Effects of Flipgrid for Training on Job Satisfaction in Adjunct Clinical Nursing Faculty in a Baccalaureate Nursing Program

Maria Quimba

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EFFECTS OF FLIPGRID FOR TRAINING ON JOB SATISFACTION IN ADJUNCT CLINICAL NURSING FACULTY IN A BACCALAUREATE NURSING PROGRAM

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

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

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ABSTRACT

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Given the critical shortages of nurses in the United States and the corresponding shortfall of qualified faculty, the need to support adjunct faculty to meet the challenges of higher education is paramount. Comprising nearly half of the professoriate across institutions of higher education and nearly 50% of instructional time in associate and baccalaureate programs, adjunct clinical nursing faculty play a significant role in nursing education. Despite empirical research to support the need for training, development, and mentorship, ample evidence indicated lack of institutional support. Consequently, adjunct faculty experience numerous challenges accessing institutional services, struggle in their roles, and report job dissatisfaction. Along with organizational commitment, job satisfaction has been determined to be a precursor to retention and intent to stay in higher education. Therefore, the development of strategies aimed at improving levels of job satisfaction in higher education must be a primary focus.

This quasi-experimental study evaluated the effect of program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.), on social capital and job satisfaction in 64 adjunct clinical nursing faculty teaching in a baccalaureate nursing program. The findings addressed the identified gap in knowledge related to perceived social capital and job satisfaction in this group of educators while also demonstrating the
strong relationship between the constructs of social capital and job satisfaction. The results provided additional empirical support for a psychosocial, rather than structural, conceptualization of job satisfaction while reinforcing the need for managerial strategies that build and strengthen social relationships in the workplace. Together, the outcomes of this study added to the growing body of literature pertaining to adjunct clinical nursing faculty--an important but underrepresented population in nursing education research.
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Finally, to the members of my cohort for whom I feel a tremendous kinship, thank you all for your strength and tenacity. We have grown together along this journey. With great pride and satisfaction for a job well done, I raise a glass for us all. Cheers!
DEDICATION

I dedicate this work to my family, friends, and colleagues at Grand Canyon University. The old adage is most definitely true--it takes a village to reach the end of this journey. As a working professional who also cared for small children for the greater part of this experience, I cannot imagine completing this journey without the support of so many. You know who you are. To my doctoral Yoda, Dr. Michael Berger, patience and perspective I have gained as a young padawan. To Jacob Delph, I dedicate the blank pages of a life not yet written. I am so very blessed.
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CHAPTER I

INTRODUCTION

Providing nursing education at all levels is demanding and complex. Nursing graduates require a strong foundation in nursing knowledge as well as clinical competency (McDermid, Peters, Jackson, & Daly, 2012; Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013); therefore, both didactic and clinical nursing faculty share an important responsibility in the education of future nurses. Providing nearly 50% of instructional time in associate and baccalaureate degree programs (Brown, White, & Leibbrandt, 2006), adjunct clinical nursing faculty have become an essential part of undergraduate nursing education. Influencing the development of clinical skills across settings and reinforcing the role of the professional nurse among novices, they also contribute significantly to the general development of nursing as a discipline (Cangelosi, Crocker, & Sorrell, 2009; Reid et al., 2013).

Despite empirical research that supports the need for training, development, and mentorship (Abbas & McLean, 2001; Gappa & Leslie, 1993; Hinds, Burgess, Leon, McCormick, & Svetich, 1985; Lundy & Warme, 1990), adjunct faculty experience numerous challenges accessing these institutional services. Often limited to basic on-boarding, opportunities for professional development are either lacking or insufficient to prepare adjunct faculty for teaching (Peters & Boylston, 2006; Reid et al., 2013).
Consequently, adjunct faculty members are weakly linked to their students, colleagues, and institutions (Oermann, 1998; Schuetz, 2002).

Anderson (2002) contended that nursing education “[must] discern the root causes of [faculty dissatisfaction] and also look at the environment in which faculty work [to] develop effective solutions that will attract more individuals to academic positions” (p. 43) as well as retain existing faculty. However, there was limited research pertaining to job satisfaction among adjunct clinical nursing faculty specifically (Cowen, 1991; Cranford, 2013; Gormley, 2003). The paucity of research represented a critical deficit in knowledge related to nursing faculty employment. Therefore, studies must be conducted to examine the work environment in schools of nursing--in particular, the psychosocial dimensions of workplace interactions--so strategies might be implemented to improve working conditions and job satisfaction for all nursing faculty (Anderson, 2002).

**Background**

**Nursing Shortage**

Numerous theoretical and practical accounts have been offered to explain the reasons for the nursing shortage. Advancements in medicine have improved quantity as well as quality of life, resulting in a growing, aging population (U.S. Department of Labor, 2009); public policy has improved access to general healthcare services for most Americans (Allen, 2008); and complex work demands in healthcare settings have led to a sharp rise in work-related concerns (McMenamin, 2014).

The current nursing shortage is compounded by an aging workforce and insufficient numbers of nurse graduates entering the profession (American Association of Colleges of Nursing [AACN], 2017). The U.S. Department of Health and Human Services (2017) approximated that more than one million registered nurses would reach
retirement age within the next 10 to 15 years, which would contribute to a significant shortfall of nurses against projected demand. The U.S. Department of Labor (2017) estimated a demand of 1.09 million new and replacement nurses between 2014 and 2024 in the United States.

**Nursing Faculty Shortage**

Overshadowed by the general shortage of nurses, the shortage of nurse educators to meet the demand for nursing education is also of great concern. Given that many strategies to grow the nursing workforce have been predicated on encouraging enrollments and increasing the number of nurse graduates (Feldman, Greenberg, Jaffe-Ruiz, Kaufman, & Cignarale, 2015; Hill, 2015), the most pressing concern for nursing education today is answering the question of who will teach (McDermid et al., 2012; Nardi & Gyurko, 2013).

Although a record number of qualified nursing student applicants are eager to fill vacancies, in 2016, nursing schools in the United States turned away 64,067 qualified applicants from baccalaureate and graduate programs (AACN, 2017). Surveys conducted by the AACN (2017) pointed to faculty shortages as a primary reason for not accepting all qualified applicants. Factors most commonly cited by AACN to explain the reasons for nursing faculty shortage included an aging nursing faculty workforce, insufficient numbers of nurses with advanced degrees, and a disparity of salaries between nurses working in educational settings and those working in clinical settings (AACN, 2010). As current nursing faculty reach retirement age in progressively larger numbers in the coming years, it is anticipated many will choose to teach part-time while phasing into full retirement (Berlin & Sechrist, 2002).
Job Satisfaction and Nursing Faculty

The topic of job satisfaction among nursing faculty has been studied extensively and from several perspectives: faculty expectations (Christian, 1986), organizational structure and characteristics (Cowen, 1991; Donohue, 1986; Holland, 1992; Kennerly, 1989; Moody, 1996), organizational climate (Dick, 1986; Donohue, 1986; Haussler, 1988), role conflict and ambiguity (Fain, 1987), and leadership characteristics (Dick, 1986; Donohue, 1986; Kennerly, 1989; O’Mara, 1991). More recently, intent to leave (Roughton, 2013; Yedidia, Chou, Brownlee, Flynn, & Tanner, 2014) and factors associated with dissatisfaction including burnout (Maslach, Schaufeli, & Leiter, 2001; Sarmiento, Laschinger, & Iwasiw, 2004; Schaufeli & Bakker, 2004; Schaufeli, Salanova, González-Romá, & Bakker, 2002), workload (Bittner & Bechtel, 2017; Mignor, 2000; Owens, 2017), and incivility (Casale, 2017; Condon, 2015; Peters, 2014) have become primary concerns.

Job Satisfaction and Adjunct Nursing Faculty

The perceived lack of institutional support for working professionals assuming roles as educators was also supported in the literature (Abbas & McLean, 2001; Gappa & Leslie, 1993; Hinds et al., 1985; Lundy & Warme, 1990; Mueller, Mandernach, & Sanderson, 2013). Most commonly associated with lack of sufficient training and logistical support (Abbas & McLean, 2001; Feldman & Turnley, 2001; Ferguson, 1996; Garii & Petersen, 2005; Warme & Lundy, 1988), poor communication and behaviors that diminished the professional identity of the educator (Abbas & McLean, 2001; Leigh, Howarth, & Devitt, 2005; Wareham, 1996), role conflict (Infante, 1985; Oermann, 1998),
and role stress (Abbas & McLean, 2001; Fairbrother & Mathers, 2004; Feldman & Turnley, 2001; Ferguson, 1996; Forbes, Hickey, & White, 2010; Gies, 2013; Peters & Boylston, 2006), adjunct clinical nursing faculty experience numerous challenges. Of these concerns, limited knowledge of the educator role and role stress have been found to be correlated with poor organizational engagement and decreased job satisfaction (Oermann, 1998; Sarmiento et al., 2004; Wareham, 1996; Whalen, 2009).

An extensive search of electronic data bases was done using the terms solidarity, social belonging, socialization, social capital and job satisfaction. The search revealed few research studies linking those terms and adjunct clinical nursing faculty. Therefore, the search was broadened to include the terms part-time nursing faculty and nursing faculty. The aim of the search was to identify published studies in peer-reviewed journals as well as unpublished studies including dissertation abstracts that provided context for perceived job satisfaction among adjunct clinical nursing faculty. Empirical studies from 1980 to the present were obtained from the following electronic data bases: CINAHL, EBSCO, Medline, ProQuest, ProQuest Dissertations, and PsychINFO. The database search was restricted to literature written in English.

Using the critical appraisal checklist developed by Al-Jundi and Sakka (2017) in which best practices were evaluated according to relevancy and operational soundness, each study was reviewed using this lens. The literature was appraised for relevancy against the context of workplace relationships and the appropriateness of the methodological approach was evaluated against a psychosocial conceptualization of job satisfaction.
Problem

Given the importance of workforce retention, it was not surprising that empirical studies examining the associations between various workplace factors and job satisfaction saturated the literature (Bosley, 2004). Job satisfaction across disciplines and workplace settings has been studied extensively (Spector, 1997). The majority of prior studies of job satisfaction in higher education focused on the identification of job factors associated with satisfaction and job factors associated with dissatisfaction (Antony & Hayden, 2011; Baldwin & Wawrzynski, 2011; Owens, 2017; Sarmiento et al., 2004).

Coupled with organizational commitment, job satisfaction has been determined to be a precursor to retention and intent to stay in higher education (Roughton, 2013; Yedidia et al., 2014). Consequently, the development of strategies intended to improve levels of job satisfaction in higher education, and among faculty specifically, has become a key focus. However, research pertaining to job satisfaction among adjunct clinical nursing faculty was lacking. Despite established data indicating the positive effects of social capital in similar workplace settings, social capital as a mediator of job satisfaction in this population of nurse educators has not been researched. Given the persistent nursing shortage in the United States and an ever-growing nursing faculty shortage (McDermid et al., 2012; Nardi & Gyurko, 2013), studies to evaluate the effectiveness of approaches designed to improve job satisfaction among nursing faculty are of great importance.

Theoretical Framework

The Herzberg motivation–hygiene (two factor) theory developed by Herzberg, Mausner, and Snyderman (1959) provided the basis for the theoretical framework for this
According to Herzberg et al., factors that positively affected job attitudes differed from factors that resulted in job dissatisfaction. Two distinct categories related to work life influenced job attitude, job satisfaction, and motivation to work. Termed *hygiene factors*, conditions associated with the work environment and the context of work such as physical working conditions, benefits, job security, supervision, institutional policies, administrative practices, and interpersonal relations comprised the first category. These factors contributed to job satisfaction insofar as they resulted in acceptable conditions of employment. The second category, termed *motivators*, included achievement, recognition, and the work itself. Motivators “lead to positive job attitudes because they satisfy the need for self-actualization” (Stello, 2011, p. 6).

The relationship of employee attitudes, person factors, and job satisfaction in the workplace has been extensively studied across settings and disciplines using Herzberg’s motivation–hygiene (two factor) theory (Herzberg et al., 1959). Consistently, the empirical literature found job characteristics were strongly associated with satisfaction under gratifying conditions in which self-actualizing needs (achievement, competency, status, personal worth) were met (DeShields, Kara, & Kaynak, 2005; Holmberg, Sobis, & Carlström, 2015; Khalifa & Truong, 2010; Lundberg, Gudmundson, & Andersson, 2009). Figure 1 depicts the influence of hygiene and motivator factors when conceptualizing employee satisfaction and motivation to work using Herzberg et al.’s (1959) two factor theory.
Figure 1. Conceptualization of Herzberg’s two factor theory.

The implication of Herzberg et al.’s (1959) theory on employee management practices was department leaders must carefully consider the two factors of hygiene and motivation taken together in order to improve performance and satisfaction among employees. Hygiene (maintenance) factors, although necessary to avoid employee dissatisfaction, do not result in greater satisfaction, or motivation to work, without the presence of motivators. Together, these workplace factors address the universal need for respect as members of the organizational community and facilitate opportunities for personal and professional achievement through the attainment of mutual goals (Stello, 2011).

**Definition of Terms**

**Adjunct and part-time faculty.** Commonly used interchangeably in the educational literature (Leslie & Gappa, 1993). The terms differ in important ways, however. Contractual arrangements between institutions and instructional staff employed on a course-by-course basis differ significantly from employment arrangements with
instructional staff employed on a part-time basis. Part-time employment is classified by the U.S. Department of Labor (2017) as less than 40 hours per week with or without benefits while adjunct employment is contingent upon course length or, in the case of clinical adjunct nursing faculty, the length of the clinical experience specified in the nursing curricula. Contingent employment under these terms does not include benefits nor opportunities for advancement in the organization. For the purposes of this study, the term adjunct clinical nursing faculty was used.

**Adjunct nursing faculty.** As defined by most educational institutions, any faculty member employed less than full-time as opposed to part-time.

**Adjunct clinical nursing faculty.** Defined by the nursing program as adjunct clinical nursing faculty teaching at minimum one or more clinical courses in the undergraduate pre-licensure nursing program. For the purposes of this study, adjunct clinical nursing faculty were limited to those responsible for clinical instruction only.

**Job satisfaction.** “The pleasurable emotional state resulting from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values” (Locke, 1976, p.1342) as measured by “the extent to which people like (satisfaction) or dislike (dissatisfaction) their jobs” in general (Spector, 1997, p. 2).

**Social capital.** Defined as “those features of social relationships that facilitate collective action for mutual benefit” (Putnam, 1995, p. 67). A characteristic of groups rather than individuals, social capital is a product of shared experience in which
connections between individuals in social groups foster mutual trust and reciprocity (Kouvonen et al., 2006; Watson & Papamarcos, 2002).

**Social capital in the workplace.** In work settings, social capital depends on the informal interactions among colleagues, leaders, and subordinates (Kouvonen et al., 2006) such that the degree of social capital within an organization is determined by the quality and frequency of interactions between its members (Putnam, 1995). In the course of daily interactions, social networks are formed and strengthened and become the basis for the development of respect in the workplace. The value assigned to these social relationships encourages cooperative behaviors considered mutually beneficial to all parties and becomes the foundation for shared values irrespective of position within the hierarchy (Kouvonen et al., 2006).

**Flipgrid technology.** A video discussion platform commonly used in K-12 education and in online coursework to engage users in asynchronous discussion. Prompts, icons, and discussion starters encourage users to participate in a virtual exchange of ideas (Flipgrid, n.d.).

**Program-specific training.** Defined by the academic department as organized learning content designed to provide pedagogical training to nursing faculty members responsible for clinical instruction. Program-specific content includes information regarding clinical teaching, evaluation of student learning in clinical settings, and required clinical documentation. Program-specific training differs from the orientation provided by the institution. The orientation includes general
information regarding the university, opportunities for scholarship, participation in shared governance, and human resource policies.

**Problem Statement**

Ample evidence indicates that lack of institutional support negatively influences job satisfaction among adjunct clinical nursing faculty (Abbas & McLean, 2001; Hinds et al., 1985; Lundy & Warme, 1990); however, studies to determine the effectiveness of interactive technology as a training strategy to improve job satisfaction in this population of educators were absent from the research literature.

**Purpose**

The purpose of this study was to evaluate the effect of nursing program-specific training using the asynchronous video discussion platform—Flipgrid (n.d.). Differences among adjunct clinical nursing faculty who used Flipgrid technology for training and adjunct clinical nursing faculty who used customary methods of training were examined against measures of social capital and job satisfaction. Mediation effects associated with years of nursing experience between the variables social capital and job satisfaction were also analyzed.

**Research Questions**

- **Q1** Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of social capital than adjunct clinical nursing faculty participating in customary training methods?

- **Q2** Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of job satisfaction than adjunct clinical nursing faculty participating in customary training methods?

- **Q3** Is there a significant relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty?
In prior studies of job satisfaction, higher levels of job satisfaction were associated with years of experience as a nurse (Gormley, 2003). To appropriately understand the nature of the relationship between social capital and perceived job satisfaction in this population of educators, the researcher accounted for years of nursing experience.

Q3a  Is there a significant relationship between years of nursing experience and social capital in adjunct clinical nursing faculty?

Q3b  Is there a significant relationship between years of nursing experience and job satisfaction in adjunct clinical nursing faculty?

Q4  Do years of nursing experience significantly mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty?

**Research Hypotheses**

The following hypotheses were associated with the aforementioned research questions:

H₀₁  There are no significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital.

H₁  There are significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital.

H₀₂  There are no significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and clinical nursing faculty participating in customary training methods on measures of job satisfaction.

H₂  There are significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and clinical nursing faculty participating in customary training methods on measures of job satisfaction.
H03 There is no significant relationship between social capital and perceived job satisfaction among adjunct clinical nursing faculty.

H03a There is no significant relationship between years of nursing experience and social capital among adjunct clinical nursing faculty.

H03b There is no significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty.

H3: There is a significant relationship between social capital and perceived job satisfaction among adjunct clinical nursing faculty.

H3a: There is a significant relationship between years of nursing experience and social capital among adjunct clinical nursing faculty.

H3b There is a significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty.

H04 Reported years of nursing experience does not mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.

H4 Reported years of clinical experience does mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.

**Research Design**

The methodology for this study is discussed in Chapter III; however, a brief summary is provided in this section. For this research study, a quasi-experimental approach was utilized.

Given the paucity of research examining job satisfaction in adjunct clinical nursing faculty and the scarcity of studies evaluating the effectiveness of a strategy intended to improve job satisfaction in this population of educators, this approach provided the researcher with data on which to draw conclusions about the relative
effectiveness of the chosen technology platform, Flipgrid (n.d.), when used as a training tool. Additionally, the researcher was able to test the hypothesis that participation in program-specific training using the asynchronous video discussion platform, Flipgrid, had the effect of building social capital in the workplace, mediating job satisfaction in adjunct clinical nursing faculty.

The researcher used a convenience sampling procedure when selecting participants for this study. Creswell (2013) suggested that researchers identify a representative sample of the larger population by carefully selecting a sample containing important characteristics of the population from which it was drawn. Adjunct clinical nursing faculty meeting the following inclusion criteria established for this research study were recruited to participate: an unencumbered registered nursing license issued by the state of Arizona, written evidence of graduate nursing program completion, and a minimum of three years of direct clinical practice experience. These characteristics mirrored those of the greater population of nursing educators assigned to teach in clinical settings according to the educational requirements identified by state boards of nursing and the AACN (2018).

A list of adjunct clinical nursing faculty approved to teach clinical coursework at the time of study initiation was obtained from the institution. A random sample of participants was drawn from the list and assigned to either the test group or the control group. The test group was enrolled in the Flipgrid (n.d.) platform and the control group was enrolled in the customary training option. Both groups participated in program-specific training for the duration of the study and were given the opportunity to complete surveys related to their training experiences. Researcher-developed questions were used
to obtain demographic information from participants and established measures of perceived job satisfaction (Dimensions of Faculty Job Satisfaction Survey; Hoyt, Howell, & Eggett, 2007) and social capital (Social Capital Scale; Kouvonen Oksanen, Vahtera, Stafford, & Wilkinson, 2008) were used to examine the constructs of job satisfaction and social capital separately and together.

**Significance and Rationale**

Social capital is believed to be a construct that mediates job satisfaction in the workplace (Kouvonen et al., 2006; Putnam, 1995). Building and strengthening social capital in individuals and work groups is an important strategy to mitigate the negative effects of contingent employment and job stressors associated with teaching in a baccalaureate nursing program. It was hypothesized that participation in program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.) would have the effect of building social capital in the workplace that, in turn, would mediate job satisfaction in this group of educators.

**Summary**

Overshadowed by the shortage of nurses, the shortage of nurse educators to meet the demand for nursing education is also of great concern. Faculty assuming clinical teaching roles share an important responsibility in the education of future nurses (Cangelosi et al., 2009; Reid et al., 2013) and must be supported. Despite empirical research indicating the need for training, development, and mentorship adjunct faculty experience numerous challenges accessing these institutional services (Peters & Boylston, 2006; Reid et al., 2013). Consequently, adjunct faculty members struggle in their roles and report job dissatisfaction (Oermann, 1998; Sarmiento et al., 2004;
Limited research exists pertaining to job satisfaction among adjunct clinical nursing faculty specifically. The paucity of research represents a critical deficit in knowledge related to nursing faculty employment.

This study evaluated the effect of program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.), on social capital and job satisfaction in adjunct clinical nursing faculty. It was hypothesized that relationships existed between reported social capital and job satisfaction in the same group of educators such that social capital mediated job satisfaction.
CHAPTER II

REVIEW OF THE LITERATURE

Overview

Over the past decade, higher education has experienced unprecedented changes in technology, pedagogy, and faculty composition (Kezar, Maxey, & Holcombe, 2015). Largely attributed to economic challenges and the rise of distance education (Mueller et al., 2013), the shift away from full-time, tenure-track employment has dramatically altered the nature of faculty positions, leading to widespread dependency on contingent faculty (Baldwin & Wawrzynski, 2011; Ehrenberg, 2012; Kezar et al., 2015).

Part I: Adjunct Faculty in Higher Education

Representing the fastest growing population of instructional employment in the United States, adjunct faculty now comprise 50% of the higher education workforce (U.S. Department of Education, 2017). The growth of adjunct positions has also extended internationally as institutions overseas seek to replicate the financial advantages of contingent employment while meeting the critical demand for expertise in difficult-to-fill subject areas (Altbach, 2015; Cowley, 2010; Gottschalk & McEachern, 2010; Husbands, 1998). As highly skilled individuals in their respective disciplines, adjunct faculty teach as a supplement to regular employment (Shiffman, 2009) and bring to the classroom their professional experience and unique expertise (Green, 2007; Ruiz, 2007; Schell & Stock, 2001).
Amid economic and administrative pressures for cost effectiveness in higher education, the shift toward adjunct, temporary labor has become a common theme (Allen & Seaman, 2008; Bettinger & Long, 2010; Ehrenberg, 2012; Hoyt, 2012; Mueller et al., 2013; Schneider, 2004). Compared to the rising costs associated with full-time faculty pay and benefits that have risen by 1.7% over the previous year, institutions employing greater numbers of adjunct faculty have reported a significant reduction in overall instructional costs (College and University Professional Association for Human Resources, 2018).

From the perspective of degree-granting institutions, there are many reasons to employ adjunct faculty including applied expertise, real-world experience, established relationships in the community, and flexible scheduling that enables institutions to better manage staffing demands during periods of fluctuating enrollments (Berry, 1999; Cowley, 2010; Lyons, 1999; Peters, Jackson, Andrew, Halcomb, & Salamonson, 2011). Taken together, these factors lessen the costs associated with instruction (Benjamin, 2002; Gappa & Leslie, 1993; Wyles, 1998) while also facilitating educational partnerships across industries (Gappa & Leslie, 1993; Mueller et al., 2013).

**Adjunct Faculty Typology**

Because of the diversity among adjunct faculty, the varied characteristics of institutions of higher learning, and the conditions associated with contingent employment, it is difficult to draw a characteristic picture of the entire adjunct population. Tuckman (1978) developed the first classification system from a national sample of part-time faculty obtained in 1976. Adjunct faculty were grouped according to employment transitions: graduate students preparing for full-time academic careers,
professionals transitioning into full-time teaching positions, and veteran educators. The typology introduced by Tuckman postulated the trajectory of adjunct faculty employment along a continuum wherein all adjunct faculty were destined for full-time employment in higher education.

Building upon Tuckman’s (1978) work, Leslie and Gappa (1993) expanded the typology to include factors associated with work engagement and organizational commitment. Leslie and Gappa contended that factors such as motivation to work and personal growth influenced decisions to seek contingent employment. Some faculty preferred employment on a part-time basis with no intent to seek full-time employment. For these individuals, motivation to teach was derived from the intrinsic rewards of teaching—principally the opportunity to share knowledge and develop others. At the same time, other professionals across a wide range of disciplines sought varying degrees of commitment along an employment continuum (Leslie & Gappa, 1993). Categories identified by Leslie and Gappa included career-enders, specialists, aspiring academics, and freelancers.

**Career-enders.** Adjunct faculty who have retired from a previous position, or are nearing retirement, and are transitioning from established careers in education to full retirement status are classified as career-enders. For these highly-educated individuals, teaching plays a significant role. In addition to developing others, teaching provides structure and opportunities for social and intellectual stimulation.

**Specialists.** Adjunct faculty who have full-time jobs and advanced training in fields such as nursing, medicine, allied health, business, education, social work, and law are classified as specialists. These faculty members teach courses closely related to their
primary occupation. Teaching for these highly skilled individuals represents an opportunity to demonstrate their professional commitment and is a source of personal satisfaction. Since these adjunct faculty also have full-time positions elsewhere and experience relative job security, income gained from teaching is supplemental; therefore, motivation to teach comes primarily from a desire to teach.

**Aspiring academics.** Adjunct faculty completing advanced degrees, including doctoral students who have completed all academic coursework (all but dissertation), and those seeking full-time, tenure track positions are classified as aspiring academics. With a desire to reach full-time in an academic institution, aspiring academics teach to develop their instructional skills and build their academic careers.

**Freelancers.** Adjunct faculty who hold a variety of jobs that allow them to apply varied skills and talents in interconnected ways, while also maintaining relationships across disciplines, are classified as freelancers. These individuals have varied academic backgrounds and experiences, many of which are highly specialized and, therefore, sought after across multiple industries and in higher education. For many freelancers, non-traditional approaches to employment are the norm. These adjunct faculty are not interested in full-time employment. Rather, freelancers seek to experiment as independent contractors to accept temporary assignments as a way of prioritizing personal interests over professional advancement.

Research conducted by Leslie and Gappa (1993) included a sample of 100 adjunct faculty employed at 20 different college campuses. Compared to the previous study conducted by Tuckman (1978) in which 3,763 part-time faculty members were surveyed, findings from Leslie and Gappa reflected a much smaller scale. Given the extent to
which findings could be generalized to the larger group, the small sample size was considered a limitation of the study; however, the extensive analysis of work patterns across varied contexts and stages of professional life significantly broadened the view of adjunct faculty employment. For this reason, the resulting typology provided a strong foundation for the development of knowledge pertaining to adjunct faculty. According to Fuller, Brown, and Smith (2017), the typology developed by Leslie and Gappa was considered the most widely accepted employment profile of adjunct faculty.

**Adjunct Faculty: Seminal Research**

Intended to examine working conditions and peer engagement, Leslie and Gappa (1993) identified a significant relationship between the employment status of individual faculty and the perception of their respective roles in the social hierarchy. Using a representative sample of colleges and universities in the United States and Canada, individual and group interviews were conducted with multiple stakeholders; among them were 467 administrators, department leaders, and varied faculty groups including full-time and part-time faculty. Although all faculty were hired to fulfill duties associated with teaching, study findings revealed a stratified faculty divided into two primary groups: faculty who were employed full-time and faculty who were not. Cultural practices of the academic department favored the full-time faculty and social standing was characterized by a general marginalization of faculty employed on a part-time or adjunct basis (Leslie & Gappa, 1993).

Four themes emerged from the study conducted by Leslie and Gappa (1993). First, the organization of faculty groups was stratified such that membership was determined by employment status. Irrespective of geographic location and private or
public status, faculty groups consistently demonstrated this stratified pattern across campuses. Second, communicating acceptance of and respect for individual faculty resided with department leaders. The role of the department chair was determined to be of particular importance with regard to role-modeling behaviors associated with acceptance and support. Third, the short-term nature of part-time employment resulted in a tendency toward blaming part-time faculty for institutional failures. Despite widespread fiscal constraints, part-time faculty were perceived as the beneficiaries of department resources while full-time faculty carried the burden.

Dubbed *invisible faculty* due to their limited contact with the institution and their subjugated status in the teaching community, the lived experience of adjunct faculty was marked by feelings of isolation and exclusion (Leslie & Gappa, 1993). Largely unfamiliar with the mission and goals of the department for which they were employed and minimally prepared to teach, adjunct faculty identified numerous challenges that inhibited them from performing their jobs effectively: a lack of professional development opportunities, lack of representation in departmental meetings, and isolation from the learning community. In this sense, adjunct faculty were *invisible* to colleagues and expendable to the institution (Leslie & Gappa, 1993).

To counter the vulnerability of employment on a contractual basis and the identified challenges associated with perceived lack of institutional support, Leslie and Gappa (1993) recommended the implementation of comprehensive plans to integrate adjunct faculty into the academic community. These plans included orientation to the institution, intentional socialization into the department culture, opportunities to
participate in faculty governance, and ongoing professional development that addressed
the unique needs of individual faculty members.

Finally, Leslie and Gappa (1993) contended that while economic benefits were
cited as the primary reason for an increase in part-time faculty employment, the “hidden
costs” of contingent employment were poorly understood. Consequently, institutions had
to contend with students “whose demands cannot be met and whose education is far less
than optimal” (Leslie & Gappa, 1993, p. 240). If institutions intend to continue
employing adjunct faculty, the effects of programs specifically designed to address the
unique needs of adjunct faculty on student success must also be evaluated.

From the broader context of higher education, research conducted by Leslie and
Gappa (1993) was seminal, providing the foundation for a deeper understanding of the
working conditions of faculty. In particular, the research findings contextualized the
lived experience of adjunct faculty, accounting for their diversity and the wide range of
employment opportunities afforded them while challenging traditional conceptualizations
of membership in the university community.

**Adjunct Faculty: Other Research Findings**

Waltman, Hollenshead, August, Miller, and Bergom (2010) conducted focus
groups with 343 full-time and part-time, non-tenure track faculty members. Regarding
the expectations of teaching and job satisfaction, 57% of participants indicated they
taught because of the sheer enjoyment of teaching and cited the significance of their role
in imparting knowledge on students over compensation and other benefits. In addition,
of the 26% percent of faculty who indicated the supplemental pay constituted an
important proportion of their income, they did not expect significant compensation for
their work nor believed pay to be the primary reason for dissatisfaction among faculty teaching in an adjunct capacity. Rather, both full-time and part-time faculty identified inclusiveness, respect, and equitable work as key contributors to faculty satisfaction and continued employment. Despite perceptions of broad support from department leaders, exclusion from meetings and lack of opportunities for professional growth resulted in a perceived lack of respect and inclusion among part-time faculty (Waltman et al., 2010).

Similarly, Abbas and McLean (2001) explored the conditions and experiences of part-time sociology faculty in 12 sociology departments in the United Kingdom. Drawn from data collected through focus groups and surveys of 22 full-time and 50 part-time faculty, Abbas and McLean determined that while part-time faculty perceived uncertainty related to their temporary employment, exclusion from departmental activities served to weaken their relationship with members of the department and negatively impacted the development of professional identity and organizational commitment. Exclusion from the department was characterized by poor communication between full-time and part-time faculty, which was perceived as one-directional communication directed toward part-timers, lack of opportunities to participate in curricular development, lack of autonomy, and a lack of access to materials necessary for teaching (Abbas & McLean, 2001). Although engagement with students and opportunities to deepen their understanding of the discipline were identified as positive aspects of the faculty role, part-time faculty described their perception of the part-time faculty role as one without a defined identity and not on equal footing with colleagues employed on a full-time basis.

Further research on adjunct faculty employment revealed distinct themes related to role identity, segmentation of roles, and department culture. In semi-structured
interviews with 13 practitioners from the disciplines of nursing, medicine, architecture, law, and clinical psychology. Fairbrother and Mathers (2004) identified four themes related to the faculty role in joint appointment arrangements: “living a dual role, academic culture, professional practice culture, and combining cultures” (p. 540). Described as living in two distinct roles simultaneously, lecturer practitioners must balance the demands of the clinical practice role and the teaching role while integrating the distinct cultures of their disciplinary practice and academia.

Perceived as the best and worst of two different worlds, communication between the disciplines and the educational institution were improved as was the ability to reinforce the integration of theory into practice (Fairbrother & Mathers, 2004). However, by having two roles and, subsequently, two different expectations from employers, lecturer practitioners expressed concern regarding stress as they navigated the demands of a dual identity and work to gain acceptance into each culture. Although not surprising from the perspective of competing demands and differing cultures, study findings supported the researchers’ hypothesis that the lived experience of lecturer practitioners was similar, even across different disciplines (Fairbrother & Mathers, 2004).

**Implications of Adjunct Faculty Employment**

Kezar et al. (2015) maintained that many in higher education expressed concern regarding the growing reliance on contingent labor and its implications for higher education. Eager to share their expertise (Lyons, 2007), adjunct faculty accepted greater teaching loads than their full-time counterparts (Ehrenberg, 2012; Mueller et al., 2013), resulting in the preparation of graduates primarily educated by individuals who were not full-time members of the institution (American Association of University Professors,
Indiscriminate hire of adjunct faculty across educational settings placed adjunct faculty in a significant position to affect the workplace, their full-time faculty colleagues, and student outcomes—at times in negative ways (Benjamin, 2003; Bettinger & Long, 2010; Ehrenberg & Zhang, 2005; Ellison, 2002; Eney & Davidson, 2006; Meixner, Kruck, & Madden, 2010; Nutting, 2003; Sandford, Belcher, & Frisbee, 2007; Santovec, 2004; Schuetz, 2002).

**Hiring practices.** The hiring of adjunct faculty brings life experience and subject specialization to the classroom (Eney & Davidson, 2006; Keels, 2005). According to Gordon (2002), the use of adjunct faculty is a major benefit to institutions seeking to offer courses in subjects requiring specialized skills as doing so exposes students to contemporary issues and professionals currently working in the industry. However, there are distinct disadvantages of hiring adjunct faculty. While some adjunct faculty hold advanced degrees, many adjunct faculty do not (Eney & Davidson, 2006), making them less academically qualified than their full-time faculty counterparts (Benjamin, 2003). Since adjunct faculty are hired on a short-term basis, they are considered by institutions to be transient so few resources are used to assess their academic experience at the point of hire (Cohen & Brawer, 1996; Meixner et al., 2010). Consequently, adjunct faculty undergo a less stringent evaluation process at the point of hire than those being considered for full-time positions (Benjamin, 2003). Benjamin (2003) and Glaskin-Clay (2007) reported that adjunct faculty were not often evaluated on their teaching ability before or after hire despite the importance of pedagogical skill in the classroom (Schuster, 2003).
Working conditions. According to Ellison (2002), working conditions experienced by adjunct faculty contributed to faculty and student dissatisfaction as well poor quality of instruction. Unable to utilize an office or other dedicated space in which to meet with students, Eney and Davidson (2006) found many adjunct faculty were forced to carry course materials with them and meet students in open spaces such as hallways and parking lots. Of the adjunct faculty surveyed by Benjamin (2003), 47% reported skipping office hours altogether due to physical constraints associated with adjunct faculty employment. In comparison, 50% of full-time faculty in the same study reported spending an average of 2.5 hours per week meeting individually with students (Benjamin, 2003). Coupled with a lack of access to technology, course-related resources, and dedicated mentors, there were numerous missed opportunities for adjunct faculty members to engage with and advise students (Leslie & Gappa, 1993; Meixner et al., 2010; Nutting, 2003). This trend might negatively affect the overall quality of advising, leading to poor student outcomes and a subsequent increase in full-time faculty workload due to a re-distribution of work or additional planning to address learning deficits (Bettinger & Long, 2010; Sandford et al., 2007; Santovec, 2004; Schuetz, 2002).

Student outcomes. Recent studies examining the effect of adjunct faculty employment on student learning and retention supported a negative view of indiscriminate use of adjunct faculty in higher education (Bettinger & Long, 2010; Ehrenberg & Zhang, 2005; Schuetz, 2002). Comparing student outcomes of colleges with fewer or more adjuncts, Ehrenberg and Zhang (2005) discovered that institutions with larger populations of part-time or full-time, non-tenure track faculty were associated with lower first semester to second semester persistence rates and lower graduation rates.
Although the study included a broad sampling of both full-time, non-tenured faculty as well as part-time faculty, the study warrants closer examination of work-related factors adversely affecting faculty job performance, particularly among adjunct faculty carrying significant teaching loads with very limited job security.

Using a similar approach, Bettinger and Long (2006) compared the performance of students enrolled in courses primarily taught by adjunct faculty and students enrolled in courses predominately taught by full-time faculty. They found that students who took more courses with adjunct faculty in their first semester were less likely to persist into the second year when compared with students assigned to full-time faculty in similar coursework (Bettinger & Long, 2006). Despite the limitations of small sample size and lack of course discrimination according to academic disciplines (e.g., humanities, social sciences, arts, biological sciences), findings from the study conducted by Bettinger and Long were consistent with the conclusions reported by Ehrenberg and Zhang (2005) regarding student outcomes of persistence.

Part II: Adjunct Faculty in Nursing Education

One of the strategic goals of the AACN (2014) was to develop faculty and academic leaders “to meet the challenges of changing health care and higher education environments” (para. 2). This included the implementation of initiatives that recruited and retained a diverse population of nurse educators. However, the national shortage of qualified faculty has led to a dramatic increase in the number of positions staffed by contingent faculty comprised of clinicians with varying levels of education and clinical expertise (Spencer, 2013; Suplee & Gardner, 2009).
Nursing Shortage

The nursing shortage has been a recurring theme of modern health care in the United States since the 1930s (Whelan, 2000). A function of changing economic, social, and cultural contexts, the nursing shortage has been attributed to multiple factors: an aging population, advancements in technology, increased demand for health services, development of new employment opportunities beyond clinical practice, and the growing complexity of health care for which there are numerous, competing demands (Carnevale, Smith, & Gulish, 2015; Reid et al., 2013; Whelan, 2000).

Described as more severe than previous shortages (Juraschek, Zhang, Ranganathan, & Lin, 2012), the U.S. Department of Labor (2017) estimated a demand of 1.09 million new and replacement nurses between 2014 and 2024. Existing workforce needs were anticipated to intensify in areas of the country most affected by population growth, declining economic conditions, and concomitant demand for greater access to health care services (U.S. Department of Health and Human Services, 2017). For healthcare organizations, the staffing shortfall translates to a 36% vacancy rate across nursing service lines (Carnevale et al., 2015).

Nursing Faculty Shortage

The nursing shortage is compounded by an aging workforce nearing retirement age and the inability of nursing schools to expand capacity to meet the demand for new nurse graduates (AACN, 2017). According to the 2015 national nursing workforce study conducted by the National Council of State Board of Nursing (2016), 50% of registered nurses are 50 years of age or older. The Health Resources and Services Administration (U.S. Department of Health and Human Services, 2017) approximated more than one
million registered nurses would reach retirement age within the next 10 to 15 years. At a time when large numbers of nurses were preparing to leave the profession, insufficient numbers of nurse graduates were entering the profession (Carnevale et al., 2015).

In 2016, nursing schools in the United States turned away 64,067 qualified applicants from baccalaureate and graduate programs (AACN, 2017). Surveys conducted by the AACN (2017) pointed to faculty shortages as a primary reason for not accepting all qualified applicants for entry into baccalaureate and graduate programs. Coupled with the numbers of current faculty expected to retire over the next decade, the gap between the candidate pool and unfilled positions in nursing education is expected to widen significantly (AACN, 2017).

**Job Satisfaction**

Despite the apparent need for additional support, few institutions offer programs specifically designed to meet the unique needs of a diverse population of educators (Gappa & Leslie, 1993; Lyons, 2007; Schoening, 2013; Spencer, 2013). According to the AACN (2014), this was particularly evident across nursing programs in which a majority of faculty contributing to clinical learning were employed on a part-time, adjunct, or ad hoc basis. Although formal orientation and mentorship programs were offered to full-time faculty, similar programs were lacking or logistically difficult for adjunct clinical nursing faculty members to engage (Schoening, 2013; Spencer, 2013). The literature was replete with reports of insufficient opportunities for professional development and socialization across faculty groups, resulting in ineffective teaching, poor student outcomes, and job dissatisfaction (Cleary, Horsfall, & Jackson, 2011; Cranford, 2013; Janzen, 2010; McDonald, 2010).
In an early study of job satisfaction, Donohue (1986) examined the relationship between organizational climate and job satisfaction in 15 baccalaureate programs in a three-state area in the mid-Atlantic region of the United States. It was hypothesized that dimensions of organizational climate that included production emphasis (by a supervisor), thrust (active, task-oriented leadership style), consideration (the leader’s treatment of the faculty), aloofness (on the part of the leader), hindrance (faculty members’ perception of administrative burden), disengagement (faculty feelings of detachment), intimacy (bonding among faculty), and esprit (morale) would have a significant association to job satisfaction among nursing faculty members (n = 210; Donohue, 1986). Organizational climate was measured using the Organizational Climate Description Questionnaire (Halpin & Croft, 1963) and job satisfaction was measured using the Job Descriptive Index (Smith, Kendall, & Hulin, 1969). Study findings indicated esprit was most significantly associated (based on effect size) with job satisfaction (r = .412, p < .01) while consideration, intimacy, and thrust showed correlations of r = .248, r = .208, and r = .350, respectively, at the 0.01 level, which demonstrated a weak, but important, relationship between job satisfaction and psychosocial dimensions of work.

In a similar study, Kennerly (1989) studied the relationship between leadership behaviors, specifically expressions of concern by leaders and their initiation of clear guidance related to group activities and goal attainment, and job satisfaction. Data were obtained from a sample of 23 deans and department chairs in formal positions of leadership and 181 nursing faculty from 26 baccalaureate nursing programs. Kennerly identified statistically significant relationships among job satisfaction and the following
variables: leadership behaviors of consideration/support ($r = .373, p = .000$) and initiating structure ($r = .325, p = .000$). Findings suggested organizational characteristics related to organizational behavior, rather than structure, influenced job satisfaction in nursing faculty.

Snarr and Krochalk (1996) obtained data from a stratified, random sample of 48 baccalaureate nursing programs in the United States to evaluate the relationship between organizational characteristics and job satisfaction. Organizational characteristics included graduate and undergraduate programs offered, student enrollment and institutional control, number of nursing faculty, budget, tenure, and salary. Dimensions of job satisfaction included work on present job, present pay, supervision, opportunities for promotion, interactions with coworkers, and the job in general, which were evaluated using the Job Descriptive Index (Revised; Donohue, 1986). Responses from the 327 participants revealed general satisfaction with the present job and weak relationships between job satisfaction and the organizational characteristics examined (Snarr & Krochalk, 1996). Although organizational characteristics, including supervisor support, were found to influence motivation to work (Christian, 1986), Snarr and Krochalk emphasized the need to examine peer relationships and organizational culture rather than organizational characteristics as contributing factors of perceived job satisfaction.

**Part III: Research Methodology and Identified Gaps**

Several studies examined job satisfaction in relationship to one or more influencing factors associated with job satisfaction among nursing faculty (Christian, 1986; Disch, Edwardson, & Adwan, 2004; Donohue, 1986; Fain, 1987; Gormley, 2003; Gormley & Kennerly, 2011; Kennerly, 1989; Marriner & Craigie, 1977; Sarmiento et al., 2012; Snarr & Krochalk, 1996).
2004; Simpson, 1985; Snarr & Krochalk, 1996). From these studies, recommendations for creating supportive work environments were identified including improved communication, frequent and constructive feedback, development of supportive networks, and opportunities for on-going development and mentorship. However, research studies detailing the implementation of these strategies and research to evaluate their effectiveness were few (Baker, 2010; Dunham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008; Race & Skees, 2010; Thorpe & Kalischuk, 2003). Furthermore, studies to determine the effectiveness of interactive technology as a training strategy to improve job satisfaction among adjunct clinical nursing faculty were absent from the research literature.

**Part IV: Theoretical Framework**

**Herzberg’s Motivation–Hygiene (Two Factor) Theory**

In response to growing concerns over absenteeism, increased turnover, and underutilization of employees in industries threatening economic stability in the 1950s, Fredrick Herzberg et al. (1959) began a comprehensive review and analysis of research regarding factors influencing job attitudes and the effect of these attitudes on work performance. Utilizing the results of his analysis, Herzberg et al. initiated a series of research studies to explore the conditions and attitudes that reinforced job satisfaction and those that resulted in job dissatisfaction. At a time when heavy emphasis on uniformity of work and mechanization of labor were the norms, scientific investigation of the psychological nature of work, specifically the motivation of employees to remain engaged, was both controversial and pivotal in the development of a practical theory regarding job attitudes, job satisfaction, and motivation to work (Stello, 2011).
Analogous to the system of basic physiological needs articulated by Abraham Maslow (1943) in his article, “A Theory of Human Motivation,” Herzberg et al. (1959) developed a hierarchy of psychological and social needs of employees that conceptualized the relationship between job factors and perceived job satisfaction. Herzberg et al.’s motivation/hygiene (two-factor) theory assumed that satisfying motivators in the workplace resulted in high levels of motivation while the absence of hygiene or maintenance factors could cause dissatisfaction. Figure 2 compares Maslow’s hierarchy of needs and Herzberg et al.’s motivators/hygiene factors.

**Figure 2.** Comparison of Maslow’s hierarchy of needs and Herzberg et al.’s two factor theory.

**Hygiene factors.** Commonly associated with medical or personal hygiene, the concept of hygiene is allied to the prevention of illness. Although not considered “curative, [but] rather a preventive” in the context of employment when hygiene factors deteriorate to a level below acceptable, then job dissatisfaction results (Herzberg et al.,
The increased presence of hygiene factors does not necessarily lead to greater satisfaction nor does the absence of these factors necessarily result in job dissatisfaction. Rather, meaningful work is associated with individual motivators; chief among these is personal achievement (Herzberg et al., 1959).

**Motivators.** Associated with the concept of self-actualization that tops the hierarchy of physiological need identified by Maslow (1943), work that reinforces individual aspirations activates intrinsic motivation. Termed motivating factors, features of the work that engage an employee to “fulfill himself as a creative, unique individual according to his own innate potentialities and within the limits of reality” result in job satisfaction, personal growth, and extraordinary performance (Herzberg et al., 1959, p. 114).

**Social Capital**

Stemming from research in the social and psychological sciences, social capital is a multi-dimensional construct. Referring to the features of groups, organizations, and communities that promote the development of trust and cooperation between members (Oksanen et al., 2013), social capital involves both social and structural components of human relationships. The structural component of social capital involves interactions that allow or inhibit access to resources while the cognitive component assigns individual perceptions of support, reciprocity, sharing, and trust (Kouvonen et al., 2006). Social capital includes connections between individuals and their social networks as well as the reciprocity and mutuality that are a consequence of those connections (Bourdieu & Wacquant, 1992).
Social capital can be further divided into three types of social relationships: bonding, bridging, and linking (Kouvonen et al., 2006). Bonding social capital refers to relationships formed between individuals of similar social identity. When bonding social capital occurs in groups, similarities in social standing, values, and norms facilitate cooperation. Bridging social capital refers to the relationship formed between individuals of differing social identity perhaps due to differences in race, ethnicity, socio-economic class, gender, age, or occupation. When bridging social capital occurs in groups, members seek to bridge barriers created by individual differences. Linking social capital refers to relationships formed across hierarchies based on power, position, status, or influence. When linking social capital occurs in organizations or communities, “social relationships facilitate collective action for mutual benefit” (Kouvonen et al., 2006, p. 2).

Insofar as social capital is a characteristic associated with groups rather than individuals, social capital is born out of shared experience (Bourdieu & Wacquant, 1992).

Frequently cited in the psychosocial literature and, more recently, in the field of occupational stress research (Kouvonen et al., 2006; Portes, 1998; Putnam, 1995), the concept of social capital in the workplace was identified as an important determinant of employee and organizational health (Eguchi, Tsutsumi, Inoue, & Odagiri, 2017; Kouvonen et al., 2006; Oksanen et al., 2013; Watson & Papamarcos, 2002). Associations among low social capital and depression (Kouvonen et al., 2008; Oksanen, Kouvonen, Vahtera, Virtanen, & Kivimaki, 2010), hypertension (Oksanen, Kawachi, Jokela, Kouvonen, & Suzuki, 2012), smoking (Kouvonen et al., 2008), and poor self-reported health (Suzuki et al., 2010) were identified in the management literature.
Social Capital and Job Satisfaction

The established relationship between social capital and health-related factors of the individual have both direct and indirect effects on the organization (Fukuyama, 1995; Putnam, 1995; Watson & Papamarcos, 2002) and lent strong empirical support for the identification of strategies intended to build or strengthen existing social capital in the workplace (Leanna & Van Burren, 1999). By increasing social capital, “new norms of solidarity and reciprocity are [established]” between colleagues, within groups, and across organizational levels resulting in cohesion and collaboration (Eguchi et al., 2017, p. 3). Pleasurable emotional states result from these workplace interactions, the effects of which could be measured as levels of job satisfaction (Eguchi et al., 2017; Putnam, 1995).

Studies examining individual perceptions of workplace norms, specifically perceptions of solidarity, reciprocity, and trust, confirmed the importance of social relationships in the workplace (Eguchi et al., 2017; Fukuyama, 1995) and supported conceptualizations of the mediating effects of social capital on workplace attitudes and job satisfaction (Kouvonen et al., 2006; Oksanen et al., 2013).

Social Capital and Nursing Education

Social capital in nursing education has been studied from the perspective of belongingness among nursing students in clinical placement experiences and the development of human capital for life-long learning; however, the effects of social capital on faculty employment in schools of nursing have not been studied. Applicable across settings comprised of work units or departments in which interactions among colleagues, leaders, and others in the organizational structure influenced employee motivation,
engagement, and performance (Kawachi, Kim, Coutts, & Subramanian, 2004), analysis of the construct of social capital was particularly relevant in relationship to faculty job satisfaction. Because “sources of social capital are likely to be found in settings where people spend the most of their time – in this sense, the workplace is a significant social setting” (Kouvonen et al., 2006, p. 2) and one in which the effects of social capital could reasonably be measured.

**Summary**

Preparation for teaching and mastery of pedagogical skill are necessary for quality instruction; yet, the lack of formal training and institutional support for novice and contingent faculty was commonly cited in the nursing literature (Cangelosi et al., 2009; Cranford, 2013; Hinchcliffe-Duphily, 2011; McDonald, 2010; Schoening, 2013; Spencer, 2013). With little to no formal preparation for teaching, adjunct faculty are disadvantaged and ill-equipped to assume the complex role of educator (Hinchcliffe-Duphily, 2011; Schoening, 2013). Given the complexity of clinical instruction and the importance of producing graduates with specific knowledge and expertise necessary to provide effective care, identification of strategies to develop and engage adjunct clinical nursing faculty is critical. Leslie and Gappa (1993) recommended the implementation of comprehensive plans to integrate adjunct faculty into the academic community. Plans should include orientation to the institution, intentional socialization into the department culture, and ongoing professional development that addresses the unique needs of individual faculty. Of these recommendations, orientation to the institution and opportunities for professional development were offered by the nursing department.
However, intentional socialization of adjunct clinical nursing faculty members was lacking.

The concept of social capital in the workplace has been identified as an important determinant of employee and organizational health (Eguchi et al., 2017; Kouvonen et al., 2006; Oksanen et al., 2013; Watson & Papamarcos, 2002). The combined effects of the three types of social capital—bonding, bridging, and linking social capital—resulted in solidarity, reciprocity, and trust (Kouvonen et al., 2006). Insofar as high levels of social capital could motivate employees toward mutually satisfying work, the building or strengthening of social capital in the workplace could be a potential mediator of perceived job satisfaction. This approach to the conceptualization of work was consistent with Herzberg et al.’s (1959) motivation–hygiene theory wherein basic needs and motivators together resulted in job satisfaction, personal growth, and extraordinary performance.
CHAPTER III

METHODOLOGY

In this chapter, information regarding this study’s research design, research questions, sampling plan, and instrumentation are presented. Additionally, the processes for data collection including sampling criteria, sampling procedures, and protection of human subjects are discussed. Study limitations are also listed as they are considered in the context of research design, implementation, and analysis.

Research Design

The purposes of this study were to (a) evaluate the effect of program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.), on social capital and job satisfaction in adjunct clinical nursing faculty and (b) identify if significant relationships existed between reported social capital and job satisfaction in the same group of educators such that social capital mediated job satisfaction. This study employed a quasi-experimental design. Experimental studies involve the random assignment of participants drawn from a larger population into experimental and control groups to determine the causal effect of a specific intervention (independent variable) on a certain outcome (dependent variable; Creswell, 2013). The basic features of the quasi-experimental study design are discussed in greater detail in the following subsections:
Research Questions

This study was designed to address the following research questions:

Q1 Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of social capital than adjunct clinical nursing faculty participating in customary training methods?

Q2 Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of job satisfaction than adjunct clinical nursing faculty participating in customary training methods?

Q3 Is there a significant relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty?

In prior studies of job satisfaction, higher levels of job satisfaction were associated with years of experience as a nurse (Gormley, 2003). To appropriately understand the nature of the relationship between social capital and perceived job satisfaction in this population of educators, the researcher took into account years of nursing experience.

Q3a Is there a significant relationship between years of nursing experience and social capital in adjunct clinical nursing faculty?

Q3b Is there a significant relationship between years of nursing experience and job satisfaction in adjunct clinical nursing faculty?

Q4 Do years of nursing experience significantly mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty?

Research Hypotheses

The following hypotheses are associated with the aforementioned research questions:

H01 There are no significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital.
H1  There are significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital.

H02  There are no significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and clinical nursing faculty participating in customary training methods on measures of job satisfaction.

H2  There are significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and clinical nursing faculty participating in customary training methods on measures of job satisfaction.

H03  There is no significant relationship between social capital and perceived job satisfaction among adjunct clinical nursing faculty.

H03a  There is no significant relationship between years of nursing experience and social capital among adjunct clinical nursing faculty.

H03b  There is no significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty.

H3  There is a significant relationship between social capital and perceived job satisfaction among adjunct clinical nursing faculty.

H3a  There is a significant relationship between years of nursing experience and social capital among adjunct clinical nursing faculty.

H3b  There is a significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty.

H04  Reported years of nursing experience does not mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.

H4  Reported years of clinical experience does mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.
Research Participants and Sampling

For this research study, the researcher used a quasi-experimental approach. Given the paucity of research examining job satisfaction in adjunct clinical nursing faculty and the scarcity of studies evaluating the effectiveness of a strategy intended to improve job satisfaction in this population of educators, this approach provided the researcher with data on which to draw conclusions about the relative effectiveness of the chosen technology platform, Flipgrid (n.d.), when used as a training tool. Additionally, the researcher was able to test hypotheses that participation in program-specific training using the asynchronous video discussion platform, Flipgrid, had the effect of building social capital in the workplace and mediating job satisfaction in adjunct clinical faculty.

The researcher used convenience sampling when selecting participants for this study. A list of adjunct clinical nursing faculty who met the inclusion criteria for the study and were approved to teach clinical coursework at the time of study initiation was obtained from the institution. A random sample of participants were drawn from the list and assigned to either the test group or the control group. The test group was enrolled in the Flipgrid (n.d.) platform and the control group was enrolled in the customary training option provided by the institution using the Learning Management System--LoudCloud. Both groups participated in program-specific training for the duration of the study (five weeks). Table 1 explains the important characteristics of each type of program-specific training and Table 2 provides a summary of each phase of study implementation.
Table 1

**Characteristics of Program-Specific Training**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Test Group</th>
<th>Control group</th>
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<tbody>
<tr>
<td>Technology</td>
<td>Flipgrid</td>
<td>LoudCloud (Learning Management System)</td>
</tr>
<tr>
<td>Access</td>
<td>Online/PC/iPad/Mobile</td>
<td>Online/PC/iPad</td>
</tr>
<tr>
<td>Delivery</td>
<td>Video Grids</td>
<td>Learning Modules</td>
</tr>
<tr>
<td>Features</td>
<td>Video, audio, text, links, emoji email/mobile notifications</td>
<td>Text, file attachment, links</td>
</tr>
</tbody>
</table>

Table 2

**Phases of Implementation**

<table>
<thead>
<tr>
<th>Week</th>
<th>Both Groups</th>
<th>Test Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Email communication to elicit participation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Random assignment of participants to groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Access to Flipgrid sent via email</td>
<td>Access to customary training sent via email</td>
<td></td>
</tr>
<tr>
<td>3-7</td>
<td>Participants engage in training</td>
<td>Participants engage in training</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Surveys sent via email</td>
<td>Surveys sent via email</td>
<td></td>
</tr>
</tbody>
</table>

Creswell (2013) suggested researchers identify a representative sample of the larger population by carefully selecting a sample containing important characteristics of the population from which it was drawn. The institutional classification required that participants possess an active, unencumbered registered nursing license in the state of Arizona, demonstrate evidence of graduate program completion in nursing, and
minimally possess three years of direct, clinical practice experience. These characteristics mirrored those of the greater population of nursing educators assigned to teach in clinical settings according to the educational requirements identified by state boards of nursing and the AACN (2018). Appropriate sample size for the group comparisons was determined through power analysis. With a significance level set at an alpha = .05, a power criterion set at .80, and a standard effect size of .50, the approximate sample size per group needed for this study was 65 adjunct clinical nursing faculty.

**Research Site**

The research site for this research study was the school of nursing at a large private, non-profit, faith-based university in the western United States. Each year, 144 students are accepted into the traditional, pre-licensure nursing program at the conclusion of a secondary acceptance process in which students are formally accepted into a four semester, baccalaureate nursing program. Clinical experiences occur across clinical settings and include scheduled clinical learning opportunities in acute care, long-term care, transitional care, community, and complex care. Opportunities for indirect care (instructional simulation and immersive simulation) and direct patient care (experience occurring at the point of care) exist throughout the program.

**Data Collection Methods**

For this research study, the researcher was interested in evaluating the effects of program-specific training using Flipgrid (n.d.), an interactive technology platform (see Appendix A to view the Flipgrid demo page), on job satisfaction in adjunct clinical nursing faculty. Therefore, a posttest-only design was applied in the study. A between-groups analysis was conducted to determine the effect of training using Flipgrid on
measures of job satisfaction in the test group. The researcher was also interested in examining the potential mediating effects of social capital on perceived job satisfaction in this group of educators. To determine the relationship between social capital and perceived job satisfaction, the researcher tested the mediating effect associated with years of nursing experience between the variables of social capital and job satisfaction. The researcher hypothesized that years of nursing experience significantly mediated the relationship between social capital and job satisfaction such that the mediation effect explained the relationship between variables.

**Demographic Data**

Demographic information was obtained from participants using a researcher-developed questionnaire (see Appendix B). The following demographic information was collected: age, gender, highest degree earned, current enrollment in education program, years of nursing experience, years of teaching experience, teaching position, teaching status across institutions (if teaching for more than one institution), and employment status (retired, nearing retirement, full-time employment in clinical setting, part-time employment in clinical setting, full-time employment in education, part-time employment in education).

**Post-Intervention Surveys**

At the conclusion of the intervention, participants in the test and control groups were given the opportunity to provide feedback regarding their training experiences. Using email addresses provided by the institution, all participants received an electronic communication with a link directing them to complete three surveys: the demographic survey developed by the researcher (see Appendix B), the Dimensions of Faculty Job
Satisfaction Survey (Hoyt et al., 2007; see Appendix C) and the Social Capital Scale (Kouvonen et al., 2008; see Appendix D).

**Instrumentation**

The Dimensions of Part-Time Faculty Job Satisfaction Survey (Hoyt et al., 2007) was used to measure levels of job satisfaction in both the test and control groups comprised of adjunct clinical nursing faculty participating in training using Flipgrid (n.d.) technology and adjunct clinical nursing faculty participating in customary training methods (see Appendix E for written permission from the original authors). The Social Capital Scale (Kouvonen et al., 2008) was also used to measure levels of social capital in both groups of adjunct clinical nursing faculty (see Appendix F for written permission from the original authors).

**Job Satisfaction**

The Dimensions of Part-Time Faculty Job Satisfaction Survey (Hoyt et al., 2007; see Appendix C) is a 36-item job satisfaction scale aligned to Herzberg et al.’s (1959) motivation-hygiene (two-factor) theory. Prior studies on adjunct faculty job satisfaction have relied on data from the National Study of Postsecondary Faculty (Hoyt et al., 2007) or other instruments developed by the educational institution. These institutional instruments have been comprised primarily of single survey questions to measure individual job satisfaction constructs (Hoyt et al., 2007; Townsend & Hauss, 2003). Other standardized surveys including the Job Satisfaction Index (Brayfield & Rothe, 1951) and the Job Satisfaction Survey (Smerek & Peterson, 2007) have been used in large-scale studies to measure overall job satisfaction as a multi-dimensional construct in which multiple variables are believed to produce satisfaction at work (Ambrose, Huston,
However, the instruments lacked relevance for faculty working less than full-time (Hoyt et al., 2007). Hill (1986) contended that “there are well-known measures of job satisfaction in use in business and industry [however], they do not seem wholly applicable to [all] faculty” (p.39).

To address the specific variables impacting adjunct faculty, Hoyt et al. (2007) developed the Dimensions of Part-Time Faculty Job Satisfaction Survey, a summated rating scale to measure overall adjunct faculty job satisfaction. The needs of employees were categorized in groups similar to the categories identified by Herzberg et al. (1959): hygiene factors that result in dissatisfaction and motivating factors that intrinsically motivate employees to work (Hoyt et al., 2007). Dimensions of job satisfaction included recognition, work preference, autonomy, classroom facilities, faculty support, honorarium, quality of students, teaching schedule, and overall job satisfaction. The instrument contains both positive and negative items on a 6-point Likert-type scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree, 4 = Somewhat Agree, 5 = Agree, 6 = Strongly Agree. The Cronbach's alpha value of 0.85 supported the reliability of the scale when the instrument was tested on 346 adjunct faculty members at a large, private university in the western United States (Hoyt et al., 2007).

Social Capital in the Workplace

The Social Capital Scale (Kouvonen et al., 2008; see Appendix D) measures both the cognitive and structural components of social capital. Cognitive social capital refers to beliefs, attitudes, and values such as trust, solidarity, and reciprocity that are shared among members of the same community while structural social capital is formed through
networks that act toward mutual benefit (Kouvonen et al., 2006). Prior studies of social capital in the workplace have measured the summative effect of social capital on employee health (Kouvonen et al., 2008; Oksanen, Kouvonen, Kivimäki, Pentti, & Virtanen, 2008; Oksanen et al., 2012). The researcher assessed workplace social capital using an eight-item measure in which participants reported (using a 5-point Likert-type scale) their perceptions of the following: accountable leaders (items 1 and 2), practices of collective action and mutual responsibility (items 1, 2, 4, 6, and 7), bonding (items 3, 4, and 5), co-operative relations and mutuality needed for “getting ahead” (items 6 and 7), and trusting relationships between employees with different degrees of authority or power (items 1, 2, and 8).

Psychometric evaluation of the measure of social capital at work was conducted by Kouvonen et al. (2006) using data obtained in 2000–2002 from the Finnish Public-Sector Study ($N = 48,592$). Internal consistency of the scale upon initial testing produced a Cronbach’s alpha value of 0.88 and a within-unit agreement of $r_{wg}$ index = 0.88. Repeat testing for internal consistency produced a Cronbach’s alpha value of 0.93, demonstrating a high test-retest reliability ($r = 0.74$, $p < 0.01$; Eguchi et al., 2017).

**Data Analysis and Synthesis**

For this research study, the researcher ran an independent sample $t$-test between the groups (test group and control group) on measures of social capital and job satisfaction and conducted single standard regression modeling to determine the degree to which social capital mediated job satisfaction. The strength of the mediating effect between the variables social capital and job satisfaction was measured using years of nursing experience. Baron and Kenny (1986) asserted that mediation occurred when the
relationship between two variables depended on a third variable. Therefore, testing for
the mediation effect of years of nursing experience was important to determine the
strength of the relationships between the variables of social capital and job satisfaction.

**Ethical Considerations**

Prior to implementing the study, ethical approaches included seeking approval to
carry out the study. Institutional Review Board (IRB) approvals from the University of
Northern Colorado (see Appendix G) and Grand Canyon University (see Appendix H)
were obtained along with written permission by the college dean of the nursing program
(see Appendix I) in which adjunct clinical nursing faculty participated in program-
specific training using Flipgrid (n.d.). A list of adjunct clinical nursing faculty who met
the inclusion criteria was generated by the institution. An electronic communication with
detailed information regarding the study and a request to participate were sent to all
individuals on the list (see Appendix J). Interested participants replied to the electronic
communication, which also indicated their consent to participate. Participants were
randomly assigned to one of two groups: a test group and a control group. To mitigate
experimenter effect, both groups of adjunct clinical nursing faculty (test group and
control group) received identical training content. An administrator, other than the
researcher, was responsible for facilitating the training sessions for both groups.

Data from all participants remained anonymous and no participants were
identified by name during or after the course of the study. Participants were assigned a
number and randomly assigned to either the test group or the control group. All data
were maintained in a password-protected file only accessible to the researcher and
statistician to be destroyed after one year of study completion.
Validity concerns whether surveys or tests measure what they are designed to measure (Creswell, 2013). Threats to internal validity include variables that might affect the accuracy of the results while threats to external validity involve issues of generalizability of study findings (Gay, Mills, & Airasian, 2012). To ensure internal validity, the researcher took into consideration factors, other than the independent variable (training using Flipgrid, n.d.), that might have affected the accuracy of statistical testing. In prior studies of job satisfaction in full-time nursing faculty, higher levels of job satisfaction were associated with years of experience as a nurse (Gormley, 2003). To appropriately understand the nature of the relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty members, the researcher addressed the variable, years of nursing experience, through statistical analysis. The strength of the mediating effect of years of nursing experience between the variables social capital and job satisfaction were tested using a single standard regression model. To address potential concerns regarding the generalizability of study findings, only adjunct clinical nursing faculty members approved to teach clinical coursework were invited to participate. Inclusion criteria were based on nationally normed and accepted standards for clinical instruction at the baccalaureate level. In addition, the researcher was careful to examine the demographic characteristics of study participants relative to the characteristics of the larger population of educators from which the sample was drawn.

Experimenter effect was also considered in light of the quasi-experimental design of the study. To mitigate experimenter effect, both groups of adjunct clinical faculty (test group and control group) received the same program-specific training content and an
administrator, other than the researcher, was responsible for facilitating the training sessions for both groups. This intervention plan addressed experimenter effect as well as placebo effect.

**Limitations and Delimitations**

**Limitations**

Potential weaknesses in study design or problems related to the conduct of research are considered limitations of research. In quantitative research, limitations are most commonly associated with inadequate measures, small sample sizes, bias, and errors in statistical analysis (Creswell, 2013). For this study, ensuring adequate sample size and maintaining the integrity of procedures used for data collection and data analysis were limitations.

Identification of and access to participants for this study were dependent on the support of the faculty services department at the institution. The numbers of faculty approved and scheduled to teach during the implementation timeframe were relatively static as were the numbers of students enrolled in the baccalaureate nursing program. The researcher anticipated that the list of available faculty members included an adequate number of adjunct clinical nursing faculty. Loss of participants in the course of the study was not expected. However, variability of teaching assignments based on number of enrolled students, length of clinical rotation, and setting potentially affected study results. Perceptions of colleagues, the program, and the institution might have been influenced by other factors in the clinical setting including informal mentorship by nurse colleagues or undue influence by other employees, which, in turn, might have influenced the perceptions of social capital and job satisfaction among participants.
Delimitations

Delimitations are characteristics of a research study that describe the boundaries set by the researcher (Creswell, 2013). An explanation of delimitations provides a rationale for specific boundaries identified by the researcher and narrows the scope of the study. For this research study, the sample was drawn from one nursing program. This sampling approach was chosen due to time and resource limitations. Additional faculty members from other schools in the area might have broadened opportunities to increase participation and, by extension, knowledge pertaining to social capital and job satisfaction in this population of educators. However, implementation of the study would have been difficult as multiple sites would require complex administration of the training intervention and require additional controls between groups.

The decision to include only adjunct clinical nursing faculty members teaching during a specific term was another delimitation. Focusing only on clinical courses offered during the implementation timeframe narrowed the adjunct pool to only those adjunct clinical nursing faculty members teaching in clinical courses offered at that time. Many clinical courses were offered across the four semester, baccalaureate nursing program and settings might differ each term; therefore, the experiences of students and faculty also differ. Varied opportunities for learning might have indirectly influenced social capital and job satisfaction among some adjunct clinical nursing faculty members.

Summary

In this chapter, the methodology of the research study was presented in detail. The study employed a quasi-experimental approach to fulfill the purposes of measuring the effect of program-specific training using Flipgrid (n.d.) on job satisfaction in adjunct
clinical nursing faculty members teaching in a baccalaureate nursing program. The Dimensions of Part-Time Faculty Job Satisfaction Survey (Hoyt et al., 2007) was used to measure levels of job satisfaction in two groups: adjunct clinical nursing faculty members participating in program-specific training using Flipgrid technology and adjunct clinical nursing faculty participating in customary training method. The Social Capital Scale (Kouvonen et al., 2008) was used to measure levels of social capital in adjunct clinical nursing faculty members and years of nursing experience was used to test the mediating effect of social capital on job satisfaction. The researcher hypothesized that the measure of job satisfaction in the test group would be greater than the measure of job satisfaction in the control group and that social capital would mediate job satisfaction in the group of educators participating in program-specific training using Flipgrid technology. Limitations and delimitations of this research study were also presented.
CHAPTER IV

ANALYSIS

In this chapter, the results of the research study are presented with statistical analysis according to each of the research questions posed. A summary of research questions, hypotheses, demographic data, and study variables are also provided. The purposes of this study were (a) to evaluate the effect of program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.), on social capital and job satisfaction in adjunct clinical faculty and (b) to identify whether relationships existed between reported social capital and job satisfaction in the same group of educators such that social capital mediated job satisfaction. A quasi-experimental design was employed in this study wherein participants were drawn from a larger population of adjunct clinical nursing faculty and randomly assigned to an experimental or a control group. This approach provided the researcher with data on which to draw conclusions about the relative effectiveness of the chosen technology platform, Flipgrid, when used as a training tool as well as test the hypotheses relevant to the relationships between variables.

A convenience sampling procedure was utilized in this study. Adjunct clinical nursing faculty meeting the inclusion criteria established for this research were recruited directly by electronic mail using email addresses provided by the institution. Criteria for participation in the study included an unencumbered registered nursing license issued by
the state of Arizona, written evidence of graduate nursing program completion, and a minimum of three years of direct clinical practice experience. These characteristics corresponded to the clinical teaching requirements established by the institution and mirrored those of the larger population of adjunct clinical nursing faculty who taught clinical coursework in nursing programs across the United States. Only those adjunct clinical nursing faculty who met the criteria and were scheduled to teach clinical coursework in the baccalaureate program at the site identified for this study, and at the time of study initiation, were invited to participate. At the beginning of the data collection period, modifications were made to the recruitment materials to ensure clarity of the recruitment process and consenting procedures for prospective participants. Amended documents were reviewed and approved by the IRB. As a result, the recruitment process began later than previously anticipated. Recruitment and subsequent training took place in the spring semester rather than the fall semester.

Of the 116 adjunct clinical nursing faculty sent an electronic message with an invitation to participate in the study, 74 responded favorably to the message for a 63.8% response rate. This was well above the 40% target response rate identified for the study; however, loss of participants prior to study implementation and one week into the training period resulted in higher than expected attrition. Of the 74 original participants who were randomly assigned to either the test or the control group, only 64 adjunct clinical nursing faculty completed their respective training sessions (35 in the test group and 29 in the control group). The resulting sample size was less than the 65 approximated for this study.
Attrition occurred due to several factors. Prior to initiating the intervention, two participants from the test group requested to be removed from the study, indicating they preferred not to use the Flipgrid (n.d.) platform as their experience with technology was limited. Each participant expressed concerns regarding the video features of Flipgrid and the additional time needed to learn the features of the new platform. Two weeks into the training period, the researcher received a notification from the institution that a change in teaching schedules resulted in the removal of eight participants from the training session assigned to the control group. Clinical courses assigned to the eight adjunct clinical nursing faculty members were canceled after adjusting for student failures in the pre-requisite course. Consequently, the adjunct clinical nursing faculty were re-assigned to another training date that corresponded with their new teaching assignment.

**Descriptive Statistics**

Demographic data were analyzed to describe the participants in the study sample and a comparison of demographic data between groups was conducted. A total of 74 participants completed the survey; however, the demographic information and subsequent analysis of data obtained from the Dimensions of Part-Time Faculty Job Satisfaction Survey (Hoyt et al., 2007) and Social Capital Scale (Kouvonen et al., 2008) were summarized to reflect only responses from the 64 adjunct clinical nursing faculty who completed their assigned training sessions.

The study sample was 90.7% female and 9.3% male. Participants ranged in age from 28- to 71-years-old with a mean age of 45-years-old (see Table 3). Age and gender distributions of the research sample for both groups were consistent with national averages for nursing faculty wherein a significant number were female and within 10-15
years of retirement (National Council of State Board of Nursing, 2016). However, the numbers of adjunct clinical faculty at or below the age of 45 were much higher in the study sample when compared to the national average of 30% reported by the National League for Nursing (2018) in their 2016-2017 Faculty Census Survey.

Table 3

Age Distribution of Study Participants

<table>
<thead>
<tr>
<th>Age Range (Years)</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-35</td>
<td>8</td>
<td>12.5</td>
</tr>
<tr>
<td>35-45</td>
<td>34</td>
<td>53.1</td>
</tr>
<tr>
<td>46-55</td>
<td>8</td>
<td>12.5</td>
</tr>
<tr>
<td>56-65</td>
<td>13</td>
<td>20.3</td>
</tr>
<tr>
<td>66-75</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of adjunct clinical nursing faculty in the study sample possessed a graduate degree in nursing with 22% reporting a Doctor of Philosophy (Ph.D.) or Doctor of Nursing Practice (DNP) as the highest degree earned (see Table 4). The percentage of study participants with an earned doctorate was slightly higher than the reported highest earned credential not specified by academic rank for part-time faculty according to the 2017 Faculty Census Survey (National League for Nursing, 2018). Coupled with the 42% of study participants reporting current enrollment in some advanced degree
program, the disposition of adjunct clinical nursing faculty by academic credential was encouraging.

Table 4

*Highest Degree Earned and Current Enrollment in Formal Education Program*

<table>
<thead>
<tr>
<th>Degree Type</th>
<th>Highest Degree Earned</th>
<th>Current Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Doctor of Philosophy</td>
<td>4</td>
<td>6.3</td>
</tr>
<tr>
<td>Doctor of Nursing Practice</td>
<td>10</td>
<td>15.6</td>
</tr>
<tr>
<td>Master of Science in Nursing</td>
<td>48</td>
<td>75.0</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>3.1</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

A majority of study participants (53.2%) reported years of nursing experience greater than 10 years with 9.4% indicating greater than 30 years of nursing experience (see Table 5). These findings demonstrated considerable expertise in clinical practice and tremendous potential to meet the critical demand for qualified educators in nursing education. However, the number of adjunct clinical faculty with equivalent teaching experience, as demonstrated by the numbers of study participants with five or less years of teaching experience, was concerning. While contextual features of the role of nurse educator or the transition into teaching were not the focus of this study, it was evident study participants transitioned into education well into their nursing careers and did not likely aspire to become full-time academics. Future studies to examine the motivations
for teaching and the transition experiences of this group of educators in particular would provide valuable insight into the professional disposition of nurses likely to consider part-time and full-time roles in nursing education.

Table 5

*Years of Nursing Experience and Years of Teaching Experience*

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Nursing Experience</th>
<th>Teaching Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>N</strong></td>
<td><strong>%</strong></td>
</tr>
<tr>
<td>0-5</td>
<td>5</td>
<td>7.8</td>
</tr>
<tr>
<td>6-10</td>
<td>252</td>
<td>39.0</td>
</tr>
<tr>
<td>11-15</td>
<td>11</td>
<td>17.2</td>
</tr>
<tr>
<td>16-20</td>
<td>9</td>
<td>14.1</td>
</tr>
<tr>
<td>21-25</td>
<td>5</td>
<td>7.8</td>
</tr>
<tr>
<td>26-30</td>
<td>3</td>
<td>4.7</td>
</tr>
<tr>
<td>&gt;30</td>
<td>6</td>
<td>9.4</td>
</tr>
<tr>
<td>Total</td>
<td>64</td>
<td>100</td>
</tr>
</tbody>
</table>

**Research Questions and Hypotheses**

**Research Question 1 and Hypotheses**

Q1 Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of social capital than adjunct clinical nursing faculty participating in customary training methods?
H₀₁ There are no significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital.

H₁ There are significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital.

To identify differences between adjunct clinical nursing faculty who used Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of social capital, the mean scores from reported levels of social capital for both the experimental and control groups were compared using an independent samples t-test (see Table 6). Violations in the equality of variances between the groups were also assessed using the Levene test and no violations were identified ($p = .057$). The Levene test uses an $F$-test to test the null hypothesis that the variance is equal across groups. A $p$ value of less than .05 indicates a violation of the assumption (Tappan, 2011). The results of the analysis indicated no significant difference in the mean values on measures of social capital between clinical nursing faculty who used Flipgrid technology ($M = 32.83, SD = 4.13$) for training and clinical nursing faculty ($M = 30.03, SD = 8.41$) participating in customary training methods: $t (62) = -1.731, p = .088$.

Therefore, the researcher elected to retain the null hypothesis. It was important to note, however, that participants who received the intervention reported higher levels of social capital overall as determined by a comparison of mean scores between groups. The results of these statistical analyses suggested use of Flipgrid technology for training influenced social capital scores for the experimental group when compared to the control on post-test.
Table 6

*t-Test Results on Measures of Social Capital*

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>M</th>
<th>SD</th>
<th>S.E of M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>29.00</td>
<td>30.03</td>
<td>8.41</td>
<td>1.56</td>
</tr>
<tr>
<td>Intervention</td>
<td>35.00</td>
<td>32.83</td>
<td>4.13</td>
<td>0.70</td>
</tr>
</tbody>
</table>

*Note. t (62) = - 1.731, p = .088*

**Research Question 2 and Hypotheses**

Q2 Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of job satisfaction than adjunct clinical nursing faculty participating in customary training methods?

H_{02} There are no significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and clinical nursing faculty participating in customary training methods on measures of job satisfaction.

H_{2} There are significant differences between adjunct clinical nursing faculty who use Flipgrid technology for training and clinical nursing faculty participating in customary training methods on measures of job satisfaction.

To identify differences between adjunct clinical nursing faculty who use Flipgrid technology for training and adjunct clinical nursing faculty participating in customary training methods on measures of job satisfaction, the mean scores from reported levels of job satisfaction for both the experimental and control groups were compared using an independent samples *t*-test (see Table 7). Violations in the equality of variances between the groups were also assessed and there were no violations (*p = .195*). The results of the analysis indicated no significant difference in the mean values on measures of job satisfaction between adjunct clinical nursing faculty who used Flipgrid technology (*M =*
147.79, $SD = 22.49$) for training and adjunct clinical nursing faculty ($M = 147.80, SD = 15.54$) participating in customary training methods: $t (62) = -0.001, p = .999$.

Examination of the mean values on measures of job satisfaction for both the control and experimental groups indicated no differences. Both groups reported high levels of job satisfaction. Therefore, the researcher elected to retain the null hypothesis.

Table 7

<table>
<thead>
<tr>
<th></th>
<th>$N$</th>
<th>$M$</th>
<th>$SD$</th>
<th>S.E of $M$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>29</td>
<td>147.79</td>
<td>22.49</td>
<td>4.18</td>
</tr>
<tr>
<td>Intervention</td>
<td>35</td>
<td>147.80</td>
<td>15.54</td>
<td>2.63</td>
</tr>
</tbody>
</table>

*Note. $t (62) = -0.001, p = .999$.*

The results of these statistical analyses demonstrated that reported levels of job satisfaction among adjunct clinical nursing faculty were essentially the same irrespective of the approach utilized for training. Individual features of each training platform were not tested in this study nor were individual preferences of adjunct clinical faculty as they pertained to the training modalities. Therefore, the researcher was unable to compare the training experiences of each group or examine the influence those training experiences had on job satisfaction.

**Research Question 3 and Hypotheses**

Q3 Is there a significant relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty?
H3 There is no significant relationship between social capital and perceived job satisfaction among adjunct clinical nursing faculty.

H3 There is a significant relationship between social capital and perceived job satisfaction among adjunct clinical nursing faculty.

Social capital is believed to be a construct that mediates job satisfaction in the workplace (Kouvonen et al., 2006; Putnam, 1995). To determine if there was indeed a significant relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty, a single standard regression model was run. The results of the analysis indicated a significant relationship between social capital and job satisfaction: $F(1, 62) = 101.948, p < 0.001$. Social capital explained 62% of the variance in the dependent variable job satisfaction (Adjusted $R^2 = .616$). Therefore, the researcher elected to reject the null hypothesis that there was no significant relationship and accepted the alternate hypothesis that there was a significant relationship between social capital and perceived job satisfaction (see Table 8).

**Research Question 3a and Hypotheses**

Q3a Is there a significant relationship between years of nursing experience and social capital in adjunct clinical nursing faculty?

H03a There is no significant relationship between years of nursing experience and social capital among adjunct clinical nursing faculty.

H3a There is a significant relationship between years of nursing experience and social capital among adjunct clinical nursing faculty.

To determine if there was indeed a significant relationship between social capital and years of nursing experience among adjunct clinical nursing faculty, a standard multiple regression was run. The results of the analysis indicated no significant relationship between social capital and years nursing experience: $F(1, 62) = 0.521, p =
The model indicated social capital explained 0.01% of the variance in the dependent variable years nursing experience (Adjusted $R^2 = 0.008$). Thus, the researcher elected to accept the null hypothesis that there was no significant relationship between social capital and years nursing experience (see Table 8).

**Research Question 3b and Hypotheses**

**Q3b** Is there a significant relationship between years of nursing experience and job satisfaction in adjunct clinical nursing faculty?

**H03b** There is no significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty.

**H3b** There is a significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty.

To determine if there was indeed a significant relationship between years of nursing experience and job satisfaction among adjunct clinical nursing faculty, a standard multiple regression was run. The results of the analysis indicated no significant relationship between years of nursing experience and job satisfaction: $F (1, 62) = 0.180$, $p = 0.673$. The model indicated years nursing experience explained 0.01% of the variance in the dependent variable job satisfaction (Adjusted $R^2 = -0.013$). Therefore, the researcher elected to accept the null hypothesis that there was no significant relationship between years nursing experience and job satisfaction (see Table 8).
Table 8

Results of Regression Analyses for Third Research Question

<table>
<thead>
<tr>
<th>Research Question</th>
<th>F</th>
<th>DF</th>
<th>P</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 3</td>
<td>101.948</td>
<td>1, 62</td>
<td>0.000</td>
<td>62</td>
</tr>
<tr>
<td>Question 3a</td>
<td>.521</td>
<td>1, 62</td>
<td>0.473</td>
<td>.01</td>
</tr>
<tr>
<td>Question 3b</td>
<td>.180</td>
<td>1, 62</td>
<td>0.673</td>
<td>&lt; .01</td>
</tr>
</tbody>
</table>

Research Question 4 and Hypotheses

Q4  Do years of nursing experience significantly mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty?

H04 Reported years of nursing experience does not mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.

H4  Reported years of clinical experience does mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.

Regression analysis and PROCESS, a macro for SPSS with the capability to conduct observed-variable mediation and moderation analysis, was used to explore the relationships among social capital, job satisfaction, and years of experience as a nurse--specifically, to determine if years of experience mediated the relationship between social capital and job satisfaction.

The results of these statistical analyses demonstrated that higher levels of social capital were positively associated with job satisfaction: $b = 2.28, t (62) = 10.10, p < .001$. The higher the level of social capital the higher the level of reported job satisfaction.
Figure 3 shows social capital was a significant predictor of job satisfaction: $F(1, 62) = 101.95, p < .001, R^2 = .622$. However, years of nursing experience was not a predictor of social capital, $F(1, 62) = .521, p = .473, R^2 = .008$ and years of experience did not predict scores on measures of job satisfaction, $F(2, 61) = 50.22, p < .001, R^2 = .62$. These results suggested more years of nursing experience did not predict higher levels of job satisfaction: $b = -.036, t(61) = -0.233, p = .816$.

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

*Figure 3.* Mediation model of years of experience mediating the relationship between social capital and job satisfaction (Baron & Kenny, 1986).

Results also indicated social capital significantly predicted job satisfaction when controlling for years of experience: $F(2, 61) = 50.22, p < .001, R^2 = .62$. The results were statistically significant from zero, indicating a significant relationship between social capital and job satisfaction after controlling for years of experience: $b = 2.28, t(61) = 9.999, p < .001$. However, these results did not fulfill the criteria in Baron and Kenny’s (1986) model for mediation wherein the independent variable significantly influenced the dependent variable in the first regression equation, the independent variable significantly influenced the mediator in the second regression equation, and the mediator significantly
influenced the dependent variable in the third equation. Rather, the preceding conditions were not met in the results of the study to support mediation. Therefore, the researcher elected to accept the null hypothesis that reported years of nursing experience did not mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.
CHAPTER V

CONCLUSION AND RECOMMENDATIONS

In this chapter, a brief summary of the study is presented, followed by a discussion of findings, study limitations, implications for nursing education, and recommendations for future research.

Summary of the Study

This quasi-experimental study was designed to evaluate the effect of nursing program-specific training using the asynchronous video discussion platform—Flipgrid (n.d.). Flipgrid technology is commonly used in K-12 education and in online coursework. Prompts, icons, and user-generated videos engage participants in virtual interactions that result in a dynamic exchange of ideas. Differences between adjunct clinical nursing faculty who used Flipgrid technology for training and adjunct clinical nursing faculty who used customary methods of training were examined against measures of social capital and job satisfaction. Mediation effects associated with years of nursing experience between variables social capital and job satisfaction were also analyzed. This approach to research generated the necessary data on which to draw conclusions about the relative effectiveness of Flipgrid when used as a training tool. Additionally, the researcher was able to test the hypothesis that participation in program-specific training using Flipgrid had the effect of building social capital in the workplace and mediating job satisfaction in adjunct clinical nursing faculty.
The degree of engagement between study participants as determined by the quality and frequency of informal interactions was value-laden and became the foundation for the development of social capital within the workplace (Putnam, 1995). Social capital is defined as “those features of social relationships that facilitate collective action for mutual benefit” (Putnam, 1995, p. 67). In the context of workplace environments, social relationships develop into networks that foster mutual trust and reciprocity, the building-blocks of shared values and cooperative behaviors among colleagues (Kouvonen et al., 2006). Building and strengthening social capital in individuals and work groups is an important strategy to stimulate job satisfaction, a precursor to retention and intent to stay in higher education (Roughton, 2013; Yedidia et al., 2014). Given the paucity of research examining job satisfaction in adjunct clinical nursing faculty and the scarcity of studies evaluating the effectiveness of strategies intended to improve job satisfaction in this population of educators, this study explored an important gap in nursing education.

**Discussion of the Findings**

This study explored four research questions pertaining to social capital and job satisfaction and the potential mediating effect of years of nursing experience on social capital and job satisfaction in adjunct clinical nursing faculty. The data from the first research question, “Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of social capital than adjunct clinical nursing faculty participating in customary training methods” demonstrated that the use of Flipgrid (n.d.) technology for training influenced perceived social capital in the experimental group. However, the difference between the experimental ($M = 32.83, SD = 4.13$) and control
groups’ \((M = 30.03, SD = 8.41)\) mean scores on post-test was not statistically significant \(t(62) = -1.731, p = .088\).

The second research question asked, “Do adjunct clinical nursing faculty who use Flipgrid technology for training report higher levels of job satisfaction than adjunct clinical nursing faculty participating in customary training methods? Data obtained in response to this question demonstrated reported levels of job satisfaction were essentially the same between like groups of adjunct clinical nursing faculty irrespective of the strategy utilized for training.

The third research question asked, “Is there a significant relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty?” The data demonstrated a statistically significant relationship between social capital and job satisfaction: \(F(1, 62) = 101.948, p < 0.001\), such that social capital explained 62% of the variance in the dependent variable job satisfaction (Adjusted \(R^2 = .616\)). Furthermore, higher levels of social capital were positively associated with job satisfaction: \(b = 2.28, t(62) = 10.10, p < .001\).

The fourth and final research question asked, “Do years of nursing experience significantly mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty?” Results of statistical analysis did not demonstrate significant relationships between years of nursing experience and social capital or years of nursing experience and job satisfaction as determined in prior studies of job satisfaction (Gormley, 2003). Therefore, years of nursing experience did not significantly mediate the relationship between social capital and job satisfaction in adjunct clinical nursing faculty.
It is important to note that participants who received the intervention reported higher levels of social capital overall as determined by a comparison of mean scores between groups. The differences, however, did not suggest the use of Flipgrid technology for training significantly influenced social capital scores for the experimental group when compared to the control group on posttest as statistical significance was not established. The finding might have practical application in nursing education as a value-added approach to the development of adjunct clinical nursing faculty.

In prior studies of job satisfaction, higher levels of job satisfaction were associated with years of experience as a nurse (Gormley, 2003). The findings from this study did not support the purported relationship between years of experience as a nurse and social capital or job satisfaction in adjunct clinical nursing faculty specifically. However, employment status and other work-related factors including cumulative years of socialization, access to resources, and professional development between full-time nursing faculty and adjunct clinical nursing faculty differed (Cangelosi et al., 2009; Cranford, 2013; Hinchcliffe-Duphily, 2011; McDonald, 2010; Schoening, 2013; Spencer, 2013) and might have influenced the relationship between job satisfaction and years of experience across faculty groups.

**Implications for Educational Practice**

One of the strategic goals of the AACN (2014) was to “develop faculty and academic leaders to meet the challenges of changing health care and higher educational environments” (para. 2). This included the implementation of initiatives that recruited and retained a diverse population of nurse educators. However, a national shortage of qualified faculty has led to a dramatic increase in the number of positions staffed by
contingent faculty comprised of clinicians with varying levels of education and clinical expertise (Spencer, 2013; Suplee & Gardner, 2009). Minimally prepared to teach and largely isolated from the learning community, adjunct faculty are ill-equipped to assume the complex role of educator (Hinchcliffe-Duphily, 2011; Schoening, 2013) and face numerous challenges that inhibit them from performing their jobs effectively (Leslie & Gappa, 1993). Given the complexity of clinical instruction and the importance of producing graduates with specific knowledge and expertise necessary to provide effective care, identification of strategies to develop and engage adjunct clinical nursing faculty is critical. However, intentional socialization of adjunct clinical nursing faculty members in higher education was lacking and studies to determine the effectiveness of existing strategies to integrate and develop adjunct clinical nursing faculty, particularly methods aimed at improving job satisfaction using technology, were absent from the literature.

Given the paucity of research evaluating the effectiveness of strategies intended to improve job satisfaction in this population of educators, this approach provided important data on which to draw conclusions about the relative effectiveness of the chosen technology platform, Flipgrid (n.d.), when used as a training tool. The research findings have practical significance for motivating employees toward satisfying work as well as building and strengthening relationships between faculty across groups, characteristics identified as important determinants of employee and organizational health (Eguchi et al., 2017; Kouvonen et al., 2006; Oksanen et al., 2013; Watson & Papamarcos, 2002).

Identifying methods that effectively increase social capital in the workplace also has the effect of positively influencing psychosocial dimensions of work, characteristics
related to organizational behavior that directly influence job satisfaction in nursing faculty (Kennerly, 1989).

Findings from this study also supported the relationship between social capital and job satisfaction by answering the research question, “Is there a significant relationship between social capital and perceived job satisfaction in adjunct clinical nursing faculty?” The data demonstrated a statistically significant relationship between social capital and job satisfaction such that social capital explained 62% of the variance in the dependent variable of job satisfaction. This finding further supported Snarr and Krochalk’s (1996) conceptualization of the primary contributing factors of perceived job satisfaction that emphasized peer relationships and organizational culture over organizational characteristics as was the prevailing paradigm.

**Limitations**

This study had several limitations. First, the study was a quasi-experimental study with a single site research, post-test only design. Although the outcome of quantitative research is easy to measure and the results are clearly shown through analysis of objective data, there is less ability to examine the contextual aspects of the phenomena of interest (Tappan, 2011). In this case, qualitative data from open-ended questions regarding individual perceptions of the faculty role and the value placed on socialization toward the development of the faculty identity would have provided greater insights into the psychosocial dimensions of job satisfaction. The single site research design provided the novice researcher with ease of organization and simplified data collection procedures; however, the design might have resulted in lower than desired external reliability. A multi-site design would have allowed for greater generalizability
of results due to the larger number of participants and, thus, greater external reliability (Bellomo, Warrillow, & Reade, 2009). A limitation of single-subject designs is the difficulty of generalizing the results to other subjects because of the small number of subjects investigated (Polit & Sherman, 1990). However, some faculty reported teaching for more than one institution simultaneously allowed for varied workplace experiences and, thus, the opportunity to distinguish between desirable and undesirable features of training methods and workplace environments across sites.

The post-test only design is a straightforward method of measuring post-implementation effect of a given intervention (Creswell, 2013). The post-test only design is also commonly used in workplace studies to elicit feedback from participants following the implementation of training sessions; however, with the post-test only design, there is no way of knowing if differences existed between groups before the intervention. While there was theoretical support for the post-test only design utilized in this study, a pre-test/post-test design would also have allowed the researcher to test the impact of the training approach on perceptions of autonomy and organizational support, which are factors also associated with job satisfaction in the workplace (DeShields et al., 2005; Stello, 2011).

Response bias was another potential limitation of this study. The fact that participants were chosen among a larger group of adjunct clinical nursing faculty teaching for a private, Christian institution meant there could be important, but unidentified differences between those who chose to teach for a values-based institution and those who did not. Although data pertaining to religious affiliation and perceptions of spirituality were not specifically obtained from participants, it could be postulated that institutions with a known doctrine or stated philosophical position would likely attract
individuals of like mind and perspective. Given the disposition of the institution and those of employees, social desirability might have also resulted in response bias if the participants completed the surveys in a way they perceived was expected by the institution or their peers.

Another limitation of the study was the timing of the intervention. Training sessions were offered by the institution prior to the fall and spring semesters. By comparison, more courses were offered during the fall semester than during the spring semester. The smaller pool of adjunct clinical nursing faculty teaching during the spring semester in which the study was conducted resulted in a smaller sample size. Although results of the statistical analysis demonstrated that participants who received the intervention reported higher levels of social capital overall, there were no statistically significant differences between groups on measures of social capital and job satisfaction. A larger sample size would address issues of low power and strengthen the validity of the study findings.

**Recommendations for Future Research**

The purpose of this study was (a) to evaluate the effect of nursing program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.), on social capital and job satisfaction in adjunct clinical nursing faculty and (b) to identify whether relationships existed between reported social capital and job satisfaction in the same group of educators such that social capital mediated job satisfaction. The findings for this study illuminated the need for further research in several areas. Since student learning and faculty retention are the most significant outcomes of efforts to engage faculty in training and ongoing professional development, future research that compares
student success in courses taught by adjunct clinical nursing faculty and those taught by full-time faculty, while also capturing faculty retention over time, would fill a significant gap in nursing knowledge. In addition to testing the effectiveness of strategies intended to engage and retain this group of educators, future research that includes student outcomes would provide empirical data on which to draw conclusions regarding the quality of teaching facilitated by adjunct clinical nursing faculty.

Another recommendation for future research would be to make modifications to the current study by addressing each of the possible limitations identified earlier in this chapter. Repeating the study to include a multi-site design and a qualitative research component would add strength to the research findings. The study utilized a single-site design of adjunct clinical nursing faculty from a private, Christian institution in the Southwest. A multi-site, pre-test/post-test design to include institutions with varied social, religious, and economic characteristics would increase the sample size significantly, thereby strengthening the validity of research findings and improve overall generalizability of study results to the larger population of adjunct clinical nursing faculty. Adding open-ended questions to the surveys that focused on individual perceptions of the faculty role and the value placed on socialization as a component of training would also provide greater insight into the phenomenon of social capital in higher education and enhance understanding of the lived experiences of this group of educators.

**Conclusions**

Given the critical shortages of nurses in the United States and the corresponding shortfall of qualified faculty, the need to support adjunct faculty to meet the challenges of
higher education is paramount. Comprising nearly half of the professoriate across institutions of higher education (Meyer, 2014) and nearly 50% of instructional time in associate and baccalaureate programs (Brown et al., 2006), adjunct clinical nursing faculty play a significant role in nursing education. Despite empirical research to support the need for training, development, and mentorship, ample evidence indicated lack of institutional support (Abbas & McLean, 2001; Gappa & Leslie, 1993; Hinds et al., 1985; Lundy & Warme, 1990). Consequently, adjunct faculty have experienced numerous challenges accessing institutional services (Peters & Boylston, 2006; Reid et al., 2013), struggled in their roles, and reported job dissatisfaction (Oermann, 1998; Sarmiento et al., 2004; Wareham, 1996; Whalen, 2009).

Along with organizational commitment, job satisfaction has been determined to be a precursor to retention and intent to stay in higher education (Roughton, 2013; Yedidia et al., 2014). Therefore, the development of strategies aimed at improving levels of job satisfaction in higher education must be a primary focus. However, studies to determine the effectiveness of interactive technology as a training strategy to improve job satisfaction in this population of educators are absent from the literature. Furthermore, studies to evaluate psychosocial conceptualizations of job satisfaction were few and despite data indicating the positive effects of social capital in similar workplace contexts, social capital as a mediator of job satisfaction in adjunct clinical nursing faculty has not been studied.

Defined as “those features of social relationships that facilitate collective action for mutual benefit” (Putnam, 1995, p. 67), social capital is believed to be a construct that mediates job satisfaction in the workplace (Kouvonon et al., 2006; Putnam, 1995).
Building and strengthening social capital in individuals and work groups was, therefore, an important strategy to mitigate the negative effects of contingent employment.

This study evaluated the effect of program-specific training using the asynchronous video discussion platform, Flipgrid (n.d.), on social capital and job satisfaction in adjunct clinical nursing faculty. The findings of this study addressed the identified gap in knowledge related to perceived social capital and job satisfaction in this group of educators while also demonstrating the strong relationship between the constructs of social capital and job satisfaction. Findings from this study indicated participants who received the intervention reported higher levels of social capital overall, demonstrating the use of Flipgrid technology for training was effective in influencing social capital in the workplace. This finding has practical significance for motivating employees toward satisfying work as well as building and strengthening relationships between faculty across groups, characteristics identified as important determinants of employee and organizational health (Eguchi et al., 2017; Kouvonen et al., 2006; Oksanen et al., 2013; Watson & Papamarcos, 2002). The results of this study provided additional empirical support for a psychosocial, rather than structural, conceptualization of job satisfaction while reinforcing the need for managerial strategies that build and strengthen social relationships in the workplace. Together, the outcomes of this study added to the growing body of literature pertaining to adjunct clinical nursing faculty--an important but underrepresented population in nursing education research.
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APPENDIX A

FLIPGRID FORUM (DEMO PAGE)
Flipgrid Forum (Demo Page)
APPENDIX B

SURVEY OF ADJUNCT CLINICAL NURSING FACULTY (PAPER VERSION)
Survey of Adjunct Clinical Nursing Faculty (Paper Version)

This survey is intended to understand the demographical characteristics of adjunct clinical nursing faculty members. Grand Canyon University defines adjunct clinical nursing faculty members as “clinical instructors” scheduled to teach a minimum of one clinical course in the undergraduate, pre-licensure (BSN) nursing program. Please select the responses that most accurately describe you and your professional background.

**Demographic Information**

1. In what year were you born?

2. What is your gender (male, female, other)

3. Which of the following best describes your highest educational degree earned?
   a. PhD in Nursing
   b. DNP in Nursing
   c. Doctorate in another field
   d. Master’s Degree in Nursing (MSN)
   e. Master’s Degree in another field
   f. Baccalaureate Degree in Nursing (BSN)

4. Years of nursing experience?

5. Years of teaching experience as an adjunct “clinical instructor” for Grand Canyon University?

6. Which of the following statements best describes your current employment status?
   a. Employed full-time in a clinical setting
   b. Employed full-time in education
   c. Employed part-time in a clinical setting
   d. Employed part-time in education
   e. Retired from full-time employment in a clinical setting
   f. Retired from full-time employment in education
   g. Not currently employed in a full-time position

7. Do you currently teach clinical courses as an adjunct “clinical instructor” for more than one educational institution? (yes or no)

8. If teaching for more than one institution, how many educational institutions (total) do you currently teach clinical courses as an adjunct “clinical instructor”?
APPENDIX C

DIMENSIONS OF PART-TIME FACULTY JOB SATISFACTION SURVEY
## Dimensions of Part-Time Faculty Job Satisfaction

**Directions:** Read each item and rate it using the following scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Somewhat Disagree, 4 = Somewhat Agree, 5 = Agree, 6 = Strongly Agree.

<table>
<thead>
<tr>
<th>Overall Job Satisfaction</th>
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<tbody>
<tr>
<td><strong>1.</strong></td>
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<tr>
<td><strong>2.</strong></td>
</tr>
<tr>
<td><strong>3.</strong></td>
</tr>
<tr>
<td><strong>4.</strong></td>
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<tr>
<th>Recognition</th>
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<tr>
<td><strong>5.</strong></td>
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<td><strong>6.</strong></td>
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<td><strong>7.</strong></td>
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<td><strong>8.</strong></td>
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<td><strong>9.</strong></td>
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<td><strong>10.</strong></td>
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<td>11.</td>
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<td>12.</td>
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<td>18.</td>
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<tr>
<td>19.</td>
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<tr>
<td>20.</td>
</tr>
<tr>
<td>Faculty Support</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>21.</strong> I receive very helpful advice and support from academic department faculty to improve my teaching.</td>
</tr>
<tr>
<td><strong>22.</strong> Faculty in my academic department(s) are always available and accessible to me when I need assistance.</td>
</tr>
<tr>
<td><strong>23.</strong> Full-time faculty in my academic department(s) take a sincere interest in my success as a teacher.</td>
</tr>
<tr>
<td><strong>24.</strong> I feel very comfortable requesting assistance from academic department faculty when I have questions about my courses or students.</td>
</tr>
<tr>
<td>Honorarium</td>
</tr>
<tr>
<td><strong>25.</strong> The payment I receive for teaching classes is adequate.</td>
</tr>
<tr>
<td><strong>26.</strong> I feel that I am well compensated for my teaching.</td>
</tr>
<tr>
<td><strong>27.</strong> I am paid fairly for the amount of work I do to teach courses.</td>
</tr>
<tr>
<td><strong>28.</strong> I am dissatisfied with the pay I receive for teaching courses.</td>
</tr>
<tr>
<td>Quality of Students</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>29. I am completely satisfied with the quality and caliber of students in my classes.</td>
</tr>
<tr>
<td>30. Students in my classes are very well prepared academically to take my courses.</td>
</tr>
<tr>
<td>31. Students here are highly engaged and very interested in their academic work.</td>
</tr>
<tr>
<td>32. Students lack motivation or the academic skills to succeed in my courses.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching Schedule</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>33. The times scheduled for my class(es) have been convenient to my schedule.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>34. I have been very satisfied with my teaching schedule.</td>
<td>1 2 3 4 5 6</td>
</tr>
</tbody>
</table>

*Source.* Hoyt et al. (2007).
APPENDIX D
SOCIAL CAPITAL SCALE
Social Capital Scale

Item 1. Our supervisor treats us with kindness and consideration.
Item 2. Our supervisor shows concern for our rights as an employee.
Item 3. We have a 'we are together' attitude.
Item 4. People keep each other informed about work-related issues in the work unit.
Item 5. People feel understood and accepted by each other.
Item 6. Do members of the work unit build on each other's ideas in order to achieve the best possible outcome?
Item 7. People in the work unit cooperate in order to help develop and apply new ideas.
Item 8. We can trust our supervisor.

Note: 1 = fully disagree; indicative of low social capital; 5 = fully agree; indicative of high social capital; except item 7 where 1 = very little 5 = very much.

APPENDIX E

PERMISSION TO USE DIMENSIONS OF PART-TIME FACULTY JOB SATISFACTION SCALE
From: Scott L Howell [mailto:scott.howell@byu.edu]
Sent: Wednesday, May 30, 2018 3:16 PM
To: Maria Quimba <Maria.Quimba@gcu.edu>
Cc: Jeffery E Hoyt <jefferyehoyt@gmail.com>
Subject: FW: Permission to Use Dimensions of Part-Time Faculty Job Satisfaction Scale (2007)

Maria,

Thank you for checking in with us. Yes, you have our permission to use the scale as long as you provide attribution in your study.

All the best,
Scott L. Howell
BYU Continuing Education
Office: 801-422-0119
Mobile: 801-618-5047
scott_j_howell@byu.edu

From: Maria Quimba <Maria.Quimba@gcu.edu>
Sent: Wednesday, May 30, 2018 4:11 PM
To: Scott Howell <scotthowell@byu.edu>
Subject: Re: Permission to Use Dimensions of Part-Time Faculty Job Satisfaction Scale (2007)

Hello Dr. Howell,

I hope this message finds you doing well.

I am a nursing educator / administrator at Grand Canyon University and doctoral student at the University of Northern Colorado – Greeley. While developing plans for my dissertation, I came across the Dimensions of Part-Time Faculty Job Satisfaction scale you developed with colleagues: Dr. Jeff E. Hoyt and Dr. Dennis L. Eggett in 2007. I am interested in conducting a study to evaluate the effect of program-specific training using an interactive digital platform on job satisfaction in adjunct clinical nursing faculty. I believe the tool you developed identifies the dimensions of work most important to this adjunct population. I would like to request your permission to use the instrument in my study.

Thank you for your time and consideration.

Maria Quimba, MSN, MBA, MA, RN
(PhD in Nursing Education Student – UNC)
quim6442@bears.unco.edu
APPENDIX F

PERMISSION TO USE SOCIAL CAPITAL SCALE
From: Oksanen Tuula [mailto:Tuula.Oksanen@ttl.fi]
Sent: Thursday, May 31, 2018 5:14 AM
To: Kouvonen, Anne <anne.kouvonen@helsinki.fi>; Maria Quimba <Maria.Quimba@gcu.edu>
Subject: RE: Permission to use Social Capital at Work Scale (2006)

Dear Maria,

Good to hear about your interest!

Will be happy to consider collaboration, as Anne said.

Best regards,

Tuula

From: Kouvonen, Anne [mailto:anne.kouvonen@helsinki.fi]
Sent: 31. toukokuuta 2018 14:51
To: Maria Quimba <Maria.Quimba@gcu.edu>
Cc: Oksanen Tuula <Tuula.Oksanen@ttl.fi>
Subject: RE: Permission to use Social Capital at Work Scale (2006)

Dear Maria,

Thank you for your interest in our work. You are welcome to use our instrument as long as you give the reference. In addition, if you plan to publish peer reviewed papers on your results we (Dr. Tuula Oksanen and I) would be more than happy to consider collaboration (as co-authors of those papers).

Kind regards,

Anne

------

Anne Kouvonen, PhD
Professor of Social Policy
Faculty of Social Sciences, P.O. Box 54, 00014 University of Helsinki, Finland

Honorary Lecturer in Social Epidemiology, Queen's University Belfast, Northern Ireland

Programme Director: Master's Programme in Contemporary Societies (COS)
https://www.helsinki.fi/en/programmes/master/contemporary-societies/studying/what-is-cos-all-about
Twitter: @AKouvonen
https://tuhat.helsinki.fi/portal/en/person/kouvonen
Hello Dr. Kouvonen,

I hope this message finds you doing well.

I am a nursing educator at Grand Canyon University and doctoral student at the University of Northern Colorado – Greeley. While developing plans for my dissertation, I came across the short measure of social capital at work scale (8-item) you developed with your colleagues in 2006. I am interested in conducting a study to evaluate the effect of program-specific training using an interactive digital platform on social capital and job satisfaction in adjunct clinical nursing faculty. I believe the tool you created and tested is applicable to social capital at work in the academic setting. I would like to request your permission to use the instrument in my study.

Thank you for your time and consideration.

Maria Quimba, MSN, MBA, MA, RN
(PhD in Nursing Education Student – UNC)
quim6442@bears.unco.edu

Grand Canyon University
E-mail: maria.quimba@gcu.edu
APPENDIX G

INSTITUTIONAL REVIEW BOARD APPROVAL FROM
UNIVERSITY OF NORTHERN COLORADO
Thank you for your submission of New Project materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of July 18, 2019.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

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

Maria -
Thank you for the thorough and clear IRB application. Both the first reviewer, Dr. Clukey, and I have reviewed your protocols and materials and recommend approval. Please update the consent form and remove Sherry May's name as the contact in the Office of Research as she retired at the end of June.

Best wishes with your work on this project.

Sincerely,

Dr. Megan Stellino, UNC IRB Co-Chair

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Northern Colorado (UNCO) IRB's records.
APPENDIX H

INSTITUTIONAL REVIEW BOARD APPROVAL
FROM GRAND CANYON UNIVERSITY
DATE: August 09, 2018

TO: Maria Quimba
FROM: Grand Canyon University Institutional Review Board

STUDY TITLE: Effects of Flipgrid for Training on Job Satisfaction in Adjunct Clinical Nursing Faculty in a Baccalaureate Nursing Program

IRB REFERENCE #: IRB-2018-441

SUBMISSION TYPE: Initial Review Submission Packet

ACTION: Determination of Exempt Status

DECISION DATE: August 09, 2018

REVIEW CATEGORY: Category 1

Thank you for your submission of New Project materials for this research study.

GCU is not the IRB of record since prior IRB approval was obtained from University of Northern Colorado (UNC) IRB: Expedited Status obtained on 7.18.18. Grand Canyon University Institutional Review Board has determined this project is EXEMPT FROM IRB REVIEW according to federal regulations. You now have GCU IRB approval to collect data.

If applicable, please use the approved informed consent that is included in your published documents.

We will put a copy of this correspondence on file in our office.

If you have any questions, please contact the IRB office at irb@gcu.edu or 602.639.7904. Please include your study title and reference number in all correspondence with this office.

[Signature]

Dr. Cynthia Bainbridge
Assistant Dean, Research and Dissertations Director, Institutional Review Board College of Doctoral Studies
APPENDIX I

PERMISSION FROM DEAN OF NURSING PROGRAM
From: Lisa Smith  
Sent: Tuesday, May 29, 2018 8:35 PM  
To: Maria Quimba <Maria.Quimba@gcu.edu>  
Subject: RE: Letter to Dean - Permission to Conduct Research  

Hello Maria,

You have my permission to access GCU’s clinical adjunct faculty for your research study after receiving IRB approval from GCU and the University of Northern Colorado.

Please let me know if there is anything else I can do to assist with the success of your study.

Sincerely, Lisa

Lisa G. Smith, PhD, RN, CNE  
Dean and Professor  
College of Nursing & Health Care Professions  
3300 West Camelback Road | Phoenix, AZ 85017  
Office: 602-639-6048 | Fax: 602-343-5396  
Toll-Free: 1-800-800-9776 ext. 639-6048

FIND YOUR PURPOSE...

CONFIDENTIALITY: This e-mail (including any attachments) may contain confidential, proprietary and privileged information, any unauthorized disclosure or use is prohibited. If you received this e-mail in error, please notify the sender and delete this e-mail from your system.

From: Maria Quimba  
Sent: Tuesday, May 29, 2018 1:51 PM  
To: Lisa Smith <Lisa.Smith@gcu.edu>  
Subject: Letter to Dean - Permission to Conduct Research  

Hi Dr. Smith,

Please see the attached letter to formally request your permission to conduct research involving adjunct clinical faculty teaching in the Pre-Licensure BSN Program at GCU. You can respond to this message with your written permission. IRB documentation will be submitted to the appropriate departments at Grand Canyon University and the University of Northern Colorado following approval of the proposed research.

Thank you for your support.

Maria
APPENDIX J

ELECTRONIC COMMUNICATION TO ADJUNCT
CLINICAL NURSING FACULTY
Dear Adjunct Clinical Nursing Faculty,

You are invited to participate in a research study. The purpose of this study is to evaluate the effect of program-specific training on job satisfaction in adjunct clinical nursing faculty. You will have the opportunity to take part in one of two program-specific trainings offered by the college. One training session will involve the use of the video platform, Flipgrid. The other session will involve the use of the learning management system hosted by the institution. As a participant in the study, you will be randomly assigned to one of the two training sessions. Each program-specific training session will be self-paced, and the materials will remain available to you for a period of 5 weeks.

Program-specific training will cover the following topics:

- Clinical Teaching Strategies
- Evaluation of Student Learning in Clinical Settings
- Required Clinical Documentation in the Pre-Licensure Nursing Program

At the conclusion of the training, you will have the opportunity to complete surveys related to your experience as an adjunct clinical nursing faculty member. Demographical data about you will also be collected which includes basic information such as age, gender, educational level, employment status, years of experience as a nurse, and career goals. The surveys are brief and together should only take 15 minutes to complete. Information you provide will remain confidential and your survey responses will not be linked to your name. Information you provide will be used only for research purposes.

Participation in voluntary and has no relationship to your employment as an adjunct clinical nursing faculty member for the Pre-Licensure Nursing Program. To participate in this study please respond to this message. Your response indicates your consent to participate. Upon receipt of your response, a follow-up email will be sent to you at your my.gcu.edu email address. The email will contain additional information regarding technical support and a link for you to access the program-specific training provided by the college.

Information collected from this study will contribute to our understanding of the needs of clinical adjunct nursing faculty and may inform the development of programs to address your specific needs. I am available to answer your questions and look forward to your response.

Sincerely,

Maria Quimba, PhD(c), RN
quim6442@bears.unco.edu