

TRANSITION TO ACADEMIC NURSE EDUCATOR: A SURVEY EXPLORING READINESS, CONFIDENCE, AND LOCUS OF CONTROL

ROBIN S. GOODRICH, EdD, RN*

The purpose of this study was to describe nurse transition to the role of academic nurse educator and to investigate the resources and barriers that nurses experience during this career transition, specifically the relationships among levels of readiness, confidence, personal control, support, decision independence, general self-esteem, and work locus of control. A convenience sample of registered nurses in the United States ($N = 541$) who hold current full-time employment at an accredited nursing program granting baccalaureate or higher degrees was utilized. Subjects were recruited via electronic mail and answered an on-line survey. Pearson product-moment correlation and multivariate analysis of variance were used for statistical calculations. Results indicated significant, positive relationships among all the variables except readiness and personal control ($p = .01$). Significant differences were found in amount of time that nurses were in the role of academic nurse educator and the demographic variables of number of children, marital status, and highest degree held. The results of this study provide evidence to support and enhance processes to develop and retain nurse academicians, to promote excellence in the academic nurse educator role, and to advance the science and practice of the profession. (Index words: Academic nurse educator; Nursing faculty; Career transition; Self-esteem; Locus of control) *J Prof Nurs* 30:203–212, 2014. © 2014 Elsevier Inc. All rights reserved.

NURSING FACULTY TEACHING in baccalaureate and graduate programs may feel unprepared when faced with academic role expectations that are complex and present competing demands. A nurse faculty shortage and financially strapped colleges and universities are limiting the ability of United States nursing schools to take advantage of historically high numbers of qualified applicants (Aiken, Cheung, & Olds, 2009). The American Association of Colleges of Nursing (AACN; 2010) confirmed that growth in nursing within the United States is being restrained by a shortage of faculty, which is driven by a limited pool of doctorally prepared nurses and noncompetitive academic salaries. Underlying factors driving the nurse faculty shortage include, but are not limited to, aging faculty, increased time to enter graduate education, time to complete

graduate education, heavy faculty workload, low faculty wages, and lack of a robust faculty pipeline (Joynt & Kimball, 2008). Most nursing schools cite shortage of faculty as the primary reason for limiting the numbers of qualified applicants that they accept (Cleary, McBride, McClure, & Reinhard, 2009).

When nurses seek a role change from practicing clinician to full-time academic nurse educator, they are entering a new stage in their professional career. Support for nurse educators as they transition to the academic role is vital to the future of the profession (Bartels, 2007). Transition is a passage from one life phase to another triggered by critical events and changes in individuals or environments (Chick & Meleis, 1986; Meleis, 2010). More than ever, teaching the profession of nursing to future generations of nurses requires excellence.

Nurses enter the academic setting for reasons unique to the nursing profession. Anderson (2009) identified that although careful thought and consideration are given to transitioning to the academic nurse educator role before making the career change, some nurses have mixed feelings about the loss of the expert role and the

*Associate Dean, Davenport University, Grand Rapids, MI.

Address correspondence to Robin S. Goodrich, EdD, RN Davenport University, 6191 Kraft Avenue SE, Grand Rapids, MI 49512. E-mail: rsg1014@aol.com
8755-7223

financial effects of the change, as the incomes of nurses in clinical care and administration are higher than those of most faculty members (Aiken et al., 2009). Nurses view themselves as being gatekeepers to the profession and report that being a nursing faculty member means making a difference in students, the profession, and the world. The fact that students who enter the profession touch an infinite number of people has the potential to retain nurses in the academic role (Gazza, 2009).

When nurses become academic nurse educators, they are entering a new chapter in their professional career. Teaching is a rich and rewarding pursuit for nurses looking to share their clinical expertise with those entering the profession or nurses returning to practice with advanced preparation. One of the strongest motivators is that teaching provides an opportunity to influence student success and shape the next generation of nurses (Penn, Wilson, & Rosseter, 2008).

As with any career change, the role transition from practitioner to educator can cause feelings of uncertainty, isolation, and anxiety, which is not unlike the beginning days of practice (Penn et al., 2008). These changes challenge faculty, require more time and preparation to be successful in the faculty role, and may cause those not sufficiently prepared to be dissatisfied and leave (American Association of Colleges of Nursing, 2005). Lack of an organized process to help learn the educator role, little guidance, and not knowing what questions to ask contribute to frustration and uncertainty in the process of moving toward expertise as a nurse educator (Cangelosi, Crocker, & Sorrell, 2009).

Faculty workload, confidence, and time management are prevailing challenges identified in the early stages of transition to the academic nurse educator role. Dempsey (2007) described the experiences of six clinical nurses in Ireland who transitioned to nurse lecturer. Lack of confidence in teaching ability and feelings of pressure from themselves and their colleagues to instinctively know how to do their job, heavy workloads, inadequate amounts of time for preparation, and orientation to the new role and university structure were identified as factors that hindered development or role transition. Insufficient preparation in the knowledge and skills for education is one aspect of the challenge facing expert nurse clinicians who move into the academic setting (Anderson, 2009). Dempsey (2007) described formal preparation for this work–role transition, which required that nurse tutors, more commonly referred to in Ireland as nurse lecturers, complete master's education in nursing. Participants found that after completing the educational course, they evolved as persons, changing the way they thought, and they felt more confident in the new role.

Anxiety, fear, and tension experienced by novice nurse educators, as well as perceived lack of mentoring, speak to the need for nurses to prepare for the roles and responsibilities of teaching (Cangelosi et al., 2009). Strategies to facilitate role transition in the early stages have included having lighter workloads, shadowing an expert faculty member, and listening and observing other

faculty with regard to how class is conducted, how student issues are handled, and what content is essential to learning (Anderson, 2009). Once nurse educators begin to assimilate into the faculty role and take on additional responsibilities, balancing multiple roles continues to be a challenge (Gazza, 2009). Developing strategies such as setting benchmarks, prioritizing and adjusting work schedules, and soliciting supportive feedback from colleagues (Anderson, 2009) is helpful. During the second year, academic nurse educators begin to extend beyond themselves to focus on the world around them and the needs of others, and regain comfort and confidence (Anderson, 2009).

Lack of an organized process to help learn the educator role, little guidance in the new role, not knowing what questions to ask, and role conflict with regard to being back in the novice role were cited by nurses enrolled in the Clinical Nurse Educator Academy (Cangelosi et al., 2009). Academic environment and hierarchical system, new responsibilities and commitments of the academic community, evaluation and academic advising are challenges identified by novice nurse educators. Additional challenges include looking for resources, handling technology, seeing the politics of the institution, reflecting on their own student experience, and resolving unrealistic expectations (Anderson, 2009). Nursing faculty must develop and facilitate communities of nurse educators to offer support and mentoring long after formal education has ceased (Cangelosi et al., 2009). Despite the challenges, transition to the faculty role can be a favorable, positive experience (Anderson, 2009; Dempsey, 2007). Successful nursing transition requires both receiving and giving support in the faculty role. It is simply not possible to do the job alone (Gazza, 2009).

Assuring a nurse workforce that is large enough and possesses the correct competencies for changing demographic and health reform scenarios for the 21st century is an imperative (Cleary et al., 2009). Today's academic nursing institutions, many financially strapped, are not prepared for an influx of applicants (Allen, 2008) because the nurse faculty shortage limits their ability to serve increased numbers of students. The AACN (2010) has confirmed that growth in nursing within the United States is being restrained by a shortage of faculty, which is driven by a limited pool of doctorally prepared nurses and noncompetitive academic salaries. An assessment of psychological resources that adults bring to the process, as well as factors external to the individual, may assist in understanding variations in career transition (Heppner, 1998).

Promoting excellence in the academic nurse educator role has significant implications for health care and academia. Furthermore, recruitment and retention of qualified academic nurse educators are in the best interest of the nursing profession and the lives of Americans. The purpose of this study was to describe nurse transition to academic nurse educator and investigate the relationships among resources, barriers, self-esteem, and locus of control during this transition. Findings of this study may

improve understanding of nurses' transition to academic nurse educator and assist in the development of strategies that facilitate recruitment and retention of nurses to the role of academic nurse educator.

Definition of Terms

Transition

Transition is defined as the experience associated with entering a new community of practice (Anderson, 2009), specifically nurses who enter the academic setting.

The Career Transitions Inventory (CTI; Heppner, 1991) was used to measure each participant's level of readiness, confidence, personal control, support, and independence.

Readiness. Readiness is defined as how willing (a nurse) is at this time to actually do things he or she needs to do to achieve career goals (Heppner, 1991).

Confidence. Confidence is defined as a nurses' belief in their ability to successfully perform career planning activities necessary to make a successful career transition (Heppner, 1991).

Personal control. Personal control is defined as the extent to which the nurses feel they have personal control over their career planning process rather than the feeling that external forces will determine the outcome of their career transition (Heppner, 1991).

Support. Support is defined as how much support the nurses feel they are receiving from people in their life as they contemplate a career transition (Heppner, 1991).

Independence. Independence is defined as the level at which the nurse views a career choice as being an independent decision as opposed to a choice that is made as part of a larger relational context (i.e., family, friends, partners, or significant others who may enter into your career planning process; Heppner, 1991).

Self-Esteem

Self-esteem is defined as a positive or negative orientation toward oneself: an overall evaluation of one's worth or value (University of Maryland, nd). Rosenberg Self-Esteem Scale (SES; Rosenberg, 1989) will be used to measure each participant's level of self-esteem.

Locus of Control in Work Settings

Locus of control in work settings is defined as a generalized expectancy that rewards, reinforcements, or outcomes in the work domain are controlled by either one's own actions (internality) or by other forces (externality; Spector, 1988). Work Locus of Control Scale (WLCS; Spector, 1988) will be used to measure each participant's level of work locus of control.

Methods

This study began by investigating academic nurse educators' levels of readiness, confidence, personal

control, support, perceived independence, general self-esteem, level of locus of control in the work settings, and demographic information. Four self-report electronic survey instruments were used to collect these data. Following data collection, an analysis of the relationships among readiness, confidence, personal control, support, perceived independence, general self-esteem, level of locus of control in the work setting, and demographic data was performed. A descriptive, correlational, quantitative design was used to answer the research questions.

Target Population and Sampling Strategy

The target population for this study consisted of a convenience sample of registered nurses (RNs) who held current full-time employment, as defined by their institution, at a nursing program granting baccalaureate and/or higher degrees accredited by the AACN Commission on Collegiate Nursing Education (CCNE) and/or the National League for Nursing Accrediting Commission (NLNAC) in the United States. The sampling frame included a list of all the institutions ($N = 739$) with which the elements of the identified population of academic nurse educators throughout the United States are associated.

The AACN (2011) conducts an annual survey on vacant faculty positions of 603 AACN membership member schools. For the academic year 2011 to 2012, 534 (88.6%) member schools responded. Total full-time budgeted positions were 14,166. Total number of full-time vacancies were 1,088 (7.7%), and total number of filled full-time positions were 13,078 (92.3%). This study of nurse transition to academic nurse educator was conducted from February 28, 2011, to March 11, 2011.

Instruments

The CTI (Heppner, 1991) was used to measure nurses' perceptions of psychological resources, specifically readiness, confidence, personal control, support, and independence, operating when adults pursue a career transition. The Rosenberg SES (Rosenberg, 1989) was used to measure their level of general self-esteem, and the WLCS (Spector, 1988) was used to measure the nurses' level of generalized control beliefs in work settings. In addition, demographic data including age, gender, marital status, number of children, licensure, employment, and teaching responsibilities were collected.

The CTI was developed by Heppner (1991) and is a self-report, multidimensional measure of career change adjustment consisting of 40 items organized in five subscales: readiness (13 items), confidence (11 items), personal control (6 items), support (5 items), and independence (5 items). Nurses' perceptions of psychological resources are measured by means of a 6-point Likert-type response format for each item; scores range from 1 (*strongly agree*) to 6 (*strongly disagree*). The CTI was designed to measure perceptions of psychological resources operating when adults pursue a career transition. Full-scale scores provide an overall indication of the self-perception of psychological resources. Higher scores

in each of the subscales indicate an increasingly positive relationship to the individual subscale (Heppner, Moulton, & Johnston, 1994). For the sample of participants in this study, Cronbach's coefficient alphas were calculated for each of the CTI subscales and for the total score. Reliability analysis for the total CTI and subscales during instrument development as well as for the sample of academic nurse educators in this study ($N = 541$) are depicted in Table 1.

Rosenberg SES is a unidimensional measure of global self-esteem. The scale contains 10 items, answered on a 4-point Likert-type scale, with scores ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). Positive and negative items are presented alternately to reduce the effect of an acquiescent respondent set (Rosenberg, 1989). Total scores range from 10, indicating low self-esteem responses on all items, to 40, indicating high self-esteem on all items. The scale was originally designed to measure adolescents' global feelings of self-worth or self-acceptance, but it is also used widely with adults (Blascovich & Tomaka, 1991; Rosenberg, 1989). Blascovich and Tomaka document internal consistency for the Rosenberg SES (Rosenberg, 1989) as having obtained a Cronbach's alpha coefficient ranging from .77 to .88.

The WLCS (Spector, 1988) is a 16-item measure of generalized control beliefs in work settings. The WLCS has half of its items written in each direction: internal and external. The format is a summated rating with six response choices, ranging from 1 (*disagree very much*) to 6 (*agree very much*). The scale is scored so that externally driven respondents receive high scores (Spector, 2004). The WLCS is a domain-specific instrument designed to assess control beliefs in the workplace and may predict work behavior more precisely than general locus of control scales. Scores on the scale can range from 16 to 96, with high scores on the scale representing external locus of control (Spector, 1988). For the purpose of this study, the scores for the WLCS were reversed so that they flow in the same direction as the CTI and SES; therefore, low scores represent external locus of control, and high scores represent internal locus of control. Spector documented internal consistency for the WLCS as having a Cronbach's alpha coefficient ranging from .80 to .85.

The Demographic Data Questionnaire (DDQ) was used to describe the sample and was developed by the investigator of this study. The variables measured included age, gender, marital status, number of children,

highest degree held, level of licensure, years since initial RN licensure, years since advance practice RN licensure, number of years in the academic nurse educator role, graduate level course work, academic level teaching responsibilities, classification of their employing institution, financial control of the employing institution, course delivery teaching responsibilities, area of specialization, and level of employment. Additional questions assessed overall satisfaction and intention to stay in the role.

Data Collection Procedure. Permission to conduct the research was obtained from the Institutional Review Boards of Teachers College, Columbia University, and Western Connecticut State University. A cover letter, the CTI, the Rosenberg SES, the WLCS, and the DDQ were developed on Select Survey. Three sets of instruments were developed. In each individual set, order of the CTI, SES, and WLCS was alternated. The DDQ was placed at the end of each survey set. Electronic survey instruments, as developed on Select Survey, were administered to every participant. The distribution of each set was randomly selected. The maximum number of responses per user was set at one. Cover letter, CTI, Rosenberg SES, WLCS, and DDQ were coded.

A formal request for participants was sent via e-mail to administrators of baccalaureate and higher nursing programs accredited by the CCNE or NLNAC. The administrators were asked to send the e-mail to all full-time faculty in their program. A link to the survey instruments, as developed on Select Survey, was embedded into the e-mail. The e-mail stated that completion of the survey instruments and demographic questionnaire indicated consent to participate in the study. The participant was instructed to click on an electronic link that took them to a webpage. Respondent access level was set at single response, anonymous, and not updateable. A completion message appeared when the user completed the survey.

A total of 880 surveys were returned. Data were exported from Select Survey as individual responses into a comma-delimited file (CSV) in Excel. After reviewing the surveys, 339 surveys were discarded because of missed responses or participant ineligibility. The final sample for this investigation consisted of 541 participants.

Data Analysis and Statistics

Descriptive statistics were used to summarize data and describe characteristics of the sample. All descriptive

Table 1. Reliability Statistics and Results of the CTI for Academic Nurse Educators

Reliability statistics of CTI for academic nurse educators	No. of items	M	SD	Cronbach's α	Cronbach's α on CTI (Heppner, Moulton, & Johnston, 1994)
Readiness	13	57.19	9.65	.78	.74
Confidence	11	47.18	7.00	.68	.79
Personal control	6	25.35	4.79	.63	.55
Support	5	24.70	3.71	.58	.77
Decision independence	5	16.10	4.72	.65	.83
Total score	40	170.52	20.81	.85	.85

statistics and quantitative data from the self-report scales and DDQ were analyzed using the SPSS version 19 (SPSS Analytics, IBM Inc., Armonk, NY, USA). Reliability and internal consistency of the CTI were documented using Cronbach's coefficient alphas for each of the subscales and for the total score on the CTI. Scores from the CTI subscales of readiness, confidence, personal control, support, and independence were compared to the scores of the Rosenberg SES and the WLCS. The Pearson product-moment correlation was used to analyze the relationships among the CTI subscales of readiness, confidence, personal control, support, and independence, the Rosenberg SES scores, and the WLCS scores.

Multivariate analysis of variance (MANOVA) was used to determine if categorical data, such as amount of time in the role of academic nurse educator and intention to stay in the role of academic nurse educator assuming tenure is not an issue, had a relationship or an association with the other variables of the study. MANOVA was also used to determine if demographic data had a relationship or an association with the CTI subscales of readiness, confidence, personal control, support, and independence, the Rosenberg SES scores, and the WLCS scores.

Results

Characteristics of the Sample

Most participants in this study were women (92.1%), were married (75.8%), were between the ages of 50 and 59 (44.7%), and had one to two children (55.3%). Most had their first nursing degree from a baccalaureate program (59.3%); 238 had a master's degree in nursing (44.4%) as their highest degree. RN licensure was held by 334 (61.7%) participants; 154 (28.5%) held both RN and advanced practice registered nurse (APRN) licensure; 42 (7.8%) held APRN licensure only. Most of the participants (76.3%) indicated that they had taken graduate-level course work appropriate to the academic nurse educator role. Furthermore, with regard to time spent in the academic nurse educator role, most of the participants indicated they had been the role for 10 years or less: 32% indicating less than 1 to 5 years in the role, and 23% indicating 6 to 10 years in the role. Most of the participants (78.9%) indicated they had not achieved tenure.

Measurement of Career Transition for Academic Nurse Educators

Table 1 shows the values of the CTI and its subscales. The mean value of the CTI was 170.52 (possible score range of 40 to 240). Full-scale scores provide an overall indication of the self-perception of psychological resources, with higher scores being more positive.

The overall readiness scores of the sample were medium ($M = 57.19$, $SD = 9.65$, possible score range of 13 to 78), indicating mixed feelings about making a career transition. Although part of the individual is ready to make the career change, another part of the individual is feeling it would be better to stay in their current situation. Because the process of career transition tends to require a high level of motivation, it is important to analyze what is serving as a

motivator and what is serving to keep the individual from taking action (Heppner, 1991).

The overall confidence scores of the sample were high ($M = 47.18$, $SD = 7.00$, possible score range of 11 to 66), indicating few barriers related to confidence. The stronger the individual is in his or her confidence, the more likely he or she is to persevere with the career planning process when difficulties and obstacles occur (Heppner, 1991).

The overall personal control scores of the sample were high ($M = 25.35$, $SD = 4.73$, possible score range of 6 to 36), indicating control over their career transition process. The individual sees outside, environmental, luck, and chance factors as having little effect on his or her career planning process. They view factors such as effort, interest, and personal energy to be the most important factors (Heppner, 1991).

The overall support scores of the sample were medium ($M = 24.70$, $SD = 3.71$, possible score range of 5 to 30), indicating that the individual is feeling support, but perhaps not as much as he or she would like or feel he or she needs. It may be helpful for the individual to think about what support he or she is already receiving and what support he or she needs and who can provide that support (Heppner, 1991).

The overall independence scores of the sample were medium ($M = 16.10$, $SD = 4.72$, possible score range of 5 to 30), indicating participants view the career decision as both independent and interdependent. The individual may be feeling ambivalence about how much independence and interdependence he or she wants to have in these decisions (Heppner, 1991).

Subscale scores and reliability coefficients are presented in Table 1.

Measurement of Self-Esteem for Academic Nurse Educators

The range of self-esteem scores for this sample was 15 to 40. The overall scores of the sample were moderately high ($M = 35.63$, $SD = 4.28$), indicating positive self-esteem.

Measurement of Work Locus of Control for Academic Nurse Educators

The range of WLCS scores for this sample was 16 to 96. The overall scores were moderately high ($M = 74.79$, $SD = 10.39$), demonstrating internal locus of control.

Table 2 depicts the measures of central tendency and dispersion of the variables of readiness, confidence, personal control, support, and independence; general self-esteem; and work locus of control.

Relationships Among the CTI, Self-Esteem, and Work Locus of Control for Academic Nurse Educators

To investigate the relationships among the CTI subscales of readiness, confidence, personal control, support, and independence, self-esteem, and work locus of control for academic nurse educators, the Pearson product-moment correlation coefficient was used to evaluate for a linear relationship between each of the variables. Table 3 reveals

Table 2. Measures of Central Tendency and Dispersion ($N = 541$)

Scale	<i>M</i>	<i>SD</i>	Actual score range	Possible score range	Ranking for academic nurse educators
Readiness	57.19	9.65	18–74	13–78	Medium
Confidence	47.18	7.00	20–63	11–66	High
Personal control	25.35	4.73	8–36	6–36	High
Support	24.70	3.71	10–30	5–30	Medium
Independence	16.10	4.72	5–30	5–30	Medium
Self-esteem	35.63	4.28	15–40	10–40	Positive
Work locus of control	74.49	10.39	39–94	16–96	Moderately high

significant positive relationships ($P = .01$) among all the variables except readiness and personal control, where no relationship existed.

Relationships Among the CTI Subscales and Nurses' Amount of Time in the Role of Academic Nurse Educator

For the purpose of statistical analysis, amount of time in the role of academic nurse educator was collapsed into two groups: less than or equal to 5 years, and greater than 5 years. Post hoc analysis using analysis of variance was used to determine the factors of the CTI that showed differences. Significant differences were determined in the subscales of readiness, $F(1, 533) = 20.53, p < .001$, and personal control, $F(1, 533) = 17.41, p < .001$. Table 4 depicts the between-subjects effects of the CTI subscales and amount of time in the role of academic nurse educator. Nurses who had less than or equal to 5 years in the academic nurse educator role scored higher in the readiness subscale, indicating how willing individuals are at this time to actually do things they need to do to achieve career goals. Nurses who had greater than 5 years scored higher in the control subscale, indicating the extent to which individuals feel they have personal control over this career planning process rather than feeling that external forces will determine the outcome of their career transition (Heppner, 1991). No significant differences were determined in the subscales of confidence, support, and independence.

Relationships Among the CTI Subscales and Nurses' Intention to Stay in the Role of Academic Nurse Educator Assuming Tenure Is Not an Issue

MANOVA was used to test the relationships between the CTI subscales of readiness, confidence, personal control,

support, and independence with nurses' intention to stay in the role of academic nurse educator, assuming that achieving tenure is not an issue. For the purpose of statistical analysis, amount of time in the role of academic nurse educator was collapsed into two groups: intention to stay and intention to leave. Because of unevenness of sample distribution, homogeneity of the sample covariance matrices is violated. Overwhelmingly, participants in this study intend to stay in the role, assuming tenure is not an issue ($n = 478$), versus intend to leave ($n = 39$).

Relationships Among the CTI Subscales and Demographic Data

MANOVA was used to test the effects of demographic data among the CTI subscales (readiness, confidence, personal control, support, and independence), level of general self-esteem, and work locus of control. Significant differences were found in the demographic data categories of number of children, marital status, and highest degree held.

Significant differences were determined in the subscales of independence, $F(4, 536) = 5.09, p < .001$, and work locus of control, $F(4, 536) = 2.90, p = .022$. Participants who had no children scored higher in independence, indicating the level at which the individual views a career choice as being an independent decision as opposed to a choice that is made as part of a larger, relational context (Heppner, 1991). Participants who had one to two children scored higher in work locus of control, indicating an individual's level of generalized control beliefs in work settings (Spector, 1988).

Participants who were single, never married, scored higher in decision independence, indicating the level at which the individual views a career choice as being an independent decision as opposed to a choice that is made

Table 3. Pearson Product–Moment Correlation Coefficients Between Readiness, Confidence, Personal Control, Support, and Independence, Self-Esteem, and Work Locus of Control ($N = 541$)

	Readiness	Confidence	Personal control	Support	Independence	Self-esteem	Work locus of control
Readiness	1.00	.30*	.04	.51*	.33*	.14*	.19*
Confidence		1.00	.52*	.58*	.39*	.48*	.44*
Personal control			1.00	.27*	.21*	.34*	.55*
Support				1.00	.33*	.39*	.36*
Independence					1.00	.20*	.21*
Self-esteem						1.00	.38*
Work locus of control							1.00

* $P = .01$.

Table 4. Follow-up of Univariate Tests of the CTI Subscales and Amount of Time in the Role of Academic Nurse Educator ($n = 535$)

Source	Dependent Variable	Type III sum of squares	Mean square	df	F	P
Years in the role	Readiness	1,831.44	1,831.44	1	20.527	.001*
	Confidence	24.09	24.09	1	.491	.484
	Personal Control	382.24	382.24	1	17.414	.001*
	Support	46.86	46.86	1	3.426	.065
	Independence	1.73	1.73	1	.077	.782
Error	Readiness	47,555.11	89.22	533		
	Confidence	26,164.77	49.09	533		
	Personal control	11,699.52	21.95	533		
	Support	7,289.69	13.68	533		
	Independence	11,971.62	22.46	533		

*Significant at $P < .05$.

as part of a larger, relational context. This relational context may be family, friends, partners, or other “significant others” that may enter into the individual's career planning process (Heppner, 1991).

Participants who held an Academic/Research Doctorate, Non-Nursing scored higher in personal control and work locus of control. Higher scores in the personal control subscale indicate the extent to which individuals feel they have personal control over this career planning process rather than feeling that external forces will determine the outcome of their career transition (Heppner, 1991). Higher scores in the work locus of control scale indicate the level of generalized control beliefs in work settings (Spector, 1988). In its original form, the scale is scored so that externally driven respondents received high scores (Spector, 2004). However, for the purposes of data reduction in this study, the scores for the WLCS were reversed so that they flow in the same direction as the CTI and SES. Therefore, higher scores in the WLCS indicate internally driven control beliefs in the workplace.

Discussion

Participants assessed their levels of confidence and personal control as high, had positive self-esteem, and moderately high levels of work locus of control. Readiness, support, and decision independence levels were medium. These results suggest that participants were confident, in control, internally motivated to succeed, and perceived few psychological barriers with regard to their career transition to academic nurse educator. However, the results also suggest that participants viewed their career transition as a choice that was not solely independent, but was part of a larger relational context, taking into consideration family, friends, partners, and significant others. For the participants, differences were found in the variables of number of children and marital status. Those who had no children, as well as those who were never married, scored higher in decision independence. Those who had one to two children scored higher in work locus of control. Therefore, these participants may have experienced ambivalence either at present or earlier in their academic career regarding making a career change versus staying in

current roles, as well as challenges with regard to work–life balance. Gazza (2009) identified time management, work–life balance, and role identity as challenges of full-time nursing faculty during transition to the academic role. Although participants in this study feel supported in their career transition, the support they received may not be as much as they would have liked, or felt they need.

Levels of readiness, confidence, personal control, support, decision independence, self-esteem, and work locus of control were positively correlated except for the subscales of readiness and personal control. Amount of time in the role identified the lack of relationship between the two subscales. Participants with less than or equal to 5 years in the role scored higher in readiness. They were willing to actually do things they needed to do to achieve career goals. Participants with greater than 5 years in the role scored higher in the subscale of personal control, indicating the extent to which individuals feel they have personal control over their career planning process. Feeling an increase in level of control over a career transition is in alignment with outcome indicators of a healthy transition. An increase in level of confidence is an important dimension to the transition process (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). Control and confidence scores of this sample of academic nurse educators were high, suggesting that the participants considered internal motivators such as effort, interest, and personal energy as important factors to a healthy career transition. These findings, in addition to the finding that of the 541 academic nurse educators in this study, an overwhelming majority ($n = 478$) indicated that they intended to stay in the role of academic nurse educator, suggest that although well-documented barriers to the faculty role exist, including heavy workloads in academia, salary differentials, noncompetitive academic salaries, and tuition and loan burden (Joynt & Kimball, 2008), the academic nurse educators sampled were likely to persevere when difficulties or obstacles in career transition occur.

When nurses become academic nurse educators, they are entering a new chapter in their professional career, one they have considered for years (Anderson, 2009). The majority of subjects in the study were married, female, with ages 50 to 59, and with a master's degree as

their highest degree held. The demographic makeup of this study supports that identification of future academic nurse educators early in their nursing career is imperative to building a robust pipeline of academicians to educate future nurses and advance the science and practice of the discipline. Inherently related to preparation is knowledge about what to expect during a transition and what strategies may be helpful in managing it (Meleis et al., 2000).

Significant positive relationships existed among all the subscales except readiness and personal control. These relationships suggest that these psychological resources are, in fact, strong indicators to the achievement of a successful career transition (Heppner, 1998) for academic nurse educators. In this study, participants with less than or equal to 5 years in the role scored higher in readiness, a variable with significant strong positive correlations with confidence, independence, and support. Readiness, for the participants in this study, is a form of role supplementation: a deliberative process whereby role insufficiency is identified and strategies are developed to decrease, ameliorate, or prevent role insufficiency (Meleis, 1975). These findings suggest that anticipatory preparation and role supplementation facilitate positive transition outcomes.

Support is a form of role supplementation. Nurses in this study spoke to the need to enhance processes that provide personal and professional support during their transition to the academic role. Support is a variable with significant positive correlations with readiness, confidence, personal control, self-esteem, and work locus of control, suggesting that when participants feel supported in the role, readiness, confidence, and by proxy, personal control and work locus of control will increase. Processes designed to facilitate transition to the role include mentoring from faculty colleagues, financial incentives to facilitate graduate education, faculty salaries that are more competitive with salaries in advance practice and administration, and workload reductions designed to facilitate work–life balance. The results of this study strongly suggest reexamination and enhancement of existing processes that support academic nurse educators, as well as full integration of these processes into the academic culture.

Transitions are characterized by process and outcome indicators. Outcome indicators of the transitions theory supported the concept that the level of mastery of new skills and development of an integrative identity may reflect by proxy the quality of life for those experiencing transitions (Meleis et al., 2000). Further insight regarding readiness and personal control was provided when years in the role of academic nurse educator were examined. As previously mentioned, nurses with less than or equal to 5 years scored higher in readiness. Academic nurse educators in the role greater than 5 years scored higher in personal control. Personal control is a variable to be considered as an outcome indicator of a healthy transition; it is reflective of mastery of new skills and a stable, identifiable end point (Meleis et al., 2000). In

addition to personal control, nurses in this study overwhelmingly intend to stay in the role of academic nurse educator, strongly suggesting that they have achieved a fluid, integrative identity, and degree of self-definition (Meleis et al., 2000).

Recommendations

Support is a form of role supplementation that is necessary for a nurse to achieve a healthy transition to academic nurse educator. In this study of academic nurse educators, both novice and experienced academic nurse educators desired additional support to fulfill the responsibilities of the faculty role. The academic nurse educator faces unique challenges: pressure to increase enrollment due to a national nursing shortage, increased time to beginning graduate education, clinical practice requirements, program accreditation, and professional licensure.

Financial support in the form of competitive salaries and funding for advanced degrees, human capital, decreased faculty workload, and formal mentoring is necessary to fulfill the faculty role of teaching, scholarship, and service, as well as to maintain professional clinical practice. In addition, this sample of academic nurse educators desired additional support meeting the demands of their personal lives with regard to spouses, significant others, and children, to achieve healthy transition to the academic nurse educator role and work–life balance.

In this study of academic nurse educators, process and outcome indicators of transitions were evident when examining amount of time in the role and intention to stay. Nurses who were in the role less than or equal to 5 years, although ambivalent about this career transition, scored higher in the readiness subscale, whereas nurses who were in the role for more than 5 years scored higher in the personal control subscale. These findings suggested that novice academic nurse educators were ready to assume the role. In addition, academic nurse educators who were in the role more than 5 years demonstrated increased levels of personal control. Finally, in this study, participants expressed an overwhelming intention to stay in the role of academic nurse educator. These findings demonstrated dedication to the role, perseverance, and a role that is worthy of advocacy.

Strengths and Limitations

Participants were a convenience sample of educators from CCNE- or NLNAC-accredited nursing programs granting baccalaureate and/or higher degrees. The sample population did not have an equal distribution of gender or age. The majority of the participants in this study were females between the ages of 50 to 59 years old. Although the results of this study lend important information regarding nurses' transition to academic nurse educator, the results of this study are only generalizable to academic nurse educators who are female and between the ages of 50 to 59 years old.

Another consideration involves access to and participant skill set with regard to the Internet and Internet surveys. It is reasonable that potential study participants may have lacked access to the Internet either by institutional or personal choice, may have had limited or interrupted access while attempting to complete the survey instruments, or may not have possessed the requisite skill set with regard to completing an electronic survey, and therefore were unable to participate in this study or may have contributed to the number of unusable surveys.

Although this study contributes to the research pertaining to transition to academic nurse educator, there are recommendations for future research. The majority of the participants in this study were female. A study that investigates female and male academic nurse educators, as well as variations in ethnicity, may be able to better distinguish differences among a more diverse population. Although the DDQ asked length of time in the role of academic nurse educator, the sample for this study was examined as a whole, and the subscales were examined in aggregate format. Future research should apply the purposes of this study to academic nurse educators at specific time intervals in their career. Are self-esteem and work locus of control variables that individuals are born with or do they change over time? Examination of self-esteem and work locus of control as longitudinal measurements would provide feedback as to the stability or fluctuation of these constructs, as well as their application to the theory of experiencing transitions (Meleis et al., 2000).

This study examined nurse transition to academic nurse educator. It is suggested that future research examine career transitions within the academic setting for nurses. Examination of transitions from the viewpoint of academic nurse educator to quasi-administrative, administrative, or executive roles within higher education would further test the application of the theory of experiencing transitions (Meleis et al., 2000).

Conclusions

Teaching is a rich and rewarding pursuit for nurses. It provides an opportunity to influence student success and shape the next generation of nurses (Penn et al., 2008). Academic nurse educators in this study assessed themselves as positive in psychological variables that support healthy career transitions. However, challenges exist in balancing work–life responsibilities. In addition, despite well-documented barriers, the nurses surveyed intend to stay in the role of academic nurse educator. These findings suggest that it is important to develop and enhance processes that support healthy, successful transition to the faculty role, specifically with regard to personal life, work–life balance, salary, and workload. Academic nurse educators want to stay in the role and educate the next generation of nurses, those who will care for future generations. Nurse educators are worthy of financial and human capital support that will help them succeed in their calling.

Acknowledgments

The author was a participant in the 2012 National League for Nursing Writing Retreat sponsored by the National League for Nursing Foundation for Nursing Education and Pocket Nurse.

References

- Aiken, L., Cheung, R., & Olds, D. (2009). Education policy initiatives to address the nurse shortage in the United States. *Health Affairs*, 28, w646–w656. <http://dx.doi.org/10.1377/hlthaff.28.4.w.646>.
- Allen, L. (2008). The nursing shortage continues as the faculty shortage grows. *Nursing Economic\$,* 26, 35–40.
- American Association of Colleges of Nursing. (2005). Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply. Retrieved from <http://www.aacn.nche.edu/Publications/pdf/05FacShortage.pdf>.
- American Association of Colleges of Nursing. (2010). Shortage of faculty and resource constraints hinder growth in U.S. nursing schools according to the latest AACN data [Press release]. Retrieved from <http://www.aacn.nche.edu/Media/NewsReleases/2010/facshortage.html>.
- American Association of Colleges of Nursing. (2011). Special survey on vacant faculty positions for academic year 2011–2012. Retrieved from <http://www.aacn.nche.edu/leading-initiatives/research-data/vacancy11.pdf>.
- Anderson, J. (2009). The work–role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, 48, 203–208.
- Bartels, J. (2007). Preparing nursing faculty for baccalaureate-level and graduate-level nursing programs: Role preparation for the academy. *Journal of Nursing Education*, 46, 154–158.
- Blascovich, J., & Tomaka, J. (1991). *Measures of self esteem*. In J. Robinson, P. Shaver, L. Wrightsman (Eds.), *Measures of personality and social psychological attitudes: Volume 1 of measures of social psychological attitudes*. (pp. 115–123). New York: Academic Press.
- Cangelosi, P., Crocker, S., & Sorrell, J. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives*, 30, 367–371.
- Chick, N., & Meleis, A. (1986). *Transitions: A nursing concern*. In R. Chinn (Ed.), *Nursing research methodology: Issues and implementation*. (pp. 237–257). Rockville, MD: Aspen.
- Cleary, B., McBride, A., McClure, M., & Reinhard, S. (2009). Expanding the capacity of nursing education. *Health Affairs*, 28, w634–w645. <http://dx.doi.org/10.1377/hlthaff.28.4.w634>.
- Dempsey, L. (2007). The experiences of Irish nurse lecturers role transition from clinician to educator. *International Journal of Nursing Education Scholarship*, 4, 1–12.
- Gazza, E. (2009). The experience of being a full-time nursing faculty in a baccalaureate nursing education program. *Journal of Professional Nursing*, 25, 218–225.
- Heppner, M. (1991). *Career Transitions Inventory*. Copyrighted instrument. Retrieved and reprinted from author.
- Heppner, M. (1998). The career transitions inventory: Measuring internal resources in adulthood. *Journal of Career Assessment*, 6, 135–145.
- Heppner, M., Moulton, K., & Johnston, J. (1994). Assessing psychological resources during career change: Development of the career transitions inventory. *Journal of Vocational Behavior*, 44, 55–74.

- Joynt, J., & Kimball, B. (2008). Blowing open the bottleneck: Designing new approaches to increase nurse education capacity [Executive summary]. Retrieved from Robert Wood Johnson Foundation website: <http://www.rwjf.org/pr/product.jsp?id=32415>.
- Meleis, A. (1975). Role insufficiency and role supplementation: A conceptual framework. *Nursing Research*, 24, 264–271.
- Meleis, A. (2010). *Transitions theory: Middle-range and situation-specific theories in nursing research and practice*. New York: Springer.
- Meleis, A., Sawyer, L., Im, E., Messias, D., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advanced Nursing Science*, 23, 12–28.
- Penn, B., Wilson, L., & Rosseter, R. (2008). Transitioning from nursing practice to a teaching role. *OJIN: The Online Journal of Issues in Nursing*, 13, Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/vol132008/No3Sept08/NursingPracticetoNursingEducation.aspx>.
- Rosenberg, M. (1989). *Society and the adolescent self-image* (Revised ed.). Middletown, CT: Wesleyan University Press.
- Spector, P. (1988). Development of the work locus of control scale. *Journal of Occupational Psychology*, 61, 335–340.
- Spector, P. (2004). Overview of the work locus of control scale. Retrieved from University of South Florida, Department of Psychology: <http://shell.cas.usf.edu/pspector/scales/wlcsver.html>.