) | (5) |
| 7. | Shared history of his or her career with you? | (1) | (2) | (3) | (4) | (5) |
| 8. | Encouraged you to prepare for advancement? | (1) | (2) | (3) | (4) | (5) |
| 9. | Served as a role model? | (1) | (2) | (3) | (4) | (5) |
| 10. | Displayed attitudes and values similar to your own? | (1) | (2) | (3) | (4) | (5) |

| | | | | | | |
|-----------|--|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| B. | The following statements relate to your occupation as a nursing educator in academia. | | | | | |
| | Occupational Commitment | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
| 11. | If I could get another job different, paying the same amount I would probably take it. | (1) | (2) | (3) | (4) | (5) |
| 12. | I definitely want a career for myself in nursing education | (1) | (2) | (3) | (4) | (5) |

| | | | | | | |
|---|--|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| 13. | I like this profession too much to give it up. | (1) | (2) | (3) | (4) | (5) |
| 14 | This is the ideal profession for my life work. | (1) | (2) | (3) | (4) | (5) |
| 15 | I am disappointed that I ever entered into nursing education | (1) | (2) | (3) | (4) | (5) |
| C. Please answer the following questions based upon your lived experiences at your current position and institution. | | | | | | |
| | Organizational Commitment | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
| 16. | I am willing to put in a great deal of effort beyond that normally expected in order to help this institution be successful. | (1) | (2) | (3) | (4) | (5) |
| 17. | I talk up this institution to my friends as a great place to work. | (1) | (2) | (3) | (4) | (5) |
| 18. | I would accept almost any type of job assignment in order to keep working for this institution. | (1) | (2) | (3) | (4) | (5) |
| 19. | I am proud to tell others that I am part of this organization. | (1) | (2) | (3) | (4) | (5) |
| 20. | I find that my values and the institutions values are very similar. | (1) | (2) | (3) | (4) | (5) |
| 21. | This institution really inspires the very best in me in the way of job performance. | (1) | (2) | (3) | (4) | (5) |
| 22. | I really care about the fate of this institution. | (1) | (2) | (3) | (4) | (5) |
| 23. | For me this is the best of all possible institutions for which to work. | (1) | (2) | (3) | (4) | (5) |

| | | | | | | | | | |
|--|-------------------------------------|--|---------------|------------------|--------------|--|---------------|------------------|--------------|
| D. Listed are some student behaviors you may have experienced or seen in the nursing academic environment. Please check the level of “disruption” and how often each behavior occurred over the past 12 months. | | | | | | | | | |
| Incivility Students who are.... | | Do you consider this behavior disruptive? | | | | How often have you experienced or seen this behavior in the past 12 months? | | | |
| | | Never | Rarely | Sometimes | Often | Never | Rarely | Sometimes | Often |
| 24 | Not paying attention in class | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |
| 25 | Being unprepared for class | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |
| 26 | Refusing to answer direct questions | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |

| | | | | | | | | | |
|----|---|-----|-----|-----|-----|-----|-----|-----|-----|
| 27 | Using cell phone in class | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |
| 28 | Arriving late or cutting class | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |
| 29 | Creating tension by dominating class discussion | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |
| 30 | Cheating on exams or quizzes | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |
| 31 | Demanding grade changes or special favors | (1) | (2) | (3) | (4) | (1) | (2) | (3) | (4) |

| E. The following work-related situations have been identified as potential sources of stress. It is possible that some of these situations cause more stress than others. Indicate to what extent each is a source of stress by selecting the appropriate response. | | | | | | |
|--|---|----------------------------------|----------------------|------------------------|-----------------------|--|
| | Job Stress My job requires.... | Rarely or never stressful | Slight stress | Moderate stress | Lots of stress | Always or almost always stressful |
| 32. | Participating in work-related activities outside of regular working hours | (1) | (2) | (3) | (4) | (5) |
| 33. | Complying with departmental rules and regulations | (1) | (2) | (3) | (4) | (5) |
| 34. | Complying with institutional rules and regulations | (1) | (2) | (3) | (4) | (5) |
| 35. | Having inadequate facilities (office, lab, classrooms) | (1) | (2) | (3) | (4) | (5) |
| 36. | Evaluating the performance of my students | (1) | (2) | (3) | (4) | (5) |
| 37. | Having students evaluate my teaching performance | (1) | (2) | (3) | (4) | (5) |
| 38. | Resolving differences with fellow faculty members | (1) | (2) | (3) | (4) | (5) |

| | | | | | | |
|-----|---|-----|-----|-----|-----|-----|
| 39. | Having insufficient time to keep abreast of current developments in my field | (1) | (2) | (3) | (4) | (5) |
| 40. | Having insufficient authority to perform my responsibilities | (1) | (2) | (3) | (4) | (5) |
| 41. | Believing that the progress of my career is not what it should or could be | (1) | (2) | (3) | (4) | (5) |
| 42. | Assignment of duties that take me away from the office | (1) | (2) | (3) | (4) | (5) |
| 43. | Being unclear as to the scope and responsibilities of my job | (1) | (2) | (3) | (4) | (5) |
| 44. | Having inadequate time for teaching preparation | (1) | (2) | (3) | (4) | (5) |
| 45. | Feeling pressure to compete with my colleagues | (1) | (2) | (3) | (4) | (5) |
| 46. | Resolving differences with students | (1) | (2) | (3) | (4) | (5) |
| 47. | Feeling that I have too heavy workload, one that I cannot possibly finish during the normal workday | (1) | (2) | (3) | (4) | (5) |
| 48. | Receiving insufficient recognition for teaching performance | (1) | (2) | (3) | (4) | (5) |
| 49. | Resolving differences with my chair | (1) | (2) | (3) | (4) | (5) |
| 50. | Lacking congruency in institutional, departmental, and personal goals | (1) | (2) | (3) | (4) | (5) |
| 51. | Not knowing how my chair evaluates my performance | (1) | (2) | (3) | (4) | (5) |
| 52. | Receiving inadequate salary to meet financial needs | (1) | (2) | (3) | (4) | (5) |
| 53. | Assess the level of stress you experience in your job | (1) | (2) | (3) | (4) | (5) |
| 54. | Assess the level of stress you experience in your daily life | (1) | (2) | (3) | (4) | (5) |

| | | | | | | |
|-----------|--|-----------------------|------------------|--|---------------------|--------------------------|
| F. | Answer each item as to the degree of job satisfaction or dissatisfaction you feel about that aspect of your position as a faculty member. | | | | | |
| | How satisfied are you with the: | Very Satisfied | Satisfied | Neither Satisfied or Dissatisfied | Dissatisfied | Very Dissatisfied |

| | | | | | | |
|-----|---|-----|-----|-----|-----|-----|
| 55. | Level of importance of your work in teaching | (1) | (2) | (3) | (4) | (5) |
| 56. | Amount of authority you have to accomplish your job tasks | (1) | (2) | (3) | (4) | (5) |
| 57. | Opportunity to try new, innovative ideas | (1) | (2) | (3) | (4) | (5) |
| 58. | Amount of work required | (1) | (2) | (3) | (4) | (5) |
| 59. | Opportunity to use your abilities in your position | (1) | (2) | (3) | (4) | (5) |
| 60. | Opportunity to work independently | (1) | (2) | (3) | (4) | (5) |
| 61. | Accurate evaluation of your performance | (1) | (2) | (3) | (4) | (5) |
| 62. | Supervision of your position | (1) | (2) | (3) | (4) | (5) |
| 63. | Ability to resolve differences with your supervisor | (1) | (2) | (3) | (4) | (5) |
| 64. | Security of your position | (1) | (2) | (3) | (4) | (5) |
| 65. | Opportunity for advancement | (1) | (2) | (3) | (4) | (5) |
| 66. | Relationship with your peers | (1) | (2) | (3) | (4) | (5) |
| 67. | Rate of pay for your position | (1) | (2) | (3) | (4) | (5) |
| 68. | Medical/health insurance benefits available | (1) | (2) | (3) | (4) | (5) |
| 69. | Colleges support for the professional growth of the faculty | (1) | (2) | (3) | (4) | (5) |
| 70. | Sense of accomplishment you receive from your work | (1) | (2) | (3) | (4) | (5) |
| 71. | Degree of technical support available to you | (1) | (2) | (3) | (4) | (5) |
| 72. | Interactions with students in the clinical setting | (1) | (2) | (3) | (4) | (5) |
| 73. | Interactions with students in the classroom setting | (1) | (2) | (3) | (4) | (5) |
| 74. | Overall satisfaction with your job | (1) | (2) | (3) | (4) | (5) |

| | | | | | | |
|-----------|--|--------------------------|-----------------|----------------------------------|--------------|-----------------------|
| G. | Please check the response that best describes your intent to stay at your current position. | | | | | |
| | Intent to Stay | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
| 75. | I plan to leave this institution as soon as possible | (1) | (2) | (3) | (4) | (5) |
| 76. | I would be reluctant to leave this institution | (1) | (2) | (3) | (4) | (5) |

| | | | | | | |
|-----|--|-----|-----|-----|-----|-----|
| 77. | I plan to stay at this institution as long as possible | (1) | (2) | (3) | (4) | (5) |
| 78. | Under no circumstances will I voluntarily leave this institution before I retire | (1) | (2) | (3) | (4) | (5) |

Directions: Check or fill in the blank in each column that best reflects you as a nursing faculty member.

| | |
|------------|--|
| H. | Demographic Information |
| 79. | What is your employment status? |
| | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| 80. | What is your race or ethnicity? |
| | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Hispanic |
| | <input type="checkbox"/> White |
| | <input type="checkbox"/> Other, Specify: _____ |
| 81. | What is the highest educational attainment level? |
| | <input type="checkbox"/> BSN degree |
| | <input type="checkbox"/> MSN degree |
| | <input type="checkbox"/> ABD |
| | <input type="checkbox"/> Doctoral degree |
| | <input type="checkbox"/> Other, Specify: _____ |
| 82. | What is the name of the institution where you are currently employed? |
| | _____ |
| 83. | How many years have you been teaching full-time in academia? |
| | _____ |
| 84. | How many years have you been teaching full-time in your current position? |
| | _____ |
| 85. | Do you hold any employment in addition to your faculty position? |
| | _____ |
| 86. | If you would like to be entered into the drawing for four Wal-Mart gift cards please list your email address: |
| | _____ |
| 87. | If you would like a copy of the findings please list your email address: |
| | _____ |

APPENDIX E:

Permission to Use Faculty Stress Index

From: Walter H Gmelch [whgmelch@usfca.edu]
Sent: Thursday, November 13, 2014 2:52 PM
To: Jones-Darnell, Tracy T.
Subject: RE: Faculty Stress Index

Dear Tracy:

You are welcome to use the FSI in your study. My only requests are that you cite the copyright (Walter H Gmelch @ University of San Francisco) and provide me with a summary of the results so I can track the usage and outcome of the instrument.

Best of luck,

Walt

From: Jones-Darnell, Tracy T. [mailto:tracy.iones.1@darton.edu<mailto:tracy.iones.1@darton.edu>]
Sent: Thursday, November 13, 2014 11:13 AM
To: whgmelch@usfca.edu<mailto:whgmelch@usfca.edu>
Cc: Jones-Darnell, Tracy T.
Subject: Faculty Stress Index

Dr. Gmelch:

I am a doctoral student in an Ed.D program at Valdosta State University. I am in the process of writing my dissertation, which is about nursing faculty job satisfaction and intent to leave academia, while focusing on the variables of mentoring, job stress, incivility, organizational commitment, and occupational commitment. I am seeking permission to utilize your Faculty stress index. I have found this instrument in a variety of dissertations and feel that it is the best instrument for my study. I look forward to hearing from you and hopefully gaining your permission for use in my dissertation study.

Regards,

Tracy Jones-Darnell MSN, RN
Assistant Professor of Nursing
Darton State College
Nursing Division
2400 Gillionville Road
Albany, Georgia 31707
tracy.iones.1@darton.edu<<mailto:tracy.iones.1@darton.edu>>
229-317-6528

APPENDIX F:

Permission to Use Dreher and Ash's Mentoring Scale

Jones-Darnell, Tracy T.

From: Dreher, George F. <dreher@indiana.edu>
Sent: Thursday, November 13, 2014 2:27 PM
To: Jones-Darnell, Tracy T.
Subject: Re: Mentoring scale

Hi Tracy,

You have my permission to use the scale I developed with Ron Ash. When I get to another computer I also will send you an SPSS file containing the results of an exploratory factor analysis of the 18 items. Good luck with your dissertation.

Regards,

George

Sent from my iPhone

On Nov 13, 2014, at 12:06 PM, "Jones-Darnell, Tracy T." <tracy.jones.1@darton.edu> wrote:

<image001.gif>
Dr. Dreher:

I am a doctoral student in an Ed.D program at Valdosta State University. I am in the process of writing my dissertation, which is about nursing faculty job satisfaction and intent to leave academia, while focusing on the variables of mentoring, job stress, incivility, organizational commitment, and occupational commitment. I am seeking permission to utilize your mentoring scale. I have found this instrument in a variety of dissertations and feel that it is the best instrument for my study. I look forward to hearing from you and hopefully gaining your permission for use in my dissertation study. Additionally, I will petition the American Psychological Association for permission as well.

Regards,
Tracy Jones-Darnell MSN, RN
Assistant Professor of Nursing
Darton State College
Nursing Division
2400 Gillionville Road
Albany, Georgia 31707
tracy.jones.1@darton.edu
229-317-6528

APPENDIX G:

Permission to Use the Occupational Commitment Instrument

From: Gary Blau [gblau@temple.edu]
Sent: Saturday, November 15, 2014 10:26 AM
To: Jones-Darnell, Tracy T.
Subject: Re: Occupational commitment instrument

thank you and best wishes

gb

On Sat, Nov 15, 2014 at 9:35 AM, Jones-Darnell, Tracy T.
<tracy.jones.1@darton.edu<<mailto:tracy.jones.1@darton.edu>>> wrote:
Thank you and I will make sure to send you my findings. Have a great weekend!

Sent from my iPhone

On Nov 13, 2014, at 3:55 PM, "Gary Blau" <gblau@temple.edu<<mailto:gblau@temple.edu>>> wrote:

Hi Tracy - sure, you have my permission. Please feel free to use this measure as best fits your dissertation!

good luck with it! <330.gif>

gary b,

On Thu, Nov 13, 2014 at 2:18 PM, Jones-Darnell, Tracy T.
<tracy.jones.1@darton.edu<<mailto:tracy.jones.1@darton.edu>>> wrote:
<image001.gif>

Dr. Blau:

I am a doctoral student in an Ed.D program at Valdosta State University. I am in the process of writing my dissertation, which is about nursing faculty job satisfaction and intent to leave academia, while focusing on the variables of mentoring, job stress, incivility, organizational commitment, and occupational commitment. I am seeking permission to utilize your Occupational commitment instrument. I have found this instrument in a variety of dissertations and feel that it is the best instrument for my study. I look forward to hearing from you and hopefully gaining your permission for use in my dissertation study.

Regards,
Tracy Jones-Darnell MSN, RN
Assistant Professor of Nursing
Darton State College
Nursing Division
2400 Gillionville Road
Albany, Georgia 31707
tracy.jones.1@darton.edu<<mailto:tracy.jones.1@darton.edu>>
229-317-6528<<tel:229-317-6528>>