

8-1-2015

Ethnographic Inquiry of the Cultural Context: Academic Nurse Educators

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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

ETHNOGRAPHIC INQUIRY OF THE CULTURAL
CONTEXT: ACADEMIC NURSE EDUCATORS

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

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College of Natural and Health Sciences
School of Nursing
Nursing Education

August 2015

This Dissertation by: Karen D. Cotter

Entitled: *Ethnographic Inquiry of the Cultural Context: Academic Nurse Educators*

has been approved as meeting the requirements for the Degree of Doctor of Philosophy in
College of Natural and Health Sciences, School of Nursing, Nursing Education

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ABSTRACT

Cotter, Karen D. *Ethnographic Inquiry of the Cultural Context: Academic Nurse Educators*. Published Doctor of Philosophy dissertation, University of Northern Colorado, 2015.

The cultural context of academic nurse educators is unique. Its nuances have not been explored from the perspective of nursing faculty. In this ethnographic study, 12 faculty were interviewed, revealing the cultural context of academic nurse educators as complex, rewarding, and demanding. Metaphors of water such as “sink or swim” and “keeping your head above water” were frequently used by study participants as descriptors of the culture. Challenges in this culture included demanding workloads, challenging interchanges with nursing and academic colleagues, negotiating a complex bureaucracy with unwritten rules and rituals, and finding trusted individuals who would provide a network of support. Nursing faculty found they needed to earn credibility within the culture. Clinical nurses enter this culture and must learn patterned ways of thinking as academic nurse educators. An essential key to adapting one’s professional identity in this context was finding colleagues who would provide a support network. However, nurse faculty reported interactions with some of their colleagues to be guarded, uncivil, and conflict avoidant. Often, nurse faculty encountered a bureaucratic quagmire with reports of slow pace of work, resistance to change, heavy workloads, and requirements for scholarship not always clear or consistently enforced. Findings from this study dictate that strategies must be implemented to provide nursing faculty with a

network of support. Intentional efforts must be made to address horizontal incivility and balanced workloads.

Key words: culture, nursing, academic culture, scholarship, civility, service, communication, ethnography trust, support, credibility, clinical, workload, bureaucracy, community

ACKNOWLEDGEMENTS

Thank you to my husband for his patience through this degree of coursework and the journey of the dissertation; certainly he deserves a badge of honor for his unconditional love and unwavering support through this experience. Thank you to the rest of my family: to my mother who instilled in me a drive for lifelong learning, my father who has taught me a lot about persistence and being strong despite the circumstances, and my brother and sister who set the bar of accomplishment high. Love to you all.

Thank you to my lifelong friend and walking partner, Lisa, who has walked 5000+ miles with me over the last five years, listened to my rants and reasoning, encouraged me to reach my goals, and to dream big. To my editor and surrogate mom, Margaret, I could not have done this without your support and encouragement, bravery to read my work and help me to fix it, and that little apartment in OKC that we shared for those four weeks in May, 2015. Your coffee percolator, your grammatical prowess, your support, your encouragement, and your fervent prayers were certainly all keys to my success in this endeavor. For my colleagues who encouraged me along the way and the support of my dean, allowing me time away for data collection and writing during two semesters, thank you.

I would like to take this opportunity to thank the University of Northern Colorado College of Natural and Health Science and the School of Nursing for making this degree

possible through the design of an online program that allowed me to complete this degree while working full-time in nursing academia. It is a degree that has changed who I am and will serve me well in my future career. Thank you to the faculty members who served on my committee. I would also like to thank the Administration and Board of Trustees of Oklahoma Baptist University for their support and granting of a paid semester leave of absence to work toward completion my dissertation.

Finally, I would like to acknowledge the support and guidance of my doctoral research advisor, Dr. Lory Clukey. Thank you for reading my drafts (all of them) and always offering feedback. Thank you for pushing me, encouraging me, and holding my feet to the fire when I had to get things done. Your guidance and support was immeasurable and yet you left me to find my own way in just the right amount. For the weekly Skype calls, thousands of emails, I could not have accomplished this without your help and guiding support. Keep being YOU and Thank You.

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CHAPTER I

INTRODUCTION

Background

A nursing career offers varied avenues for professional practice. A nurse might choose to hone one's expertise in provision of care to persons of certain age groups or with certain disease processes. Another nurse might choose to provide care in a particular clinical environment such as intensive care, recovery room, long term care, hospice, or home health. A nurse might choose to change one's area of practice at any time during one's career. Some nurses choose to advance their education and pursue degrees in advanced practice. Advanced practice offers as much variety as the basic registered nurse appreciates. Nurses' perceptions of advanced practice are often limited to those who practice directly with clients, whether in clinics, inpatient, surgical, or emergent care.

Another choice in advancing one's practice is that of nurse educator. Nurses who seek the opportunity of being an educator encounter unexpected challenges within a new culture. Enculturation is the process of adapting one's professional identity to a new cultural context, an adaptation that requires the use of new terminology, new professional interchanges, and the application of one's skills in a new context (Schriner, 2007). A nurse has already faced a first enculturation to the profession in the preparation for practice; completing a nursing program with its associated acquisition of specific

knowledge, skills, and attitudes. Assuming the nurse educator has successfully navigated the process of enculturation, he or she faces significant challenges adapting to the cultural context of academic nursing. Little exploration has been done to articulate the rules, rituals, language, and beliefs of academic nursing culture. My study has initiated this exploration.

Culture as a concept has multiple definitions. Each area of nursing practice, whether basic or advanced, involves an environment that possesses its own cultural context. Spradley (1979) and Leininger and McFarland (2006) have studied and defined cultural context. Spradley defined it as those who share common language, shared skills, values, and rules understood and followed by members of the group. Leininger and McFarland defined it as "...the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular culture that guides thinking, decisions and actions in patterned ways and often intergenerationally" (p. 13). Although Leininger and McFarland might have been primarily referring to geographic groups of persons, this definition, combined with that of Spradley, accurately describes the culture of nursing education. There are patterned ways of thinking and decision-making driven by the professional identity of nursing within the overarching culture of academia. The patterns within the cultural contexts of nurse educators within academia have not been explored nor articulated.

The culture of nursing education is an area of practice often overlooked due to its complexity and challenge. The role of nurse educator carries its own multifaceted cultural context. The clinical practitioner is familiar with the nursing cultural context but must adapt to the context of academia, which essentially requires the nurse to become

bicultural to fulfill her or his obligations and responsibilities in this role. Schriener (2004, 2007) published the most recent study regarding cultural dissonance encountered when negotiating the transition from clinical practice to academia. There is a shortage of individuals who can navigate this transition successfully and remain within that mixed cultural context of academia and practice because the comingling of the cultural contexts of academia and nursing practice is poorly understood.

A common thread in nursing education programs as well as in nursing practice is the concept of culture; competence that includes awareness of cultural needs, care sensitive to values and belief systems, and spiritual needs is often intertwined. Within the cultural context of nursing practice and care provision, a number of nurse-theorists have explored and defined cultural competence specific to the delivery of direct client care and communications fostering health promotion and safety in the environment. However, there is a paucity of information about the cultural context of the nursing academic environment. This study examined that environment. As expert nurse educators prepare for retirement in the coming decade, we must be ready with replacement faculty (Richardson, Gilmartin, & Fulmer, 2012). To accomplish this, we need to describe and understand the cultural context of academic nursing education.

In the environment of academia, a novice faculty member entering the nursing educator role might be met with time-consuming challenges because the expectation of the culture of academia is a mismatch to his or her actual lived experiences upon entering the new culture. A clearer understanding of the culture of nursing faculty in academia should provide the information needed to help address and support novice faculty as they move into the cultural context of academe. It can benefit deans and directors of nursing

programs as they introduce and integrate new faculty into the environment and cultural context of nursing practice in academia. Managing learning experiences in the classroom and clinical settings is just one facet of the academic role. Successful adaptation to the new culture is an essential component of moving toward expertise in academia.

Ethnographic exploration of the nursing education culture has not been pursued in recent research. Several studies (Anderson, 2009; Becker, 2013; Schoening, 2013) have described the work-role transition and the professional identity changes that accompany the transition from clinical practice to academia; however, these studies were limited to interactions with novice faculty. My research study included a process of interviewing faculty and providing descriptions and components of the rules, rituals, language, and beliefs within this cultural context. Knowledge of the academic nursing cultural context provided strategies for addressing and overcoming challenges for individuals during the enculturation to the nurse educator community of practice.

Communities of practice are “a kind of community created over time by the sustained pursuit of a shared enterprise” (Wenger, 1998, p. 45). Wenger (1998) went on to say that shared competence is what ties the community together. Nurse educators enter the community of practice when they have achieved competence in their roles as nurse educators. Before they achieve this competence, they participate in the community, learning the rules as they fulfill their roles. The community of practice among nurse educators is shrinking with aging educators retiring and the slow progression of doctorate prepared faculty to replace them. The challenge will be to replenish that community to sustain it over time and begin to grow it to meet challenges existing in the profession of nursing. There is an assumption that any nurse with a master’s degree can teach. The

master's prepared nurse might be an expert at being a student and feel very comfortable in the community of practice of students, but it is indeed a challenge to transition to the community of practice with new language, beliefs, rules, and rituals. Although they do share a common bond with newfound colleagues as nurses, they are now in a new community called academia.

Within the community of practice of academia, there are experienced nurse educators as evidenced by the number of nurses graduating from programs and successfully completing the NCLEX licensure exam for practice. The National Council State Boards of Nursing (NCSBN; 2012) reported the national passing percentage for NCLEX in 2012 was 90.34%. The programs are functional and successful in preparing graduates for practice but they are turning away qualified students for admission. According to the AACN in 2010, there were 75,000 qualified applicants denied admission to pre-licensure programs because of lack of available space, budgets, clinical sites, and faculty (Nardi & Gyurko, 2013). An influx of new educators to the cultural context of academia is inevitable because of the shortage.

The findings of this study describe the cultural context of the academic environment and can guide programs to support faculty development within academic settings. What are the key elements present in the day-to-day activities of nursing practice within academia? Do these elements shape the culture and drive a sense of collaboration, collegiality, communication, and civility among faculty? This study explored those elements.

Nicolson-Church (2012) wrote about the essence of the expert nurse educator. After interviewing 11 faculty who were considered experts as nursing educators, she

provided the essence of their daily tasks and professional skills but did not address the pathway to that expertise. Additionally, she stopped short of describing the environment and daily cultural context for professional interchanges among expert nursing faculty. There was a need to explore this further using an ethnographic approach among nurse educators practicing within the academic cultural context.

The academic environment for nursing faculty practice is clearly different from the clinical practice environment. There are inherent challenges such as a new environment with different expectations for practice and a different set of terminology. Nursing faculty expectations of the academic environment are usually based solely on his or her experience as a student within that environment.

Schriner (2004) explored the cultural dissonances between novice and experienced faculty members. One of the themes in the findings was the conflict of expectations and reality of the cultural context of academia. The study failed to clearly articulate the elements of the academic culture that made it different from the context of clinical practice. Similar explorations of the cultural context of nursing faculty practice have not been published in the last decade. My study filled existent gaps in the Schriner study.

Problem Statement

The cultural context of nurse educators practicing within academia is poorly understood. Exploration must be made to demonstrate key elements of rules, rituals, language, and beliefs present in daily interchanges, decisions, and negotiations of challenges. Revealing these key elements could provide deans and directors of nursing programs with knowledge to design strategies for retention, role transition, and faculty

support. Understanding and articulating the academic culture of nursing could identify strategies useful for support of professional development as well. By interviewing faculty, evidence was collected regarding the facets and elements that make the cultural context of nursing education unique. It was accomplished through ethnographic inquiry that has not been used in examining this environment.

Research Question

The following research question guided this ethnographic inquiry of the cultural context of nurses in academic practice:

- Q1 What is the cultural context of nursing faculty practice within tenure-granting institutions not associated with a health science center?

My study was an ethnographic inquiry into the cultural context of nurse educators. Cultural context was defined by Spradley (1979) as a group of individuals who have a shared occupational task or other interest. Individuals are likely to have multiple cultural contexts in the living of their day-to-day lives in their communities, religious groups, hobby groups, and even neighborhoods. Ethnographic focus is used to describe and interpret a culture sharing group or cultural context. The cultural context for this study was nursing educators practicing in the context of academia within a tenure-granting institution not associated with a health science center. This inquiry was conducted in an interview format with questions derived from the literature regarding the experiences of faculty within their cultural contexts in day-to-day activities as a nurse educator. I explored the rules, rituals, language, and beliefs of nurses as they functioned within the cultural context of nursing education. This ethnographic inquiry was an oral history--a gathering of reflections and events recalled during the occupational ventures of nurse educators.

This ethnographic study was driven by contextualism with naturalistic inquiry (Creswell, 2007). With the application of contextualism, cultural rules and behaviors were identified within the context of nursing education. The theory of contextualism “holds that human nature is specified and made intelligible only by the particular context in which it is found” (Schwandt, 2007, p. 43). Contextualism facilitates discovery of cultural values, behaviors, and contexts taking place embedded in beliefs, practices, syntax, and tradition. This study explored the cultural context of nursing in academe within its context for discovery and articulation of its taxonomy and environment.

As I began interpreting the data describing the cultural context, the process revealed social relationships as well as the power and cultural components of academia. Ethnographic inquiry revealed and described the environment in which the nurse educator participated with daily interchanges and fulfillment of responsibilities. This included who and what were involved in the culmination of becoming an expert nurse educator and what the day-to-day experiences and syntax were revealed in this cultural context.

Summary

Interviewing nurse educators gave insight into the elements of the cultural context experienced while fulfilling one’s role in academia. Identification of the culture of the community of practice of nurse educators had not been explored in the literature. Although Schriener (2004) explored the dissonances, she stopped short of describing the overall cultural context. Once the cultural context has been explored with ethnography, a rich description of the rules, rituals, language, and beliefs of this environment emerged.

CHAPTER II

REVIEW OF THE LITERATURE

Overview

In qualitative research, a review of the literature is a guide to the data analysis (Creswell, 2007) but must first be explored for gaps. There were gaps in the literature regarding nurse educators' everyday culture and the environment in which they fulfilled their professional roles within academia. Gaining an understanding of the academic culture of nursing education is essential to transforming the culture to support nursing faculty at all levels. Additionally, information about the structure of the academic culture might provide needed insight to directors and deans of nursing programs by illuminating rules, rituals, language, and beliefs not currently elucidated. Although the focus of my study was the cultural context of faculty nursing practice within tenure-granting institutions, the literature was replete with evidence of the struggles, transitions, and experiences of newcomers to the culture of academia (Anderson, 2009; Schoening, 2009; Schriner, 2007). The research stopped short of defining and describing the academic culture of nursing faculty's community of practice.

Academic Culture

The culture of academia is a mystery to newcomers. Individuals aspire to faculty roles intent on influencing eager minds and expanding scholarship and expertise in their field of work. Once they arrive, rules, rituals, language, and beliefs in this community

are all new. Freedman (1979) stated that faculty members are “conditioned, molded, and influenced—often without their awareness—by the institutions in which they serve” (p. 205). The items within this enculturation included a “complex symbolic apparatus of myths, statutes, precedents, ways of talking and thinking, and even uniforms” (Bruner, 1996, p. 29).

Faculty roles are multifaceted. Austin (1990) claimed faculty function within at least four different cultures: student interactions, institutional participation, disciplinary responsibilities, and professional development. Learning and negotiating this multifaceted role can be a challenge. Expert, renowned, and extensive knowledge in one’s field is not sufficient to prepare anyone for this challenge no matter the motivation for seeking a faculty position.

Previous exposure to the academic environment as a student carries its own set of rules and expected behaviors. Novice faculty are surprised the academic culture is characterized by strategy and competition. As students, the competition was to be the top performer; however, they did not expect to find competition among faculty colleagues. For example, there might be a limited number of tenured positions within an institution. Achieving one of those positions becomes paramount. Faculty feel the need to eliminate threats to achieving tenure rather than assisting others in faculty development (Bowman, 2001). This competition goes beyond the walls of the institution, e.g., competition and strategy for federal funding and publications. Limited resources feed angst and secrecy within fields of interest across institutions.

Each academic institution carries its own culture (Austin, 1990). Expectations for teaching, scholarship, research, and service vary according to the mission, vision, and

governance of an institution. Faculty must adapt to the institutional culture. Experienced faculty who change institutions find themselves in the novice role again, learning the rules, rituals, language, and beliefs of a new community of practice. We know academia has various cultures across institutions, divisions, and departments. Anecdotally, it is suggested cultural variations impact faculty retention and satisfaction; however, this was not supported with recent research.

Clinical Nursing Culture

Nurse educators were once part of the culture of clinical practice. When they transition to academia, they are forced to become bicultural. Academic culture promotes the autonomy of nurses and ideology related to that goal. Clinical nursing culture is one of care provision with medical dominance. The nurse educator must find a way to fit into both worlds, often feeling like they do not belong to either (Anderson, 2009).

Clinical nursing is a multifaceted culture. One facet of clinical nursing is it is an oral culture (Street, 1992). The oral culture of clinical nursing is an understood connection between people. For example, if a nurse meets another person who is a nurse, there is no need to commiserate on the difficulties of practice; there is a reciprocal respect for facing unspoken societal taboos. This connection is further validated with the shared rules, rituals, language, and beliefs surrounding clinical practice and professional identities. Nurses who transit to the faculty role have an instant connection with colleagues in the nursing department because of the shared identity related to clinical nursing practice (Anderson, 2009; Schoening, 2009).

Ethnographic research of clinical nursing practice has been limited. Thus, little is known about the culture of clinical nursing. Street (1992) was faced with barriers and

nurses who refused to participate as she tried to discuss clinical practice for her research. Consistent with Spradley's (1979) methodology of ethnography that one must build rapport with participants in order to collect meaningful interview data, Street built relationships with her participants. She then collected data describing clinical nursing practices with associated challenges and identified the following categories: oppression of nurses, types of knowledge, and symbols in nursing practice.

Oppression of nurses in practice likely began as early as the beginning of the profession. The matriarch of professional nursing, Florence Nightingale, insisted on guidance from the medical community in order to garner support, creating nursing as a technical trade on the coattails of medicine. This began the tradition of viewing medical doctors as experts in medicine as well as in nursing education programs. The assumption of superior knowledge gave them a perceived level of authority in developing nursing knowledge and structuring subservience of nurses to the medical profession (Street, 1992).

Nursing continues to be dominated by the culture of medicine despite the work of nurse scholars and theorists (Hofmeyer, 2003; Moody, Horton-Deutsch, & Pesut, 2007; Nardi & Gyurko, 2013). The clinical community of practice fails to see the value of scholarship: how can esoteric theories provide immediate answers to clinical issues in practice? Benner (1984) found a lack of systematic data about the daily clinical practice of nurses. Frake (1980) suggested a new cognitive map must be constructed upon each new clinical context. This cognitive map would consist of behaviors, rules, beliefs, and actions. Knowledge and mastery of the culture is equivalent to acquisition of power (Street, 1992).

Street (1992) identified three types of knowledge in clinical practice: technical, practical, and emancipatory. As the lowest level, technical knowledge alone is insufficient for professional nursing practice. It includes the ability to predict patient behaviors in response to interventions. A nurse with technical knowledge understands disease processes, can look for appropriate assessment findings (normal or abnormal), and constructs goals for plans of care.

Practical knowledge guides one's judgment about a given situation within the sociocultural context of nursing practice. This includes collecting information through language from clients, nurses, allied health personnel, family of clients, and physicians. The cultural background of all involved persons impacts communication, which is essential to delivery of safe and protective care environments.

Nursing language includes the use of terms born of the medical culture coupled with traditions, terminology, and assumptions about the culture of nursing education. This bilingual practice to earn acceptance and equality from the medical culture while trying to promote the ideology of nursing culture leaves nurses with a conflicted sense of worth. The conflict is evident when nurses use wording such as "only a nurse." They offer apologetic responses to comments like "you are smart, why aren't you a doctor?"

Nurses must also use Street's (1992) final type--emancipatory knowledge--which includes skills to confront issues of conflict and domination. It allows for the balance of power and relationships within the cultural context. However, emancipatory knowledge is not cultivated in our schools of nursing.

Nursing students are acculturated to accomplish tasks within parameters and timeframes dictated by faculty. This is facilitated with curricular structure and skills

laboratories. After completion of a nursing program and licensure, this efficiency and quality of work is rewarded in clinical agencies with monetary and intangible rewards. Often within the clinical agencies, the authority figures are not only the nurse managers but also physicians and their designees (Street, 1992).

In a given clinical setting, all players are recognized within a hierarchy of rank but the ranks are intuitive. Knowledge of the hierarchy is earned through time, exposure to practice, and interpersonal skills (Street, 1992). Nurses compete for that knowledge to earn superiority and control over others, often using behavioral modes of secrecy, competition, and strategic planning (Street, 1992). Nurses in clinical practice routinely negotiate interpersonal challenges with dysfunctional communications amid vague hierarchal structures. Although autonomy and professional practice allow for provision of care, it is in an environment where knowledge and familiarity contribute to a sense of increased worth. They strive toward expertise until they change practice areas and find themselves again as newcomers, powerless, and ranking at the bottom of the hierarchy.

Nurses Encountering Academia

Most nurses have no formal preparation for the role of educator. This lack of preparation causes one to face anxiety, uncertainty in a new environment, and isolation; he or she is again a novice when he or she had achieved mastery and expertise in clinical practice. Goodrich (2012) asserted that nurses must have doctoral preparation to fully assume the faculty role since it is complex with expectations for research, scholarship, service, as well as the responsibility for the educational preparation of future nurses. The findings from Goodrich's study demonstrated the correlation between higher levels of education and locus of control and readiness for the transition to academia. "Learning to

teach is not intuitive” (Goodrich, 2012, p. 33). Are the elements identified by Goodrich essential to successful transition of core values within the culture of academia?

Locasto and Kochanek (1989) drew an analogy of reality shock when comparing new graduate nurses with the experience of an expert nurse pursuing graduate degrees or changing roles within nursing practice. In the honeymoon phase, as described by Kramer (cited by Locasto & Kochanek, 1989), the novice nurse educator is enamored with a reliable work schedule without nights and weekends. The novice faculty aspires to be the educator who contributes to the future of the profession and has the respect and admiration of his or her students. The educator has great enthusiasm for the academic community, designing classroom strategies, providing extra attention to struggling students, and academic freedom. The honeymoon phase ends and the novice is confronted with shock and rejection. The novice often finds the unstructured environment difficult to manage. Questions of competency come when, despite best efforts, students still do not grasp the concepts. The reality of committee work, lecture preparation, and test construction leads to feelings of inadequacy and anger. The anger stems from the perception of student apathy and senior faculty inattention to important matters. The final phase is resolution. Locasto and Kochanek stated there are key elements necessary in resolution. Mentors are identified as essential. Time management strategies are also essential to the novice educator and include categorizing tasks in terms of high energy versus low energy and including a time log to determine what time was spent on which tasks. An open door policy is not always a good companion to effective time management. “Expectations in performance of novice educators must be different from expectations for seasoned faculty” (Locasto & Kochanek, 1989, p. 81). Although

Locasto and Kochanek's paper was not a research article, it described the experience of the novice and brought to light the needs of the novice during the transition from clinician to academician. It stated it is the responsibility of expert faculty to be a source of support to the newcomer but did not address the experience of the expert when he or she was a novice. Although they described the experience of the novice, they did not explain or explore the culture of the academic environment for any faculty--novice or seasoned.

Esper (1995) described the experience of the novice faculty facing transition while moving from the clinical to the academic role. Explaining the socialization process in three phases, she begins Phase I by describing the novice in terms of an enthusiastic participant preparing the future cadre of nurses. The novice does not understand seasoned faculty complaints regarding student performance and academic responsibilities. This phase is filled with dreams, an idealism of the role, and the impact the novice will have on the future of the profession of nursing.

Phase II is composed of the novice experiencing and seeing the "real world" of academia (Esper, 1995). There is role conflict between expectations and reality. The novice educator might be an expert clinician but have no formal preparation for the role of faculty. In fact, the novice's experience in the classroom has only been as a student. There is a realization that the politics of acute care nursing also exist in the academic arena; the rules and terminology are different but the struggles are similar. There seems to be little or no respect for the novice's clinical expertise despite the value of that expertise in the clinical setting. The academic role requires the novice educator to be skilled in supervision and evaluation, both of which are essential; however, the novice

might need guidance. The idea of being a novice again is disconcerting and challenging to the clinical expert. Seasoned faculty must spend time and energy helping the newcomer address feelings of inadequacy and isolation but this is generally an extra burden without recompense.

Phase III has two possible outcomes: (a) acceptance to the new role and further development toward mastery or (b) an inability to adapt and leaving academia and returning to the clinical arena. Esper (1995) recommended mentorship as an essential component to supporting the novice faculty toward socialization to the new community of practice. In addition to mentorship, novice faculty must be supported with faculty development programs, familiar clinical agencies, collegial spirit among faculty welcoming newcomers, and adequate support given to the newcomer in managing the multifaceted role of the academician. If experienced faculty are a key component in the success of novice faculty, is the time and energy required for the retention of faculty a core value within the culture of academia?

Siler and Kleiner conducted a study of novice faculty in 2001. This study included faculty from American Association of Colleges of Nursing (AACN) schools. The researchers took a purposive sample of 12 faculty members: six were novice faculty and six were experienced faculty. Four common themes were prevalent in the analysis: “expectations, learning the game, being mentored, and fitting in” (Silas & Kleiner, 2001, p. 399). Expectations were illustrated with descriptions including a lack of preparation for academic culture and socialization to the role. Newcomers were eager to find a new avenue of professional development and contribution to the profession but were surprised by the culture, routines, and terminology. The newcomers in this study felt their clinical

expertise was devalued by the expert faculty as irrelevant to success in the academic community. Novices were surprised by the workload, lack of support, and lack of orientation to the role. Mentorship was mentioned as a strategy among these newcomers but the time management of meetings and purpose of the meetings were often unclear. This could be because the expert nurse educators had not been socialized to the role of support persons. It was unclear in the literature whether those individuals had similar support in their novice experiences as new faculty. Siler and Kleiner recommended narratives to describe the experience of teaching as a method to help understand the transition and support needed for success of the newcomer to academia.

From a cultural perspective, Schriener (2004) described the transition of clinical nurses to the educator role. She discovered dissonances between novice and experienced faculty members in values and cultural differences between practice and academia. Her findings illustrated that faculty who understood the dissonance were more effective mentors to novice faculty during their transition. One of the themes in her findings was the conflict of cultural expectations to reality that is often the case for new faculty members--the experience of the newcomer to the faculty role does not match the expectation.

Davidson (2011) examined the day-to-day experiences of faculty in a study aimed at increasing retention and job satisfaction among nurse educators. Reference was made in Davidson's study to the theory of situated cognition of Lave and Wenger, specifically with regard to the socialization of newcomers to academia. The theory of situated cognition refers to learning while doing. Within their framework, "legitimate peripheral participation" was the term used to describe this learning while doing. Legitimate

peripheral participation is the allowance to fulfill the rights and responsibilities of a role while learning about the role. Within situated cognition is the concept of communities of practice, which are groups that have a shared domain of interest and relationships with all participants as practitioners (Wenger, 1998). Nurses are clinical practitioners with clear values, beliefs, and rules to govern decisions, behaviors, and actions. Nursing faculty are within a community of practice where rules, rituals, language, and beliefs are less explicit.

CHAPTER III

METHODOLOGY

Introduction

The ethnographic approach entails exploration and understanding of a particular group of people. This study was an exploration of the cultural context of nursing faculty within a tenure-granting institution not associated with a health science center. Spradley (1979) stated, "Ethnography is culture studying culture. It is based on the assumption that knowledge of all cultures is valuable" (p. 9). Leininger and McFarland (2006) discussed culture in terms of lifeways. Nursing faculty have certain lifeways and practices that are prevalent and necessary for survival within their culture but these have not been described nor explored in the literature in several years. Schriener (2004) concluded the last study by addressing the culture of nursing educators. Education and health care have evolved and changed over the past 10 years. Performance expectations of nurse educators have changed in that time span as well. Exploring and describing those lifeways and practices within the cultural environment in which they occur could serve not only novice faculty but also constituent institutions, students, and health care agencies.

The core of ethnography is "concern with the meaning of actions and events to the people we seek to understand" (Spradley, 1979, p. 5). As people function within a cultural context, they begin to form a cognitive map of the cultural rules, rituals,

language, and beliefs necessary for survival within that group. The cognitive map for academia differs from the map used for practice in the clinical context. The academic nurse requires knowledge, skills, and attitudes for development of a new cognitive map within the cultural context of nursing education (Anderson, 2009; Frake, 1980; Schoening, 2009). My study explored and described the components of the cognitive map of the culture of nursing faculty with regard to rules, rituals, language, and beliefs.

Ethnography makes inferences from what people say about their actions, beliefs, rules, and expectations within the context of the cultural environment. To understand what is being said, the interviewer must have a grasp of the language of the culture. My 10 years of experience within this culture have given me a firm grasp of language, colloquialisms, challenges, and actions of nursing faculty in day-to-day fulfillment of the role.

Spradley (1979) recommended that questions posed be worded in a way so participants do not feel the need to interpret their answers. When participants feel they have to translate for the interviewer, key terminology might be omitted or stated in simpler terms. Since I was familiar with this cultural context, I phrased questions using familiar terms and colloquial phrasings for the participants in order to build rapport and credibility between the participant and me.

My study used a development research sequence suggested by James Spradley (1979): "Ethnography is an explicit methodology designed for finding out both the explicit and tacit knowledge familiar to the most experienced members of a culture" (p. 156). There were 12 steps for conducting the study and completing the written ethnography, which are described within this methodology. Although the following

descriptions seem stepwise and logical, Spradley stated the process could be dynamic and circular at times and similar to the nursing process familiar to me.

Sampling

Purposive sampling was used to identify 12 informants who met the criterion for the study--nursing faculty who had taught full time for a minimum of two academic years in a tenure-granting institution. Spradley (1979) recommended the length of time someone should be within the culture to be an acculturated informant for an ethnographic study is one year. Participants were identified through my professional contacts in academia. The participants were nurses who held full-time appointment in a nursing program in a tenure-granting institution not associated with a health science center. Identified faculty were contacted via telephone and email to determine willingness to participate as informants in the study. A copy of the consent form was sent in advance to the participant via email. The completed consent form for participation in the face-to-face interview as an informant was obtained at the time of the interview (see Appendix A). Demographic information was also collected at the time of the initial interview for data analysis purposes (see Appendix B).

Spradley (1979) stated that the informants must have first hand, current involvement within the culture to be the best type of informant. He recommended six to seven interviews with one person for an ethnographic study but stated that multiple interviews with various informants who shared the same cultural context were equally as effective in providing data to describe it. The informants for this study were not asked to participate in more than one interview session; each was approximately 60-90 minutes in length. The interview sessions were face-to-face, conversational, and relaxed.

Criterion for Inclusion

A nurse educator is someone who has practiced in the community of academia. My study revealed cultural themes and descriptions of rules, rituals, beliefs, and language of this culture-sharing group. Nursing faculty participants reported on their levels of education and years of practice with a demographic questionnaire. Results are presented in Chapter IV's demographic descriptions.

All interviews for this ethnographic inquiry were conducted face-to-face. I traveled to locations for the interviews as needed. Informants were 15 to 150 driving miles from my home. The interviews were conducted in the faculty offices of the informants; the space was free from interruptions and as free as possible from ambient noise and traffic.

This study did not target novice or expert faculty; this was an ethnography of the academic culture with participants in that culture. The minimum of two years participation in the cultural context was intended to elicit knowledgeable responses about that context. The informants chosen for this study provided a series of different people who shared similar experiences during their participation within the cultural context of academia. Experience ranged from 3 to 45 years within that culture. The total number of informants was 12 and was based upon repeating patterns visible in the data analysis. Institutional Review Board approval through the University of Northern Colorado was obtained prior to conducting of interviews (see Appendix C).

Data Collection

The informants were treated with respect and I worked to establish rapport with the informants for the purpose of the interview. Spradley (1979) stated the interpersonal

skills necessary for rapport with informants are “asking questions, listening instead of talking, taking a passive rather than assertive role, and showing interest with eye contact or other nonverbal means” (p. 46). I had experience with interviewing for phenomenological studies and was familiar with the necessary skills to promote successful interviews for data collection.

Spradley (1979) recommended that a novice ethnographer choose to explore a cultural scene unfamiliar to the researcher. Although this researcher was familiar with the cultural context of academia, efforts were made to diminish that familiarity. I recognized my personal perspective on the cultural context of academic nursing practice, put that aside, kept an open mind, and avoided preconceived ideas while asking the interview questions.

My personal perspective on the cultural context of academic nursing practice was that nursing education is a challenging environment where nurses must learn to adapt their skills in a new environment with new terminology and unwritten rules. Nurses often report choosing to enter the educational arena to make a contribution to the future of the profession. Nurses possess the nursing skills of caring, interpersonal communication, assessment, planning, and evaluation needed within the cultural context of academic nursing practice but they are delivered a new set of terminology, rules, and challenges. Often, the nurse faculty’s expectation of academia is based upon his or her own experiences as a student in a nursing program. The student might approach the role with confidence but once she arrives and begins to fulfill the multifaceted role beyond the walls of a classroom, the culture of nursing education is daunting. The newcomer describes feeling isolated and lost with little understanding or explanation of the many

aspects required of a nurse educator on a tenure track in academia. This lack of guidance and support is common practice in nursing education. Experienced faculty are busy working to fulfill their obligations of research, scholarship, teaching, and service, leaving little time for the newcomer. After all, he or she had to learn the transition from clinical practice to academia “all on my own.”

Taxonomy is the word or term used in everyday functioning within a cultural context (Spradley, 1979). Newcomers might be unfamiliar with the appropriate use of taxonomy and those familiar with the context often forget the terminology used is not familiar to outsiders. This was evident in the findings of Siler and Kleiner (2001) in a qualitative exploration with novice faculty. Anderson (2009) and Schoening (2009) provided a sketch of the novice transition to faculty role. My study was intended to produce a sketch describing the rules, rituals, language, and beliefs of a nurse educator in a tenure-granting institution.

I know nurse educators in academia face challenges. Learning to communicate with students and colleagues with civility is difficult when incivility is rampant. Educators often feel isolated in their work and assignments because they have specific tasks to complete and no one is available as a resource because others are busy completing their own assignments. Educators left clinical practice where they were accustomed to teamwork as a function to accomplish tasks and solve problems. In academia, a team approach among faculty is rare. Mentorship programs exist but are often informal with no load relief given to either the mentor or the protégé for the time commitment it takes to assist someone in his or her professional development and identity formation as a nurse educator. The questions I posed in this study are in part

derived from my personal perspective on the cultural context of academia within a tenure track position.

I wrote journal entries following each interview regarding impressions whether verbal or nonverbal and took time for debriefing with committee chair as needed following interviews. None of my informants were colleagues at my home university.

The consent and demographic questionnaire may be found in Appendices A and B, respectively. The demographic data were connected to the pseudonym identified for the informant and known only to me for data entry purposes. Questions were provided to the informants at least five days prior to the agreed upon time for the interview via email communication (see Appendix D). The consent form requested permission to contact the informant following the interview to verify statements for clarification or further explanation.

The interviews were conducted in a private space. The interviews lasted 48 to 90 minutes and were at a convenient time. I was cognizant of the participant's time and asked permission to extend the interview if needed. According to Creswell (2007), sharing too many personal stories as an interviewer might reduce information shared by informants in ethnographic research. I tried to avoid sharing personal anecdotes during the interview process.

During the process of the questioning, I allowed time for responses by the informant. I expressed interest in the answers with nonverbal cues such as head nodding and eye contact. I was sensitive to the nature of the questions posed, allowing adequate time for answering and for the informant to think without rushing her responses. I asked questions for clarification and created hypothetical situations for response by the

informant. At the conclusion of each interview, I allowed time for questions from the informant and thanked the informant for her participation. I closed the interview and left contact information for the informant in case the informant thought of something else to share.

The interviews were semi-structured with a list of questions and some questions evolved as the study progressed. Spradley (1979) suggested moving through three types of questions: descriptive, structural, and contrast. The questions in these interviews varied in complexity but were dynamic in terms of utilizing all three categories to paint the picture of the role of the informant. Descriptive questions were open-ended and allowed for the informant to expand upon roles and environment in day-to-day activities. Structural questions addressed domains of knowledge about daily tasks, assignments, interactions, and procedures, i.e., in academia, how are course assignments determined? Although very specific to one task, it likely could lead to key considerations and knowledge needed to complete that task. Structural questions were helpful in discovering why things were done a certain way within the cultural context of academic nursing practice. The third category--contrasted questions--enabled the "ethnographer to discover the dimensions of meaning which informants employ to distinguish the objects and events in their world" (Spradley, 1979, p. 60). These questions came near the end of the interview sequence when I was drawing conclusions and asking for clarification on various items that had arisen. Although most of the questions were pre-determined, contrast questions allowed for latitude in further exploration and discovery.

In between the interviews, I constructed data analysis of domains. After the 12 interviews were completed, I discovered cultural themes and composed an ethnography

of the culture of nursing educators. My research advisor served as a peer debriefer and assisted in the reading and analysis of transcripts. There were regularly scheduled Skype meetings with my research advisor during the data analysis process.

The interviews were recorded with electronic devices: SuperNote (for iPad) and Voice Memos. The first had a setting called “meeting” that allowed for audio recording of a meeting using an iPad. Once the recording was complete, it was downloaded in an ‘aif’ file and saved to my password protected personal computer. The application allowed for an email of the recording to be sent to me and was saved to my password-protected computer. All recordings were saved to the hard drive of my computer and also to an external jump drive for backup purposes with an identifiable pseudonym of the informant known only to me. I made brief notes during the interview on a multipage interview guide to further back up the data collected. Efforts were made to take as few notes as possible for better interactions with the informants.

Recordings of one interview were transcribed verbatim by me while 11 interviews were transcribed verbatim by Transcribe.com at the conclusion of each interview. Transcribed text was saved to a Microsoft Word file on a secure computer. Backup copies were saved to an external hard drive, also password accessible. Paper copies were made of the transcripts and kept in a secure location. The only identifying datum tying the informant to the interview transcript was the pseudonym. The electronic copies of the interviews were kept in a password-protected file folder. Data will be kept for five years following the study in an electronic format (Word files) within a password-protected filing system. Backup storage of the files will be kept on a detachable hard drive also accessible via a password known only to me.

I also maintained a fieldwork journal. This journal included written accounts and reflections of interviews and contacts with informants. The reflections were dated and revealed ideas, experiences, fears, mistakes, breakthroughs, or alterations in the questions as the project progressed. This journal was protected with pseudonyms for informants and was kept in a secure location accessible only to me. A secondary purpose of the journal was analysis and interpretation as the project unfolded. The journal allowed me to think and brainstorm about observations across interviews, i.e., patterns that occurred repeatedly.

Ethical considerations within this study included obtaining Institutional Review Board approval prior to beginning the project, securing consent from informants, allowing informants the opportunity to withdraw from the study without fear of penalty, protecting informants' identity with the use of pseudonyms, securing password-protected electronic files, and locking file drawers accessible only to me.

Data Analysis

“Ethnographic analysis is the search for the parts of the culture and their relationships as conceptualized by the informants” (Spradley, 1979, p. 93). A key in this process was to discover the tacit knowledge of the informants that related to their culture, which they might not have even considered in the fulfillment of their roles as nurse educators in the baccalaureate setting. The rules, rituals, beliefs, and language in the academic nursing culture needed to be discovered. I evaluated answers to the interview questions, looking for meaning among the symbols and the relational nature of the symbols and terminology used by the informants.

Using the definition of culture--groups of people who share rules, rituals, language and beliefs, I began to organize my data according to those four domains. As the themes emerged, I began to doubt those domains were sufficient or I was somehow predetermining my data set. I went forward and created several more domains with more descriptive terms but then had trouble organizing the data into manageable pieces. I returned to the four domains and used them as a framework to categorize the emergent themes. Within each of the four domains (rules, rituals, language, and beliefs), themes were categorized with statements exemplifying the defining facets of each domain. Some emergent themes fit into more than one domain, i.e., scholarship and workload were present in rules and beliefs. Figure 1 depicts the organizational chart and the evolution from domains to cultural themes to general statements. This figure serves as a flow chart of the data analysis and presentation throughout Chapters IV and V.

Significant statements were coded with quotations of participants that were descriptive of the experience. Statements by informants were clustered into themes as they emerged from the data. I uncovered stories of the participants in the setting and structural experience as they described the culture. The combination of the textural and structural descriptions of this cultural context revealed the essence of the culture.

I manually searched for commonly used terms and phrases, which provided clues to key domains of interest among the informants. Domains are categories that include names for things, taxonomic meanings, and relationships with everyday activities. I chose four domains of focus within my ethnographic analysis: rules, rituals, language, and beliefs. The domain analysis was analogous to Creswell's (2007) category of

describing, which included “social setting, actors, events, drawing a picture of the setting” (p. 156).

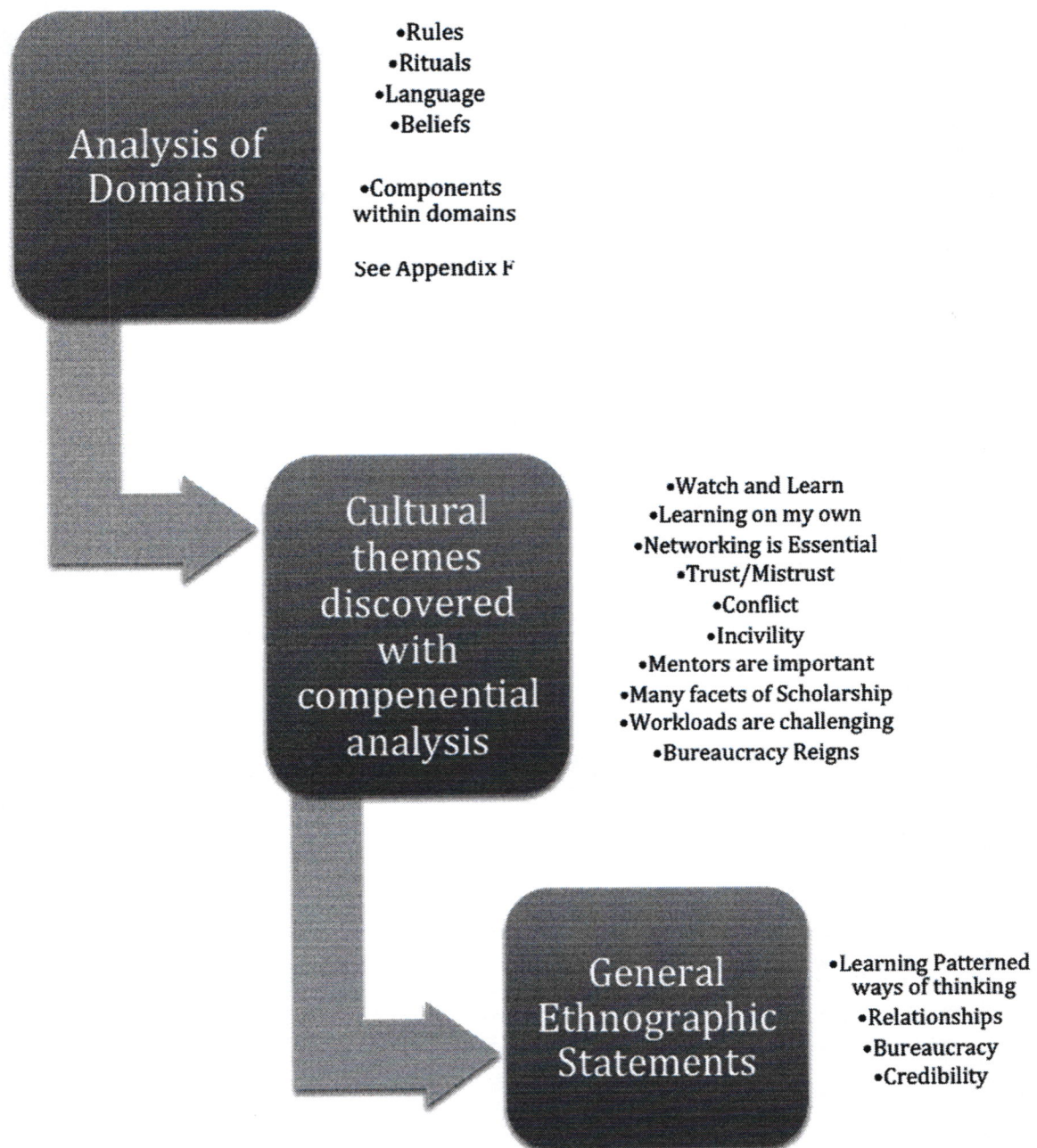


Figure 1. Organizational chart of data to domains to cultural themes to general statements.

After the domains were identified, I analyzed those domains. In the analysis, I looked beyond the preliminary domain identification of names for things and began to analyze the semantic connections within the identified terminology. Spradley (1979) referred to this process as looking to the hidden meanings that might be unspoken during the interview process. Semantic relationships are an important element in the analysis of domains. The structural questions began to identify relationships within the domains. Verbatim analysis of the interview data was essential and included classifying the data and finding themes and patterned regularities as described by Creswell (2007): coding for causes, context, and conditions; and determining the strategies and consequences of actions within the culture.

As the domains were analyzed, the structural questions further painted the portrait of the academic culture. Structural questions were sorted into several categories: explanation, repetition, context, and cultural framework. Asking questions regarding these categories compelled me to frame questions using contextual and cultural terms well understood by the informants. They also demonstrated cultural sensitivity and knowledge of the native language of the cultural context, which enhanced rapport. The overall purpose of the structural questions, used concurrently with descriptive questions, was to verify the domains previously identified in the domain analysis. Although the principles were straightforward and could be learned, the skill was to tailor the questions to the needs and knowledge of each informant.

In the process of interviewing and compiling data, it was necessary to choose a focus domain or domains on which to limit the scope of the study in order to provide an in-depth analysis of a few domains rather than a superficial analysis of as many domains

as possible. Ethnographers have argued regarding the better approach between these options. In the interest of time and ability, I provided a focus on the relevant domains, which provided a richer and more meaningful analysis. It was still possible to gain understanding of the cultural context despite focusing on a few domains. In Spradley's (1979) approach, the focused analysis was followed by an overall ethnographic description so a balance in this study reflected particular domains as well as an overarching synthesis of the cultural context of academic nursing education. This description was referred to by Creswell (2007) as "interpreting," allowing the researcher to make sense of the findings and how the culture really worked.

Taxonomy in ethnographic research differs from a domain; it is a compilation and evidentiary relationship of all terms within that domain that are used by informants. A domain is like a drawer in a cabinet--everything in that drawer includes terms and relationships within that category. I chose the relevant "drawers in the cabinet" to focus on the taxonomy and relationships that would reveal themes and vital elements related to the cultural context of nursing education within tenure-granting institutions. This taxonomy was analogous to the representation and visualization described by Creswell (2007). The taxonomy was augmented with tables, figures, and words used by the informants in the day-to-day context of nursing education.

Discovery of meaning is one of the basic capacities necessary for survival in society and for functioning within a cultural context. The understanding of relationships, cultural symbols, and terminology is found in interactions within that cultural scene. My data analysis included the discovery of symbols, tacit meanings, and taxonomy relating to the rules, rituals, language, and beliefs of the nurse educator.

Spradley (1979) used the term *contrast sets* to describe the tacit knowledge members of a culture use to drive communications, interactions, and find meanings within a culture. Contrast sets are previously discovered groups of terms within the taxonomic analysis phase. Identifying these contrast sets could be a formidable task to someone completely foreign to the cultural scene under study. In this step, use of verbatim interview transcripts and field notes assisted in discovering and articulating the semantic relationships, terms, and differences. Spradley described these contrast sets as a “goldmine of cultural meaning” (p. 158).

Componential analysis was the final discovery step in Spradley’s (1979) framework--searching for attributes associated with cultural symbols, i.e., taking the taxonomy with its similarities and contrasts and identifying common behaviors and meanings within the cultural context. Attributes are related to folk terms by additional semantic relationships within a particular domain, presenting an opportunity to utilize those portions of the verbatim transcripts that did not seem to fit within either the domain or taxonomic analyses. It is putting all of the pieces together like a puzzle. The end product is a completed picture of the cultural scene--the semantic relationships between the folk terms and the associated attributes. Efforts were made to ensure the analysis was reflective of the informants’ realities by verifying it with expert content reviews, peer checking, member checking with a small number of participants, consultation with an ethnographer, and debriefing with my research advisor.

Issues of trustworthiness were addressed in this methodology. I worked with my research advisor in sharing data and journaling to keep an audit trail for credibility and dependability. Additionally, an anthropology faculty member, who was familiar with

Spradley's (1979) methodology, reviewed my findings, assisted with my data analysis, and was available to answer questions posed. I formed a focus group of expert nurse educators similar in demographics to my sample to assess and discuss the findings for consistency and reliability in comparison to their experiences within the cultural context of academia. Although the sample for the study was purposive, efforts were made to vary the informants in terms of years of experience and educational preparation in order to promote better transferability and generalizability of findings. At the completion of data analysis and interpretation, I composed an ethnography of the academic culture of nursing education including domains, taxonomy, and components descriptive of the cultural context.

CHAPTER IV

ANALYSIS

Introduction

Cultural context was defined by Spradley (1979) as a group of individuals who have a shared occupational task. This ethnographic inquiry into the cultural context of academic nurse educators demonstrated the rules, rituals, language, and beliefs of the group. One expects to find a culture of collegiality (1992) defined as “characterized by or having power and authority vested equally among colleagues” (p. 372). This definition implies harmony and consensus building. However, the findings of this study demonstrated a different reality.

Academic nurse educators comprise a cultural group. Ethnicity (1992 dictionary) is defined as follows: “Of or relating to sizable groups of people sharing ...linguistic or cultural heritage” (p. 630). The shared heritage began with the early professional development of nurses during pre-licensure programs and novice nursing practice. It was well documented in the literature and serves as a common foundation of professional identity of nurses. Outsiders to this group make assumptions about the nature of the work within academia and often those assumptions are based upon experiences in their educational preparation for practice.

Parallel to ethnicity, nurse educators are a socially constructed culture. They have a shared set of common motives and goals related to their commitment to furthering the

nursing profession, whether at the undergraduate or graduate level. Accepted levels of rank within academia dictate hierarchy and power within the group. A common set of norms and values inherent in the nursing profession in general provides a common frame of reference for acceptable practices and behaviors. This descriptive ethnography reveals practices and behaviors within the domains of rules, rituals, language, and beliefs.

Findings

The enculturation to academic nursing culture is largely acquired through informal learning. “Any person entering a new group with the ambition of becoming a full-fledged, competent member has to learn to comply with its fundamental cultural rules” (Becher, 1999, p. 179). Many of the rules, rituals, language, and beliefs are unwritten. One learns the cultural norms through situated cognition--learning while doing. This includes acquiring knowledge, fitting in, and building relationships. Although the purpose of this study was not about the enculturation, findings identified the domains of the culture academic nursing faculty experience. Domains of the culture are rules, rituals, language, and beliefs (see Figure 2). An analysis of each domain with identification of its associated components provides a picture of the cultural context of nursing faculty. Appendix F demonstrates exemplars of the domains organized by identified components.

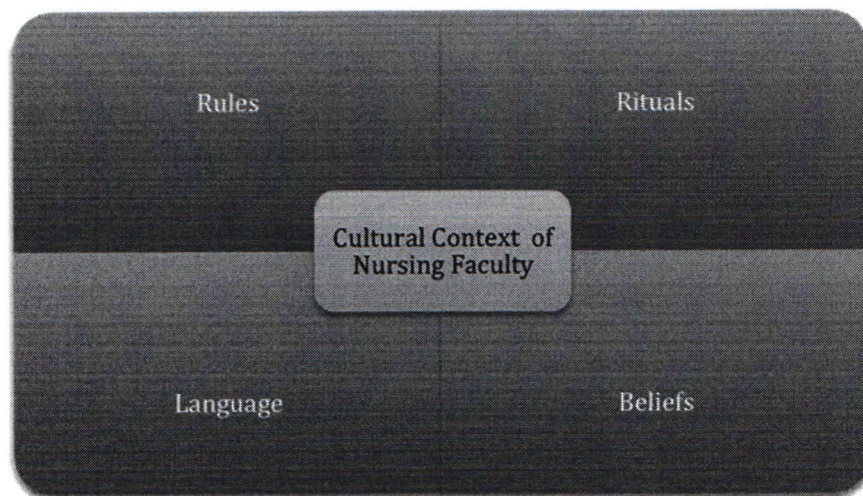


Figure 2. Domains of the cultural context of nursing faculty.

Description of Participants

Twelve nurses were interviewed for approximately 60 minutes each. Average age of participants was 53 (range 30-74 years). Ethnicity was seven White, four Native Americans, and one Asian. Pseudonyms were assigned in alphabetical order of occurrence. All pseudonyms assigned to participants were taken from the hurricane names anticipated for the years 2015-2018. Average length of time in the faculty role was 15 years (range 3-45). Faculty ranks reported were Instructor (2), Clinical Instructor (2), Assistant Professor (3), Associate Professor (3), and Professor (2). Average length of time at the current institution was 5.65 years (range 6 months-15 years). Average length of time in the faculty role was 14 years (range 3-45 years). Participants came from five tenure- granting institutions not associated with a health science center--two were public and three were private. All were located in the south central United States. Seven of 12 participants had formal educational preparation for the faculty role with a Master of Science in Nursing Education. All participants reported they had private office space.

Table 1 presents the aggregate demographic information for participants. Figure 3 provides average numbers in nursing education, number of students, years in practice, and age and Figure 4 presents percentage of time in academic role responsibilities,

Table 1

Aggregate Demographic Information of Participants

Parameter	Data
Mentor Assigned	9 out of 12
Informal Mentor	9 out of 12
Clinical Specialty of Faculty	Cardiac Acute care Maternal child (2) Peds/public health Critical care Emergency (2) Med-surg (2) Leadership academia Community Adolescent child mental health
Number of students in upper division	20-200
Faculty with Advanced Certifications	5, Certified Nurse Educator (3), Pediatric Nurse Practitioner (1), Graduate Faculty Status (2)
Number of Faculty in Department	4-30, Average 17
Average age of students enrolled	29 years

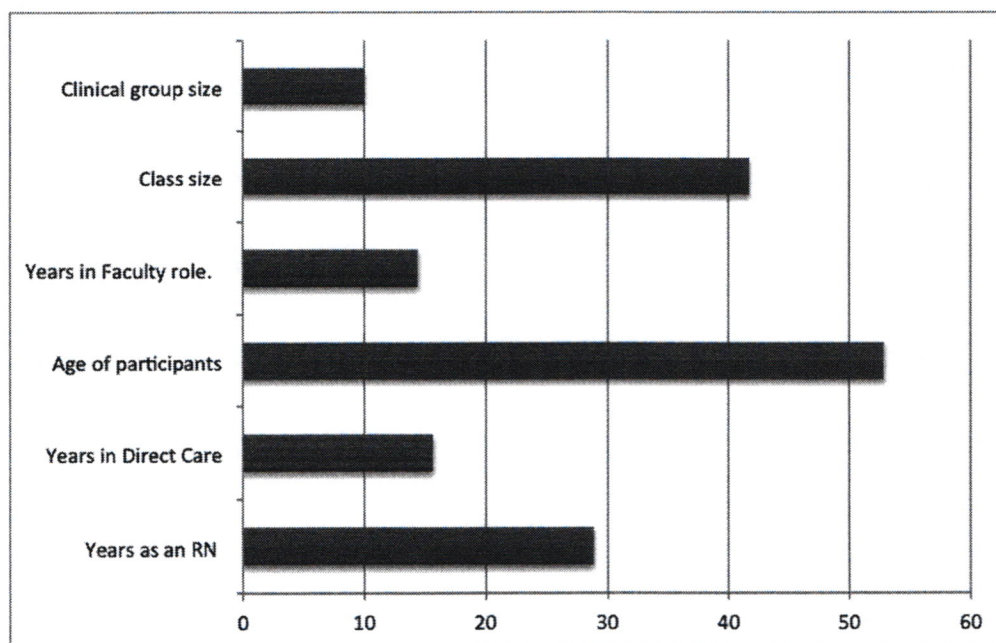


Figure 3. Average numbers in nursing education, number of students, years in practice, and age.

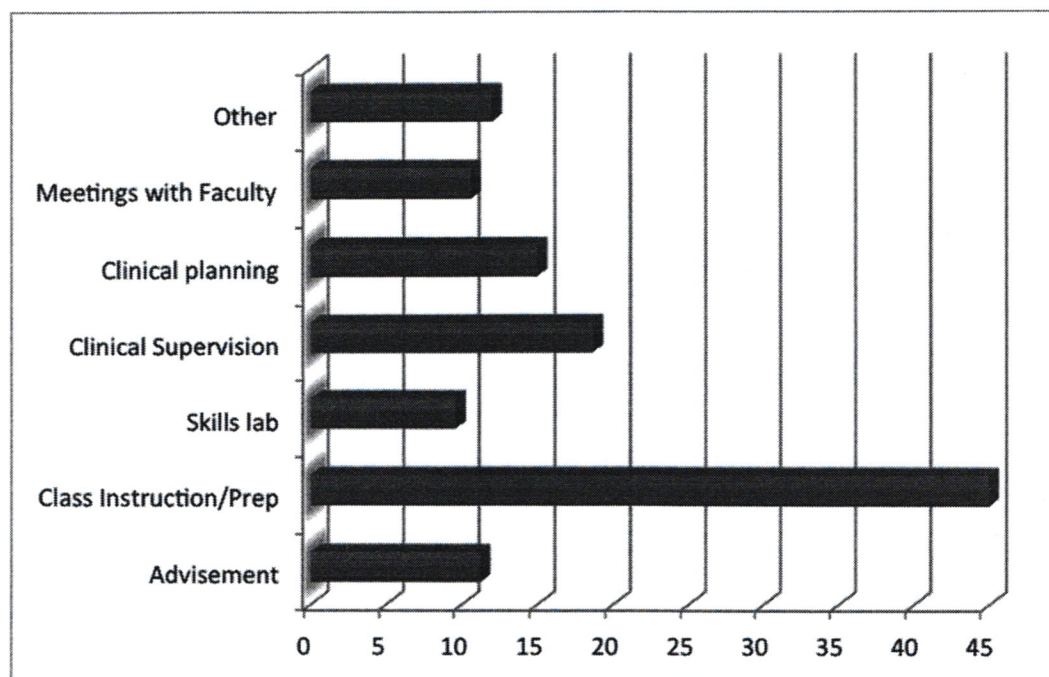


Figure 4. Percentage of time in academic role responsibilities. Other includes committee service, administration, capstone projects, and reports.

Domains of the Cultural Context with Related Components

Rules domain. There are rules within the academic community that must be learned by nurse educators who teach in the collegiate setting. Examples of rules faculty learned were things like not changing course objectives, requirements of office hours, dress code violations, and behavioral rules such as not sitting on the floor. Although many policies and procedures are printed in faculty handbooks and other resources, there are rules that govern everyday behavior which are silent, implicit, and not apparent until an infraction occurs. “I am not so sure there is a rule I haven’t learned the hard way” (Danielle)” and Kate concurred, “What rule didn’t I have to learn the hard way?” Successfully learning the rules for the culture impacts the ability to communicate, fulfills one’s responsibilities, find acceptance, and engage with the entire academic community.

Watch and learn. For these participants, navigating the cultural context of academia was challenging. Although they possessed professional identities as nurses, taking on this new environment as novice educators presented a number of obstacles. One challenge identified by study participants was the lack of a voice. The message they received was clear: Don’t challenge the status quo, the seasoned faculty, or administration without learning the rules first. Julia remarked, “I really feel like I’m the new kid on the block. And I need to just kind of lay low and, you know, get my stuff done and work hard, which is what I do in my office at home, and kind of see how things go. We’ll see.”

Adjusting to this new community of practice, Florence discovered,

We have, you know, per- different personalities. So if somebody has a very different opinion than you and they’ve been around for a while, that might be a

little bit harder to, even if it's encouraged, to feel like you can speak up against it without having some kind of backlash.

Similarly, Ana reflected on her desire to know more,

It was almost a resistance to people wanting me to know what to do ... that's what you would be told, and was like, well, I just wanna know, "well, you are really new, you don't need to know how to do this, well, I didn't even know how to do this. Why are you taking notes?"

Finding support. A prevailing theme in the findings was nurse educators had to find their own team. This included finding colleagues to support and educate them while learning that not everyone was willing to help foster the adjustment to academia. For the participants in this study, those with whom they were assigned to work impacted their transition. Mindy was reticent to admit, "My first semester here was not a good semester, and I really wasn't even sure if this was going to be a fit for me, and it had to do with the person that I was co-teaching with." Some of the study participants had mentors, not from fellow colleagues but rather from those whom they knew from their educational journey. "So I had mentors here because I was a student and I was able to reach out to them constantly and say this is what I'm going through. This is what I'm up against" (Florence). "[learning about] the faculty role is [faculty from my] master's program, it helped me figure out kind of what a true nurse educator was" (Grace). Helen drew from her past experience with other institutions, finding her current college of nursing was much more supportive in terms of faculty development opportunities: "That's really one of my favorite things here that I haven't had in other schools. We pretty much just stayed in our own little place, but we have a faculty development program, campus wide. And, oh, it's good."

Erika stated she felt supported by her college and the university at large. She took advantage of opportunities outside of her department to learn more about academia and her role as an educator:

And be supported by people in different departments. I attend scholarship of teaching and learning communities, where we go and talk about projects that we could do to study — the scholarship of teaching and learning ... so people in the university make you know they say nice things and support you and give you opportunities and that makes you feel supported.

Mindy also discussed campus wide opportunities: “We have a faculty learning community, where you can get together with other—like, right now, I—I’m one that has to do with teaching tips.”

Grace admitted her workplace was difficult because of a particular individual’s behaviors. Although it was a challenge, Grace found others for support: “My supervisor is a very toxic person ... but, um, you’ll just never get any positive feedback from her. And I don’t need a positive feedback, I just don’t need it.”

Study participants in this culture had to learn the politics of their own program and of academia as a whole, which were sometimes covert and often discovered by happenstance. These politics included interactions with administrators, students, trustees, and colleagues; adjustment to a different pace of work; as well as management of bureaucratic procedures. Julia had a low trust in her administrators and warned others: “I would have to say watch out for the administrators because I feel because of the financial, um, situation the state schools find themselves in, they’re kind of coming down on a lot of different programs.”

Helen recalled recent events with budgetary limitations and described the reactions of her colleagues to administrative actions:

And last year when we all got cut a little bit, we got real bent out of shape. Some of our, especially our junior faculty, didn't think we should take a hit because our classes have just skyrocketed. And we're all working so hard cuz we have— They used to have 20 or 30 in classes and now we've got 80 and 90, you know.

When questioned about budgetary constraints affecting faculty morale, Lisa stated, "I can see where there's some potential for that, but we've—we've been fortunate so far that it—it's a shared frustration." This frustration was illustrated by Kate: "Um. [laughs] Um. The expectations are high and the compliments are ... [few] ... to none."

Ana referred to an underlying tension she perceived while relating to other colleagues, "It's kind of a little ... like the underlying bear, or thing down here, it's not on the top, everything looks pretty." Danielle recognized the difference in relating to academic culture as opposed to clinical practice:

Academia is so traditional, so bureaucratic, and so you know, so doesn't want to change ... it just moves so much slower than clinical practice, and I think that's hard for any of the, any of the people that are in clinical practice to see how slow something moves.

Ana concurred with Danielle, "I would say the pace for me, describing the pace, would be slow ... and that's what different to me than clinical practice to education is learning that everything takes time."

Florence suggested being mindful of the student perspective:

So, um, being mindful that sometimes, um, students aren't being rude, that's how they grew up. Um, setting firm boundaries, um, not just with the students, but with other educators outside of the college of nursing, um, you don't always get your way. This is where, the way it's gonna be ... don't say anything you wouldn't say to a student that you wouldn't say to a trustee, cuz that might be their uncle.

Networking. Faculty participants learned they had to create their own structure of support. This included learning on their own what to do, how to do it, internal motivation, and learning to take pride and find intrinsic rewards in what they are doing. To survive and thrive in this culture, they needed a network of support so they found support in various ways. Faculty were encouraged to find a support network not only among the nursing faculty but also among colleagues across campus. Networking was a challenge. Lisa identified several advantages and a rationale for finding a network of support:

Create that network, so that you can do inter-collaborative, interdisciplinary kinds of activities, um, and get to know each other, learn that you're not alone or unique when it comes to certain issues like maybe academic integrity or the budget or whatever the issue might be. It's not just unique to your program. It's not even unique just to [this university], that you're gonna, you're gonna first learn that it's not unique to, to just your program, if you're connected with other folks across campus.

Erika shared she thought almost everyone was willing to support one another: “Pretty much everybody’s available and open and willing to share within their expertise. Some people are more willing to share easily. Others you have to tease it out.” She implied that not everyone seemed willing to help without being asked direct questions. Other participants suggested they experienced minimal support. Ana stated she “[received support from] mainly my team leader because that was her role to help transition me. Not many other people did.” Danielle demonstrated hesitance to participate in a support system:

I'll go out and, and, uh, and help those that are new. Sometimes I wait for them to ask some questions, but sometimes jumping in there beforehand, you know, and trying to, you know, see what the, see what the situation's like to be able to help them without being too overbearing.

Cindy's identity as a nurse gave her knowledge for fulfilling the faculty role: "I think the experience that you have as a practitioner was what guided you into what needed to be done." Similarly, Erika valued her past experience as it helped with her adaptation to the role:

I have to do it on my own. They put it out there ... I think, and that's the way I tend to learn, is kind of get in and do it. And there are some pieces of academia that even though I was in practice, weren't that different from what I had done and the roles I had.

Ana expressed the need to reach out and do it on her own: "You have to navigate, you have to think and almost be a self-starter at times." Keep a list of questions was Mindy's suggestion:

As you're going along, you need to write those questions down. Don't wait until you're in a meeting and then try to come up with them. Write them down so that you've got them right in front of you whenever it's time, and to ask about expectations.

Faculty support for newcomers and continued faculty development was noted by Erika when she offered words of advice:

I think that's my number one thing, to take advantage of what the university offers you ... it doesn't matter that you're new. They still see value in you and they feel like you should be developed...you see many of the same faces at the things you go to at that point so you start to get a network of people who can open doors in other places.

Kate shared the need for finding her own motivation and reward:

But be prepared to not be complimented. Be prepared to not, uh, get a lot of at-a-boys, but do-do, um, if you're committed with your heart, then you're gonna be, you're gonna be fine. As long as you know there are things that you're not gonna like along the way."

Julia commented on a similar experience of lack of external support: "The communication style that's coming down from those folks has been kind of demoralizing."

Participants in this study often suggested a watch and learn approach to learning the rules within the cultural context--by observation, especially by watching role models. Danielle suggested a wait-and-see approach: "Letting them kind of be able to feel their own way through some of that and helping them before they, definitely before their head goes under water and help them."

After some difficult lessons learned about trusting others, Ana reflected, "I had to really just learn to be quiet, and observe and listen." Julia found watching others was an effective tool for adaptation. She found her colleagues helpful in a difficult work environment: 'It's really from watching the other faculty around you. A lot of times, those folks that will take you under, and if you have questions — I don't want to use the word official mentor here, because I haven't been assigned that."

Participants in this study talked about the need to know who was in power and how to connect with those individuals to know the rules of the culture and abide by them. They suggested the following strategies: "Just participate in all of those opportunities [on the campus outside of the college of nursing] because it does open doors to other people on campus who have similar values" (Erika). "It's all about communication, and, um, how to be, um, how to, how to negotiate and manipulate. Also, um, being able to know who the key people are to be able to talk to" (Danielle). Grace managed a difficult relationship by relying on other sources of support: "But I have enough other people that I just have to deal with her once a year on my evaluation, and my evaluation gets looked at by other, you know, the deans, so."

Follow the leader. Participants reported that observing and following the behaviors of others was an effective strategy. Role modeling was a common thread in the beliefs of the faculty regarding learning the rules in context. Mindy shared about her respected leader: “but it's a new dean now. She's very supportive and a—a great role model—a really good role model and leader.” Florence found guidance “[learning from watching and] modeling from other faculty.” Still there was trepidation and mystery implied as Mindy believed: “So, I think that, you know, what—what really is the expectation? Oh, this is what you said, but is that really, really right?”

The belief was largely due to faculty participants' experience of learning the hidden rules including dress code and interpersonal dynamics--what to do and what not to do: rules that were learned “the hard way.” Although many of the rules were unwritten and unspoken, a few emerged from the interviews that warrant attention. Participants were asked, what is a rule that you learned the hard way? Their responses varied from interpersonal interactions to dress codes to items that might affect student outcomes or impact the educator's status for promotion and tenure. Some rules were high stakes.

Florence learned she was expected to know the rules--whether written or not. She did not want to change her behavior to conform to the unwritten rules. Florence learned one unwritten rule the hard way through snide remarks and condescending expressions from colleagues:

We were only allowed to wear those slacks [which showed one's ankles] in the summer time because it's more relaxed. And I'm like, okay excellent. We need to know those things...I didn't know it. We were in a group meeting. I'm obviously the very youngest of all of us and the chairs were full, so I naturally sat on the floor and I just look, see eyebrows raise...and so we have an unwritten rule here that you don't sit on the floor. And it ends up being an old dean's pet peeve that's kind of just been carried over...even if it's not from your boss. Even if it's not from administration, but from other peers... I'm still going to wear pants that

show my ankle and sit on the floor because that's who I am. And so it, it's frustrating to me that I have to try and conform in any way because I would never do anything that I perceived was unprofessional.

According to Danielle, faculty who entered the role in a cohort seemed to have more support than those who entered alone: "There were people that were hired in single groups and not hired in two or three at a time, uh, and those probably had a rougher time of figuring out where to go and what to do. And most of us that were newer would kind of step out and help them." Danielle believed novice faculty must understand the dynamics of interpersonal relationships in order to succeed in the cultural scene of nursing academia: "So I make sure that when somebody's new and they want to be able to negotiate their way around, is to be able to say, you know, um, kind of step back at first, kind of get used to some of the personalities and things that are going on."

Erika was disturbed with the hidden rule of recognizing status of rank. She wanted to be on a first name basis and yet, repeatedly, she encountered this experience:

To me we're colleagues so we oughta be on a first name basis. But still, there's, they do often call each other Dr. something or other even in a group of faculty. ...I've learned if I go to a meeting of faculty about you know, a small training or something, they all write Dr. ____ on their nameplate that they set out in front of them, and I don't, you know. I think in a group of faculty I don't need to call you...I-I don't tend to use my title as Dr. or whatever, which a lot of the academics do.

Interpersonal dynamics were a challenge for participating faculty in this study.

Mindy encountered competition for approval of students:

If you want the students to really like you, you know, kinds of things, or if you want to stand out for the dean or something like that. I mean, that's, there's, there's, well, there's a little bit of that, there seems to be, but not, I don't think it's out of hand. ...I don't see any power plays being done.

Florence denied the presence of, or favor for, competition in her environment: "I don't wanna live in a place where I have to compete." Grace discovered an undeclared

boundary when trying to help students and was met with contempt from a colleague for her actions:

I'm not supposed to cross boundaries with like tutoring. I'm not supposed to tutor for any other class but the ones I teach. Well, I'm sorry, I am a med/surg nurse, I've been a med/surg nurse for many years. I can tutor in med/surg and I'm quite competent to do so. [laughs]...but that was where the hostile environment came is that I was told, "You don't tutor for students that are taking my class." I was stepping over her boundary. But off the record, I didn't stop doing it. [laughs].

Bureaucratic challenges. Faculty participants in this study also encountered rules imposed by the university. Assumptions were made that new faculty knew these rules including committee structure, salary structure, managing outdated systems, and bureaucratic policies to implement change. Often these rules were covert and not understood by study participants. Ana was surprised by committee structure and organization: "This committee governs this and so, a lot more structure I've learned, that maybe I wasn't quite aware of before, I would have never thought went into the education in academia." Bonnie dealt with outdated systems: "Difficult at points dealing with systems that are stuck in the 1980s...we've had students faxing their transcripts, but nobody really knows where the fax comes out. There's like barely three fax machines."

Kate stated it was a failure of the university to recognize the differential of salary between academia and clinical practice: "The compensation is very, very, um, inadequate. I-I can't even put it into words. Yeah. There's a real disconnect there because, although it has not ever caused problems within our department, it's the underlying, uh, elephant in the room." Julia expressed they were understaffed but it was not recognized by the university: "So we really don't have enough people for what we do. And administration is telling us 'Well, you have too many.'" Participants wanted to be

involved in committees of the larger university, but often could not because of conflicting schedules of clinical instruction and meeting times:

Like, are we having a meeting, and a lot of the meetings they have are on Tuesdays and Wednesdays when I am in clinical. And so it's hard almost to be a part of the campus. (Ana)

If I'm on a committee or something, they usually meet on Thursdays and Fridays, and I'm in clinical on Thursdays and Fridays. So it hasn't lent itself to be able to be a productive thing for me as far as being involved in the entire University. I wish I could because I think I'd really enjoy it. (Grace)

[Meetings] that are usually on Thursdays or Fridays usually—usually Fridays [because] I'm always in clinical it seems. (Mindy)

Achieving tenure was seen as a challenge by some participants--competition for select positions. According to Lisa, "There is only a certain number of tenure positions, but currently, there's—I don't perceive the competition... Um, by the time folks get there, they're ready to retire it seems like." Julia was frustrated she could not know her tenure eligibility:

So I can't even apply to find out if I'm even good enough to stay here until I get my doctorate. So that is kind of a non-written, kind of a nasty rule. They expect us to work 15 credit hours, yet at the same time we're getting our degrees, whereas people on their tenure track work 12 hours.

Lisa is competing with other health programs on her campus during a time of limited financial resources:

Um, I'm excited that we have a new occupational therapy program—that there's a plan in place for a physician's assistance program. That's wonderful, but at the same time, there is the potential there for increased competition for limited resources that could go to nursing, and I try to keep that in mind and want to prevent that, and I'm seeing a big potential for that to become an increasing issue.

Several participants in this study learned they did not have autonomy to change course objectives and that it was a bureaucratic process that took time:

Well, we have, um, class outcomes [on record] for our courses and for each topic that we teach... And so, we just can't go in and change those outcomes. They need to go through the curriculum committee to make those. (Mindy)

How-what you have to do to change the objectives and course syllabus, that's not something we can do on our own. It takes at least a year to do that...not knowing that you couldn't rewrite your course objectives any way you wanted to. I mean that wasn't a hard thing to learn but that's an example of something people just aren't gonna tell you. (Erika)

You have your standard rules and way of being able to do that. And it takes forever. It's a bureaucracy that takes a long time to be able to get changes through. (Danielle)

Not enough hours in the day. Participants in this study described teaching as a “way of life.” Discussion of the workload included identification of credit hours in the workload, time required for professional preparation, the volume of work, and the time demands to complete the tasks of teaching. Grace described the work as “rewarding, hard work, little pay. ...Inhibiting [the ability to fulfill the role as an educator] it, I just think maybe just the workload hours.” Bonnie and Mindy felt challenged to do more:

I had to do a lot of studying to get to where I felt like I could talk as an expert in the classroom. (Bonnie)

Challenged in a good way to further—to progress further in my education, to do conferences, to get involved in research. (Mindy)

Mindy expressed a love for her work: “I'm grateful every day, but I'll tell you, it's—it's not the most stressful job I've ever had, but I think I've put more hours in this job than any job I've ever put in.” Bonnie realized it was not a job that concluded at the end of the day: “The volume of work is huge. I was used to doing a job, and being done and heading home. This didn't stop by 5:00 in the evening.” Julia concurred, “I'm extremely busy. I stay in here, and I do my work. And then I go home and I do my work. And I work on the weekends. So when we're together, a lot of us are working... I really feel

like the workload here is out of control.” Danielle said it’s a way of life: “It’s very time-consuming. It’s not a job that, um, you can take and you walk away from. You’re taking it home on weekends. It’s really, it’s really a way of life. If I was gonna pick out another phrase, it’d be a way of life.”

The workload in hours varied in the study from one program to another. The required credit-hour-load per semester ranged from 9 to 15 hours. Grace shared her workload,

I think I’ll have--I had 17 ½ last semester, and I have, I think, 18 this semester. And, I guess, for almost 8 years now there’s been no pay increase. ...And it’s still nice to get that extra money [for overload], but when it kills you it’s not always worth it.

Julia added, “We’re a tiny, tiny group of people doing a lot of work.”

Participants in the study consistently commented about the intensity of the workload. It did not matter if the faculty responding were primarily responsible for face-to-face or online instruction but online instructors were convinced the work required was not recognized. Julia warned faculty to know what kind of workload to anticipate when taking a position teaching an online program:

But because our workload is so intense here--and another thing, it’s an online environment. And people think, “Oh, that’s an easy way to teach’.” ...It is a very intense way of teaching... The biggest problem I see here is just the workload of the online environment and not really being aware of it coming into it. I would say just be with your eyes open and understand that this is a job that, you know, takes a lot of technical skill.”

Study participants came into their programs believing they had control regarding teaching assignments and workload. However, they learned that control was earned through time, tenure, and selective relationships. As a newcomer, Ana was given topics others found less desirable: “When I came, all the presentations given to me when they

divvied them out were what others didn't want. I got end of life, I got GI and GU, all the 'outs' that no one wanted to talk about." Upon accepting a faculty position, Florence was asked about her assignments: She lit up and said "I got all the shit lectures, and I knew nothing about the topics they wanted me to teach and when I tried to negotiate, I was met with, 'well, that's too bad, there is no choice here'" (Journal, Participant F). Longevity proved advantageous to Grace while she pursued graduate studies because "it's helped me so far since I've started my terminal degree that my classes haven't changed, that they've kind of helped us out that way." Helen recognized variances in workload and rationalized the discrepancies,

And, so I do think the younger faculty think the older ones — the more doctoral level, that we get more breaks, but... because we carry a lighter workload. Like, we carry, um, let's see...18 hours a year, 9 credits a semester. And they have 24 work-unit, workload units. But we sit on dissertation committees and master's projects and that takes so much time, you know.

The idea of scholarship. Among the study participants, common references to scholarship were limited to publications in journals, chapters in books, and presentations at conferences. Boyer's (1990) scholarship model included four priorities: integration, application, discovery, and teaching. Participants' focus was primarily discovery; they failed to recognize the use of teaching, integration, or application as scholarship in their educator roles. Although many of them could identify what was meant by scholarship, very few could express exactly what was required of them in terms of scholarly work. The participants did not express an urgency to participate in scholarship because there really were no measurable consequences for failing to do so. Perhaps the lack of scholarship would show up on a performance evaluation but it was unclear whether it

would impact longevity or tenure. Lisa stated the rules in place for scholarship in her institution:

They want to see a balance of scholarship in each of the areas. They'd like to see quality teaching through use of technology, positive student evaluations, peer review—any of those kinds of measurements. They'd like to see some publication of some actual scholarship of discovery—some research of some kind. They'd like to see integration, collaboration, cross-discipline work, [and] presentations.

Helen, who had been denied tenure at another school because of the focus on research projects, came to a smaller institution with a different philosophy of scholarship: “When I went for promotion, boom, I sailed right through. Yeah, so it was different.” Danielle believed scholarship was merely suggested “but there's nowhere where there's a list necessarily...right now it's more of an urging, more of a suggestion.” Erika denied any pressure to pursue scholarly projects:

So they would like us to do research and they would like us to do undergraduate research, or have the students engaged in our research, undergraduate students, as well as graduate students in that. But, um... there's not a huge amount of pressure to do that.

Grace stated scholarship was expected but optional: “I mean, scholarship is expected, but if you really, if it's your real interest, they support it. So yeah.” Mindy insisted only graduate educators needed to be involved:

They really—they want you to be [conducting] research, but you don't get counted off for it if you're not. I mean, if—if you're at the PhD. level or the DNP level, well, then it's different. The expectations are more, where the expectations for us at the master's level, they love for us to be involved with it, but they really want us to focus more, kind of, on the, on the, uh, classroom-type stuff, I guess ... and they're good with that if they can see that we're doing stuff related to that, um, but yeah, they really want us all to be, find some type of research to be involved with.

Florence believed professional growth and development was sufficient: “It's you know, they don't even care what you do, just keep up with our profession. If that, if your

passion is E.R., you know, keep up with it, w-, gerontology, then keep up with it. You know, they want us to be the best in whatever our specialty is.”

After completing her terminal degree, Danielle reported she was taking time off from scholarship: “I’ve been taking the semester pretty much off and just kind of relaxing. Um, trying to be able to, um, uh, publish some of it from the dissertation.”

Helen was reprimanded for lack of scholarship but there was no consequence:

Yeah. I got my evaluation the other day and, um, um, it was really good. And the only bleep that was a little less than wonderful was that I don’t publish, you know. And I’m working on a couple manuscripts, but I’m just [makes disgust sound] not motivated right now.... So they like us publishing. There’s quite a, several that are involved in research, um. They tend to be, um, smaller studies and, you know, not... They don’t go for the federal grants, but they’ll get sigma grants and different things. But I would say the scholarship is all about publishing and presenting.

Danielle stated there were no published requirements for scholarship: “It is not listed anywhere that we need to turn around and we need to publish so many times.” Grace’s understanding of scholarship was “it’s on our evaluations we have. And, and as far as scholarship, it doesn’t have to be like, I mean, some of the scholarship. ...and, um, so stuff like that is considered scholarship. We do a lot of faculty development.” Ana stated, “Certifications count for scholarship.” Danielle said, “Conferences that would be scholarship again, presenting at conferences, if you’re presenting.” Florence reiterated,

They want us to continue education. In fact, we have a CEU committee. We host three different, um, um, conferences ourselves...so they encourage the continual growth and the continual education. They want us to go and do our research and present it, and they’ll do any they can, -thing they can fund-wise to support it.

When questioned about scholarship, Kate responded, “Not a lot.” Ana was surprised at the lack of scholarship in her program; “There was people who were here for over two decades, 20 to 30 years in academia and not even a course taken toward a doctorate.”

Erika stated that publishing was rare in her program: "I don't know that since I've actually been here [three years] we've celebrated anyone getting an article published."

Participants in this study could not identify penalties or consequences for failing to meet scholarship rules posed by the university.

Probably, but I'm probably not aware of them. (Julia)

Yes, it's encouraged, but I haven't seen penalties for not. (Grace)

I'm not sure. I haven't seen that actually happen. (Florence)

So, yes, they want us to find things to be involved with as far as trying at least publish or do something like that. So, there is that expectation, but it's not like we're going to lose our job over it. (Mindy)

There's a list of the three areas of teaching and uh... scholarly and service. But if you don't do it, there's not a penalty...but I don't sense that it's a huge thing. But that may be personally why people on campus look, you know...down on nursing faculty. (Erika)

Cindy understood the evaluation of scholarly activity:

Consequence? Annual evaluations. So nobody doesn't do some way in-in contributing to that. Now, the faculty also have the option to determine the percentage in that evaluation that they want to have focused on [scholarship]. Um, nobody doesn't do something.

Rituals domain. Academia is an environment rich in tradition. Appointment to an academic position implies membership in an elite community. Many rituals within this community are subtle, i.e., secrets known only to those who have rank, whether earned or given, often unwritten and learned through trial and error.

Sink or swim. Participants in this study used the metaphor of water to describe their experiences or to give advice to others. They said it was an exercise in sinking or swimming: doing it on your own or figuring it out on their own. Kate shared, "I mean, it was, you know, sink or swim. There was no real prepping you for the position."

Helen's advice was "I would tell them to jump in with both feet. In other words, immerse yourself in the world of the, of the school." However, navigating with little direction through the rituals, Ana advised "don't hit the iceberg." Study participants were overwhelmed with the complexity of the role, much like Bonnie who said, "I felt like 'I am so in over my head'."

Discovering and asking questions helped Danielle function in her day-to-day responsibilities: "Things that I need to find out were--that I was asking questions of, [because] I may not have understood something, or couldn't find something." Additionally, she had the advantage of beginning with a group of newcomers and so there was a support system in place. They could compare notes: "And so we would talk amongst each other, you know, trying to figure out well my-my mentor told me this. Oh, okay. So we would compare notes and-and that kind of thing." With or without support from her mentor, Erika took responsibility "to support my own learning and to expand, shape something new for me and that's important to me" by attending faculty workshops within the broader scope of her academic community.

Cindy voiced a common experience: "My first experience in that was-is-is just you were thrown into the pot and expected to figure out how to do it. I had no mentors." This lack of support led Cindy to self-discovery and survival: "I think it was just plodding right through it." Florence echoed, "This is it, but a lot of it was trial and error. It was learning by fire." Ana did not feel supported by one colleague: "You would ask for advice, and you would be told, 'Well I'm not your mentor'."

Asking the right questions. Successful discovery of information required that participants know what questions to ask: “Most of it is from those that weren't assigned that we've chosen to kind of decide who to hang with and just word of mouth mostly” (Danielle). Participants in this study did not know who to ask for help and expressed concern:

I think people don't know exactly what you know and what you don't know. And, you know, does this person need assistance in this area? ...If you make a mistake and there's no...there's no forgiveness anymore. It's always felt like that in nursing, hasn't it? (Julia)

Faculty in this study frequently resorted to informal learning to grasp a better understanding of their role within the cultural context of academia. Most of the participants learned the rules and rituals by “trial and error” (Kate). Mindy stated, “It is really hard the first two years.” Danielle encouraged existing faculty to assist others “be that one that has open arms and accepting and be able to help where you can help, and remember how you were treated.” Erika conveyed a forgiving tone with a wry warning: “It’s okay to make mistakes, because we all make them. Not real good to keep making the same one over and over again” [Laughs].

One common thread among these participants was finding support. They had to ask for it, had to discover for themselves who would give it to them, and they also learned through experience key elements of the cultural context. Mentor practices in the journey were formal and informal. Mindy easily found support:

What do you do when you pose a question to, um, I just ask anybody, and it's received. I mean, there's no turf stuff there. ...Yeah, it's not, “Well, I'm the mentor. Why did you go to this person?” There's none of that that I have seen anyway.

Ana shared,

My willingness to say: “how do you do that?” ...that made people answer questions, because it wasn’t just given...I noticed other faculty wouldn’t ask [questions]. And then it was almost acceptable to not do it because they did not know.

Some participants in this study were assigned people to help with their transition to the faculty role. During the transition, they learned new terminology and wanted to fit into their new community. Bonnie stated mentorship was helpful in seeing the broader scheme of things: “She was a good mentor at many points. She helped me look at the bigger picture”

To mentor or not to mentor. Participants in this study cited multiple examples of supportive behaviors from their colleagues and behaviors that they practiced when helping others fulfill the faculty role. “And she was very good too at asking me, ‘Is there anything that you need?’ And it was that way. It wasn’t an official mentor relationship, but I have to say it was more of a collaborative ‘Hey, will you help me?’” (Julia). Ana was offered less specific help but still found support: “Some of the people helped me, umm, as far as giving me advice or ‘how to’, ‘what to.’” Florence also found support from new colleagues with similar challenges: “So we kind of had each other to lean on... I was able to ask her what she was going through, how she handled it.” Helen stated the priority of supporting others was to facilitate growth and to foster retention: “They value mentoring a lot here. Here we kind of grow ‘em up and love on ‘em a bit. You know.” Ana emphasized the value of help and support during a difficult transition: “We need to help them out, because so many people just get thrown in and you feel like, not that you are not aware of your surroundings, or how to do, ya know, teach, but enculturation is difficult at times.” Participants found informal mentors. “I had an informal, uh, mentor,

that continues to be my mentor” (Kate). Erika shared she supported others without formal assignment: “We’ve had three new faculty since I’ve come and so I try to just spend time, answer their questions, help guide them, so it’s not necessarily anything real specific.”

However, the failure of academic nurse educators to assist one another was stated by Kate: “I think we’ve been notorious in nursing for eating our young and I think we’ve been very lax in mentoring one another.” Lisa described dialogue as an avenue of support: “So, there’s, there’s hopefully some dialogue, some discussions, some clarification so that everybody does know what is truly expected.” Lack of support felt by Kate was voiced this way:

I would have to say, I would have a hard time, uh, advising someone about this, at this given time. Because things are so unsettled. Um, I would have a hard time, um, giving them advice, you know, I frankly don’t know if I would recommend someone come here. And that makes people feel, uh, like what they’re doing is meaningless, you know?

Hierarchy. Learning the hierarchy of the academic system is another ritual in the transition to academia and its cultural context. Participants in this study experienced various tools helpful in the transition; most common were orientation programs and mentor support. The effectiveness of these tactics varied among the participants. Ana wanted to see a more formal orientation process during her transition:

There’s no formal portion, there’s no formal orientation, I did go through the HR and they gave me information, but there was no orientation to the campus, or to the nursing education division. ...I think we need a formal orientation process to our department, here is the papers, here is what you do, we need all of this what you do, how you do.

Danielle added,

You have those things that are the general university things that come through all the orientation and programs. ...we definitely had the formal portion of it at--you

know, we sat down with the chair and we went through all of our, what was expected, and you know click-clicked off the little things.

Helen experienced a sense of transparency when her orientation was different: "She spent pretty much the whole hour or two that we had talking about the philosophy of the school ...that's far more powerful than the other stuff [policies and procedures]. And that we ought to be spending time on that."

Danielle suggested,

When you have assigned mentoring, it's like those are the people that tell you okay, you could find this in appendix such and such. But when it comes to true mentoring, they may be your assigned mentor, but you always find that person that you click with best.

Erika shared her experience,

I was given a mentor within the department. And on the university, I think both of those helped. And my mentor was someone I continue to have a working relationship and I still use her as a mentor...the mentor was very supportive. We actually were teaching the same course.

Mindy said,

We're assigned mentors whenever we first start here. ...And so, we meet with that mentor every week or as often as we need to, I guess, if it's more than that, and they kind of say, "Hey, we've got meeting to go to," in case we forget, but—but we actually have check sheet of orientation check offs for us to do.

Florence clarified additional support in addition to a mentor relationship:

So you get a reduction in workload and they have a meeting if not weekly, every couple weeks. And they have people from all different areas come and speak to you. You have, I mean their orientation is very thorough, so you get to hear what is expected. And the assistant dean puts this on. She's the one that really did it all...they also give us mentors, so you have a direct mentor and anytime I have a question, they're available.

Secrets. Contrary to transparency is the practice of guarding information. To the participants, the ritual of keeping secrets among nursing faculty and administration was a recurring theme. Kate alluded to this secretive culture as being like an alcoholic's home:

“The secrets. It's the unspoken things. It's the, uh, pretend to be open, pretend to be. You know, I think that goes for the whole university, not just, you know. Our program here is I don't consider that, but I do the University.” However, Grace said, “I don't think there's any hidden secrets that, that I know of that would affect me.” When asked a reason for the secrets, Ana replied, “Part of it may be pride, because you think people might not give you credit maybe? Unless it's just intellectual property and then people don't want to give it up maybe, that's all I can think of.” Florence said about secrets:

I think sometimes they're unintentional. I think sometimes they can come from history. And I think there's the incivility secrets, where you're actually trying to keep knowledge from another educator. ... I think there's secrets, but I think it's more, uh, organizational culture. There's unwritten rules everywhere you go. There are things we don't see.

Lisa promoted transparency in her program:

I've tried to be very transparent, unless I have a specific instruction—which I haven't today—not to share certain information or there's a reason to delay sharing that information until something else happens. If administration asks for something, if they need something, as soon as they make that request, as soon as I have that information, I'm sharing it with faculty.

Even with the secretive undertones, faculty in this study still felt part of the community of practice: “You've kind of got that camaraderie” (Grace and Kate). Grace added, “I don't think that it's very difficult to negotiate it here. I mean, everything is just, I think it--I don't ever see myself leaving here.”

Remaining in the ranks of nursing faculty over time, earning longevity, carried a certain amount of privilege as reported by the participants. Ana reflected on her time in her position: “We work in a team of four; [it] can really be supportive to your thriving or not. When I first got here, my team was not supportive.” Danielle interacted with seasoned colleagues:

You can talk about a lot of things before you even come into the meetings, and it's not just well okay, now let's go see what such and such a committee says. Well, we've already talked, so second this, second this, and so we kind of know what's going on, you know, before we have to do anything that's official, you know, that kind of thing.

Julia related to her colleagues: "So I think we're actually very well bonded together at this time because we are kind of 'us versus them.'" Danielle described open discussions among her colleagues:

And it's those, those non in the, in the, uh, meeting type of things that are-uh that are, an open door, anybody can join it. It's not like it's hidden and we're secretly plotting. We're just having times of philosophical discussions about things. We'll do it when we meet for lunch, you know, some of us over the table. Everybody comes in and participates in different conversations and things that are going on.

Helen reported faculty must feel a part of the community to avoid suspicion-of-others behaviors in relation to the nursing faculty and the faculty at large, stating, "At first it was a bit more intimidating, and it was pretty rigid." Faculty participants who had the desire to belong wanted to be with the popular group. Mindy was met with a challenge in that task: "I think there has been a few times where we've seen a little cliquishness going on." Erika alluded to a lack of participation in the broader faculty community among her colleagues: "And some of the others don't show up at those [staff meetings] either. So I'm guessing they come to work and they leave and that's why there's finally a parking place eventually, because they only come and teach and leave."

Study participants reported spending time "learning-by-doing" with strategies such as trial-and-error whether or not support was readily available to them. Bonnie expressed her concern of responsibilities for which she was not prepared: "I did feel, early on, that I was put into leadership-type roles, being in charge of a course or being in charge of a team, for example, much sooner than I was ready for."

Cindy talked about the perils of making exceptions to the rules:

When you make an exception to one for valid reasons, it can come and bite you, can come and bite you. And most of the time, I think, when you make the exception for what you consider valid reasons, then you're opening the door to let everybody create a valid reason for making exceptions. So I guess that's the-that's the hard rule.

Since she was a student advocate and the environment and philosophy of her program was student-centered, Cindy felt it was a difficult rule to learn and abide by for the integrity of her program. Kate shared, "But a lot of it is just learning by doing. Um. Just, you know, trial and error. You know, I mean, um, I had to learn Blackboard. I had to learn, you know, how-how that worked and-and I still am learning." Cindy described her strategy for the task: "So it was kind of like you created all these lectures of stuff that needed to be taught from what you remember as a student. So, and from that, you just begin to grow." Ana concurred, "I did a lot of self-investigating. I just kept notes on everything. I have lists for everything about how to do something for education."

Furthermore, Florence stated,

I was very good at getting out the policy book and saying this is what I do. This is it, but a lot of it was trial and error. It was learning by fire. I knew I did something wrong whenever it was, "oh God, you can't do that, not." There was no informative discussion whatsoever.

Trust. Study participants were challenged to find those on whom they could depend, whom they could trust as they were learning the culture, while fulfilling their role. Faculty learned they could not just assume everyone was trustworthy in this cultural context even though they felt they worked in a positive community. Erika believed,

As a whole [they] are open most of the time, willing to, to engage in constructive conversations about their courses, or about other people's courses, or about things they're hearing that they think other people should have an understanding of [and] make sure they know there's an ear they can trust hopefully. ...And, you know,

so part of it is physical structure, but a lot of it is philosophy and attitude and trust and I think people basically trust here.

However, Erika went on to say, “There are people that I had to learn the hard way, that I couldn’t trust that relationship at the same level and finally just have to figure out what the dynamic is and which people you can just say anything to and which you can’t so.”

Ana warned newcomers to the institution about trusting too easily. She considered herself a trusting person, but advised,

Be careful who you trust. There are often ulterior motives to favors or good deeds ...But I find myself when new faculty are here, telling them, “just observe for a while” because you feel like you have to give them a warning [of not over sharing or it will be harmful].

Ana expressed her love of teaching tempered with a lack of trust in colleagues: “I really do love teaching and my department has been helpful and even people with ulterior motives are helpful, you just have to learn.” Erika reflected about her immediate supervisor and environment: “She’s very trustworthy. I can say anything there and feel comfortable. It’s not going anywhere else. ...in general it’s been an open, welcoming environment... it’s really positive here.” Mirroring this sentiment, Danielle described the chair of the college as someone “that listens” and stated her colleagues are “extremely friendly and extremely open. Um a lot of communication and that, the good, bad, ugly, everything's out you know...we have a lot of camaraderie. We have a lot of support for each other.” Ana, who has been in her position for four years, said,

Now, this is the best team I have ever been on. Part of that is that we are open in our communication. We don’t get our feelings hurt easily, it’s not about ya know, it’s about how do we do this for the students and lets be creative together, we are very positive focus, our outlook now as a team, we just click, I’ve never been on a team like it, it’s very helpful.

Erika, who had a different position outside of academia a few years prior, believed her present academic environment to be positive and uplifting: “I’m glad to be in a place where I, I can do the opposite [a place that is building up people instead of dismantling an organization]. Where you feel supported and challenged to grow, allowed to make mistakes, that’s really important.” Helen stated, “I think there’s good listening here.” Lisa also believed her program had healthy communication patterns: “So, there’s—there’s hopefully some dialogue, some discussions, some clarification so that everybody does know what is truly expected.”

Hidden agenda. Although faculty participants discussed the open communication, there was still an underlying current of mistrust and suspicion. As the rituals at times were difficult to interpret and live by, the participants were on a quest to discover the hidden agenda, which could be a source for mistrust. Danielle shared, “But the true underlying what’s really expected came from the-the talk underneath and behind the scenes, office to office. And you know, ‘hey, you probably didn’t know how to do this,’ you know. ‘Let me show you how to do it,’ you know.”

Many participants in this study talked about “just in time” learning and how they perceived it really could not be avoided. Florence stated, “There’s always the little things, the stuff they forget to tell you that you just can’t learn until you’re in the situation.” Erika believed you couldn’t learn everything in advance: “So-so you hit those things and those are things they’re probably not going to tell you right when you walk in the door. That you just learn.” Grace acknowledged, “And that’s what we’re trying -- it’s kind of like this hidden agenda so let’s bring light to it, let’s find out what it is.”

Danielle stated one must learn this agenda:

It's a matter of that underlying current of what the-what it's supposed to really be like. So the official stuff's on top, and the real meat and how to negotiate and how to do the things you're supposed to do is that underlying current and culture that's there.

Earning credibility. Study participants identified the desire to earn credibility within the culture. They had to learn how to be heard when presenting ideas. They wanted recognition for their time and expertise. Although not an easy task, Julia desired recognition for her clinical expertise: "And sometimes we don't get the credit that I think we deserve as being very expert." To combat the unknown, Helen suggested,

The idea about building consensus before you go to a meeting. Like, you don't just go to a faculty meeting with a new idea...that was kind of my style. And then bring it up and we'd discuss it, you know. And you'd get feedback and it's-it's stimulating and exciting.

Helen learned this pre-emptive strategy by going to a meeting with a new idea. She found herself on the wrong side of the "firing squad," meaning her idea was not met with positive collegial responses: "I learned very quickly to do the behind the scenes first. So that when I go to the meeting there's people nodding their heads who agree. And, you know, we've already talked about it." Danielle discussed the challenge of earning respect with academic colleagues across campus:

I don't know if they consider us a – I know when we started talking about research, they're very hard science, quantitative. And when they hear us talking our qual [qualitative], even though we do quant [quantitative] and qual [qualitative] and mix methods...when it comes to research, they don't think we're as strong...they're probably pretty accurate with that.

Florence reflected on perceived obstacles:

It's not that I have to work harder, but I have to constantly be proving myself. I feel like I can't let down my guard and, y- to some extent, you know... and I-I think that sometimes my age is definitely, it hinders me here, which I did not feel that way before [in another nursing program].

Helen discussed the advantages of community within academia,

This English professor was writing a novel and she needed to know something about how they would have treated broken bones at the turn of the century. And so she asked me what I thought. Because she wanted to put that in her book, you know. Yeah! And we have actors on campus that we'll have come to our classes and demonstrate pain. And just different things, you know. And we've done courtroom dramas with the law school, you know, a nurse on trial and some things like that. That we can do.

Scholarship and service. Expectations for scholarship and service are changing along with the landscape of nursing education according to the participants in this study.

Examples of these changes to the rituals were described consistently during the interviews. As a newer faculty, Julia talked about these pressures,

I feel like we're really trying to produce more, maybe, than someone who's at the end of their career. And they're getting ready to, you know, maybe do something different ... [meanwhile] they're really trying to ramp up the level of scholarship and the amount of scholarship that people are doing. I do see emails coming across like, "Oh, apply for this grant, or do this, or come and present at this place." But it's really hard to do that when you've got 40 students in an online environment and you're trying to deal with it [workload].

Erika explained the evolving changes:

If you're on tenure track--and you're truly trying to get tenure, you're gonna have to have done something, but it's not, if you've done a lot of service, let's say, but you haven't done a lot of scholarship, but you've done an article or something that counts, they're probably not going to turn you down because of that.

Lisa saw a denial of tenure for a colleague as an

inkling of consequences to come. And different folks need the—the room to do a little bit of shifting of that percentage to their personal skills, talents, interests, and I don't think that everyone who's a nursing faculty has to publish ten articles a year, and I don't think our university sees it that way, um, but could they only do university service and not be a good teacher and still get promotion or tenure? Probably not.

Danielle discussed the changes in the tracking system at her university:

And so there's digital measures. And every time you go to a conference or you do-do some service out in the community or something like that that you're

working on, or you publish, it has to go in those categories, but they are definitely those categories that have been there forever. ...It is the tradition that's there. And I think they're trying to break through that mold, and it's just taking a long time to be able to do that. And it's a matter of, you know, what is written and what's not written. And so if they actually wrote it and put it into policy, that would be something that would be--and you would see it.

Danielle added,

[We] need to really start doing some things that the rest of the colleges, um, in, on campuses, on campus are doing. And we need to push towards the same thing that they're doing...It's understood that our tenure's a little bit different than some of the other um, like--in finance and in those areas, as far as publishing goes.

She went on to describe the changing landscape for scholarship:

They [tenure committee] have come from where they were a master's at one point in time, and now they're moving towards the Ph.D. They've agreed for that. They're not quite there as far as the producing the publications, but they do a lot more in the service, so it kind of outweighs it. ...I don't see that written anywhere. That would be kind of an unspoken thing.

Cindy warned against a narrow definition of scholarship, stating, "It's not only just writing papers." Ana concurred:

You have to show quality in what you are doing and even quantity in some things, what are you doing, how are you doing it? How are you developing yourself as a professional? And that's kind of the next thing down the pike, is, the next round I go through will be that [tougher standards because of new leadership]... I think the bar has been set a little higher, I mean people aren't shunned if they don't have it...At least not openly, I think. Yeah. There's always a few that, you know that, yeah, but not openly.

Mindy noticed rituals changed with a new dean: "And we were all working on something, [because] she wanted us all to have something ready for publishing. Um, so it's not quite as strict [with new dean] as it was then, for those of us with a master's."

Communication and civility. Participants in this study wanted to be connected, to be in the communication loop, but found the lines and amount of communication were titrated based on time in position and need to know. Julia described this feeling:

“Because there are some administrative changes going on and some financial things happening, I think there could be things going on that maybe people don't want to tell me as the newest hire.” Ana also noted an inconsistency in information provided across the group:

There was conflict between my team leader and my other team members. She wouldn't necessarily, in the past there was things amongst them, maybe she didn't train them as well or kinda refused to answer more of their questions because of past issues and because of their work habits now or then.

Nursing participants in this study cited occurrences of incivility in interchanges with colleagues, students, and administration. Upon making a mistake, Erika was greeted with ““Do you just have stupid across your head?”” Ana described some interchanges: “We are...we are very backbiting, which is sad because nursing is so great.” Erika reflected on the climate of her environment: “So it's-it's really not, there's such a small number of negative people at this point that they have trouble getting a foothold. Well, that wasn't the case historically.” Helen claimed that everyone feels special:

And that's what's funny is in a family sometimes the kids each think they're the favorite kid. Each one thinks that. And I was thinking, probably, different ones of us think we get special attention, because we each do in our own way, you know... I think, I think, we, well, no, towards others. You know, we think we're so cool.

Julia denied any incivility in her program: “Incivility, you know, I, you know that's a big, you know, thing in a lot of schools. And I, I don't sense that here. I just don't, I think people here are friendly...and I think we all get along pretty well.” Cindy admitted, “That we do see um, instances of incivility. We as a group are not aware of some things that can be interpreted as uncivil, like raising your eyebrows and, you know.”

Danielle suggested a more open environment: “As we do here in this environment, is let's, uh, let's help each other. Let's – you know, let's don't close the doors, you know.” Kate claimed,

You can say anything to a person that you need to say, but it's the way you say it, how you say it, and, um, that's where the issue is really. Stood out like a sore thumb because it's the way it's presented. “You will,” uh, versus “what do you think?” Exactly. And that makes people feel, uh, like what they're doing is meaningless, you know?

Danielle also encouraged newcomers to wait: “So make sure that you-voice those opinions. Just, you know, but maybe look at your-look at the environment first and the personalities and see the interactions first, you know.”

Isolation. Study participants identified the ritual of isolation on the academic campus and expressed it in different ways. Mindy stated, “I'm not involved a lot with the other colleges that much cuz we're kind of just kind of stuck over here.” Julia described the bond with her nursing colleagues:

So I think we're actually very well-bonded together at this time because we are kind of "us versus them" and "us with them." ...we're really kind of our own little thing out here in the middle of _____ in this building doing online things, virtual things.

Grace provided, “But we kind of silo ourselves over here because we're so busy. I mean, we all are doing extra workloads.” Danielle pondered, “But there's just not, there's, sometimes, there's just not that reason to be that connected to things... It is not a competition here. I know that at some places it can be. Or you can feel isolated.” Helen explained, “Not that we don't associate with each other on the other floors, but sometimes I'll go days without even seeing anybody. You know, I'll just come in and do my thing.” Erika remarked,

It's still here's my little division in my office and here's these offices and they may or may not get together...part of what makes us who we are is that our space puts us all together. ...They've had some issues here where I think people went in their offices and closed their doors and didn't come out over the long haul but um...right now that's not the case. It's fixable.

Danielle preferred to work alone but "I really had to learn how to um co-teach, which, after 14 years, became the thing, is trying to co-teach. And that-and that was difficult for me." She continued, "There's nothing worse than being told you have to do something a certain way." Helen encouraged,

Don't isolate yourself and think you're too busy to go to lunch. Go eat lunch sometimes with the faculty, in the lounge. Or to the cafeteria. Um. Participate in some of the events. And I think new faculty sometimes are so focused on the tasks of-of it, that they don't want to be a part of the mass, the critical mass. So I think it's better if they do. ...We all office together, you know. Intermingle generations and levels of the program and stuff. And I think that helps. Yeah.

Language domain. Nurses within academia share a common language relating to their practice in the classroom and in the clinical area with curricular application. Among nursing professionals when entering a new area of practice, one expects to find some common bond with the language. Academia is filled with many new terms and phrases, which are often learned informally with the acquisition of skills for survival within the academic community.

Curriculum. Early in Bonnie's nursing education career, she focused primarily on the courses she taught and fostered success in those courses. After moving to a different institution and although her teaching experience had spanned well over a decade, she learned the rule of matching program outcomes to accreditation standards because her new position caused her to focus on "the accreditation process because [I was] forced to look at evaluation [of] program outcomes. That forced me to not just think about my course in my area." She also had to learn about academic progression:

Advising was so difficult. When I first came out, I was only 10 years older than the students. I had a good grasp of nursing, but I didn't have a good grasp of the larger curriculum. ...That was really hard to grasp. I didn't feel like an expert in advising for a long time.

Kate believed the administration did not understand nursing education:

The negative things are the lack of support from administration, the lack of understanding what we do and how important we do it. Not taking our word for, you know, where the need is and get them [to understand]. ...They have no clue what we do. They have no clue. It's like, "Sure you can take care of 50 or 60 students in an online class because after all..." Well, that's, that's easier said than done.

Julia expressed similarly, "I don't think they're valuing what we're doing. And I don't think they understand us. Um, it's really frustrating for me." Erika claimed other faculty did not understand professional practice or nursing science: "We do evidence-based practice whether we do research or not, you know, that they don't-haven't seen that til now. They just think we do everything by apprenticeship, the diploma nursing model."

No comprende enfermera. Nursing speaks a different language from other departments: accreditation, outcome measures, and clinical instruction. All have different meanings to different areas of study in academia. Lisa tried to convince her administration she needed different evaluation measures:

We're trying to teach higher level thinking skills of critical thinking, caring, research application, evidenced-based practice, leadership—all of those things that are—are not easily measured by multiple choice, you know, type—Scantron automatically graded assignments or exams and things like that. We tend to have a lot more projects, presentations, application activities, and those take time to create, to develop, to grade.

Erika saw nursing faculty as important but could not see the academic community valued nursing:

So I just think there's some of that, that self-importance piece, that they tend to look at nursing and say, "ehh they're a little bit country for us" ...So I think on the campus, it takes that most faculty have a doctoral degree to start getting that

respect that they think so I-I do think there's some, "well, nursing does a good job on this campus, but they're not quite where we are" [with terminal degrees].

Grace expressed that other faculty on campus did not grasp clinical instruction: "You know, sometimes they just don't understand that part of it [the demands of time required of clinical instruction/practice.]" Julia saw nursing faculty treated the same as other faculty on campus in spite of the differential in demands of time "but we're seen as just another type of teacher or another type of person that works for university."

Beliefs domain. Nursing faculty in this study worked day to day with a set of beliefs driven by expectations for support and collegiality, equitable workload, and autonomy. It was clear the professional identity, values, and beliefs of the professional nurse carried over into the cultural context of academia. Florence refuted the common assumption that a good nurse is a good educator: "Well she's a good nurse; therefore, she'll be an educator, good educator. And that's not the way it works. That's another role." This assumption complicated the challenges of nurse educators adapting their identity and determining their place in the new community.

We are here for the students. Participants, regardless of programs, shared the consensus that nurse educators want to improve the atmosphere for students. Ana reflected this desire: "I think we are all here for the students." Kate agreed, "I'm here for the students." Other participants echoed their sentiments: "What is best for the student?" (Bonnie). "Dedicated to helping students learn...you want the students to succeed" (Cindy). "Life changing...for me and my students" (Grace). Erika was committed to "learning about how students learn better and applying that piece and the little nuances of academia."

Beyond classroom time, faculty participants spent time expanding their knowledge of the content, which was not measured in workload credits. Grace shared, “But I’m always wanting to make something better, or try new ideas, and so if I don’t have time to do it here I’ll take it home and do it, you know, just to prepare.” Bonnie added the philosophy of her college: “The culture of the university here that I’m at is really to help students to bring them along, take the student who is weak and work with them to where they can [succeed].” Ana believed, “I think everyone cares for the student, but the way we relate as colleagues is sometimes challenging.”

Workload...reprise. The workload of a nurse educator goes beyond the time spent in the classroom or even with the student at the bedside of a patient in clinical practice. Time is spent in preparation for those learning experiences. The participants in this study revealed amazement as they discovered the time commitment it took to do this job and do it well. Helen described, “I do think time is an issue for us. Our schedules are full. ...It’s kind of the enemy of creativity at times.” According to Cindy, workload was shared: “We’re all one great big wheel or one great big pizza or one great big circle. If we’re missing a piece of it, then we’re not whole.” Cindy also used the metaphor of a ship where everyone was needed “to make the ship glide smoothly.” Furthermore, she described generational differences among faculty colleagues,

Some of the older, more seasoned faculty, the commitment to the time, putting in to do the work, the job, the role they’re in, is different than some of the younger ones. Not all the younger ones. Some of the younger ones come in who are of the generation that, uh, they want to balance work, family, fun and all that, and put maybe a greater, um, emphasis on what they want to do over what might be the best for the group.

In terms of finding a balance, Grace commented, "I love my nine-month contract and I just, I'm not willing to give it up. I love it. I've never had, I've never been able to have summers off before." Mindy shared,

Whenever I came, they said, "We like for our full-time faculty to teach in the summer cuz it's just, you know, more consistency with the courses and whatnot ...but it's not expected, and so, don't feel bad if you say no," ...and so, while there's not been any negativity that's come from it, you still have this—feel guilty if you don't.

Everybody loves us...almost. Participants in this study expressed their universities and colleges conveyed respect for their programs, some in high regard. Cindy explained,

We're the epitome. You know, we are in fact, the president was in here last week and said, nursing is at the top of the hill. That was his quote. "Nursing's at the top of the hill" ...I think we're-we're very well-respected on campus. But you talk to our institutional assessment people, you know, they said [scoffs] don't worry about nursing, you're-you're the leaders.

Grace agreed, "Everyone is kind of close knit, even university-wide, they know our reputation and they're proud of it. So that's, you know, coming from other schools in the university that they're very proud of the nursing program."

Bonnie felt welcomed as a newly formed program: "They really welcomed us. The campus was struggling financially. They see us, to a degree, of being a program that can bring in more students. I would say they are collaborative with us." However, Erika gave a contrasting opinion:

They tend to look at nursing and say, ehh they're a little bit country for us ... From an academic viewpoint, I think they respect us and that we-we produce a good product. ...I think there is a general perception of nursing faculty, that we're not really quite the same... We're not, maybe-even though we may have doctorate degrees, we're maybe not quite as academic. We don't act as academic as they do. Um, you know, I think there's a little bit of an elitism in comparison. They think we aren't. You know we, we're a trade kind of, in their thinking.

Danielle mirrored that sentiment: "I think they're--I think they, uh, respect us quite a bit.

We're-we're, um, we're part of them, and yet we're not in that tight biology, hard science

part of it, but we're well-respected." Danielle added,

"He [the president] speaks at all of our pinnings. ...he says how much (of course, you know, you don't know what he says to other departments) he really appreciates what we put out as far as uh student outcomes and that, and preparation. And he's really big on the community and what we put into the community. And he's always bragging on us. And we even hear about that in other meetings, too, when he talks to other people with that. So we're real well-well-respected that way.

Erika went on to say, "They don't necessarily, maybe, think we're a profession" and

reflected on the nursing community at large: "I think nursing as a whole has that issue

[with a firm professional identity]. Ana shared about the perception of the nursing

department in her college:

The general consensus is that the departments feel like nursing gets everything. They are getting the new building, they are doing this or that; but then again we are one of the largest departments and have the most graduates. ...I think they think a lot of money comes toward our department and they don't understand why we have four people teaching one course, but then again they don't account for the clinical hours that we are gone half the week and that we, I don't think the division of work is seen the same.

Grace believed "the nursing school supports this whole campus, this whole university.

There's only one other school that's even making any money in this." Florence agreed,

I think we're perceived pretty well. I think there's a tad bit of jealousy at times, from what I understand or from joking, sarcastic humor when we're around other ones [other academic colleagues]. We bring in money, us, and law and business. We're kind of known for bringing in money. ...You know, all they, especially like, say liberal arts. All they see is it keeps getting cut back, cut back, cut back, and we're not losing anything. Heck, we're building new buildings. So that's hard for them.

Helen shared about relating to cross campus colleagues:

I think they really think we're engaged, we're really career-oriented and, um. I, uh, it's probably positive most of the time, but I do think we have kind of a-a bit

of a reputation for being, um, pretty assertive ... sometimes cause we'll look at the music school that'll have four students in their major of opera or whatever. And we think, "Eh. How hard can that be?" you know, and we don't get that they only do one student at a time and we can do eight in a clinical.

Cindy sees the college of nursing as

we're the leaders... And there's battles... Things that the professional schools feel needs to be [there] versus what arts and sciences wants [it] to be. And so that creates a little, I think, jealousy sometimes, you know... We fight that battle all the time, sometimes it's hard for the arts and sciences people to say, "well, that English matches our English." And it-it's-it's difficult sometimes, when, so in that sense it causes a little bit of animosity sometimes.

Ana stated similar beliefs: [There is] resentment from other departments in terms of nursing is never here on Tuesdays or Wednesdays, they're never at the meetings." Mindy expressed, "And I think that they [other faculty in the university] may be afraid that they're gonna be expected to do that too [increase enrollment], cuz we have a reputation. Some of them have 12 people in a class." Helen concurred,

I do know they get irritated with us, in a way. Because we're always kind of in a pack. We'll go to that Faculty Learning [opportunity], four or five of us together. We're-we're, um, we, right now, we're—I mean, they're— We're the ones that are bringing in the most tuition. I mean, our classes are full.

Ana spoke about the outcomes of the discontent:

As far as when you consider the whole department or maybe some traditional views of other departments and nursing, there is a little bit of resentment you've noticed, or maybe some hos, maybe not really hostility openly, but just like, if they ever have to vote as a faculty on anything, or if they like, appeals, student appeals, form a student appeals court. There have been recent decisions that were inappropriate because we were nursing.

Scholarship comes after students. Participants in this study shared a common opinion that scholarship was secondary to taking care of students. According to Erika,

I think most of the faculty in this department's commitments are to its students first. So it often, the other part [scholarship] takes a back seat. ...But, um, ... there's not a huge amount of pressure to do that. So some people require it be a true requirement before it happens.

Cindy stated,

We have teams involved with research and writing. Um, probably one of the major roles in scholarship now is um, for graduate faculty, is guiding the students in their projects and their dissertations...other scholarship, we have a faculty development sessions four times a year where we choose a book [to read and discuss together].

Danielle shared an achievement of scholarly activity: "Work with students on research projects. Have them help us; we help them to be able to present to and be ready for big research days, so being able to bring students that, also presenting their own research to that."

Bonnie's alternative definition of scholarship involved

[using the] analytical part of your mind that quests the lifelong learning... Intuitive thinking, at some level, is scholarship in the practice of education. ...I think we could benefit so much from learning about people. I think that's scholarship too.

Service--nurses serve others. While fulfilling the tripartite role of teaching, scholarship, and service, participants demonstrated their understanding of expected service. Bonnie provided,

It's been this culture of this is how we've always done it. [in the tenure track] they would look at what is your Christian work, and "how are your (sic) contributing to your community?" ...At the university level, I have not seen any expectations of what they want of me.

Florence said, "I don't know that there's specific requirements. ...Every few months there's something we can do to give back to the community. ...They focus on that for tenureship, like whenever we're making our portfolio." Grace stated, "It's one area on our evaluation that they really do look at. ...We're expected to be on at least one university-wide and one with the school of nursing, if not more. But, um, some people are on every committee there is. I'm not."

Danielle said, "But as far as, you know, when the university's looking at promotion and tenure, they're looking at mostly service within the, this, 'how are you servicing the university?'"

Cindy expressed,

It's expected that you do service. Again, goes back to the faculty, [who] can determine for themselves what percentage...service is expected. And again, there's a broad definition of service. Um, service can be committee work here on campus. You know, can be um, in your, in agencies out in the community.

Danielle shared, "You have to fill out some forms that this is service, this is, you know, where I'm, what I'm doing and all those kinds of things, scholarship and all that. So they do keep track of us."

Mindy indicated recent changes in the priorities for service: "At one point, we had a lot of, um, mission stuff, but that's kind of slacked off since [a faculty] just left. So, I think we're trying to get back there again. It's just not there yet. So, a lot of volunteerism and stuff like that." Julia shared, "Service to the college. Um, that comes through committee work, as far as I know. Um, there are plenty of those places to serve. I'm trying to think of other areas. You know, being an isolated campus, I think that does kind of impact us."

Related to service, another common theme among participants was nurses are expected to be compassionate. Danielle believed her university colleagues see nursing faculty as caring individuals: "I think they know that we're very caring. Once in a while we'll have a couple come over not feeling well, and so we'll... run some blood pressures, take a look at them." Ana shared this belief about resilience balanced with humility:

I think you do have to grow a little bit of thick skin to be resilient but then again you have to remember to be compassionate because I think at times, you get a little toughened by your work, as far as the academic drudge, because sometimes

this is how we have to move through things and this is some of the pushback that you might get from colleagues at times. ...But sometimes they just have a difficult way of showing their care for others as far as colleagues. ...Say things, keep going, and don't talk about your accomplishments.

Erika viewed service as part of her professional identity:

I guess you know I see nursing as a caring profession, as people who serve. My own personal values and beliefs, I think that you know service is important...not just as a professional, but as a person. I'm here to serve others. That's why my title isn't a big deal.

Grace described her practice of service:

Community, yes, they encourage it and, um, but they also help you find different things that you could do if, if you're interested they'll send out things saying, "We'd really like to have someone on this, um, committee in the community if anyone is interested or can do it." ...I have the Christian Nurse, Student Nurse Association and then the Iraqi Student Nurse Association that, um, we have a lot of Iraqi students, and so they put together a group and they asked me to be their sponsor and so I've done that.

Conflict is not "nice." Conflict is inevitable in any cultural context and

participants revealed it was not uncommon in nursing academia. Learning to communicate with one another with respect and compassion was a practice shared by the nurse educators. Bonnie learned, "I'm beginning to recognize how much further you get with kind words and patience as opposed to being frustrated and angry." Grace shared about a difficult colleague: "I think that there's some intimidation, um, she, she doesn't have a terminal degree, and I think that that's a lot of it with her and I, that she just--I don't want her job."

Erika stated, "A relationship issue... It does happen here and it happens everywhere else...basic who you are [professional identity] that's formed in that earlier preparation that you [will] never change. Or you will revert back to [it] under stress at least." Florence shared, "Conflict is gonna be more, uh... It's gonna be, you know, peer-

to-peer, not so much from the top down. ...Usually if somebody disagrees with you, it's...shoved under the table, so. Again, it depends on who the conflict is with." Mindy said of her program: "They really encourage us to go face on with any conflicts that we may have between each other." Julia believed, "But I, I think people here are friendly, and I think we all get along pretty well. ...I mean, if there's a conflict, it's like, 'Okay, this is the way it is. Let's just deal with it.'" Kate stated, "You know, we do not, we don't have conflicts. Uh, I can't think of a time when we've had an actual conflict between the nursing faculty, um, ... We don't necessarily agree with the higher people over us."

Mindy described a conflict with a colleague: "[Toward students and faculty] my first semester, it was pretty hostile. Not toward me but toward my co-teacher. ...and I really wasn't even sure if this was going to be a fit for me, and it had to do with the person that I was co-teaching with."

Helen was concerned about newer faculty complaining of budget constraints:

When the provost came over to talk to us she pointed out that for many years the other schools carried nursing, when we were kind of floundering, and that we're a family. And that one part lifts up the other part. And it trades off ... we couldn't exist without biology to do our [pre-requisites][or] without chemistry." She wanted the newer colleagues to understand that the nursing program cannot exist without support of other programs within the institution, as was reflected in her statement: "we get kind of a snotty attitude ... sometimes.

Bonnie encountered conflict with the greater academic system,

Now that we're here, they don't like being told. I think it's difficult for them when we're saying, "You've got 71 hours in your core curriculum [liberal arts], that's not going to work because we've got so many science and math courses that are prerequisites alone." Trying to negotiate what they can let go of, and we don't think we can let go of anything, but what can we let go of to still have the standards met, that has been a difficult process for them and for us, I think.

Componential Analysis with Emerging Cultural Themes

Analogous to an immigrant's journey in a new homeland where one must learn the rules of another society often without direct instruction, nurse educators entering the collegiate setting also must learn rules in the society of the academic community. Although many policies and procedures are printed in faculty handbooks and other resources, there are rules that govern everyday behavior which are silent, implicit, and not apparent until an infraction occurs. The illumination of the rules, rituals, language, and beliefs in the cultural context of academic nurse educators painted a picture of navigating uncharted waters by stars obscured with clouds. Study participants resorted to informal learning and subsequently learned by trial and error. They searched out helpful individuals because they had a desire to belong to the community and wanted what was best for the student.

Along this journey, faculty participants encountered obstacles. They were challenged to find trustworthy colleagues in their departments and among the academic communities at large. They learned the rewards and knowledge earned with longevity were protected and valuable, often titrated sparingly to those who needed to know or to those who knew which questions to ask. The workload given to them in the academic role was demanding and challenging. The theme of workload appeared repeatedly over the domains of the cultural context. Professional nurses are accustomed to the freedom to make decisions and solve problems on a daily basis, learned through years of practice in the clinical area with clients who need an advocate and supportive person in their corner. Within the academic arena, however, that autonomy was muted to some extent, depending on the amount of longevity and power earned with time and knowledge. This

also related to the culture of the individual program and the way things have always been done with regard to the curriculum delivery methods and “customs.”

In the findings, four domains were presented: rules, rituals, language, and beliefs. The review of relevant literature with subsequent discussion identified the components within the domains, leading to the emergence of cultural themes. Assuming academic culture is different from nursing practice culture, nursing faculty must work to become culturally competent in the new community of practice in order to survive and thrive in an academic culture. The first step in achievement of cultural competence is learning the language, beliefs, attitudes, and values embedded in this cultural group (Dunaway, Morrow, & Porter, 2012). Additionally, Dunaway et al. (2012) noted that years of experience did not equate to a more fluid transition to cultural competence upon that initial encounter. The findings in this ethnography supported Dunaway et al.’s assertion. These study participants had to discover and understand the rules, rituals, language, and beliefs in order to survive within the cultural context.

Nursing as a profession has been described as an oral culture (Street, 1992). Mastery of academic language is necessary for learning the rules and rituals of this cultural context. Participants felt as though other academic departments within the university did not understand them. They had trouble relating to other departments inter-professionally because the difference in teaching requirements prevented integration with other university departments. For example, clinical instruction removed the faculty from the academic campus, thereby preventing participation in broader academic relationships. “Faculty new to academia are rarely prepared educationally or experientially for the

multiple roles and expectations as well as the isolation that may present itself with academe” (Nick et al., 2012, p. 6).

Watch and Learn

Participants were advised by colleagues to not challenge the status quo, to learn the personalities, and not to question seasoned faculty. Cash, Daines, Doyle, and von Tettenborn (2011) recommended open conversation among seasoned and novice colleagues. Sharing knowledge with one another allows for the input of the seasoned faculty wisdom alongside the challenges of the novice faculty to aid in the adjustment to the faculty role. “Their contributions remain unacknowledged, or when they feel their voices are not heard” (Cash et al., 2011, p. 260). In this study, support given to one another was mostly informal and they often had to find support for themselves. This left participants with a feeling of “striving to keep one’s head above water.”

Learning On My Own

Often on their own, faculty had to find support, learn the written and unwritten rules, and find a network. Faculty participants who entered in a cohort had a more natural network of support and could ask for help from individuals facing similar challenges. Genrich and Pappas (1997) reported faculty were a good support system for each other when they attended meetings and shared collective experiences. “Colleagues, other than the assigned mentors, were likely more instrumental in the socialization process of novice teachers” (Pogodzinski, 2012, p. 984). Several of the participants acknowledged the value of informal mentors who supported them in their role. However, some participants cited high expectations with low recognition for work done. Without positive feedback for work done, the participants were forced to find intrinsic rewards for

their work as they felt their work was not valued across the academic community.

Because “excellence in nursing education is not intuitive” (Billings, 2003, p. 99), nurse educators need intentional support in the faculty role. That support must encompass recognition and value given to individuals for their expertise and ability to contribute to the academic program (Billings, 2003).

Networking Is Essential

Enculturation into academia demands nursing faculty learn and abide by existent rules. These rules are not always explicit and must be learned with support and guidance from colleagues but are more often learned by trial and error. Nursing faculty in this study found this enculturation was facilitated when they created a network of support. They needed support because they had been accustomed as clinical nurses to high levels of structure (right and wrong) and policies and procedures followed to the letter. In academia, they found loose structure and no formal orientation to their role in higher education (Schoening, 2009). Genrich and Pappas (1997) found the fit between an individual and an institution was influenced by an individual’s ability to learn and incorporate both the written and unwritten rules of the department as well as the academic institution as a whole. In the current study, participants found key elements to achieving this fit including the incorporation of mentors and role models with feedback to promote connectedness.

Trust/Mistrust

Participants in this study alluded to the use of networks for support, which helped them give better performances in their roles and fostered a sense of community in their workplaces. Hofmeyer (2003) wrote about the working conditions of clinical nurses in

Canada that were compromised with the drive for achieving economic capital prioritized over protection of human and social capital. She defined social capital as a concept used to connect groups with sharing of resources, knowledge, and appreciation for diversity. The influence of social capital allowed for the establishment of supportive networks and social trust. This trust was beneficial to all and gave a sense of self-worth and value to the work of the clinical nurses. Participants in the current study cited instances of mistrust among colleagues with regularity and feared ulterior motives.

Davis (2014) studied horizontal violence in nursing academia. Participants in her study indicated acts of horizontal violence in their workplace such as demeaning critique, abuse of power, claiming ownership of another's work, ridicule in the presence of students, and sabotage of promotion and tenure processes. This impacted the work environment by fostering mistrust, loss of value and collegiality, fear of retribution, lack of academic freedom, and destruction of camaraderie in the faculty group. One participant in the Davis study preferred isolation to complete work tasks because of the difficult relationships and confrontations. Other participants did not confront the behaviors because they did not think it would make a difference in their situation. Davis's study told the story of a new administrator who was not well received because of the behaviors listed above and all existent faculty in the program vacated their positions within 12 months of that person's appointment to the administrative role. Finally, the element of mistrust was the most commonly cited outcome of the situation. Rather than cooperation and collaboration, the participants in this study cited mistrust; they warned new faculty to know whom to trust and to be aware of ulterior motives, especially after participants learned a colleague was not trustworthy.

Conflict

Twenty years after Valentine (1995) studied conflict management strategies among nurses and nurse educators, participants in this study discussed the use of avoidance as a conflict management strategy. Valentine found women tended to use a compromise and avoid style of conflict management as compared to men who preferred competition and aggression. The nurse educators' preferred model of conflict management was avoidance, talking in small groups, and making sarcastic comments in and out of meetings. The conflict seemed best remedied or ignored with the planning of social activities where they could be friends and not discuss the existent conflict. Avoidance was perceived as a way of preventing disruption of the relationships, prioritizing relationship preservation at all costs. Assertiveness and confrontation were viewed as the antithesis of caring and nurturing--qualities nurses aspire to emulate. Females are socialized to quit games rather than compete and fight among themselves with the preservation of relationship and nurturing taking precedence over the desire to "win" (Valentine, 1995). Participants in the current study offered statements reflecting cliquishness and things looking good on the surface but with an undercurrent of hostility. One participant noted the presence of sarcastic remarks and condescending facial expressions when she violated unwritten rules of behavior and dress codes.

Orlando (2012) conducted a study to connect whether socialization had had a direct impact on trends that caused gender conflict in the workplace. Although nursing faculty are predominantly female, the gender conflict they encounter is most often with faculty in greater academia. According to Orlando, women are socialized to discourage anger due to their traditional roles of nurturing caretakers. Additionally, the identity as

nurses further perpetuates that nurturing trait. Women tend to have a preference for cohesive and interpersonal relationships and strive to avoid conflict and anger in support of workplace serenity. Participants in the current study strove to avoid conflict. When conflict did arise, they worked to avoid resolving it by avoiding that person altogether. One participant ignored a toxic supervisor's behavior because she knew she only had to see her once per year. She had been in her faculty position for four years. Another faculty dealt with a difficult coworker who did not get along well with students. The faculty participant never confronted the person about her behavior in order to keep the peace.

Incivility

Peters (2012) investigated the presence of incivility among novice nursing faculty. She identified examples within her study of avoidance, aggressive emails, and devaluing of accomplishments. A participant in her study decided one needs a sense of humility with accomplishments and not an expectation of praise. Multiple antecedents were identified as contributing to incivility such as occupational stress, workload, generational differences, and the need to obtain something of value (Peters, 2012).

Participants in the current study alluded to occupational stress and excessive workload in two of the domains. Generational differences were indicated by one participant as she spoke of younger faculty who were able to find a balance of personal life and work. But this was viewed as negative by senior faculty who thought younger faculty did not have a personal commitment to academia. Obtaining something of value was demonstrated when teaching assignments of preference were awarded to those with longevity and tenure, whereas less desirable assignments were given to the newcomers. Dunham-

Taylor, Lynn, Moore, McDaniel, and Walker (2008) addressed generational diversity with Generation X faculty seeking a work environment that allowed for personal development for skills and continuing education with allowance of personal control over their work schedules. They granted higher value to their own needs as opposed to the needs of the institution, implying that loyalty to an institution might be impacted. To address this conflict between Generation X and Baby Boomers, these authors suggested cross generational mentorship assignments in order to find a balance of self-reliance and teamwork. Within the current study, one program used professional learning communities to cross generational lines and promote a sense of connectedness and community among the faculty.

Some participants in this study reported support from faculty in the broader academic community. In relating with colleagues across the campus, one participant cited what could be interpreted as covert bullying with a discernible tension not visible on the surface. Bullying in academia is well documented and is believed to contribute to high faculty turnover (Goldberg, Beitz, Wieland, & Levine, 2013).

Mentors are Important

Dunham-Taylor et al. (2008) presented rationale and strategies for mentoring new faculty. Mentorship is intended to ameliorate the shortage and promote retention in the faculty role. They emphasized that treating fellow nursing colleagues with respect was fundamental to the nursing professional code of ethics. They shared novice nursing faculty often learned they needed to be self-motivated in seeking out information for role performance and that it was not just given out automatically (Dunham-Taylor et al., 2008). Participants in the current study cited multiple times the need to be a self-starter

and not afraid to ask questions; otherwise, one might not learn the answer. Dunham-Taylor et al. described this withholding of information as a form of horizontal hostility and that experienced nurses were trying to make the transition period very difficult for the newcomer to a new area of practice since it had been a difficult time for them. The researchers said this behavior was akin to hostile hazing; it was unnecessary but it was socialized behavior that had been learned over time. Mentorship is necessary for support of novice faculty but the mentor in the relationship could also glean benefits as well in terms of professional development and investment in the community of practice.

Additionally, these authors recommended remuneration for a commitment to be a mentor in the form of decreased workload, financial stipends, or service credit toward promotion and tenure. Mentoring relationships help to decrease the sense of isolation within nursing academia (Dunham-Taylor et al., 2008), which the participants in the current study expressed multiple times. Isolation was a component within the rituals domain in the findings of this study--an "us versus them" mentality. Genrich and Pappas (1997) showed isolation was an attributable cause for resignation of faculty and could be combated with quarterly meetings, mentorship, and social events with other faculty.

Barrera, Braley, and Slate (2010) interviewed faculty mentors for inquiry of identified challenges present and priorities needed in the mentor role. They identified challenges as scheduling conflicts with protégés, lack of support from administration for release time to assist the protégés, and little or no preparation/guidelines for their role as the mentor. Although these researchers made a case for the necessity of supporting novice teachers because of the attrition of first year teachers, they did not offer a solution or strategy for accomplishing that goal. Many of the participants in the current study

reported working with a mentor but the effectiveness of that relationship varied from being helpful to no help at all. Often, informal mentor support was a more effective strategy for study participants.

Pogodzinski (2012) conducted a research project to review the effectiveness of mentors in a public school system. He claimed effectively mentoring novice teachers is different from the skills needed to teach students. Many novice faculty in the current study were more likely to get support from colleagues other than their assigned mentors. Informal meetings over lunch were good for obtaining knowledge as long as that information was correct. District leaders in the study by Pogodzinski were concerned about the control of the flow of information and resources disseminated in such an informal way. He went on to say that faculty relying solely on networks of teachers to provide socialization and support for novice faculty was not enough. Additionally, a mentor alone was not sufficient for adequate socialization to the role. He suggested investment in multiple forms of socialization and support was essential for retention of faculty in the role of teacher. In the current study, participants found means to construct their own sources of support. Some reported use of mentors whereas others found individuals to help them with just-in-time learning. All of the participants had been in academia for a minimum of two years but still referred to the need for support in fulfilling responsibilities in the academic role.

Sawatzky and Enns (2009) conducted a needs assessment for a mentorship program within their university and college of nursing. They discovered the most stressful element encountered by novice faculty in their program was inadequate information regarding the informal and unspoken rules within the culture. This was

consistent with the findings of the current study. Repeatedly, the participants discussed the unknown, unspoken rules that interfered with development toward their role as an educator. Similar to other studies cited in this discussion, barriers to mentorship identified by participants included a lack of individual time and lack of faculty support for the mentor-protégé relationship and subsequent support. In Sawatzky and Enns' assessment of most stressful and least stressful elements encountered, they determined the least stressful perception of the faculty was inadequate knowledge of the research process, which promulgated the theory that nursing faculty did not value the scholarship of discovery as a vital part of their role. Interestingly, in this study, it was the only valuable element of scholarship in the participants' perspective. When participants were asked to define scholarship, many of them referenced publications as the most valuable element of fulfilling the obligations of scholarship.

Many Facets of Scholarship

Forbes and White (2012) presented descriptive research of a faculty development plan that encompassed Boyer's (1990) model of scholarship and its implementation over the course of five years. They recognized the scholarship of discovery as the most important of Boyer's four priorities. The impetus for this program was to support the large number of new faculty within their program and their journey toward tenure. Additionally, all faculty at this particular university were held to the same standard of scholarship obligation regardless of the discipline. Another reason provided for the program was the belief there was inadequate time for scholarship, citing heavy workloads as a significant barrier to completing scholarship or research. They believed the program of faculty development with this initiative would change the beliefs of the faculty about

the feasibility of scholarship and therefore create a culture of scholarship within the program. In the current study, not many of the participants were actively engaged in the scholarship of discovery or any scholarship for that matter. Similar to Forbes and White, one reason provided by these participants for not working on scholarship was finding a balance between heavy workload and time needed for scholarship. The lack of consequence for failure to pursue scholarship was also a barrier to more scholarly activities among the participants.

Smith and Crookes (2011) discussed the importance and pled for a broadened definition of scholarship beyond the scholarship of discovery. The broader application of Boyer's (1990) four elements of scholarship is essential for a well-rounded academic community. They designed and implemented a program to measure the scholarship of teaching with specific criteria for measuring this element of scholarship. They wanted to put it on equal footing with the scholarship of discovery. They felt it would make the faculty role more appealing to some if there was less focus on research-driven initiatives and more focus on the teaching role. Some nurses might be less intimidated by the idea of doing well in the teaching role as opposed to the nurse-scientist role (Smith & Crookes, 2011). In the current study, participants talked about allowing scholarship to be evaluated on an individual basis where a percentage of the time committed to teaching, scholarship, and service was determined by the faculty member, the dean, and the faculty's supervisor. Annual evaluations were then based on their completion of the percentages--an example of a broader application of scholarship.

Rees and Shaw (2014) researched the effectiveness and emergent themes of female faculty peer mentoring programming. Using the theoretical framework of Lave

and Wenger (as cited in Rees & Shaw, 2014), they referred to the group as a community of practice defined as “groups engaged in joint activities reproducing themselves over a long period” (p. 60). These communities of practice were shown in their study to address the phenomenon of isolation in academia. They sometimes referred to them as professional learning communities. Participation in this group assisted female faculty in combating isolation, promoting scholarship, and providing an outlet for novice and mature faculty members to focus on common areas of concern. Among the participants in the current study, one program held focus groups for scholarship. They participated in a book study group as a form of scholarly activity. Additionally, one participant encouraged newcomers to be more involved in the activities of the general campus to avoid the feeling of isolation in the college of nursing. The key to Rees and Shaw’s work was not only to support newcomers in the academic setting but more so to continue that support in the long term to promote retention and satisfaction in the faculty role.

Smesny et al. (2007) conducted a literature review to identify barriers to scholarship among health science center faculty. They reported a demand for the faculty to balance teaching, service, and scholarly activities in order to achieve tenure and promotion. Specifically for nursing faculty, the barrier identified by Smesny et al. was the shortage of nursing faculty who had completed doctoral degrees. Of 440 graduates from doctoral programs, the average age was 45.7. Those older, doctoral prepared faculty did not have many more years to contribute to the scholarly activities or build toward a scholarly culture. Health science faculty have a difficult time balancing the demands of teaching, service, and research. The literature demonstrated a need for clear guidelines for scholarly activities for promotion and tenure and the need for role models.

The work climate overall for these faculty was not conducive to nor fostered a culture of scholarship. According to Smesny et al., there was a lack of interdisciplinary collaboration between the clinicians and the scientists. Although this literature review was primarily focused on the faculty within health science center programs and the participants in this study were not health science center faculty, almost all of the participants lamented about their lack of time and the unwritten guidelines for scholarship.

Workloads Are Challenging

Cash et al. (2011) explored themes of a quality workplace for nurse educators. They identified three structural domain scales: academic commitments, nursing department/school/program leadership, and autonomy in practice. Academic commitments and autonomy in practice included having input to teaching assignments, time to develop expertise, and the privilege of assignments matching their areas of expertise. Participants in this study communicated a lack of autonomy in their practice and input to teaching assignments was titrated by longevity and tenure. Leadership principles were measured with support in challenging situations, advocating for faculty, and transparent communication. Correspondent themes for findings related to the academic commitments were excessive workload, busyness, personal responsibility, and feeling valued for their work (Cash et al., 2011). In the current study, nurses wanted to have input for change to contribute to the bureaucracy where decisions were made. They wanted recognition for work performed and credibility for their contributions.

Most of the participants in this study identified workload as excessive; they observed it was not a job that ended at 5:00 and it was a way of life. The workload

impacted the quality of their teaching and their ability to be creative in the classroom. Additionally, Cash et al. (2011) stated the workload demands were compounded when the age of faculty was taken into account. The average age of faculty in my study was 53-years-old and many of the participants talked about the physical toll of the workload, which caused fatigue and psychological stress.

The teaching workload vying with the demands for scholarship and service put an undue amount of pressure to perform on the faculty (Cash et al., 2011). Faculty in the Cash et al. (2011) study reported they did not feel their authority was legitimate when faculty decisions were overturned by administration. Similarly, participants in the current study reported feeling like they were powerless and knew decisions were made simply because the administration did not understand nursing education.

Bureaucracy Reigns

Dealing with the bureaucratic structures of academia was a challenge for the participants in the Cash et al. (2011) study. They talked about the wedge driven between the priorities of nursing faculty values and the “patriarchal underpinnings of academic bureaucracy” (Cash et al., 2011, p. 261). Faculty participants in the current study frequently cited the time it took to enact change in course objectives, rules, and procedures, and felt like their voices were not heard. The pace of work was reported by study participants to be much different in academic circles than clinical practice because of the bureaucratic processes in place. Cash et al. challenged nurse educators to take a more active role in enacting change in the academic environment toward relevance and similarity to the clinical practice environment for adjustment of newer colleagues to the rules, rituals, language, and beliefs.

Moody, Horton-Deutsch, and Pesut (2007) suggested the use of appreciative inquiry, which they defined as a values-centered leadership style that encourages members of different groups, cultures, and points of view to focus on what is working well in a system versus what is not working well, in leading within the academic culture of nursing. They cited the challenges of a dual bureaucracy of faculty and administration in nursing education programs. This dichotomy created obstacles for collaboration and vision toward growth and relevant practices. They discussed the need for appreciative inquiry to shift the cultural paradigm of academia toward negotiation of expectations, cooperation, and support. Faculty participants in this study did not experience support from administration and reported often their voices were not heard. There was a disconnect between the faculty in the departments of nursing programs and the faculty of the greater university. This disconnect made it more challenging for my study participants to relate to the bureaucracy of academia.

Summary

In summary, nursing faculty working in the cultural context of academia frequently described it with water metaphors such as “jump in with both feet,” “sink or swim,” and “keeping my head above water.” Metaphorical references such as these paint a picture of battles, endurance, and challenging responsibilities. Four major themes emerged in the domains from the data analysis: learning patterned ways of thinking, negotiating the bureaucracy, earning credibility, and relationships. The following chapter continues to paint this ethnographic picture with major findings and conclusions of this cultural context.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was to explore the cultural context of academic nursing faculty. There was a gap in the literature describing this culture and its associated rules, rituals, language, and beliefs. The community of practice in the context of academia is poorly understood. The following research question guided this study:

- Q1 What is the cultural context of nursing faculty practice within tenure-granting institutions not associated with a health science center?

Writing ethnography requires the composition of a universal statement. It is derived from the analysis of themes, general statements, and conclusions. The ethnography of this cultural context revealed four themes woven through the domains: learning patterned ways of thinking, relationships, negotiating the bureaucracy, and earning credibility. These themes framed the cultural context of academia in which nurse educators participated through daily interchanges and in fulfillment of their responsibilities. The major findings of this study shed light on predominant rules, rituals, language, and beliefs of academic nurse educators.

This ethnography provided a picture of the cultural context. The domains of rules, rituals, language, and beliefs integrated in the cultural context were illustrated with general statements and associated conclusions. Rules change with trends, leadership, and

accreditation changes. Rules might also change with increasing technology and changes in delivery methods. Credibility comes from following the rules. Rituals are slow to change and are mostly unwritten. They are learned through fulfilling the role, whether on one's own or with the help of support networks or individuals. Language is integrated through all domains, contributing to transition to the role, communicating across academia, and building relationships. Beliefs are brought with the nurse as a novice educator and are grounded in one's identity as a professional nurse; the beliefs expand as faculty learn to fit into the cultural context. Beliefs, although highly individualized in my observation of study findings, can be swayed by groupthink. Groupthink is defined as conforming group beliefs, values, or ethical standards to the extent a course of action is agreed upon without adequate consideration of alternatives. Pressure for solidarity, uniformity, and loyalty to beliefs is strong. Often negative outcomes from groupthink are worsened with excess stress and pressure (Kurian, Alt, & Chambers, 2010). In this study, nursing faculty were told to be quiet and go along with the group time and time again until they learned the rules and rituals of the group. The collaborative and cooperative nature of delivering care to clients with a team is simply not present in academia. Academia is highly individualized and goal-driven, often with competition to meet the goals at the expense of others. The following themes were identified with general statements and associated conclusions (the statements and interpretations can also be viewed in Appendix E).

General Statements and Conclusions

Learning Patterned Ways of Thinking

The first finding related to this general statement was that novice nurse educators found more support when they were in a cohort of newcomers. Fellow newcomers offered helpful support for addressing common concerns. Nurse educators, both novice and seasoned, provided support to each other in their multifaceted and challenging roles; however, assigned mentoring as a strategy for support is needed. It also provides support for newcomers who enter alone. Access to effective mentoring varied across participants. Some existent faculty helped newcomers while others left newcomers searching for answers. Informal mentors were often more lasting and helpful than assigned mentors. In conclusion, mentoring is essential. To help identify themselves as educators, novice faculty need to see the role modeled by mentors. To have a successful program, mentors need to be prepared for the role as it requires a different set of skills than are needed for teaching (Pogodzinski, 2012).

Nurse educators had to metaphorically “do it on their own,” learn by “trial and error,” and “sink or swim,” another finding related to how educators learn their roles. Accustomed to teamwork and collaboration in clinical practice, faculty did not find a supportive atmosphere in academia. Instead, they encountered covert bullying with secrets kept from them. Faculty had to try to figure out the right questions to ask because answers were not provided. They found it was acceptable to make a mistake but they had to learn from it and move on, striving not to make the same mistake over and over. In conclusion, the most important aspect of enculturation is finding a network of support. Participants in this study had to build their own network of support, often more than just

a single mentor but rather a cadre of individuals, both in nursing and in the larger context of academia.

The third discovery was orientation to the faculty role varied across programs. Some orientation programs were structured whereas others offered too much information in a short time. It was difficult to make use of the presented information when asked to recall it later. One program offered no orientation program to participants. In conclusion, requirement of an orientation program does not ensure faculty are prepared for the role and all of the responsibilities and tasks. An orientation program is best when strategies include a network of support, mentors, and information is provided at relevant times in bite-sized pieces. This was not consistently provided to participants in this study.

Relationships

A general statement that emerged from the data regarding relationships involved keeping secrets and withholding information, which was a common practice between nursing faculty in this study. There were secretive undertones and intentional protection of information. It was conjectured the reason behind this secretive environment was to maintain security in one's position of power or possibly to protect one's pride or intellectual property. Faculty were trying to participate in the community but found themselves suspicious of others' behaviors and motives, cited at times by participants as "ulterior." This sense of mistrust was further fostered with communication being titrated based upon time in one's position and a perceived "need to know." In conclusion, the sense of mistrust and secrets are obstacles to attainment of healthier interpersonal

exchanges among nurses in academia. Mentoring and role modeling of healthy communication patterns are essential for changing the conduct of nursing faculty.

Nurse educators prefer to avoid conflict. This was another finding related to relationships revealed in this cultural exploration. Faculty competed with one another for approval of students and acceptance of academic colleagues across the campus. This competition was unspoken and undeclared boundaries were discovered by chance, often resulting in interpersonal conflict with the person whose territory was invaded. Even with the invasion of turf, conflict was concealed and eluded. It was “not nice” to confront sensitive issues; yet, nursing faculty claimed repeatedly “we are all here for the students.” In conclusion, nursing faculty must be clear and declare existing boundaries. They must stay focused on goals related to program outcomes--preparing nurses for professional practice. If they are modeling this suppression and dodging conflict before students, then that is the socialization into the nurse professional role those students will learn, thus perpetuating the cycle of pathology.

Incivility between nursing faculty was rampant, yet subtle. This emerged as an important behavior in academic culture. Hidden agendas, discovered by chance, fostered mistrust among the faculty. Incivility was displayed with communications being revealed on a need-to-know basis, often at the time of an infraction. The infractions were communicated with condescending glances, eye rolling, and sarcastic voice tones. This disorderly conduct of nursing faculty to one another was in response to things such as violations to dress codes, behaviors, or territory encroachment. Uncivil conduct has been well documented in the literature among nursing faculty and the findings of this study bolstered the claim that “nurses eat their young” (Broome, 2003). In conclusion, there

must be a paradigm shift for socialization and communication patterns within the profession of nursing as well as nurses practicing within academia. This shift in thinking and practice needs to happen early in support of newcomers to the academic role; it also must be practiced by career faculty in academia.

Negotiating the Bureaucracy

The first major finding of this general statement was academic bureaucracy presented nursing faculty with a slow pace of work, resistance to change, and a different level of autonomy. These were significant challenges to professional nurses employed in this cultural context. Faculty did not have individual autonomy to change course descriptions or objectives; channels to change had to be learned and followed. There were formal and informal channels and rules for how to initiate change. A nurse educator could successfully negotiate these channels and rules by knowing the “right people.” There were outdated systems in place with outdated equipment. This out-of-date technology might be preferred because it provides allowance for traditional practices to continue within academia. Committee structure and service were required of nursing faculty. However, meetings were held at times that did not allow active participation because of nursing clinical teaching away from the academic campus, which also posed a barrier to inter-professional relationships and collaboration. The rites of tradition or the ways it had “always been done” hindered innovation and challenged nurse educators who desired a community of collaboration and cooperation.

Complaints of an excessive and unwieldy workload emerged as a common theme repeated by several study participants. Expectations were not clear from the beginning of their faculty appointment regarding credit hours, load, and the amount of time required to

prepare for classes. Workload was intense and demanding no matter the delivery method--online, classroom, or clinical. The workload intensity itself led faculty to feel a sense of isolation. There was little or no control over teaching assignments until it was earned with tenure and/or longevity. Newcomers were often given topics no one else wanted regardless of area of expertise. Additionally, there was a discrepancy in salary. Only two participants blatantly complained about the salary differential compared to clinical practice and lack of raises; most of the participants stated wages were low, especially compared to the hard and intense work required of them. Younger faculty said they tried to find a balance but this was often met with discontent from older faculty who believed younger faculty were not "fully committed" to the institution. In conclusion, there was an undercurrent in this workload conversation that nursing faculty, similar to nurses in clinical practice, strove to be all things to all people. This included the inability to say no when asked to add one more task to the list of responsibilities. Nurses in academic practice must learn to set limits and say no because heavy workloads impact their ability to provide quality instruction and role modeling to students under their tutelage.

Another finding supporting this general statement regarding bureaucracy was expectations for scholarship were not clearly stated. Although administration and leadership encouraged scholarship and guidelines might be listed, there were no measureable consequences for the omission of research. These study participants defined scholarship as continuing education, presentations, programs, book study groups, and achievement of certifications. However, nurse educators in this study could see change coming. They cited observances of denial of tenure and increased expectations to fulfill

requirements for publications and scholarship in addition to professional service activities. Nursing faculty felt they were not recognized for their scholarly pursuits and, yet, participants were not involved in active research or writing for publications. In conclusion, academia is beginning to enforce the requirements of scholarship for nursing faculty, expecting them to meet the standards of the academic community at large for research and publication. Recent events demonstrated there would be fewer exceptions to the scholarship rule for nursing faculty, effectively suspending the belief that “nursing is different.” Master’s-prepared nursing faculty would find it difficult to meet the scholarship requirements of academia; therefore, nursing faculty must be prepared with doctoral degrees to possess the skills for research and other scholarly endeavors needed to contribute to the profession of nursing and to the community of academia.

Earning Credibility

The first finding associated with this general statement was there is a difference in the teaching practices between traditional academics and nursing faculty. Academics did not value/understand practical instruction in the clinical area that removed nursing faculty from the academic campus for one or two days per week. This hampered integration to the campus community. Time constraints and conflicts contributed to a sense of isolation in the nursing faculty. Interdisciplinary collaboration, research, and collegiality were impacted by these differences and limitations related to conflicts of time. Nursing faculty felt they were misunderstood by, and disconnected from, other colleges and departments. They felt they were undervalued and not recognized for their workload despite their apparent absence from the activities of the academic community. Intentional efforts must

be made to connect the academic community with the nurse educator community and for the academic community to understand and value the importance of clinical education.

Nurse educators did not feel rewarded for their work or acknowledged for their clinical expertise. Faculty participants warned others not to expect to receive positive extrinsic feedback from administration for fulfilling the workload assigned. There was a lack of understanding of other faculty colleagues about the expectations and complexity of the workload required of the nurse educator, particularly time required for practical instruction in the clinical setting away from the academic campus. Delivery of instruction comprised approximately 45% of the faculty's time. Faculty participants felt time expended in teaching and service created a barrier to fulfilling expectations for scholarship. Failure to meet the scholarship standard led to a lack of collegiality as was conveyed from other academics through examples of animosity, jealousy, and even decisions made against a college of nursing simply because they were nursing. One participant stated other academic faculty perceived nursing faculty as "country" and "not quite the same." This might suggest nurse educators must find intrinsic rewards to feel success in fulfilling their responsibilities as well as be a part of the academic community at large. Faculty would enhance their sense of connection to the broader university community by committing to participating in opportunities presented to them in the larger community of academia such as serving on university committees and interdisciplinary research projects.

Another finding was participants felt isolated from the academic community. However, nursing faculty may have an exaggerated sense of self-worth and entitlement on the academic campus. Participants in this study saw themselves as the best program in

their institutions with high enrollments and good student outcomes. Many times they commented on how they were respected by administration and were seen as caring about other faculty on the campus, i.e., checking a blood pressure for someone who did not feel well. In their view, their role was to take care of the college of nursing students and educate them. They might struggle to see the big picture of academia and how they fit into that picture. In conclusion, nursing faculty could benefit by being more engaged in the larger community of academia. Nursing educators are transitioning into the full professional role of academics by earning terminal degrees, participating in scholarly endeavors, and contributing to the functioning of the institution with committee service and by taking leadership roles. The faculty in this study continued to struggle with transitions to academic expectations. They did not see meeting scholarly expectations as necessary because they believed they should be exempt from other academic obligations due to time spent in the clinical setting, which was not expected of many other disciplines and required time away from campus, accounting for a larger time commitment than just teaching didactic courses.

Recommendations

Recommendations from this study include orientation programs for nursing faculty to academia that should be a joint effort with the greater institution to foster a sense of belonging. Additionally, the orientation should be offered over a period of time with relevant information offered when needed for semester tasks. Mentoring and role modeling of healthy communication patterns between nursing faculty could be achieved through faculty development programs.

Nurses in academic practice must learn to set limits and communicate better about workloads. Faculty development programs should be in place explaining the processes of clinical instruction, supervision, safety, and evaluation of students in the clinical setting to promote

understanding of the complexity of the task. Nursing faculty must be intentional in becoming involved in the community of academia including serving on committees, taking leadership roles, and attending social events.

Nurses should lobby for salary commensurate with clinical practice. Nursing faculty must be prepared with terminal degrees in order to possess the skills for research and scholarship. Release time should be provided to faculty pursuing terminal degrees and/or participation in research and publishing. Perhaps nursing faculty and deans should consider workloads that allow negotiated choices between scholarship, clinical instruction, or didactic teaching instead of trying to do it all.

Recommendations for Further Study

Further research study might include a repeat of a similar inquiry with faculty in a broader geographic region or a repeat of a similar inquiry with faculty in health science center nursing programs. A study to discover the preparation of expert nursing faculty for mentoring novice colleagues to academia would benefit the recommendation for a joint orientation program. Further study might also include a work analysis of time related to task in academic nursing practice or an analysis of scholarly contributions of nursing faculty. When are nurses socialized to eat their young? And when and where do nurses learn the attitude of constantly defending the adequacy of their academic preparation? For example, a master's-prepared nurse does not see the value in pursuing a terminal degree for teaching since all nurses teach.

Limitations and Implications

Limitations of the Study

This section provides the limitations of this study. This was a qualitative study with narrow inclusion criteria, thus limiting the generalizability of the study. Participant

inclusion was limited to tenure-granting institutions not associated with a health science center. However, public and private institutions were included with a variety of delivery methods and levels of instruction among the participants. Study participants were from a limited geographical area in southwestern United States. Participants were from nursing programs within a 200-mile radius of one another at relatively small colleges. This might have influenced the cultural norms identified. While saturation was reached with 12 participants, those who chose to participate might not have provided a complete representation of nursing academic culture. All of the participants in the study were female faculty; none of the nursing programs employed male faculty members at the time of this study.

I am a novice to ethnographic analysis. To address this, I utilized the expertise of an anthropology faculty at my institution who offered consultation and feedback. Additionally, as a nurse educator myself, I brought an etic perspective to the data analysis and conclusions; no colleagues from my program participated in this study. Bracketing of my philosophy and etic knowledge of this culture was addressed with examination of my perspective prior to the beginning of the study when composing my methodology. Another limitation of the study was participation in this culture in my everyday career, which made it difficult to completely eliminate my biases and perspectives. To assist with bridling my bias, regular feedback from my research advisor helped me stay true to the data.

It is possible that faculty from varying levels of nursing education might carry a different perspective of the culture. For example, an undergraduate BSN faculty might hold a different perspective from a faculty who is teaching in a graduate nursing program.

Participants in this study were from relatively small programs and because of the size of the programs, some participants taught across various levels of nursing preparation.

This ethnographic description was restricted to interview data, thus limiting themes and cultural nuances. Ethnographic data collection otherwise might include observation of the participants fulfilling their roles within the cultural context with the potential for more colorful descriptions of the environment and interpersonal exchanges. Although each interview was conducted in the office of the faculty, no additional observations were made of the environment with the exception of a brief tour of one campus and walking in hallways to the appointed offices. This ethnography was a descriptive one and was intended to paint a picture of a culture. This study is the first step in revealing an in-depth understanding and further exploration of the cultural context of nurse educators.

Implications for Professional Practice

This study revealed that a network of support for novice and continuing faculty is essential. It must be intentional for retention and faculty development. The network of support must include avenues to address horizontal incivility. Addressing the incivility would have benefits not only for the faculty but also the students' socialization into the professional nurse role with positive role models. Requirements for the multifaceted faculty role must be in language understood by nurse faculty and modeled consistently by senior faculty.

Summary

In conclusion, what is the cultural context of nursing faculty practice within tenure-granting institutions not associated with a health science center? This

ethnographic study found the cultural context could be described as a group of nursing professionals “fitting in” a community of academic professionals. The context was turbulent due to unwritten rules and rituals often not consistently enforced. Nursing faculty are learning a new language while negotiating relationships, earning credibility, learning patterned ways of thinking, and negotiating the bureaucracy of academia steeped in tradition. This challenging and multifaceted role, coupled with the undercurrent of having to be all things to all people, often leaves nursing faculty feeling as if they must sink or swim in a solitary existence.

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APPENDIX A

**CONSENT FORM FOR HUMAN PARTICIPANTS
IN RESEARCH**

UNIVERSITY of
NORTHERN COLORADO



CONSENT FORM FOR HUMAN PARTICIPANTS IN RESEARCH
UNIVERSITY OF NORTHERN COLORADO

Project Title: Ethnographic Inquiry of the Cultural Context of Nursing Educators
 Researcher: Karen Cotter, MS, RN .(PhD in Nursing Education Candidate)
 Phone Number: (405)585-4458 (office), (405) 210-4558(cell) & (405)733-8170(home)
 Email: cott4835@bears.unco.edu
 Research Advisor: Dr. Lory Clukey Phone Number: (970) 351-2648

Purpose and Description: The goal of this research is to examine the culture of professional practicing nurses within the context of academia. Interviews will be used with a set of questions to determine domains, taxonomy and components of the culture of nurses within academic settings. You will be asked to participate in a face-to-face interview with the researcher for 60-90 minutes at a time convenient to you. I will transcribe interviews verbatim. If you choose to participate in this study, you will be asked to answer a number of questions relating to the context of your practice.. The interview is expected to last no more than 90 minutes. It is a face-to-face interview with Karen Cotter. The types of questions you will be asked can be found on the attached document. You may be asked to participate in follow-up interviews lasting 60-90 minutes.

The details of your responses will be kept confidential. Your identifying information will be kept in a locked filing cabinet and/or password-protected directory accessible only by the lead investigator. Your responses will be given to support staff identifiable only by a pseudonym. The relationship of the pseudonym to the participant is known only by the lead investigator to protect the confidentiality of your responses.

The risks to the participants in this qualitative study in relation to the potential benefits of helping other nurses to have a successful fulfillment and contribution to the community of practice of nurse educators are minimal. The benefit to you as the participant would be to have access to the overall data collected, with common themes and factors, to see yourself and your experience in comparison with peers of similar experience and challenges. The only foreseeable risk is related to interpersonal fears of expressing comments during an interview, which may increase a sense of vulnerability or fear of consequence of speaking out about barriers or negative experiences.

Page 1 of 2 _____
 (Participant's initials here)

Costs to the participants would be an interview scheduled at some time convenient to the participant and commensurate with time availability of the researcher. Compensation to the participants would be a raffle drawing among all participants for one of four \$25 iTunes gift cards.

We will digitally (audio only) record the interviews to back up the notes taken by the interviewer. Be assured that we intend to keep the contents of this digital data private. To help maintain confidentiality, password-protected, directory-based computer files of participant's interview responses will be created and pseudonyms will replace participant's names. The names of participants will not appear in any professional report of this research.

Please feel free to contact me if you have any questions or concerns about this research and please retain one copy of this letter for your records.

Thank you for assisting me with my research.

Sincerely,

Karen Cotter, PhD(c), RN

Participation is voluntary. You may decide not participate in this study and if you begin participation, you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if you would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact Sherry May, Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910

Participant's Signature

Date

Researcher's Signature

Date

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

For this ethnographic study, please provide all of the following information:

Age _____

Ethnicity (choose One)

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian/Pacific Islander
- ☐ Other

Initial nurse preparation: (Choose one)

- ☐ Diploma
- ☐ Licensed Practical/Vocational Nurse
- ☐ Associate Degree
- ☐ Baccalaureate Degree
- ☐ Other _____

Year of completion _____

What is the highest nursing degree completed?

- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Doctoral Degree

Non-Nursing Degree?

Clinical Practice:

Number of years as a registered nurse _____

Number of years delivering direct care clinically _____

What would you identify as your clinical specialty? _____

Academic Practice:

Number of years in the faculty Role _____

Name of Current

Institution _____

How long have you been teaching with this institution (years)?

Did you have formal educational preparation for your faculty role?

Did you have a formal mentor assigned?

Yes/No,

Are you still in contact with your mentor? Yes/No

Did you have an informal mentor? Yes/No

Is that person within or outside of your nursing faculty team? Inside/Outside

Are you still in contact with this mentor? Yes/No

How many students are enrolled in the upper division of your nursing program?

What is the average number of students?

In the classroom _____

In the clinical area _____

Is your college Public or Private? _____

What is your faculty rank?

Are you on the tenure track ? Yes/No

Have you been granted tenure? Yes/No

Have you earned any other advanced statuses? Example: graduate faculty status or an endowed chair? Certification in a clinical specialty?

What level do you teach?

- ☐ Undergraduate?
- ☐ Degree completion?
- ☐ Graduate?
- ☐ Certificate programs?

Combination – describe:

Do you have designated classroom space or do you share with other departments?
Describe:

How many faculty are in your faculty team for your nursing department?

Approximately how many faculty make up the general faculty population of your university/college? _____

How would you describe your student population? (Circle one)
Traditional or non-traditional?

What is the average age of the students you teach? _____

What classes do you teach? Indicate "UG" for undergraduate or "G" for graduate level courses.

Describe any research projects in which you have been involved recently:

Do you have a private office space ?
Yes/No

What kinds of things do you do with your office space/time?

Are you required to post hours when you are available in your office? Yes/No
If so, how many are required per week?

Do you advise students Academically?

Yes/No

If so, how many students are in your advisement roster?

Overall, what percentage of your time is spent on the following areas? (to equal 100%)

Advisement _____

Classroom instruction _____

Skills Laboratory _____

Clinical supervision _____

Clinical planning/evaluating _____

Faculty meetings _____

Other _____

Please list/describe other tasks:

Thank you.

APPENDIX C

INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: November 20, 2014

TO: Karen Cotter, MS,
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [678277-1] Ethnographic Inquiry of the Organizational Culture of Nursing Educators- Doctoral Dissertation (PhD Candidate- Karen Cotter, School of Nursing, UNCO Research Advisor: Dr. Lory Clukey)

SUBMISSION TYPE: New Project

ACTION: APPROVAL/VERIFICATION OF EXEMPT STATUS

DECISION DATE: November 19, 2014

Thank you for your submission of New Project materials for this project. The University of Northern Colorado (UNCO) IRB approves this project and verifies its status as EXEMPT according to federal IRB regulations.

Karen -

Hello and thank you for your patience with the IRB process. Your application is clear and thorough.

Please make the following change to the end of your consent form before use in participant recruitment and data collection:

The last sentence of the mandatory paragraph that begins "Participation is voluntary...." needs to end with the following as the contact information you had is wrong - please change to: "....Sherry May, Office of Sponsored Programs, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1910"

You do not need to submit your revised consent form for subsequent review.

Best wishes with your research and please don't hesitate to contact me with any IRB-related questions or concerns.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

We will retain a copy of this correspondence within our records for a duration of 4 years.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

APPENDIX D
INTERVIEW GUIDE FOR THE STUDY

Interview Guide for the Study

This guide will be printed with more spaces between to allow for brief notations by the researcher during the process of asking the questions of the informants.

Introduction:

Tell me about how you became a nurse educator.

Prompts: how did you decide? what was a trigger?

Tell me about an event that was a turning point in your transition from clinical practitioner to educator.

Prompts: What was helpful ?
 What was a struggle ?

LANGUAGE

What words would you use to describe nursing academics?

What else can you tell me about the culture of academic nurse educators?

Nature of the work- RITUALS & RULES

How did you learn what was expected of you in the faculty role?

Who or what helped you to understand the nature of the teaching role and the expectations of faculty?

What is a rule that you had to learn “The Hard Way” in academia?

What would you tell a new faculty member about negotiating the culture of your department?

About negotiating the culture of academia in general?

Sometimes in a culture, there are factors that support and factors that inhibit certain behaviors. Can you describe supportive and inhibitory factors in your department related to fulfilling your role as an educator?

BELIEFS/VALUES

How would you describe the academic community in your department?

Describe your perceptions of (the college of) nursing when compared with other academic divisions within your university.

What about the culture related to teaching?

In the classroom? In the clinical area?

Describe for me the culture of scholarship in your department.

What are the spoken and unspoken “rules” and expectations for scholarship?

What happens if you meet expectations?

What happens if you don't meet expectations?

What are the expectations regarding service?

Prompt: professional; university/college/department; community

What happens if someone doesn't meet expectations for service activity?

What happens if they do?

How would you describe the academic community in your department?

Describe your perceptions of nursing when compared with other academic divisions within your university.

"In reflecting on our conversation...

IF YOU COULD PAINT A PICTURE, TELL A STORY, OR DESCRIBE
A FEELING ABOUT THE CULTURE OF THE NURSING ACADEMIC
ENVIRONMENT, WHAT WOULD THAT BE???

APPENDIX E

GENERAL STATEMENTS WITH INTERPRETATIONS

General Statements with Interpretations

Earning Credibility	
General Statements	Interpretations
There is a difference in teaching requirements between traditional academics and nursing academics.	<ul style="list-style-type: none"> • A difference between nursing academics and traditional academics prevents integration on the campus. • Time schedules and teaching responsibilities away from the academic campus contribute to a sense of isolation • Interdisciplinary collaboration, research, and collegiality are impacted by these differences. • Nursing Faculty are misunderstood by other colleges and departments. (devalued) ? (must earn credibility) ?
Nurse educators did not feel rewarded for their work, or acknowledged for their clinical expertise.	<ul style="list-style-type: none"> • Faculty expected to positive extrinsic feedback from administration for fulfilling workload But did not receive it. (Compliments are few) • Lack of understanding from faculty of other colleges, about nursing educator role expectations on and off campus, and different ways to measure the critical thinking and decision making skills in nursing. • Miscommunications about the complexity of the role, that teaching was only a fraction (45%) with many other demands for scholarship and service.
Nursing Faculty have an inflated sense of worth and entitlement.	<ul style="list-style-type: none"> • Nursing Faculty see themselves as the best program in the college; financial support, high enrollment, good student outcomes. • I'm here to take care of the college of nursing , and educating these students- not seeing the big picture..
Learning Patterned Ways of Thinking	
General Statements	Interpretations
Nurse educators found more support when they were in a cohort of newcomers.	<ul style="list-style-type: none"> • Nurse educators in a cohort communicate with one another for support for common concerns and challenges. • Mentoring, as a strategy, allows for support of newcomers who come alone. • Nurse educators need to support each other.
Nurse educators had to 'do it on my own', learning by trial and error, sink or swim,	<ul style="list-style-type: none"> • They thought everyone was supportive of one another in clinical practice, does that carry over to academia? • Encountered covert bullying with secrets kept from the educators- having to ask the right question

	<ul style="list-style-type: none"> • Don't repeat mistakes – learn and move on.
Orientation to the faculty role varies across programs.	<ul style="list-style-type: none"> • Effective use of mentoring is variable across nursing education programs • Informal mentors were often more lasting and more helpful than formally assigned mentors • Orientation program- some were nonexistent, some had so much information in such a short time, some programs offered no orientation program. • In order to take on the identity of the educator, they need to see it modeled in practice.
Negotiating The Bureaucracy	
General Statements	Interpretations
Academic bureaucracy , slow pace of work, and resistance to change is a necessary adjustment for nurse educators.	<ul style="list-style-type: none"> • Faculty do not have individual autonomy to change course descriptions or objectives, channels must be learned and followed. • There are formal and informal channels and rules for how to initiate change, knowing the right people. • Outdated systems? Equipment? Financial constraints lead to outdated systems, or traditional ways of doing things. • Committee Structure/Service is an essential component in the academic community
Workload is excessive and unwieldy.	<ul style="list-style-type: none"> • Explanation of Credit hours, preparation for classes, expectations are not clear from the beginning. • The workload is intense and demanding, no matter the delivery method. Workload leads to some level of isolation. • Control over teaching assignments is earned with tenure and longevity. • Salary Differential...low wages for amount of work required.
Expectations for scholarship are a mystery.	<ul style="list-style-type: none"> • Scholarship is encouraged without consequence for its omission • Scholarship defined by nursing faculty as CEU, presentations, programs, Book study, achievement of Certifications. • Nurse educators can see the changes coming, with denial of tenure, and requirements for publication and scholarship beyond service activities.
Relationships	
General Statements	Interpretations

Keeping secrets and guarding information is a common practice among nursing faculty	<ul style="list-style-type: none"> •Secretive under tones, Protecting information for security in position Pride and intellectual property •Have to feel part of the community to avoid suspicion of others' behaviors and motives. •Communication is titrated based on time in position and need to know.. •
Nurse educators would prefer to avoid conflict	<ul style="list-style-type: none"> •They compete for the approval of students, and acceptance of academic colleagues across campus. •Undeclared boundaries exist- those must be discovered by chance. •“We are all here for the students” •Conflict is avoided at all cost, sweep it under the rug
Incivility is rampant, but subtle	<ul style="list-style-type: none"> •Hidden Agendas •Incivility- communication is titrated on a need to know basis, watch voice tones and nonverbal communication •Unwritten rules of dress code and behaviors, often not addressed with confrontation but rather behind the scenes. •Nurses ‘Eat their young.’

APPENDIX F

COMPONENTS AND EXEMPLARS FOR DOMAINS

Domain-Specific Exemplars from Interview Data:
Rules Domain

Component	Exemplars
Watch and Learn	<p>"I really feel like I'm the new kid on the block. And I need to just kind of lay low and, you know, get my stuff done and work hard, which is what I do in my office at home, and kind of see how things go. We'll see."</p> <p>"So if somebody has a very different opinion than you and they've been around for a while, that might be a little bit harder to, even if it's encouraged, to feel like you can speak up against it without having some kind of backlash."</p>
Finding Support	<p>"So I had mentors here because I was a student and I was able to reach out to them constantly and say this is what I'm going through. This is what I'm up against"</p> <p>"... so people in the university make you know they say nice things and support you and give you opportunities and that makes you feel supported."</p>
Networking	<p>"Pretty much everybody's available and open and willing to share within their expertise. Some people are more willing to share easily. Others you have to tease it out."</p> <p>"It's really from watching the other faculty around you. A lot of times, those folks that will take you under [their wing], and if you have questions..."</p>
Follow the Leader	<p>"[learning from watching and] modeling from other faculty."</p> <p>"So I make sure that when somebody's new and they want to be able to negotiate their way around, is to be able to say, you know, um, kind of step back at first, kind of get used to some of the personalities and things that are going on."</p>

Bureaucratic Challenges	<p>“This committee governs this and so, a lot more structure I’ve learned, that maybe I wasn’t quite aware of before, I would have never thought went into the education in academia.”</p> <p>Like, are we having a meeting, and a lot of the meetings they have are on Tuesdays and Wednesdays when I am in clinical. And so it’s hard almost to be a part of the campus.</p>
Not enough hours in the day	<p>“rewarding, hard work, little pay. ...Inhibiting [the ability to fulfill the role as an educator] it, I just think maybe just the workload hours.”</p> <p>“I’m grateful every day, but I’ll tell you, it’s—it’s not the most stressful job I’ve ever had, but I think I’ve put more hours in this job than any job I’ve ever put in.”</p>
The idea of Scholarship	<p>“So they would like us to do research and they would like us to do undergraduate research, or have the students engaged in our research, undergraduate students, as well as graduate students in that. But, um... there’s not a huge amount of pressure to do that.”</p> <p>“I’ve been taking the semester pretty much off and just kind of relaxing. Um, trying to be able to, um, uh, publish some of it from the dissertation.”</p>

Domain-Specific Exemplars from Interview Data:
Rituals Domain

Component	Exemplars
Sink or Swim	<p>"I mean, it was, you know, sink or swim. There was no real prepping you for the position."</p> <p>"I felt like 'I am so in over my head'."</p>
Asking the right questions	<p>I think people don't know exactly what you know and what you don't know. And, you know, does this person need assistance in this area? ...If you make a mistake and there's no — there's no forgiveness anymore. It's always felt like that in nursing, hasn't it?</p> <p>"My willingness to say: "how do you do that?" ...that made people answer questions, because it wasn't just given...I noticed other faculty wouldn't ask [questions]. And then it was almost acceptable to not do it because they did not know."</p>
To mentor or not to mentor	<p>"And she was very good too at asking me, 'Is there anything that you need?' And it was that way. It wasn't an official mentor relationship, but I have to say it was more of a collaborative 'Hey, will you help me?'"</p> <p>"They value mentoring a lot here. Here we kind of grow 'em up and love on 'em a bit. You know."</p>
Hierarchy	<p>"...I think we need a formal orientation process to our department, here is the papers, here is what you do, we need all of this what you do, how you do. "</p> <p>"You have those things that are the general university things that come through all the orientation and programs. ...we definitely had the formal portion of it at--you know, we sat down with the chair and we went through all of our, what was expected, and you know click-clicked off the little things."</p>

Secrets	<p>“Part of it may be pride, because you think people might not give you credit maybe? Unless it’s just intellectual property and then people don’t want to give it up maybe, that’s all I can think of.”</p> <p>“I think sometimes they’re unintentional. I think sometimes they can come from history. And I think there’s the incivility secrets, where you’re actually trying to keep knowledge from another educator. ... I think there’s secrets, but I think it’s more, uh, organizational culture. There’s unwritten rules everywhere you go. There are things we don’t see.”</p>
Trust	<p>“There are people that I had to learn the hard way, that I couldn’t trust that relationship at the same level and finally just have to figure out what the dynamic is and which people you can just say anything to and which you can’t so.”</p> <p>“Be careful who you trust. There are often ulterior motives to favors or good deeds ... But I find myself when new faculty are here, telling them, “just observe for a while” because you feel like you have to give them a warning [of not over sharing or it will be harmful].”</p>
Hidden Agenda	<p>“But the true underlying what’s really expected came from the-the talk underneath and behind the scenes, office to office. And you know, ‘hey, you probably didn’t know how to do this,’ you know. ‘Let me show you how to do it,’ you know.”</p> <p>“And that’s what we’re trying -- it’s kind of like this hidden agenda so let’s bring light to it, let’s find out what it is.”</p>

<p>Earning credibility</p>	<p>“I don't know if they consider us a – I know when we started talking about research, they're very hard science, quantitative. And when they hear us talking our qual [qualitative], even though we do quant [quantitative] and qual [qualitative] and mix methods...when it comes to research, they don't think we're as strong...they're probably pretty accurate with that.”</p> <p>“It's not that I have to work harder, but I have to constantly be proving myself. I feel like I can't let down my guard and, y- to some extent, you know... and I-I think that sometimes my age is definitely, it hinders me here.”</p>
<p>Scholarship and Service</p>	<p>“I feel like we're really trying to produce more, maybe, than someone who's at the end of their career. And they're getting ready to, you know, maybe do something different ... [meanwhile] they're really trying to ramp up the level of scholarship and the amount of scholarship that people are doing.”</p> <p>“If you're on tenure track--and you're truly trying to get tenure, you're gonna have to have done something, but it's not, if you've done a lot of service, let's say, but you haven't done a lot of scholarship, but you've done an article or something that counts, they're probably not going to turn you down because of that.”</p>
<p>Communication and Civility</p>	<p>“There was conflict between my team leader and my other team members. She wouldn't necessarily, in the past there was things amongst them, maybe she didn't train them as well or kinda refused to answer more of their questions because of past issues and because of their work habits now or then.”</p> <p>“We are- we are very backbiting, which is sad because nursing is so great.”</p> <p>“That we do see um, instances of incivility. We as a group are not aware of some things that can be interpreted as uncivil, like raising your eyebrows and, you know.”</p>

Isolation	<p>“...we're really kind of our own little thing out here in the middle of _____ in this building doing online things, virtual things.”</p> <p>“Not that we don't associate with each other on the other floors, but sometimes I'll go days without even seeing anybody. You know, I'll just come in and do my thing.”</p>
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Domain-Specific Exemplars from Interview Data:
Language Domain

Component	Exemplars
Curriculum	<p>“When I first came out, I was only 10 years older than the students. I had a good grasp of nursing, but I didn't have a good grasp of the larger curriculum. ... That was really hard to grasp. I didn't feel like an expert in advising for a long time.”</p> <p>, “I don't think they're valuing what we're doing. And I don't think they understand us. Um, it's really frustrating for me.”</p>
No Comprende Enfermera	<p>“We're trying to teach higher level thinking skills of critical thinking, caring, research application, evidenced-based practice, leadership—all of those things that are—are not easily measured by multiple choice, you know, type—Scantron automatically graded assignments or exams and things like that.”</p> <p>“So I just think there's some of that, that self-importance piece, that they tend to look at nursing and say, “ehh they're a little bit country for us” ... So I think on the campus, it takes that most faculty have a doctoral degree to start getting that respect that they think so I-I do think there's some, “well, nursing does a good job on this campus, but they're not quite where we are” [with terminal degrees].”</p>

Domain-Specific Exemplars from Interview Data:
Beliefs Domain

Component	Exemplars
We are here for the students	<p>“Dedicated to helping students learn...you want the students to succeed”</p> <p>“The culture of the university here that I'm at is really to help students to bring them along, take the student who is weak and work with them to where they can [succeed].”</p>
Workload..Reprise	<p>“I do think time is an issue for us. Our schedules are full. ...It's kind of the enemy of creativity at times.”</p> <p>“Whenever I came, they said, "We like for our full-time faculty to teach in the summer cuz it's just, you know, more consistency with the courses and whatnot ... but it's not expected, and so, don't feel bad if you say no," ...and so, while there's not been any negativity that's come from it, you still have this—feel guilty if you don't. “</p>
Everybody Loves Us... Almost	<p>“We're the epitome. You know, we are in fact, the president was in here last week and said, nursing is at the top of the hill. That was his quote. “Nursing's at the top of the hill” ...I think we're-we're very well-respected on campus. ”</p> <p>“...I think there is a general perception of nursing faculty, that we're not really quite the same... We're not, maybe-even though we may have doctorate degrees, we're maybe not quite as academic.”</p> <p>“[There is] resentment from other departments in terms of nursing is never here on Tuesdays or Wednesdays, they're never at the meetings.”</p>

<p>Scholarship comes after Students</p>	<p>“I think most of the faculty in this department’s commitments are to its students first. So it often, the other part [scholarship] takes a back seat. “</p> <p>“Work with students on research projects. Have them help us; we help them to be able to present to and be ready for big research days, so being able to bring students that, also presenting their own research to that.”</p>
<p>Service - Nurses serve others</p>	<p>“I don’t know that there’s specific requirements. ...Every few months there’s something we can do to give back to the community. ...They focus on that for tenureship, like whenever we’re making our portfolio.”</p> <p>“service can be committee work here on campus. You know, can be um, in your, in agencies out in the community.”</p>
<p>Conflict is not “nice”</p>	<p>“I’m beginning to recognize how much further you get with kind words and patience as opposed to being frustrated and angry.”</p> <p>“Usually if somebody disagrees with you, it’s...shoved under the table, so. Again, it depends on who the conflict is with.”</p>