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Understanding the Lived Experiences of Former MN State Community College Nursing Directors and Deans: Working Together to Identify the Challenges to Inform Solutions

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**Understanding the Lived Experiences of Former MN State Community College Nursing
Directors and Deans: Working Together to Identify the Challenges to Inform Solutions**

by

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A Dissertation

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Abstract

Turnover in academic leadership of nursing programs in our community colleges is a national problem. This qualitative study explored and documented the stories of six female practical nursing and associate degree nursing program directors and deans in the MN State college system, who voluntarily left their positions. This study looked to amplify their voices to help inform a solution to address the turnover problem. The feminist theoretical framework with the Job Characteristics Theory model were used to understand how job characteristics influenced job outcomes for female nursing directors and deans, and how their lived-in experiences effected work motivation, performance outcomes, and turnover. Results of this study indicated the critical role of relationships with supervisors and faculty, the role of gender, the heavy workload, and the lack of authority had on the experiences of nursing directors and deans. Other subparts that emerged included the impact of faculty shortages, participants' experiences in being prepared for the nursing director or dean role, contracts and compensation, and the desire by all participants to improve the position to minimize turnover. Recommendations to address this problem were solicited from the participants as holders of the truth, having lived through the experience, and therefore in the best position to provide insights. Recommendations included professional development and mentorship opportunities, standardized job description and employment contract, centralizing work, administrative support personnel, supporting self-care and recognition of the work by nursing directors and deans, and creating opportunities for senior leadership outreach.

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“I can do all things through Him who gives me strength” (Philippians 4:13).

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Chapter I: Introduction

Today's higher education institutions face multiple challenges ranging from organizational change, leadership, diminishing resources, and external pressures for increased accountability (Eisele-Dyrli, 2016; Rawls, 2016). As funding support from federal and state entities diminish, the enrollment pressures higher education institutions face continues to increase. Simultaneously colleges and universities are tasked with responding to the ever increasing education and workforce needs of communities, all in an environment of leadership turnover (Eddy, 2010). These challenges trickle down to the middle managers and program leaders (Pepper & Giles, 2015). Nursing program directors and deans, as higher education middle managers, are faced with these burdens along with additional responsibilities of managing and leading their programs through accreditation, changing practices in the field, engaging community healthcare partners, and recruitment of students; all in an environment where there is a nurse faculty shortage (American Association of Colleges of Nursing, 2015a; Bittner & O'Connor, 2012; Bondus, 2006; Clark et al, 2011).

The role the nursing program directors and deans are charged with is onerous. Mintz-Binder (2014a) noted, "The program director reflects the vision of the nursing program and its faculty and students, upholds the policies of the college within which the program resides, and works to meet standards established by accrediting bodies" (p. 43). Within the Minnesota State College and University System (MN State), it is a role that is difficult to recruit for with many positions filled with extended interim directors (Minnesota Board of Nursing, 2016). Yet the director and dean of nursing are critical in leading the program to meeting the workforce demands for more nurses.

The U.S. Bureau of Labor Statistics (2013) found the workforce demand for registered nurses (RNs) in the United States was projected to increase from 2.71 million in 2012 to 3.28 million by 2022, resulting in an additional 526,800 RNs by 2022; a change of 19.4%. For licensed practical nurses (LPN) the change was projected to be even higher with 738,400 LPNs in demand for 2012 and 921,300 needed by 2022; an increase of 182,900 more LPNs needed or a change of 24.8%. In addition, every two years the National Council of State Boards of Nursing (2015) conducts a national survey on nursing workforce in the U.S. In 2013 they found 55% of RNs were 50 or older, and more recently in their 2015 national survey, 50% of the RNs were 50 or older. Colleges need to ensure stable leadership of nursing programs to meet the increased need for nurses to provide care and replenish the aging workforce in nursing.

Current workforce demands for more nurses creates a domino effect. This includes employers competing against each other for the same pool of candidates, and higher education institutions feeling the pressure to graduate more nurses (American Association of Colleges of Nursing, 2015b; Baier, 2015; Derby-Davis, 2014; Wilcoxon, 2015), all in an environment where nursing directors and deans have to deal with the impact of faculty shortages. As Derby-Davis (2014) noted, “The shortage of nursing faculty significantly impacts the supply and demand of RNs in the clinical work environments, which in turn directly affects the quality of patient care” (p. 24). As these pressures from industry flow down to colleges to increase the number of nurses, the challenges nursing directors and deans who are leading practical nursing (PN), and associate nursing (ADN) programs continue to increase, while their job satisfaction decreases.

Statement of the Problem

Nursing directors face many challenges managing the external and internal pressures of the job. This has created a crisis – “19 out of 29 (65%) of the Minnesota State Community

Colleges' nursing directors turned over at least once from January 2013 to January 2016.” (S. Field, personal communication, January 7, 2016). Nursing directors have a critical role in creating stability of nursing programs to meet workforce demands, yet the directors are faced with significant challenges. The American Association of Colleges of Nursing (2015d) stated,

Faculty shortages at nursing schools across the country are limiting student capacity at a time when the need for nurses continues to grow. Budget constraints, an aging faculty, and increasing job competition from clinical sites have contributed to this emerging crisis. (Nursing Faculty Shortage section, para. 1)

This compounds the challenge for nursing directors and deans newer to their positions.

Nursing programs are dependent on quality leadership by nursing directors and deans to be successful (Byrne & Martin, 2014; Mintz-Binder & Sanders, 2012). In a time of limited resources and increased demands for results and accountability, higher education institutions must ensure measures are in place to minimize the negative impact the high rate of turnover of nursing directors has on their nursing programs by creating a better work environment (Bittner & Lindley, 2014). Therefore, studying in-depth job characteristics and workplace environment factors that contribute to retention issues for nursing directors and deans, and developing strategies to retain talent is worth further investigation.

Purpose of the Study

In MN State, there was a net turnover rate of 65% among nursing directors from 2013 to 2016 in the community colleges that hold PN and ADN programs (Minnesota Board of Nursing, 2016). Data shared by the Minnesota Board of Nursing (2016) identified that there were 29 PN and ADN nursing directors in the Minnesota State college system in 2015. In the previous year, 15 out of 29 directors left their positions, or a 52% turnover rate, including two turnovers in the

same year for two of the colleges. In three of the MN State colleges, there were multiple director turnovers between 2013 and 2015. Ten of the 29 directors or 34% were in their positions for over three years, and 11 of the 29 or 38% were new directors going into the 2015 academic year (Field, 2016). MN State is clearly struggling with a turnover problem in their PN and ADN programs.

This constant turnover of nursing directors in our community colleges creates instability in the leadership and management of MN States' PN and ADN programs.

The role of the director of nursing in our PN and ADN programs is crucial to providing the leadership required for national accreditation and excellence in our nursing programs. Without effective leadership, student enrollment, retention, and pass rates can be adversely affected which in turn affects the industry partners who depend upon the graduates to fill their workforce needs. (S. Field, personal communication, January 26, 2017)

In addition, the Minnesota Board of Nursing requires all nursing programs to be accredited by a national accrediting agency approved by the Department of Education. This change to the legislative rules was published in 2011 with final accreditation required by June 1, 2019 (MN Board of Nursing, 2016). As of January 1, 2017 – 15 out of 21 PN programs and 9 out of 22 ADN programs were yet to be accredited (S. Field, personal communication, January 5, 2017). The additional work required for accreditation is currently a factor that is influencing the workload for the program directors.

While recent studies found nursing directors in higher education have low job satisfaction due to various factors impacting job characteristics and work experience (Adams, 2007; Clark et al, 2011; Granstra, 2015; Krogh, 2011; Mintz-Binder, 2014a; Mintz-Binder & Fitzpatrick, 2009;

Mintz-Binder & Lindley, 2014; Mintz-Binder & Sanders, 2012), the studies are quantitative in nature and there is limited depth in gaining the rich details needed to understand how job characteristics and workplace experiences contribute to decreased job satisfaction and turnover. Hearing the stories from those who experienced low job satisfaction and did not persist in their positions as female nursing directors and deans is needed to clearly identify strategies to address this national problem. The importance of focusing on the lived experiences of those who left their positions due to their work related issues is essential in understanding and addressing the turnover problem.

The purpose of this study is therefore, to explore and document the stories of female PN and ADN program directors, and to amplify the voices of these women to inform a solution to address the turnover problem. More specifically, it is to explore the reasons why there is a turnover and how the role of job characteristics and gender has effected the outcomes of motivation, performance, and job satisfaction. Finally, the purpose of this study is to work collaboratively with participants to develop recommendations or strategies for improving retention of nursing program directors and deans.

Significance of the Study

From 2011 to 2016 only three males were in the position of nursing directors within the MN State's technical and community colleges, and the rest were all female (S. Field, personal communication, January 24, 2017). Currently 100% of nursing directors in PN and ADN programs within the MN State system are female. In Mintz-Binder's (2014a) national study of ADN directors, 97.9% of total respondents were women (n = 237). The potential significance of gender make-up of nursing directors and the role gender may have on the experiences of nursing directors cannot be ignored.

As the challenges facing Minnesota State's PN and ADN programs continues to grow, HealthForce Minnesota, as a Center of Excellence, works to inform key stakeholders in Minnesota, to ensure the quality of nursing education programs and address healthcare workforce issues (HealthForce Minnesota, n.d.). One key role HealthForce Minnesota has taken in recent years is to acknowledge the nursing director turnover problem in the MN State colleges, and to provide support to help programs through the accreditation process, and work to mitigate the turnover problem (S. Field, personal communication, May 1, 2017). This study has the potential to help guide the work of HealthForce Minnesota in addressing the nursing director and dean turnover problem.

Overall, the significance of this study is to find out what impact gender may have on the turnover crisis and to provide insights into redesigning the nursing director position, influence changes in policies, and inform higher education administrators in addressing this problem. The data and findings from this study will be shared with HealthForce Minnesota, MN State leadership and the Minnesota Board of Nursing to help them gain a deeper understanding of this turnover crisis, and to help guide future actions to increase retention and longevity of nursing directors and deans.

Description and Scope of the Research

Researchers in recent years have found that there are decreased levels of job satisfaction in nursing directors and deans in community colleges due to a variety of factors. These factors include workload issues, managing faculty shortages, budgetary cuts, pressures for accountability, accreditation, and working to increase student enrollment (Adams, 2007; American Association of Colleges of Nursing, 2015b; American Association of Colleges of Nursing, 2015d; Baier, 2015; Clark et al, 2011; Mintz-Binder, 2014a; Wilcoxon, 2015). It is no

wonder these conditions have created a nursing director and dean shortage, and low retention rates in the United States, with MN State being no exception. Taking current research findings on this issue, there is a need to understand at a deeper level what the various factors mean to those who have voluntarily left their positions, and what they would recommend as job re-design solutions, and institutional changes to increase job satisfaction and the retention of nursing directors and deans.

For this research project, I used a qualitative research approach. This study was informed by the feminist conceptual framework as well as Job Characteristics Theory (JCT) founded by Hackman and Lawler (1971, 1976). The two frameworks provided a critical lens through which to understand the influence of job characteristics on female nursing directors and deans, and how these characteristics impacted their job outcomes. Integrating the two frameworks provided the lenses to understand how job characteristics influenced job outcomes for female nursing directors, and ultimately how their lived-in experiences effected work motivation, performance outcomes, and turnover.

Using the feminist framework also provided the lens and scope through which analysis and interpretation of the stories and discussion of the data was done. In addition, using the feminist approach allowed me to work closely with participants as co-researchers (M. Mwangi, personal communication, March 21, 2018), to explore, reflect and reveal the issues impacting nursing director turnover in MN State's PN and ADN programs, and work collaboratively to identify solutions to address this problem.

I also used the foundational premises of feminist principles that guide feminist approaches to research. Many feminist theorists and researchers (Bloom, 1998; Brown, Western & Pascal, 2013; Campbell & Wasco, 2000; Hesse-Biber & Leavy, 2007; Mwangi, 2009) have

identified the following key principles as central to any research conducted within the feminist framework. 1) Knowledge is socially constructed; 2) putting emphasis on the everyday experiences of women; 3) intersectionality, (or the concept that each person has multiple identities intersecting simultaneously in an individual's life); and 4) the participants of the research become co-creators of the knowledge – working closely with the researcher. Using a qualitative approach with a feminist conceptual framework allowed me to give the female participants the opportunity to share their stories, give voice to their experiences and to work towards developing meaningful strategies to address this problem based on their shared knowledge.

Finally, JCT looks at five core job dimensions of skill variety, task identity, task significance, autonomy, and feedback, with a sixth dimension (an extension of feedback) referred to as social dimensions (Dahlgard-Park, 2016). JCT postulates that these characteristics prompt three different psychological states of: 1) experienced meaningfulness at the work; 2) experienced responsibility for outcomes of the work; and 3) knowledge of the actual results of the work activities. These three critical psychological states impacts or produces an individual's personal and work outcomes. This framework is used to describe the association between job characteristics and an individual's response to the work (Hackman and Lawler 1971, 1976, Hackman & Oldham, 1980; Morgeson & Humphrey, 2006). Using this model to understand the different roles and responsibilities nursing directors have, and the impact job characteristics have on job satisfaction helped guide dialogue with participants of this research in reflecting on their experiences and working towards identifying solutions.

Research Questions

In this study I used the following questions to guide my research process:

1. What factors contributed to female PN and ADN directors and deans to voluntarily leave their positions from a MN State college in the past seven years?
2. How do PN and ADN directors and deans make meaning of their experiences as female leaders in their programs and within higher education?
3. What job characteristic factors influenced (positively or negatively) job outcomes/job satisfaction?
4. How did workload impact women in leadership roles?
5. How did outside work factors impact women in leadership roles?

Summary

This chapter provided the argument for this study by laying out the context of this problem, the purpose and significance of the study, the statement of the problem, description and scope of the research and the research questions. While this research topic came about from the work HealthForce Minnesota does as a center of excellence, the turnover rates of nursing directors in community colleges is not unique to MN State (Mintz-Binder, 2014a; Mintz-Binder, 2014b; Mintz-Binder & Fitzpatrick, 2009; Mintz-Binder & Sanders, 2012). As healthcare employers continue to demand more graduates from nursing programs (American Association of Colleges of Nursing, 2015b; Baier, 2015; Wilcoxon, 2015), the low job satisfaction and high turnover rates of our nursing directors and deans at our community colleges overseeing the PN and ADN programs have become a clear obstacle in meeting the industry demand for more nurses. In more recent years, this issue has garnered enough attention nationally that researchers have begun to dig into understanding the problem (Adams, 2007; Clark et al, 2011; Granstra,

2015; Krogh, 2011; Mintz-Binder, 2014a; Mintz-Binder & Fitzpatrick, 2009; Mintz-Binder & Lindley, 2014; Mintz-Binder & Sanders, 2012). However, of the existing research, they are mainly quantitative in methodology and do not explore the role gender may have. What is missing now are qualitative studies to gain a deeper and richer understanding of this problem, and to learn directly from those who lived through the experiences as female nursing directors and deans. More specifically, there is a clear need to understand the narratives of those who have left their nursing director positions within our community colleges to add depth to existing quantitative findings, and work towards identifying comprehensive strategies to increase job satisfaction and retention rates.

Chapter two presents the literature review on the history of women in nursing, the current state of community college leadership, job satisfaction, costs of turnover, and the theoretical framework used for this project. Chapter three describes the methodology, with chapter four analyzing the data, and chapter five synthesizing the findings into a discussion and recommendations.

Definition of Terms

Associate Degree Nurse or ADN – An Associate of Science or two-year degree in nursing conferred by a community college (All Nursing Schools, n.d.).

Autonomy – “The degree to which the work is structured to provide the jobholder with substantial freedom, independence, and discretion in scheduling the work and in determining the procedures to be used in carrying it out” (Dahlgaard-Park, 2016, p.4).

Bullying – When an individual is exposed to hostile or humiliating treatment repeatedly, and where the individual finds it challenging to defend themselves against it (Copenhagen Psychosocial Questionnaire, 2003).

Feedback – “The degree to which carrying out job-specified work activities provides the jobholder with direct and clear information about the effectiveness of his or her performance” (Dahlgaard-Park, 2016, p.4).

HealthForce Minnesota – A center of excellence created by former Governor Pawlenty as an extension of the Minnesota State college system. It is one of eight centers representing various key industry/economic clusters in Minnesota. HealthForce Minnesota works on healthcare workforce issues by facilitating work between K-12, higher education, community groups and healthcare employers (HealthForce MN, n.d.).

Job Characteristics Theory or JCT – A theoretical framework rooted in job design theory, JCT “focuses on several measureable characteristics of jobs and recognizes people may respond differently to these characteristics” (Dahlgaard-Park, 2016, p.3).

Job Satisfaction – Refers to “how content an individual is with his or her job... to individuals’ positive emotional reactions to all the circumstances affecting their jobs” (Oshagbemi, 2013).

Minnesota State colleges and universities (MN State) – A public higher education system made up of 30 community colleges, seven universities and 54 campuses throughout Minnesota.

Nursing Director or Dean– Nursing program administrator responsible for overseeing a practical nursing and/or associate degree nursing program.

Practical Nurse – Also referred to as LPN (licensed practical nurse) or LVN (licensed vocational nurse), it is a post-secondary non-degree award available at a technical and community college (All Nursing Schools, n.d.).

Skill Variety – “Degree to which the job requires a number of different activities in carrying out the work, which involve the use of a number of different skills and talents by the jobholder” (Dahlgaard-Park, 2016, p.4).

Social Dimensions – The interactions with others at work and outside of work (Oldham & Fried, 2016).

Task Identity – “Degree to which the job requires completion of a whole and identifiable piece of work – doing a job from beginning to end with a visible outcome” (Dahlgaard-Park, 2016, p.4).

Task Significance – “The degree to which the work has a substantial impact on the lives of other people” (Dahlgaard-Park, 2016, p.4).

Turnover – Cycle of an employee leaving the organization and the process of filling in the vacancy (Mitrovska & Efimov, 2016).

Workload – Conceptually a word to describe the amount and complexity of work that needs to be done, tasks the individual is responsible for, and/or the work an individual is expected to do within a given time frame.

Chapter II: Literature Review

Community college nursing directors and deans are faced with a multitude of challenges and barriers as program leaders. The MN State system is faced with the challenges of seeing high turnover rates of nursing directors create unstable program environments, along with the additional challenges of having a limited pool of future nurse leaders to step into vacant nursing director positions (M. Krasowski, personal communications, March 21, 2017; S. Field, personal communication, January 26, 2017). Mintz-Binder (2014a) found approximately 83% of current nursing directors were 51 years of age or older. With high turnover, projected retirements, and challenges in retaining nursing directors and deans; one problem leads to another, creating a revolving door effect.

The importance of understanding and addressing critical factors that impact the recruitment and retention of nursing directors for college nursing programs can no longer be delayed. Low job satisfaction of nursing directors in colleges is a national problem. Current literature affirms there is a problem, and findings are consistent in what variables impact job satisfaction and retention. The need to address this crisis is critical to the future of meeting workforce demands for more nurses.

In the past five years, researchers found there are many different factors influencing the higher education environment where nursing directors work (Bittner & O'Connor, 2012; Burlingame, 2016; Clark et al, 2011; Granstra, 2015), yet many of these factors affecting job satisfaction with educators were studied twenty years ago (Cano & Miller, 1992; Glick, 1992). Factors may range from workplace climate and horizontal bullying or hostile behaviors by an individual nurse educator or group (Beckmann, Cannella, & Wantland, 2013; Granstra, 2015; Hutchinson & Hurley, 2012; Mintz-Binder & Calkins, 2012), workload issues (Adams, 2007;

Bittner & O'Connor, 2012; Clark et al, 2011; Glick, 1992), to unclear communication and trying to keep up with the pace of changing practices and regulations in nursing (Clark et al, 2011). Workload, organizational culture, supervisor support (or lack thereof), and dwindling resources are critical factors that surfaced with nursing directors who intended to leave the MN State system (Burlingame, 2016).

Bittner and O'Connor (2012) found,

...the complexity of the academic work environment, specifically for nursing programs. Deans and directors, who are ultimately responsible for leadership in nursing education, need to address the barriers to satisfaction... There is a need to focus on workload issues, organizational commitment, and dedication to the fostering of personal growth. (p. 254)

While existing literature affirms this, what is unknown is how gender may add to the complexity of the work experience and overall job satisfaction of nursing directors and deans; yet the nursing profession is dominated by women with 93.8% of the nursing workforce being female (American Association of Colleges of Nursing, 2015a). In addition, within higher education, 96.5% of nursing faculty are female, and 97.6% of directors and deans are female (American Association of Colleges of Nursing, 2001).

Nursing Education and Leadership

Florence Nightingale, a figurehead and founder of nursing once said, “No man, not even a doctor, ever gives any other definition of what a nurse should be than this – ‘devoted and obedient’ (Nightingale, n.d.). The historical roots of nursing as a profession for women and the role this has had in shaping current nursing culture and leadership is worth review. Looking at the history of nursing helps create context in understanding current events including the culture of the nursing profession, along with perspective on how it may shape individuals’ experiences

in the nursing field. Egenes (2009) stated, “The study of the history of nursing helps us to better understand the societal forces and issues that continue to confront the profession” (p. 2).

Overview of women and men in nursing. While women dominate the nursing profession today, the historical roots of nursing was founded by men. As cultural and societal values evolved, the role women would have in nursing became stronger.

Historical overview. The origin of nursing type tasks started with men. Kenny (2008) noted, in India, for example, cultural values kept women from taking on such work and men were the ones to care for the sick. By the middle ages, monasteries took on a key role of providing medical care as part of their charter, and monks were trained to take care of the poor, sick, and dead (Kenny, 2008). As time passed, however, the first formal schools in nursing that formed in the mid-1800s did not admit men. Men were viewed more as “attendants,” or aides that could provide the physical strength to assist female nurses (Kenny, 2008). Men’s role as nurses became more prudent during this Victorian era, where chastity, modesty and sense of decency discouraged female nurses to view male patients’ bodies (Kenny, 2008). The first formal nursing school that allowed men wasn’t created until 1888 in New York (Kenny, 2008). It should also be noted that most of the nursing schools for men were situated in asylums where physical strength to restrain patients was critical to care (Kenny, 2008).

Egenes (2009) found, in the early years, women in many societies were given the role of taking care of others due to their maternal nurturing role. It was assumed women were equipped to extend those caregiving skills to those who were sick and injured because of their natural role in giving birth and nurturing their own children. During these early years, because there was no formal education to learn how to take care of the sick, it was through oral tradition that women passed down their knowledge to the next generation (Egenes, 2009). It was only during the early

Christian church era that women were given opportunities to organize into groups, and take on the formal role of deaconess, which allowed the woman to obtain formal education to take care of the sick. The values of charity, service to others and self-sacrifice were the ideals for these women (Egenes, 2009). By the middle ages, the first hospitals were initiated by the Christian church with monks and nuns being the care providers (Egenes, 2009).

As time evolved, by the nineteenth century, the responsibilities of taking care of the sick were given to lower class women who were too sick or old to find other types of respectable work (Egenes, 2009). Tasks included cleaning and feeding, which were viewed as servile chores. Due to the intimate nature of some of the duties, nursing was not viewed as appropriate for respectable, well-bred women – especially young single women (Egenes, 2009; Thomas & Richardson, 2016; University of Glasgow, 2016). This concept was articulated by Florence Nightingale, who said women who went into nursing were those, “Who were too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else” (University of Glasgow, 2016). By the 1860s, nursing training schools were formed to provide formal education to women (Davis, 1991). It was also around this time that Florence Nightingale is noted to have entered into the nursing field, first as a deaconess through a Protestant deaconess training program in Germany, to opening up her own Nightingale Training School in London (Egenes, 2009; Thomas & Richardson, 2016). While nursing became a more respectable career, there was a distinction of the role women played as a nurse versus the role of the physician which was dominated by men. In fact, to counter the discrimination against women as physicians, a group of women organized the New England Hospital for Women and Children in 1863. It was there that women were able to obtain the training to become physicians (Davis, 1991), in spite of cultural forces that pushed against them.

As the nursing profession evolved with formal education and training, it wouldn't be until 1951 that male nurses in the United Kingdom would be allowed to join the professional registry for nurses (Thomas & Richardson, 2016). In the United States, American Assembly for Men in Nursing was founded in 1971 to promote men in nursing, and even up to 1982, some state schools did not admit men into their nursing programs (Thunderwolf, 2005).

Women and men in nursing education today. Even though men joined the nursing profession more formally in the 20th Century, the profession is still dominated by women. The American Association of Colleges of Nursing (2015a) found only 6.2% of the nursing workforce is male. Men make-up only 3.5% of faculty and 2.4% of deans (American Association of Colleges of Nursing, 2001). In addition, the Robert Wood Johnson Foundation (2012) found there are only 29 male deans in nursing in higher education institutions in the United States. This data reflects the reality that women dominate the field of nursing and nursing education.

While women may dominate men in the higher education nursing programs, it is noteworthy that in comparison, men continue to dominate in senior-level (chief academic officers, provosts and presidents) type administrative positions within higher education. Accordingly to Cook (2012), the profile of the average college president has not changed. Today's college president is most likely white male in his 50s, married with children. In 1986 only 10% of college and university presidents were women, and almost 30 years later it increased to only 26%, with associate degree colleges having the largest share. As Fitzgerald (2014) stated,

Although higher education has responded, albeit slowly, to the policy environment that calls for equality and equity in public educational organizations, noticeably, gender privilege *within* the academy remains. Women are *persistently* and *consistently*

underrepresented in leadership positions in higher education, particularly at senior levels.
(p. 26)

With this in mind, it is important to consider what literature reports as happening with women in leadership, specifically in the higher education system today.

Women in higher education leadership today. The challenges faced by higher education leaders is complex and multi-faceted, and even more so for females (Airini et al., 2011; Dominico, F., Fried, L. P., & Zeger, S. L., 2009; Eddy, 2013; Fitzgerald, 2014). In particular, Fitzgerald (2014) noted,

One of the constant challenges universities in particular face is that governments see higher education as a central instrument to boost national efficiency and to cement their role in the global economy. The abilities of universities to respond to economic and political change, meet the demands of (competing), public, private and international interests as well as interpret their own trends and performance has had a consequent effect on how universities are governed and managed, as well as public perception of the role and worth of higher education. These changes, as well as the pace of these changes, have had a marked impact on the role and purpose of leaders as well as the perception of how leadership is enacted. But there is much more to be done to shatter the gendered status quo. (p. 19)

It is in this context that nursing directors and deans are required to navigate their jobs. Given the additional complexities of a nursing director's role and responsibility within our community colleges, understanding the variables that impact their experiences as female leaders and influence retention is important to consider.

Ward and Eddy (2013) discussed the concept of women who *lean back*, or women who intentionally shy away from taking on advancement in their careers in higher education due to perceptions the culture of the organization is not friendly to fostering growth.

Anticipating the challenges they may face in leadership positions or the promotion process (challenges they have often been warned about, personally experienced, or witnessed since graduate school), some women choose to remain associate professors or as faculty members not interested in formal leadership or administrative roles. Others choose part-time or non-tenure-track positions as a way to avoid potential conflicts between academic work and parenthood. Likewise, midlevel administrators decide to stay put because of a lack of internal opportunities for advancement, or in a desire to avoid the spotlight and constant public scrutiny placed on top campus leaders. (Ward & Eddy, 2013, para. 6)

These are the additional complicated nuances within the current landscape of nursing education that face females in the higher education system today.

Factors that influence women in leadership. Researchers have found there are a variety of implications for women with an interest in, or who were actively pursuing leadership roles within higher education (Airini et al., 2011; Dominico, F., Fried, L. P., & Zeger, S. L., 2009; Eddy, 2013). Airini et al.'s (2011) research identified 26 surveys with 110 incidences of what was reported to have helped or hindered a women's advancement in higher education. The findings were categorized into five key themes as follows:

- 1) *work relationships* or unsupportive relationships with superiors and colleagues accounted for 28% of incidents (p. 51);

- 2) *university environment* or policies and practices of the institution accounted for 18% of the incidents (p. 53);
- 3) *invisible rules* or “playing the game” accounted for only 4% (p. 55);
- 4) *proactivity* or planned or spontaneous proactive measures like professional development and change in attitude that helped or hindered advancement accounted for 29% (p. 56); and
- 5) *personal circumstances* or personal life factors like family connections, children and health accounted for 20%. (p. 58)

These findings were consistent with Dominico, Fried, & Zeger (2009) who said, “Recognizing the root causes of the underrepresentation of women in leadership positions--that is, the gender stereotypes that inform cultural assumptions about leadership potential and effectiveness--is the first concrete step toward the elimination of the obstacles women face” (p. 25).

Eddy (2010) articulated the complex issues facing leaders within community colleges. As resources dwindle, accountability measures increase, and constant internal and external pressures to lead effectively are put on the mantle of administrators; Eddy (2010) found leadership needs to become multi-dimensional to address the changing environment within higher education. As leadership faces these daunting challenges, Hockaday & Puyear (2016) concluded, the retirements and turnover of community college presidents will seriously impact the future of community colleges. It is within this type of environment the female PN and ADN directors must lead and manage nursing programs.

Deans and directors in higher education have the complex responsibilities of taking on academic programming, dealing with students and faculty, building partnerships with internal and external stakeholders (Eddy, 2010; Eisele-Dyrli, 2016; Green & Ridenour, 2004; Rawls,

2016). Deans and other middle manager type leaders become the heart of the institution as they navigate restoring, repairing, and facilitating progress in their departments (Green & Ridenour, 2004). Green and Ridenour (2004) found the nursing director or dean

...has an indispensable role in its development, welfare, and renewal, in at least four areas: aligning the mission of the college with the university, providing quality control, ensuring consistency of practice, and coordinating with other academic units. Student recruitment, diversity, remediation, recognition, academic appeals and dishonesty, disabilities and illness, free speech, and sexual harassment are just a few of the issues deans consider on an ongoing basis. (p. 495)

In addition, Jo (2008) found, women in middle level leadership roles within higher education voluntarily left their positions due to three key constructs: 1) relational conflict with supervisors; 2) limited growth opportunities; and 3) lack of flexible work/life policies; while Ballenger (2010) found women serving as presidents or other senior level positions such as provosts, deans and directors reported similar barriers of lack of mentorship and slower career trajectories.

Gender roles in leadership. The role gender plays in the experiences of female middle managers needs to be considered, within the nursing profession, which is dominated by females. While factors like teamwork, prioritizing interpersonal relationships, and being comfortable with expressing emotion is considered feminine (Eagly & Carli, 2003), characteristics such as being more ambitious, independent, autocratic, and rational are considered masculine (Koenig, Eagly, Mitchell & Ristikar, 2011).

Paris, Howell, Dorfman & Hanges (2009) found in their study (n = 4,955), female leaders valued more strongly a collaborative, team orientated, consensus building, and a cooperative

working environment. Ko, Kotrba, and Roebuck (2015), discussed the important role gender plays in leadership subtleties, and how leadership effectiveness is influenced by the gender composition of that field. In their study of 952 U.S. leaders (n= 485 women, 467 men), they had 8,684 raters' rate leaders from 105 different organizations using the Denison Leadership Development Survey, which looks at four categories of leadership which included, involvement, consistency, adaptability, and mission. What Ko, Kotrba, and Roebuck (2015) found was that in female dominated organizations, male leaders were rated lower than female leaders on adaptability and consistency, or their perceived effectiveness as leaders in that organization. In addition, Gartzia and van Engen (2012) found that "individuals who are able to go beyond gender stereotypes and to identify with both stereotypically feminine and stereotypically masculine traits (i.e. androgynous) are potentially the most effective leaders" (p. 307).

With such complexity to how women in leadership may experience the workplace, the pressures and complicated nuances a female nursing director or dean must face is inevitable. The current environment in which nursing directors and deans work is filled with complexities and intensities of job demands in the organizational environment. Consequently, it is important to look at the current pipeline for nursing directors and deans, to identify professional development initiatives that can prepare program directors and deans for these challenges, and ensure persistence.

Lack of pipeline and leadership preparedness for nursing directors. Adams (2007), identified a lack of pipeline development for nursing administrators in higher education. With a disparity between the need for qualified administrators to lead nursing programs and supply; the lack of faculty who are prepared and interested in pursuing administrator roles is a significant challenge for institutions. This is even more critical for Minnesota, as Disch, Edwardson, and

Adwan (2004) found that in the year 2000, the average age of nursing faculty was fifty years old. The need to develop a strong pipeline for nursing faculty and also to create a succession plan for nursing directors and deans has not been adequately addressed to date.

Adams (2007) concluded most nursing faculty (n = 145) were not interested in pursuing advancement or in taking on more administrative responsibilities, and yet for 56% of the study participants, the opportunity to influence organizational climate for change was an important factor nursing faculty and current administrators identified as encouraging them to want to pursue administrative responsibilities. The faculty also identified workload concerns as the factor that most influenced them from not pursuing administrative position (n = 128, 49.4%). In this study, 63% (n = 161) of faculty were not interested in advancement that would require additional administrative responsibilities. These contradictory challenges of creating a pipeline for leadership positions in nursing programs are clearly an obstacle.

In Lane, Esser, Holte & McCusker's (2010) qualitative study, they discovered nurse faculty interested and motivated to pursue advancement reported limited options and lack of support. Factors influencing this included minimal opportunities to career ladder into dean positions, limited ability to do reduced load or sabbaticals to pursue continuing education, and lack of funding to support professional growth. Consistent with this, Derby-Davis (2014) noted,

Supervisors and administrators need to provide supportive environments that celebrate the successes and achievements of nursing faculty. In addition, resources must be available and accessible in the work environment, workload policies must be assessed and restructured, and the discrepancies in salaries between the clinical environment and nursing education must be addressed in an effort to improve the job satisfaction of nursing faculty, which will positively impact their intent to stay in academe. (p. 24)

These findings emphasize the importance of supporting and investing in leadership development. The need to create a strong pipeline to fill open nursing director and dean positions, and create strategies to retain existing nursing directors and deans through leadership development programs is critical to succession planning and retention (Smith Glasgow, Weinstock, Lachman, Dunphy Suplee, Dreher 2009).

Job Satisfaction

Understanding the concept of job satisfaction and the role it plays in nursing director and dean turnover is important. Oshagbemi (2013) describes job satisfaction as

...how content an individual is with his or her job. It refers to individuals' positive emotional reactions to all the circumstances affecting their jobs. It is an affective reaction to a job that results from a person's comparison of actual outcomes with those that are desired, anticipated or deserved. (p. 1)

While job satisfaction can be viewed as an overarching umbrella, there are multiple factors that influence and impact an individual's emotional reaction or job satisfaction level.

The research in understanding job satisfaction of higher education leaders is not new. Twenty years ago, Murray (1996), was discussing the connection between community college chairs and deans and turnover because of job dissatisfaction. The impact areas due to job dissatisfaction included: 1) managers being more unproductive and even being counterproductive; 2) productivity of other individuals being decreased; and 3) lowering the morale of the department. Current literature shows these themes are still factors for administrators in our higher education institutions, including our nursing directors and deans at community colleges. The reality is job dissatisfaction still persists within higher education, and in particular with nursing directors and deans.

Factors influencing job satisfaction. In a time where nurse educators are faced with increasing stressors, Lee (2014) found nurse educators working in higher education identified autonomy, family-work balance, teaching and administrative support as key factors of job satisfaction. Emory et al. (2016) found in their national study (n = 152) that work factors of personal and family policies ($r = .60, p < .05$), collaboration ($r = .53, p < .05$), institutional leadership ($r = .22, p < .05$), shared governance ($r = .54, p < .05$), and departmental engagement ($r = .34, p < .05$) were positively connected with job satisfaction, whereas intent to stay was positively related to institutional leadership ($r = .22, p < .05$), shared governance ($r = .14, p < .05$), and departmental engagement ($r = .14, p < .05$). While this study provides a good overview of the many different factors that influence nursing directors' job satisfaction and intentions to stay in their positions, further detailed findings will be shared in other key categories influencing job satisfaction.

Impact of faculty shortage. While there are multiple factors that influence stress, one key factor that influences nursing director stress is current faculty shortages. As reported by the American Association of Colleges of Nursing (2015b), faculty shortage will only worsen as more faculty retire in the next ten years. It is under these auspices that nursing directors must take on the mantle of leading their programs. The faculty nursing shortage in higher education becomes another burden for current nursing directors and deans. The pressures to address the challenges of recruiting and retaining faculty in an arena that has increasing workloads, inadequate funding for additional positions, and low salaries to compete with the healthcare industry is another responsibility nursing directors and deans must take on (Gerolamo & Roemer, 2011). The reality is faculty shortage and turnover causes stress for not just the rank and file faculty, but also the administrators managing and leading the programs.

The National League for Nursing (2015) recently published the results of their 2014-2015 Faculty Census Survey. Of the 1,224 member schools, 55% responded to the survey (n = 673).

They found:

- full-time faculty were made-up of 94% female and 6% male;
- 70% of full-time faculty were over the age of 45, 50% over the ages of 46-60, and 20% over 60 years old;
- 1,072 faculty vacancies were reported; and
- due to faculty vacancies the colleges were at 85% capacity for students in their programs for LPN and 92% for ADN programs.

The survey results showed 554 member schools reported difficulty in hiring and retaining faculty in their nursing programs (National League for Nursing, 2015). The reasons given for this challenge included lack of qualified candidates, not being able to offer competitive salaries, and faculty positions not as attractive as other positions. Lee, Miller, Kippenbrock, Rosen & Emory (2017) also noted, faculty vacancies is impacted by the leadership vacancies in nursing programs, because “these vacancies create an environment of uncertainty in the organization that can impact recruitment and retention of quality nursing faculty” (p. 266).

The critical role faculty shortages have on the experiences of the nursing directors and deans, and their programs can be seen by the efforts taken by the American Association of Colleges of Nursing (2015d). In their March, 2015 report update, they noted,

To minimize the impact of faculty shortages on the nation’s nursing shortage, the American Association of Colleges of Nursing (AACN) is leveraging its resources to secure federal funding for faculty development programs, collect data on faculty vacancy

rates, identify strategies to address the shortage, and focus media attention on this important issue. (2015d, p. 1)

In addition, Roughton (2013) found, 81% of nurse faculty (n = 7,193) believed their workload was higher than their counterparts in non-nursing academic departments. These findings supported Bittner and O'Connor (2012) findings that 71% (n = 226) reported their workload was higher; which illustrates the challenges nursing directors face today as they try to address the nursing faculty shortages.

Workload issues. Faculty shortages only compound already challenging workloads of nursing directors and deans. A nursing director or dean has the unique role of taking on the leadership responsibilities other program chairs and deans manage, along with demands that are unique to the nursing profession. With current workforce demands to graduate more competent nurses with less and less faculty and clinical sites; nursing directors face an exorbitant amount of pressure on the job (Mintz-Binder, 2014a). As workload increases, with little to no support to attend to the many administrative duties, nursing directors are faced with work/family conflicts, challenges of role clarity, and decreasing job satisfaction (Burlingame, 2016; Mintz-Binder, 2014a; Mintz-Binder & Sanders, 2012).

Mintz-Binder and Sanders (2012) used the Copenhagen Psychosocial Questionnaire II that measures 28 subscales of psychosocial work environment, and consolidated them into seven primary scales. Mintz-Binder and Sanders (2012) found nursing directors had a median of 63.6 in the work demand subscale, which indicated they viewed their work level as high. Of those surveyed (n = 242), only 49.8% reported having supportive assistance with administrative support staff. “The results of the study underscore the crucial problems encountered in the director’s role that could ultimately affect recruitment of future directors” (Mintz-Binder &

Sanders, 2012, p. 15). In addition, work demands create stress and impact health and well-being. Mintz-Binder and Sanders (2012) found a strong correlation between stress and emotional work demands ($\rho = .54, p < .01$), and burnout and emotional work demands ($\rho = .52, p < .01$). These findings suggest nursing directors faced with emotional work demands have increased stress, which leads to burnout and eventually loss of persistence in their role as directors.

Work and family life balance for women. As female nursing directors manage work demands, the issues related to family and balancing an academic career is worth noting. Penny et al. (2015) stated,

For many women in the academy, tensions arise between societal expectations of child-rearing and institutional pressures to perform, leaving a sense of guilt surrounding their inability to meet the expectations of either a good parent or a good academic. (p. 460)

In their qualitative study ($n = 11$), Penny et al. (2015) found participants felt increased stress as they managed gendered expectations of caregiving. Participants experienced increased guilt due to work related tasks interfering with family time, while also experiencing a decrease in productivity at work due to caregiving duties.

In Gudbjorg and Heijstra's (2013) qualitative study comparing female ($n = 10$) and male ($n = 10$) academics from various universities in Iceland, they found women were predominately taking care of domestic responsibilities related to caregiving. More specifically, women more than men reported using their flexible work schedule to be on call for their families, and there was a clear pattern of gendered segregated division of duties at home. As a result, men reported to be more relaxed and content with how their work and family balance was than women, despite similar high workloads at work.

Understanding the role and work ability. Twenty years ago, Murray (1996) noted the importance of deans and chairs needing to understand their role as administrators. When there is role conflict and/or lack of role clarity, administrators feel increased stress and ultimately feel less commitment to their jobs and leave their positions. Yet the quality of the institution is greatly influenced by the quality of the department and the program chair or dean's role in leading it. Fast forward twenty years, and we are still trying to address the factors impacting administrators' understandings of their roles. If an individual does not understand his or her role, the effects on how the person perceives his or her work ability would be influenced (Davies, Laschinger & Andrusyszyn, 2006; McGonagle, Fisher, Barnes-Farrell & Grosch, 2015).

More recently, researchers found perceived work ability impacts labor force outcomes. In McGonagle, Fisher, Barnes-Farrell and Grosch's (2015) research, they found that sense of control, work environment, support from supervisors, colleague support, and autonomy were factors in determining individual worker's perceived work ability. This perceived work ability or the ability of an individual to persevere in spite of the challenges of the job, is influenced by job demands, job resources, and personal resources. "Role overload, role conflict, and time pressure are commonly studied work-related stressors" (McGonagle, Fisher, Barnes-Farrell and Grosch's, 2015, p. 378). When individuals' perceived work ability is low due to these stressors, their performance effectiveness is diminished.

Autonomy and the power/influence in decision-making. Davies, Laschinger and Andrusyszyn (2006) stated, "Role ambiguity, job stress, decreased job satisfaction, and perceptions of disempowerment among clinical educators in today's constrained healthcare settings threaten both their quality of work life and their health" (p. 78). These factors are not only applicable to the clinical setting, but also to the educational setting. For example, Lane,

Esser, Holte and McCusker (2010) found autonomy was an important job satisfaction factor for faculty members. Faculty identified autonomy and academic freedom were important while being supported by upper level administrators. These findings affect not only faculty, but also nursing directors and deans since many of them juggle the role of managing faculty teaching duties along with the administrative duties.

Baker, Fitzpatrick, and Quinn-Griffin (2011) found in their study ($n = 139$), a moderately strong correlation between psychological empowerment of meaning and competence and job satisfaction ($r = .73$, $p = .05$), and a weak to moderate correlation between structural empowerment of opportunity, formal and informal power and job satisfaction ($r = .55$, $p = .05$). These results imply that when educators have a stronger sense of meaning, competency, power and autonomy, their job satisfaction levels will increase. For those educators who have access to the needed resources to complete their work, they will be likely satisfied in their career. In addition, Sarmiento, Spence-Laschinger and Iwasiw (2004) found empowerment was significantly associated with burnout or emotional exhaustion rates. They concluded when nurse educators had access to the information and the needed resources and support to do their work, they had increased job satisfaction and decreased levels of burnout.

Finally, having formal power along with informal power, being empowered to manage work-related items, and combining these with low job tension were found to increase overall job satisfaction (Burlingame, 2016; Davies, Laschinger, & Andrusyszyn, 2006). Nedd (2006) found there was a positive relationship between nurses who perceived there were empowerment structures in place, and their intent to stay. When organizations make intentional efforts to put in place empowerment structures, employees will have increased job satisfaction and therefore increased retention.

Workplace interactions. The important role of having administrative support is found in Mintz-Binder's (2014a) study (n = 242), where there was a high correlation between recognition and supervisor social support ($r = .66$). One of the main factors that influenced positive job satisfaction was related to nursing directors' relationships with colleagues; while they were the least satisfied with professional development and advancement opportunities (Krogh, 2011). The perception of being recognized and respected professionally is a key component to overall job satisfaction. In addition, engaging in a caring environment where nurse educators were able to engage in open dialogue and active listening, while supported in their scholarship and promotion were important to work satisfaction and retention (Liners-Brett, Branstetter, & Wagner, 2014; Mintz-Binder & Fitzpatrick, 2009).

A negative component of workplace interactions includes the experiences an individual may have in relation to bullying and harassment. Bullying may include when an individual is exposed to hostile or humiliating treatment repeatedly, and where the individuals finds it challenging to defend themselves against it (Copenhagen Psychosocial Questionnaire, 2003). Within the world of nursing there has been significant concern raised regarding bullying type behaviors in the workplace, with aggression from colleagues and managers as being the most concerning (Katrinili, Atabay, Gunay & Cangarli, 2010; Jackson et al. 2002; Mikkelsen & Einarsen, 2002).

Mintz-Binder and Calkins (2012) found new ADN directors reported bullying at a higher rate than seasoned nursing directors. Their study found 32% of the nursing directors (n = 77) reported being bullied by students and faculty, with 33% reporting nursing faculty as the main culprit of bullying behaviors. In addition, Mintz-Binder and Calkins (2012) found female ADN directors reported being exposed to bullying while the male ADN directors (n = 5) reported no

bullying. “The presence of bullying appears to affect many dimensions of the overall work environment. Of concern is the physical and psychological toll that bullying appears to have on these directors” (Mintz- Binder & Calkins, 2012, p. 156).

Costs of Turnover

The consequence of low job satisfaction is turnover. Research implicates that an individual who has job satisfaction would remain on the job versus the employee who is dissatisfied (Judge, Bono, Erez & Locke, 2005; Locke, 1997; Locke and Latham, 2002). With this in mind, there are both direct and indirect costs to high turnover in any organization. Oshagbemi (2013) found “although some turnover is perhaps needed to prevent stagnation, a high turnover rate is costly to the reputation of a university and to the well-being of students. Similarly, organizational commitment and productivity may suffer due to low levels of job satisfaction” (p. 35). These factors are important to consider along with direct financial ramifications of managing an unstable department as one leader leaves and a new one enters.

Direct costs of turnover may include recruitment efforts at job fairs and seminars, personnel salaries and expenses, supplies, advertising costs, temporary replacements, hiring and search committee time, and new hire employment processing (Duffield et al., 2014). Indirect costs may include orientation and training/onboarding of a new employee, and decreased productivity of new employee as they get orientated to their new position (Duffield et al., 2014).

The costs of turnover in organizations are not new. In 1992, Glick found turnover of higher education administrators could cost an organization up to twenty-five times an employee’s monthly pay. Cano and Miller (1992) noted the consequences of turnover for educators included costs associated with recruitment, selection process, training in/onboarding, negative public relations, disruption to the work in progress, and decreased abilities to implement

growth opportunities and strategies. To this day, higher education institutions are still struggling with how to address the costs of hiring, training, and retaining employees (Nedd, 2006).

While there is no recent research quantifying the direct costs of turnover for administrators within higher education, within the healthcare industry, research on quantifying the costs for each RN leaving the organization has been conducted. Jones (2008) found for each RN leaving, the turnover cost was approximately \$84,000 to \$88,000 per position for healthcare systems. Duffeld et al. (2014), found in their comparative review of nurse categories of RN, LPN, and nurse assistant from four different countries (U.S., Canada, Australia, and New Zealand), the turnover costs varied from \$20,000 to \$48,000. The reality is for each nurse leaving his or her position, there is a cost associated with it for the employer. Although researchers may have been able to quantify it for healthcare systems, the direct costs of turnover are also very real for colleges and universities. Bryant and Allen (2013) noted in general human resource practices, “The costs of employee turnover often exceed 100% of the annual salary for the vacated position” (p. 171).

Mitrovska and Efimov (2016) stated, “...organizational stability is highly correlated to the low turnover rate” (p. 25). With the financial costs of replacing nursing directors and deans who leave each year, and managing the fallout of turnover (or the challenges of maintaining stability of PN and ADN programs), it would be critical to address the job satisfaction of nursing directors and deans. Reducing the turnover costs associated with low retention rates is important to ensure stability of nursing programs.

Theoretical Framework

In understanding the high turnover of nursing directors and deans in higher education institutions, this research reviewed studies using theoretical frameworks related to job

satisfaction, resiliency or hardiness, Jobs Demands and Resources Models, motivation, leadership, and phenomenological theories (Adams, 2007; Baker, Fitzpatrick & Quinn-Griffin, 2011; Burlingame, 2016; Clark et al, 2011; Granstra, 2015; Krogh, 2011; Mintz-Binder, 2014a; Mintz-Binder & Fitzpatrick, 2009; Mintz-Binder & Lindley, 2014; Mintz-Binder & Sanders, 2012). While these theoretical frameworks are used primarily in identifying the various factors that impact turnover or job satisfaction per se, other frameworks and theoretical perspectives that provide an empirical understanding from a qualitative perspective of these issues are also essential. For instance, to help make sense of the various factors that impact turnover, it is important to understand the personal narratives of the individuals who have lived through the experiences of being directors and deans of nursing, and who later left their positions.

According to Denzin and Lincoln (2000), empirical theoretical perspectives, such as feminist perspectives, use personal experiences to describe "problematic moments and meaning in individuals' lives" (p. 3). Thus, feminist theoretic perspectives offer unique ways to explain how people understand and negotiate their place in society based on race, class and gender. Race, class and gender are linked to relations of power and identity (Denzin and Lincoln, 2000). Looking into how the current and past nursing directors' life stories are linked to their gender make-up (and that of the nursing as a profession), is central to exploring how job outcomes are influenced by being a female nursing director or dean.

This study incorporates the female voice in the process of understanding the problem of nursing directors' turn-over crisis in MN State. Working collaboratively with nursing directors and deans who have left their positions to narrate their personal journeys; this becomes a source of data that can help us to understand how best to address this issue. It is through this process that we can work towards resolving the turnover crisis of nursing directors and deans.

Feminist framework. Feminist framework allows for an intentional emphasis on the role of social context in any research (Wambui, 2013). This methodology values the impact of individuals' roles and relationships, and how it influences their human experience. It embraces the understanding that research cannot be done by looking at individuals in isolation or as an object of research, but rather respects and validates the experiences and perspectives of the individual. It is a non-hierarchical relationship between the researched and researcher and is reflexive in interpreting and analyzing data (Wambui, 2013).

Ropers-Huilman and Winters (2011) stated, "Feminist research, then, can offer different interpretations of social interactions and, potentially, provide possibilities for change both in higher education as well as in other settings" (p. 668). Ropers-Huilman and Winters (2011) go on to note how important it is for those within higher education to explore and research how "gender norms are maintained or disrupted by current institutional practices" (p. 671). It is through this lens of feminist research that specific elements that shape women's experiences versus men's experiences, and how those experiences intersect with each other are explored. Feminist theoretical framework has been used extensively to explore women in higher education as students, staff, faculty and administrators (Mwangi, 2009; Ropers-Huilman & Winters, 2011; Smith, 2012; Smyth 2013, Wu & Wu, 2015), and it is not surprising that there are over a thousand studies using feminist theory within clinical nursing practice where women dominate the field.

In addition, Ramazanoglu and Holland (2002) stated that feminism "entails some theory of power relations" (p. 5). Feminist methodology then provides the framework to understand the "practical social investigation of gendered lives, experiences, relationships and inequalities (Ramazanoglu and Holland, p. 5). This concept is important in making sense of the lived-in

experiences of the female nursing directors and deans in this study. In other words, the imbalance of having a high percentage of females in the nursing field, (which translates to seeing high percentage of females in nursing education, and therefore with nursing directors and deans in two year community colleges), versus the high percentage of males in senior level higher education administration positions, needed to be examined.

In this study, feminist framework provided the structure and space to empower participants of this study to have their voices heard as the nursing director turnover problem was explored. By giving nursing directors, who left their positions, the space to share their stories, the participants and I worked together to find meaning and became co-creators of knowledge.

Job characteristics theory. Working in tandem with feminist conceptual framework, JCT allowed me to understand the narratives of the nursing directors and deans from a job design perspective. JCT provided the necessary lens to analyze how the various job factors impacted the lived experiences.

Historical roots of job characteristics. JCT is based on the fundamental concepts of job design theory (Dahlgaard-Park, 2016). Job design theory was founded in the early 1900s by Frederick Taylor to improve and maximize the productivity of employees in the manufacturing industry. With a strong industrial engineering perspective that worked to standardize and simplify the work required to increase productivity, it also led to the unintended consequences of an increase of employees' dissatisfaction with their jobs (Dahlgaard-Park, 2016). As a result "the gains in productive efficiency that were expected by the early industrial engineers were more than offset by the losses incurred when these engineering principles were implemented (Dahlgaard-Park, 2016, p. 2).

Then around the mid-1970s Richard Hackman and Greg Oldham addressed what they felt

were areas of deficit in Taylor's job design theory and developed JCT (Dahlgaard-Park, 2016; Oldham & Fried, 2016). Hackman and Oldham's (1980) improvements to job design theory included the argument that employees respond differently to various job characteristics, and the role an employee's psychological state has on job outcome (Dahlgaard-Park, 2016).

Expanding job design to job characteristics. Hackman and Lawler (1971, 1976), expanded on the basic concepts of job design theory to provide a foundation for JCT. JCT "focused on five core job characteristics that were expected to contribute to an employee's internal work motivation and other outcomes" (Oldham & Fried, 2016, p. 21). According to Hackman and Lawler (1971, 1976) these five were: 1) skill variety (or the degree the job requires a variety of activities to complete the work); 2) task identity (or the degree the job requires a task to be completed from start to finish); 3) task significance (or the degree the work impacts others); 4) autonomy (or the degree the job provides substantial independence, decision-making authority, and ability to be flexible with his or her own work schedule); and 5) job-based feedback (or the degree to which the work gives the individual feedback on the effectiveness of his or her performance).

Since the original five core job characteristics were created, JCT has more recently evolved to include a new (sixth) job characteristic related to the "social dimensions" of work (Oldham & Fried, 2016). Social dimensions of work include the social interaction aspect of the workplace (Oldham & Fried, 2016). As a newly added component to JCT and therefore not widely used, Oldham and Hackman (2010), suggested there needs to be more research on organizational practices and strategies that may be implemented to address the challenges employees face using not just the five core characteristics, but also the sixth one.

Dahlgaard-Park (2015) noted, JCT uses the five core characteristics of a job that are

measurable, while recognizing individuals will respond differently to these core characteristics. JCT posits the five core characteristics of a job or work effects three psychological states of the worker: 1) knowledge and skill which refers to an employee's level of skills needed to complete the work; 2) growth need strength which relates to an individual's need for professional growth and development; and 3) context satisfaction which refers to how satisfied the employee is with the factors such as pay, job security, colleagues, and supervisors. Figure 1 shows how JCT works to understand the five core characteristics of a job to create positive psychological states, and in turn, influence positive outcomes of high internal and work motivation, high growth satisfaction, high general job satisfaction, and high work effectiveness (Dahlgard-Park, 2015).

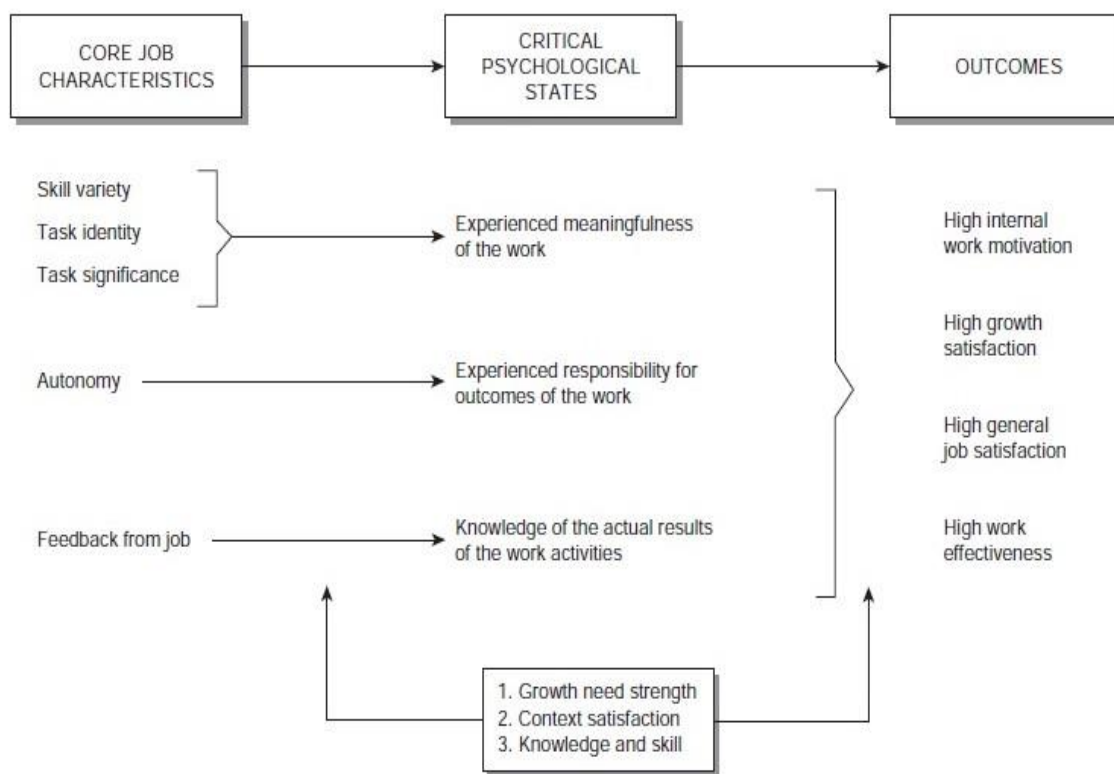


Figure 1. Hackman and Oldham's (1980) Job Characteristics Theory. Retrieved on February 15, 2017, from <https://psychology.iresearchnet.com/industrial-organizational-psychology/work-motivation/job-characteristics-theory>.

Current literature revealed there are many variables that can influence the retention of nursing directors. JCT's five core characteristics, with the expansion to include the sixth one (social dimensions), offered a way to categorize these variables and work towards identifying ways to improve the position to increase job satisfaction, and therefore increase retention.

The JCT theoretical framework has been used in many quantitative studies with various instrument tools like the Job Descriptive Index (JDI), the Job-Diagnostics Survey (JDS) or the Job Demands-Resources (JD-R); which all measure the constructs in the JCT theory (Dahlggaard-Park, 2016; Faturochman, 1997; Oldham & Fried, 2016; Oldham & Hackman, 2010; Oshagbemi, 2013). Studies using JCT instrument tools include studies to understand healthcare providers' job satisfaction like social workers and pharmacists in the field (Blanz, 2017; Phipps, Walshe,

Parker, Noyce, & Ashcroft, 2016), along with the nursing profession in clinical practice (McVicar, 2016; Trepanier, Forest, Fernet, & Austin, 2015; Zito, Cortese, & Colombo, 2016). Yet there is minimal research using this framework to understand individuals in higher education careers (Oshagbemi, 2013; Mohamed & Messallam, 2016).

Since current literature showed many of the variables impacting nursing directors deals with the work system, job tasks and responsibilities - the fundamental principles of JCT offered the foundation that allowed me as the researcher to delve into how to work with the experiences of the former MN State nursing directors and deans, and add to current studies that “examine how to best design jobs to enhance employees’ well-being and work effectiveness” (Oldham & Fried, 2016). The JCT framework provided great value in understanding the nursing director and dean turnover in a way that has not currently been explored. It was through the process of dialoguing with participants of this study to understand what worked and didn’t work within the framework of JCT that we collaborated to develop recommendations for improvements.

Summary

As colleges continue to strive to achieve organizational goals and maximize nursing directors’ and deans’ leadership for PN and ADN programs, a mitigating factor has been increased turnover. Supported by the cited current literature review, the complexities of understanding the nursing director turnover problem was accentuated, and hence the need to find a solution through research. The reality is that MN State today faces the consequences of the nursing director turnover and its impact on the stability and sustainability of their nursing programs. Mintz-Binder & Fitzpatrick (2009) stated, “It is important to enact change and create a more appealing, less demanding position for the future” (p. 303). That was seven years ago, and the challenges facing recruitment and retention of associate degree nursing program directors

and deans continues to increase.

Finally, the feminist framework in tandem with JCT incorporated a perspective that gave a gendered experiential and meaning-making dimension to understanding the nursing director and dean turnover crisis. Ramazanoglu and Holland (2002) noted, “Working out whether gender is a primary focus for a project, a contributory factor or an area of contradiction may become a shifting area of decision during the course of a study” (p. 147). It is time to take seriously, and listen to, the voices of those who have experienced the turnover crisis and work with them to find a solution. Until a practical plan has been developed and implemented, the challenges and consequences of nursing director and dean turnover will continue to affect the effectiveness, and sustainability of the nursing programs in the MN State colleges.

Chapter III: Methodology

In order to address the five research questions, a qualitative research using feminist framework was conducted to gain a deeper understanding of nursing director and dean turnover within the MN State system's community colleges. The findings from the interviews of the nursing directors could help the MN State system office and Minnesota Board of Nursing to understand more clearly the turnover crisis within the two-year community colleges' nursing programs and to guide possible solutions. Denzin and Lincoln (2000) stated,

Qualitative methodology stresses the socially constructive nature of reality [and] the intimate relationships between the researcher and what is being studied. [It] seeks answers to questions that stresses how social experience is created and given meaning. In contrast quantitative methodology emphasizes the measurement and the analysis of causal relationships between variables not process. (p. 8)

Using the qualitative approach allowed me as the researcher to understand more deeply how nursing directors who left their positions experienced their time in leadership, and how they made meaning of their lived-in experiences as directors, and specifically to explore in-depth the following research questions:

1. What factors contributed to female PN and ADN directors and deans to voluntarily leave their positions from a MN State college in the past seven years?
2. How do PN and ADN directors and deans make meaning of their experiences as female leaders in their programs and within higher education?
3. What job characteristic factors influenced (positively or negatively) job outcomes/job satisfaction?
4. How did workload impact women in leadership roles?

5. How did outside work factors impact women in leadership roles?

Research Design

In more recent years, nursing director turnover has become an area of interest to examine in research. While there exists a solid base of quantitative studies, there is very limited qualitative research. To help add depth to existing research, I conducted a qualitative research for this study. This design was chosen because qualitative research offers an in-depth understanding of the lived experience, while it “helps people to understand the world, their society, and its institutions” (Tracy, 2013, p. 5). In other words, the study honored what individuals experienced, helped us as researcher and participant to make sense of it, and it will hopefully help others to learn from it.

This study applied the framework of what Merriam (2009) considers a basic qualitative research. Merriam (2009) stated,

Thus qualitative researchers conducting a basic qualitative study would be interested in (1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences. The overall purpose is to *understand* how people make sense of their lives and their experiences. (p. 23)

Tracy (2013) explained, “Qualitative research focuses on the thick description of context and often emerges from situated problems in the field” (p. 21). Current research focuses heavily on quantitative studies and data, and it is time to capture the richer data that can be found using a qualitative approach. In addition, qualitative method allowed me as the researcher to have a basic conceptual framework to work from, but also the flexibility to allow the framework to adjust to any emerging themes as they revealed themselves (Punch, 2009).

From a basic qualitative research frame, I also incorporated feminist techniques. This allowed me to use the knowledge gained to help MN State leadership determine a plan to minimize nursing director turnover. Using feminist perspectives on interviewing and analyzing the data provided the following benefits (Westmarland, 2001):

1. It was non-oppositional and encouraged those being researched to *name* the issues.
2. Provided opportunity to validate what was found in quantitative research.
3. Encouraged the participants to be actively involved in the research process.

Using the principles of feminism, the methods used in this research focused on empowering the former nursing directors to speak-up and tell and retell their stories. Mwangi (2009) noted,

In the process of telling and retelling, the ways in which the stories are told should be as important as what is told. I envision telling and retelling as a way of creating an opportunity for women to tease out layers of underlying gendered meanings that work to shape and blur their ‘true’ identity.” (p. 40)

In this case, this would also include their work place identity. Feminist methodology enhanced the qualitative conceptual framework by intentionally breaking down the barriers that many times exist between the subject being researched and the researcher; it allowed the stories to unfold and created a collaborative process throughout the research. As co-researchers we worked together to explore and make meaning of their experiences.

This study worked to have a comprehensive understanding of the participants’ lived-in experiences as nursing directors and deans by using the feminist view of being collaborators or co-equals of this research. We worked together to engage in dialogue on this issue and in

determining recommendations to address this problem, leveraging the strengths of the qualitative and feminist research frameworks.

Role of the Researcher

The role of the researcher is vital to qualitative research, because the primary instrument used in qualitative research is the researcher (Ravitch & Mittenfelner, 2016). Tracy (2013) stated, “The mind and body of a qualitative researcher literally serve as research instruments – absorbing, sifting through, and interpreting the world through observation, participating, and interviewing” (p. 3). As a professional who has worked in many different systems or organizations, I realize I have my own personal experiences as a female minority working in difficult places and in challenging situations in a leadership capacity.

I made every effort to examine my personal biases during this research to understand what Tracy (2013) considers self-reflexivity – the way in which my past experiences influence my point of view. Within feminist research methods, this concept of self-reflexivity is critical as one works to not only understand those you research, but also yourself as a researcher. Mwangi (2009) found,

To be reflective called for disclosure rather than erasure of moments of vulnerability and messiness of our experiences as researchers. Self-reflexivity allowed me to engage my respondents’ life-history narratives as they reflected on my own, thereby, evoking an empathetic understanding of our lives. But of much more importance was when, through this reflective collaborative engagement of our collective life histories, my respondents and I began to see patterns, similarities, and peculiarities in our lives... (p. 54).

This self-reflectivity was an intentional process throughout this research, and brought the means to bring added depth to the qualitative research process, as well as analysis and interpretation of the data.

In this study, I was also very conscious of my positionality as a researcher, and how the personal knowledge gained in my role at HealthForce Minnesota helped shape this research.

Positionality is defined by Ravitch and Mittenfelner-Carl (2016) as,

...the researcher's role and identity as they intersect and are in relationship to the context and setting of the research. Positionality consist of the multitude of roles and relationships that exist between the researcher and the participants within and in relation to the research setting, topic, and broader contexts that shape it. (p. 11)

While I currently work in a graduate nursing program on clinical partnerships, during the bulk of this study I was working for HealthForce Minnesota. Within the work I did for HealthForce Minnesota, I had heard colleagues debate and discuss the many factors they felt caused the stresses and challenges of being a nursing director in our MN State PN and ADN programs. I am an insider in the sense I am very familiar with the nursing education system within MN State and work closely with nurse faculty and directors on collaborative projects, but would be an outsider as I am not a nurse by profession or a faculty member.

With my strengths in building relationships, I quickly built a strong connection with my participants, obtained their trust, and their willingness to approach this research in a collaborative manner. I was able to leverage participants' trust and interest in the research to keep them engaged throughout the research process, and ultimately work towards identifying solutions to address this problem. In addition, while I am not a nurse by profession, as a female mid-level administrator in the MN State system working on nursing workforce initiatives, I am well aware

of a variety of factors that are directly or indirectly connected to this research topic.

Finally, being a doctoral student conducting my first full-fledged qualitative research project, I was encouraged to explore new ways of doing research. While I may have limited experience in doing qualitative research, this was a motivating factor rather than a deterrent. I embraced this opportunity to increase my understanding of qualitative research, feminist framework, and JCT.

Sampling and Procedure

This research study used purposeful sampling procedures. “Purposeful sampling is suitable for qualitative studies where the researcher is interested in informants who have the best knowledge concerning the research topic” (Elo et al., 2014, p.4). I purposefully selected participants from nursing programs who had worked as a nursing director or dean at a MN State College from 2010-2017, and who voluntarily left. Due to the nature of the research questions and the specific information sought to answer these questions, participants were initially identified through data shared by Minnesota Board of Nursing.

The Board of Nursing is required to keep track of nursing directors for every nursing program in the state, and maintains that current and historical record that is considered public data. “The nursing program world within MN State is a tight group, and nurse educators have strong connections and relationships with one another, even after leaving positions for a long period of time” (M. Hoepfner, personal communication, March 31, 2016). In May 2016, I received an updated data spreadsheet from the Board of Nursing with the necessary information to analyze and identify the appropriate subjects to contact for this study. According to the data shared by Minnesota Board of Nursing (2016), 28 individuals were noted initially to fit the parameters of the sample population for this study. Contact information for these potential

participants were gathered through Google, LinkedIn, and a HealthForce Minnesota colleague who works closely with nursing programs in the MN State system.

The purposive sampling strategy used in this study is called criterion sampling. Criterion sampling is when the participants chosen meet certain criterion, which also helped with quality assurance (Palys, 2008; Punch, 2009). Inclusion criteria for participants for this study included former nursing directors from PN or ADN programs within MN State, who voluntarily left their positions from 2010-2017. Nursing directors who identified leaving due to sabbaticals, retirements, or 'non-work' related reasons were not included in this research. (Non-work reasons would include such factors as relocating due to a spouse or partner's career, physical health of participant, pregnancy/expansion of family, or desire to not work at a full-time employee status.) Interim nursing directors or deans were included in this study if they held their position for more than two semesters and chose not to apply for the permanent position.

Creswell and Plano-Clark (2011), recommended a qualitative research sample size of four to ten participants or until data saturation is met. Feminist framework is more interested in obtaining the in-depth understanding by working with smaller samples. Hesse-Biber and Leavy (2007) noted, "The goal is to look at a "process" or the "meanings" individuals attribute to their given social situation, not necessarily to make generalizations" (p. 119). It is focused on understanding the how, (or the how of what is being researched), versus how many are researched. In other words, while some researchers may be interested in finding a sample where the findings can be generalized to the larger population, feminist methodology focuses more on personal in-depth narratives to understand a phenomenon. It is with this in mind that I focused on a sample size of six participants for this study. Feminist research requires time intensive interaction with the participants through multiple interviews, check-ins, and communication back

and forth. Consequently, the emphasis on a small sample worked to ensure in-depth exploration of the phenomenon being studied.

The individuals interviewed were all asked to choose a pseudonym to ensure anonymity. The practice of having the participants choose their own pseudonym helped mitigate any unequal power relations or structures, and is consistent with feminist principles of ensuring equalitarian relationships between researcher and the researched (Westmarland, 2001) Table 1 below shows the pseudonym chosen by each one of the participants, along with a summary of their profiles compiled from my field notes.

Table 1

Summary of Participants in Study

Participant's Chosen Pseudonym	Years of Faculty Exp. Prior to Being Nursing Director	Years of Leadership Exp. Prior to Being Nursing Director	Formal Leadership Training Prior to Being Nursing Director	Length as Nursing Director	Contract Type	Authority	Admin Support	Current Job
Rita	3 years	5 years in clinical setting	graduate coursework	6 years	faculty	no	*shared w/ nursing dept.	faculty
Olive	6 years	none	none	8 years	faculty	no	no	admin. in clinical setting
Jackie	10 years	none	graduate coursework	2.5 years	faculty	no	shared w/ nursing dept.	admin. in clinical setting
Lisa	19 years	6 years in clinical setting	none	1.5 years	faculty	no	shared w/ nursing dept.	faculty
Ruby	8 years	10 years in clinical setting	graduate coursework	2 years	admin.	yes	shared w/ nursing coordinators	part-time faculty & admin. in clinical setting
Rosie	3 years	20 years in clinical setting	graduate coursework	10 months	admin	**yes	shared w/ all of allied health	clinical practice

Note: * Rita started with a shared administrative support person, but it was eventually cut due to budgets.

** Rosie was given authority per her job description, but it was withheld by her Dean.

Data Collection Methods

Since “the strategy to ensure trustworthiness of content analysis starts by choosing the appropriate data collection method to answer the research questions of interest” (Elo et al., 2014, p. 3), I sent out a recruitment email (Appendix A) with the purpose of this research to the 13 of the 28 initially identified participants who meet the sample criteria based on the data shared by the Board of Nursing. Of the 28, the list was narrowed to 13 based on the ability to quickly find contact information to send out the recruitment email (Appendix A) in May and June. Nine individuals responded to the recruitment email expressing interest in participating. Of the nine, only five followed through on their initial interest and completed an informed consent form (Appendix B), and were actually interviewed. The sixth participant was identified in early October 2017, through an unexpected referral.

All six interviews occurred in person and lasted approximately 65 to 90 minutes each, and were all digitally recorded. There were multiple phone calls and numerous email communication, which seemed to be the most effective way to communicate, given individuals’ busy schedules and how spread out the participants lived from me as the researcher. I drove to where the participants were, and met them in a setting of their choosing, or one that was comfortable to them. Of the six participants in this study, two were nursing directors or deans in LPN programs, one in an ADN program, and three managed both LPN and ADN programs. During each interview, a new copy of the interview guide (Appendix C) was used. Field notes were noted on this guide before and after each interview.

Interview guide. Hesse-Biber and Leavy (2007), recommended using an interview guide when there are specific issues that need to be discussed with the participant. In this study, I used the interview guide to help loosely guide my interviews. “An interview guide is a set of

topical areas and questions that the interviewer brings to the interview” (Hesse-Biber & Leavy, 2007, p. 121). This guide helped me to focus on the larger areas of inquiry and then allowed the flexibility to permit the interview to flow into a series of interview questions that best fit the individual being interviewed, or allowed space for questions to be asked that connected to what the participant shared. “The process of creating an interview guide, even if it remains unused, is an important tool that you might use in preparation for the interview, for it often helps the researcher isolate key issues and consider the kinds of things he or she might like to ask respondents” (Hesse-Biber & Leavy, p. 121). The interview guide for this research can be found in Appendix C.

Conducting interviews. Due to the possible emotional and psychological nature of information that could be shared, I was sensitive to participants’ potential need for a space that is safe to share such information. As such, former nursing directors were all interviewed face to face at a location of their choosing, or a location where they felt comfortable in. Each participant was interviewed individually, in person, by this researcher over a period of approximately five months. The first interviews with participants lasted approximately one and a half hours, with follow-up phone calls and email communication as needed.

Being consistent with the feminist framework, it was important to realize there is time intensive work done throughout the research process. As the researcher I had to manage the workload of in-depth interviews along with member checking, or that each interview was transcribed and shared with the participant for feedback. Managing the research workload, and ensuring the participants were given the opportunity to submit changes and edits, was very important to the feminist framework (M. Mwangi, personal communication, March 31, 2017).

Prior to the interview and at the scheduled interview time, each participant was given a copy of the informed consent form and a reminder that they had the right to stop the interview at any time for any reason. The interview type chosen for this study was a semi-structured interview, which allowed me to benefit from what unstructured and structured interview styles have to offer, and consistent with the feminist perspective on interviewing (Punch, 2009; Westmarland, 2001). This style of interviewing allowed me as the researcher to build a closer relationship with those being researched, and provided a way to obtain more abundant data that was rich and significant (Finch, 1984; Greed, 1990; Oakley, 1981). Zhang & Wildemuth (n.d.) noted that interviewers “should be good at questioning, probing, and adjusting the flow of conversations at an appropriate level” (p. 4).

Combining good interviewing techniques along with feminist interviewing strategies, allowed me to leverage creating a non-hierarchical relationship with the participant, build trust, openness, and input; which are all benefits of the feminist approach to interviewing (Finch, 1984; Greed, 1990; Punch, 2009; Oakley, 1981). The feminist approach to interviewing relies on creating a process where participants are encouraged to “narrate their life stories... and given space to tell and retell their stories, attempting each time to articulate the complexities, confusions, and indeterminacies of lived reality” (Bloom, 1998, p. 67). In addition, while as a researcher I may be a novice with qualitative research, I felt confident in my abilities to conduct an effective semi-structured interview, due to my professional experiences and a master’s degree in counselor education.

Each interview was digitally voice recorded with the consent of the participant, and field notes and observations were taken by the researcher at the time of the interview and shortly after the completion of each interview. The interview recording was transcribed and reviewed by me

as the researcher, and individual transcripts were sent to each participant for review and opportunity to provide feedback, along with an informed consent form acknowledging the receipt and accuracy of the transcription (Appendix D). Five of the six participants made edits to their transcripts. The edited transcripts were used during the data analysis. Consistent with feminist framework, throughout the research process, I did member checking by asking for clarification, feedback, and consensus on interpretations and findings (Bloom, 1998; Finch, 1984; Greed, 1990; Jaggar, 1989; Punch, 2009; Oakley, 1981).

Analysis

Ramazanoglu and Holland (2002) noted, “Data analysis is a process of envisaging patterns, making sense, giving shape and bringing your quantities of material under control” (p. 160). From a feminist methodology perspective, it was also about ensuring the integrity of the individual participant’s consciousness remained, by sharing control of how the data was interpreted with those being researched (Ramazanoglu & Holland, 2002).

With these definitions in mind, individual participants’ narratives were transcribed and transcripts were then vetted through each participant, along with an initial overview of each participants’ story as it would appear in chapter four of this dissertation. Participants were given the opportunity to approve the written narrative of their experience. The transcripts were then entered into Atlas.ti, a qualitative data analysis and research software. Data compiled were analyzed using the Atlas.ti software program, where 35 codes were identified. Eighteen of the 35 codes were *independent codes* or codes that were created ahead of time based on literature review, and then 17 *open codes* were created. The open codes are new codes that were identified as they emerged from reading the transcripts. After analyzing the 35 codes for density and determining the connections between them, nine code groups or themes were determined. The

nine code groups were: 1) contracts and compensation; 2) gender impact; 3) impact of faculty shortages; 4) impact of relationships; 5) impact of workload; 6) JCT; 7) pipeline and preparedness; 8) tipping point; and 9) recommendations to improve retention.

Once the coding process was completed, themes in the data were identified and categorized into the nine code groups. Finally, it was important to go back to the data and check and recheck to ensure the interpretation was true to the data and themes were corroborated by other interviewees' statements (Pyett, 2003).

Elo et al. (2014) recommended that qualitative researchers create safeguards to confirm the interpretation of the data is credible and reliable. While there is some degree of interpretation by the researcher in qualitative studies, ensuring the data accurately represents what the participants provided and not what is conceived by the researcher is critical (Polit & Beck, 2012). Direct quotes from participants were noted in the study to link findings to data. In addition, it was important to use fieldnotes, and analyze the interview setting, non-verbal communication during the interview, and context of responses. "Fieldnotes are characterized by a number of qualities such as clarity, vivid imagery, detail, economy, and piecing together the data as evidence" (Tracy, 2013, p. 123); to understand the data from the interviews in context of the fieldnotes to create meaning – to create credible evidence. "A good strategy in qualitative research is to combine observational and interview data" (Punch, 2009, p. 156), or in other words I had to create a system of checks and balances to ensure the accuracy of interpretation.

Due to the complexity of the many different variables that influenced a nursing director or dean's experience in the leadership role and retention, it was important that I actively involved the participants of this study from start to finish. The more research participants are involved in the research process, the more valid the research becomes (Oakley, 1981). For example,

consistent with feminist methodology, interpretation of the data was vetted through the participants to ensure interpretative control became a shared process, and any disagreements over interpretation of data were discussed and conclusions were based on consensus (Ramazanoglu & Holland, 2002). As such, the findings from the research were shared with all participants, and each participant was given the opportunity to provide additional input that was incorporated into the research.

This aspect of actively involving the participants in research from start to finish is also a feminist process. Feminist framework is concerned with ensuring the “researcher is accountable for the knowledge that is produced” (Ramazanoglu & Holland, 2002, p. 116). This means using techniques like member checking or taking knowledge gathered during the interview process back to the participants for feedback. These efforts to engage the researched in interpreting the data and articulating the findings created an alliance between the researched and researcher. This alliance was invaluable in building trust during the research process and ensured the integrity of data analysis and interpretation process. Ramazanoglu and Holland (2002) stated, “Language has powerful effects in producing meanings, so interpretation of data is like translation in constructing rather than just conveying meaning” (p. 118). As researcher and researched, we were all responsible for the analysis, translation, and interpretation of the data.

Procedure and Timeline

During May of 2017, I obtained internal review board approval from SCSU. Then from May to October of 2017, I contacted the potential participants by phone and email based off the list provided to me by the Board of Nursing. Interviews were scheduled and conducted between June to October of 2017, at the location agreeable to each participant. Each interview was recorded and transcribed by me as the researcher. Each transcription was assigned a pseudonym

and all data collected and created stored at the researcher's home office in a file cabinet and on her university issued work laptop. Transcribed interviews were sent to each participant for review and feedback. Follow-up interviews with participants were completed as needed by phone calls and email communication. Data analysis occurred throughout the research process; engaging the participants as much as they were willing to participate, by using a collaborative process. Data analysis was completed by the end of November 2017, and chapters four and five of the dissertation completed by the end of January 2018.

Human Subject Approval – Institutional Review Board (IRB)

As a requirement for any student using human subject, this study was submitted as an expedited review to State Cloud State University's internal review board for approval, as part of the research process for this dissertation. St. Cloud State University's IRB approved this study on May 5, 2017 (Appendix E).

Summary

Ramazanoglu and Holland (2002) stated, "Feminist generally take the whole process of knowledge production to be a social process" (p.42). The challenge becomes in justifying the validity between theory, experience and reality of that knowledge production. This challenge was addressed by taking existing research data on job satisfaction of employees, women in leadership, and the many factors influencing the work environment for nurse educators, directors and deans in higher education, and building and adding in rich data from the participants' stories of lived experiences. The literature reviewed for this study revealed that while there were significant quantitative studies on this topic, what was missing were qualitative studies, or research that provides thick description that only qualitative research can provide. As Tracy

(2013) noted, qualitative research “can help explain, illuminate, or reinterpret quantitative data” (p. 5), and give depth to the existing quantitative research.

In summary, as the researcher, I worked collaboratively with participants to explore their in-depth experiences through telling and retelling of their stories, and then analyzed these experiences to understand their meanings. It was through this process that we worked to identify and understand the factors that influence nursing director turnover within MN State, and developed recommendations and solutions for this problem. Chapter four presents the findings from this qualitative study, and report on the data analyzed from the conversations with participants on their journeys and experiences as nursing directors.

Chapter IV: Results

This qualitative study used the feminist framework and JCT model. It explored and documented the stories of six female former PN and ADN nursing directors in the MN State college system. In order to understand the reasons why nursing directors voluntarily leave their positions, and to help inform strategies to address this problem, the following research questions were asked:

1. What factors contributed to female PN and ADN directors and deans to voluntarily leave their positions from a MN State college in the past seven years?
2. How do PN and ADN directors and deans make meaning of their experiences as female leaders in their programs and within higher education?
3. What job characteristic factors influenced (positively or negatively) job outcomes/job satisfaction?
4. How did workload impact women in leadership roles?
5. How did outside work factors impact women in leadership roles?

This chapter organizes the data and research findings into 10 sections. The first section provides the logistical context of the participants and interviews, with a brief introduction of each participant's interview based on my observations and fieldnotes, along with what each participant reported as what motivated them to take on the position of being the nursing director or dean. This is consistent with feminist framework, in acknowledging each participant as being the source of knowledge and giving the data a humanness and authenticity of their voice (Jaggar, 1989).

The subsequent sections include: section two, which reports on the JCT findings or the data related to the JCT framework; section three reviews the impact of gender on the women's

experiences; section four reports on the impact of workload on these women; section five the impact of faculty shortages or recruitment and retention had on these nursing directors and deans' experiences; section six the pipeline and preparedness of nursing directors and deans; section seven the role contracts and compensation had on these women's experiences; section eight reports on the critical point that triggered each person to resign from their position, or the tipping point; section nine reports on specific suggestions the participants shared to help improve retention of nursing directors and deans; and the final section ends with the chapter summary.

Participants and Interviews

All participants in this study identified as being female in gender. All six participants expressed a sense of thankfulness that this topic was being researched during the interview. One participant went so far as to send an unsolicited email the day after the interview stating, "Thank you for the meeting yesterday. I feel as though you will be putting energy and some purpose to our voices that generally go unheard. For that alone I am grateful. Can't wait to read your summations."

With each participant, I felt very comfortable and relaxed. In many ways the experience of listening to each participant's story was like having a deep conversation with a friend or colleague, where they are sharing their innermost thoughts versus a clinical type interview. This style of developing a relationship with the participants, where emotions, empathy and humanness is incorporated is embraced by feminist researchers (Jaggar, 1989). In addition, consistent with feminist framework, to help provide an authenticity to the stories and voices of the participants, I have synthesized below a short interview overview of each participant using their chosen pseudonym. It is after all their stories as individuals that have shaped this research.

Rita's overview. Rita was the first person I interviewed. Rita and I met at a public library close to where she lives. A private room was reserved for the two of us to meet in. Rita is a single mom, who considers herself a “double parent” or having to be “both mom and dad at times.” Her children are all grown now, but during her time as the nursing director, she had one child still in high school.

Rita's personality exudes a quietness, almost a shyness at first, and is unassuming. As the interview progressed, she became more relaxed and more talkative in her responses. She had a clear sense of humor and was willing to laugh at herself many times. She considers herself as being, “really quiet, never had much to say at meetings and stuff. I'm a listener, a thinker, a processor, I don't have a lot to say usually.”

Rita took on the role of nursing director role primarily because she was looking for professional growth opportunities, but ultimately because no one else was stepping forward to take on the role. She stated,

Well I was asking behind the scenes with co-workers, “Hey are you thinking about this?” They were all saying, nope, nope, nope. Because if somebody else would have said, “Yah I want to do that.” I would have been like okay, that would have been the end of it for me, but no one wanted to, so I told her [the dean] I was interested.

Towards the end of the interview, as we discussed factors that triggered Rita to resign from her position, Rita showed some strong emotional non-verbals. She looked down at her hands, her voice wavered with emotion, and at one point, after a long pause, it was clearly visible that she was trying to hold back her tears.

Olive's overview. Olive was my second interview. I met her at a small town public library close to her home, but since the weather was so beautiful, we sat outside the library at a

picnic table. Olive is married. During the time Olive was the nursing director, she had two teenage children still at home.

Olive's personality was one of friendliness and energy. She was very chatty and we found ourselves talking about a variety of things before and after the interview. Even though she shared she did not have any formal leadership experience prior to taking on the nursing director role, Olive exuded a confidence in her speech, mannerisms, and knowledge of the role of being a nursing director.

Olive wasn't actively looking to take on a nursing director role, but after she was approached, she took on the nursing director role because she was interested in the leadership opportunity.

I didn't pursue it initially, I was asked – which was fine. I gave it some thought over a period of a few weeks, talked to some fellow colleagues, talked with my husband, and it ultimately came down to the leadership opportunity... And even before that previous director had resigned I really had not given any real thought to doing the director role – at least not at that point in my career.

Olive's sense of responsibility and commitment to helping the nursing program was very strong. It was a strong enough pull to motivate her to take on the leadership role as the nursing director.

Jackie's overview. Jackie was my third interview, and by this time I was feeling very comfortable with the interview process. I also noted in my field notes, that after conducting two interviews, while still using the interview guide, I found myself focusing more in-depth on certain points that were shared by Jackie because it was connecting to things I heard from Rita and Olive. We met at her place of work in a private conference room.

It may have been influenced partly because we met at Jackie's place of work, within a healthcare system, but Jackie presented herself as very professional, articulate, and focused. We had very little side conversation either before or after the interview. She was very deliberate in her responses and took multiple pauses to think through questions before responding. Jackie is married with children. At the time she was a nursing director, her children were grown and out of the home.

Jackie was not seeking out the role of nursing director, but took on the role of nursing director at her institution because she wanted to help out the program. There was no other faculty member who was willing and it created a vacuum. As a result she was willing to fill it to help their program. The institution had already tried unsuccessfully with an outside candidate.

I didn't necessarily seek the role. I really did it because I was trying to help out the program... I was asked by the dean of nursing several times to take the position of nursing director... None of the other faculty would consider taking the job themselves. Jackie's motivation to take on the nursing director role was very similar to both Rita and Olive. There was a strong sense of responsibility and commitment to help the nursing program, knowing no other nursing colleagues were willing to step-up.

Lisa's overview. Lisa was my fourth interview, and there was a little over two month's lapse between the third interview and Lisa's interview. During this period, there were many emails back and forth with Lisa and other potential participants, but due to the transition from summer into a new academic year, connecting and scheduling became more challenging. Lisa's interview was conducted at the community college where she works, in her office.

Lisa was very friendly, chatty and warm in her demeanor. She smiled frequently during the interview and there were numerous times during the interview where she laughed as she

reflected on her experiences. It appeared she used humor and laughter to make talking about some difficult situations less stressful. Lisa is married, and at the time she was the nursing director, she had two children living at home.

Lisa took on the role of nursing director because her Dean asked her to, and she was willing to help out her program, during a challenging transition period.

I was asked by the Dean to cover the position because our nursing director had left... they pretty much asked me to because I had been at the college for years and they thought I would be good at the position.

Like the other three women (Rita, Olive and Jackie), Lisa also had a strong sense of commitment to the nursing program that motivated her to take on the extra responsibilities of the nursing director. Similar to the other participants, Lisa did not actively seek out the nursing director role, but after being approached by her dean, she took it on to help her department.

Ruby's overview. Ruby was my fifth interview. We met at her place of work, in her office. Ruby presented a quiet gentleness in her demeanor. Her voice tone was softer, yet she had a confidence that was present in her body language. At one point during the interview, Ruby did shed tears as she reflected on her tenure as the nursing dean. This occurred as we discussed family and life balance. During the time she was the nursing dean she was married with one child still at home.

Ruby had actively looked for an administrative position in higher education, as she was interested in her professional growth and development. She noted, "...because I thought of the experience I was going to have, and it would be different. To add to my toolbox, so to speak. So that I could – I always look for the learning in something."

Rosie's overview. Rosie was my final interview, and came approximately a month after the fifth interview. While email exchanges were happening with two other potential participants, due to their busy schedules, things kept getting deferred and delayed. Rosie's agreement to participate came quickly after I heard her name mentioned at a meeting, and I reached out to her. In a matter of a few days Rosie agreed to a time to meet at a public library close to where she lives. We met in a private conference room. At the time she was a nursing director, Rosie was not married. Rosie considers herself a single mom, but during the time she was the nursing director she did not have any children living at home. She did however have an aging parent that she was trying to provide care for, and felt unable to.

Rosie was very excited to be a participant in this study. She presented herself as very open and eager. Even though she was reflecting on some difficult experiences, she used humor and laughter many times to express her thoughts. At one point in the interview, Rosie did shed tears as she shared her story. Her outward emotional response was during the time we discussed the impact her decision to leave had on faculty.

Rosie was motivated to take on the role of the nursing director as she had always been interested in nursing education, even during her tenure in clinical practice. After many years in clinical practice, Rosie felt the timing was finally right for her to pursue her career desire of taking on a leadership role within nursing education.

When I got my Master's, I kind of did two tracks at the same time. One was nursing or adult education and one was geriatrics. Because of having been a single mom forever, I kind of ended up going the route of administration instead of teaching because the administrative track pays more, and usually less hours, but not always. [Laughter] So I liked the – part of it was looking ahead to my retirement and making more money and it

was a nice program for that, the other part was a community school like that – it’s fun to be a part of that community and how you are connected to... it was a nice mixture of things, and I’ve always liked education.

All six participants were very open and willing to help in this study as participants and co-researchers. Four of the six participants were internal to their college system, and two were from outside the MN State system. Of the four that were internal to their system, all four shared that they ended up taking on the role of nursing director or dean because they were asked and wanted to help their program. The two that were external to the system, applied for the position and came into it with high hopes of staying indefinitely. All were eager to learn and lead, and take on the challenges.

Three of the six participants did end up with tears in their eyes or outright crying as they reflected on their experiences. For all the women, as they told their stories, their tenures as nursing directors and deans was an emotional experience, and has left a permanent mark on them. Even though the participants were reflecting back on some very difficult memories, all were willing to do their part by participating in this study to help make things better for those who would come behind them. As one participant shared, “Thank you again for your compassion and support in this much needed problem among Directors of Nursing programs.”

Job Characteristics Theory Findings

Data was analyzed using the JCT model. JCT founded by Hackman and Lawler (1971, 1976), provided a lens in understanding if there was a good fit between the person and the nursing director or dean job they were given. JCT model looks at six core job characteristics and how it impacts the three psychological states of the employee, and ultimately the employee’s work motivation (Hackman & Lawler, 1971, 1976; Hackman & Oldham, 1980; Oldham & Fried,

2016; Oldham & Hackman, 2010). This lens provided a way of viewing these women's experiences by seeing "the quality of the relationship between people who do the work and the jobs they perform" (Hackman & Oldham, 1980, p. 4).

Experienced meaningfulness of the work. The first psychological state is experienced meaningfulness of the work. Hackman and Oldham (1980) described this critical state as:

The person must experience the work as meaningful, as something that 'counts' in one's own system of values. If the work being done is seen as trivial (as might be the case for a job putting paper clips in boxes, for example), then internal work motivation is unlikely to develop – even when the person has sole responsibility for the work and receives ample information about how well he or she is performing. (p. 73)

The three job characteristics that impact an individual's experienced meaningfulness of the work are: 1) skill variety; 2) task identity; and 3) task significance.

Skill variety. All six participants reported their jobs required taking on a variety of tasks or responsibilities as challenging. Tasks and responsibilities of the job ranged from doing simple tasks like clerical type work to administrative meetings, scheduling, campus space related issues, along with more complex tasks related to curriculum, accreditation, dealing with student issues, and the faculty union and personnel issues. For these women, having such a wide variety of responsibilities and tasks on their plates created an overwhelming workload. For example, Rita shared,

There was always dealing with things like student issues, whether it's with students who wanted to be admitted in the program and they had this or that issue to take care, or interfacing with the advisors, counselors. I did a lot of going to their meetings and presenting on the nursing program because there were certain admission's criteria to get

in... and interfacing with different people in the college, like even the registrar, working on better processes for things like exit students – to process things like that. How do we deal with things that go to appeal, to the dean? Which one goes to me and which ones go to the dean – stuff like that, and I don't know. It's kind of one of those things that if you sat down and wrote down what you did or do, which I tried to do when I went on sabbatical for a semester when I had somebody take over for me – I don't know what I do but I sure do a lot of it [laughter]. I was once asked, what's a typical day like – well there isn't, I come in there and have about half a dozen messages, voicemails, get to those emails –

For Olive, the skill variety created such a workload that she found herself working long hours that consistently carried over into her evenings and weekends.

I at one time, no it was more than one time, I tried – several different weeks to over the course of the year to keep track of what I did for teaching and prep, and how much I did for my role as the director – and I would always get busy as I always had things to do and then I would forget about my calendar and trying to keep track of – okay I spent this many times doing clinical coordination or collecting immunizations, or contacting facilities, or trying to smooth things over with the facility, or student issues – I would lose track of all that. I would say though it was not uncommon to spend 60 hours minimum at work. Sometimes more than that. Evenings, weekends...

All six participants noted the challenges of managing clerical or administrative support type tasks during their tenure as nursing director or dean. Only one participant did not have access to an administrative support person (Table 1). For those who shared a support person

with other individuals or departments, they recognized the workload of the individual administrative support person was also demanding.

For Ruby, the administrative support person assigned to support her was dealing with health issues which made her an unreliable source of support. This caused additional work and stress for Ruby.

Oh I had an assistant that was working on that, but she was also unfortunately sick. So there was some of the components the program coordinators – I mean we were all trying to figure out who's going to do what at that time. So we had some extra things in our mix - that were extra challenging.

In another situation, the administrative support person was cut due to budget cuts. As Rita noted, "It was tough not having those support people." While not having administrative support caused increase workload for Rita, for Jackie, having a very negative relationship with her administration support person, with no authority to address performance issues, caused additional work for her as the nursing director. Jackie shared, "One of the other things I struggled with as a leader was, managing the data. Managing excel spreadsheets and knowing where students were at." Tasks that were added to her plate, in part due to ineffective work by her administrative support person.

As a result, whether the nursing director or dean had access to administrative support or not, there was a consistent ebb and flow to taking on some of the more clerical tasks as part of their job responsibilities, which added to their already full workload. The skill variety was significant.

While some of the tasks were more clerical in nature, there were also more complex job responsibilities including dealing with personnel issues and the faculty union, accreditation, and

scheduling. With it came additional stress. Four of the six participants specifically noted the challenges of the faculty union. Challenges ranged from contractual issues to faculty having interpersonal issues with colleagues. For example, Lisa shared the added challenges of working in a collective bargaining environment.

We have a faculty union environment and we have some very strong union faculty who complain to the union for anything that goes wrong. And so it was that you were always fighting between what the dean wanted you to do, and what faculty were pressuring you to do – for union reasons it was very stressful.

Added to dealing with faculty complaints and issues was the added work of managing faculty assignments and scheduling. Ruby discussed the complexities in this area.

A lot of it ended up being scheduling – I felt like I was doing that all the time.

Because you would be thinking you just got through one semester's scheduling and then you would take a break, but you were really planning for the next. Who was going to teach what, you were still working on rolling out one and bringing on another – how that was going to work, who was going to teach what. Going to meetings [curriculum]... at the same time we were working on new simulation labs and trying to work on space related issues....

Finally, all six participants discussed the stress of managing the accreditation process for their programs and the pressures of meeting nursing accreditation standards. Olive noted,

I worked on accreditation, got that process started – but it seemed to get stagnated at certain points, depending on what time of year it was. At our college it seemed to be the responsibility of the director to do all of that – the accreditation. It was just too difficult... Things just weren't getting done.

The substantial range in task variety that these nursing directors and deans are given is significant. Having high task variety was not increasing experiences of meaningfulness at work. Rather it was having the opposite effect.

Task identity. While the participants expressed they did care about seeing work done from start to finish, these related to high stakes areas that impacted student enrollment in their programs and student pass rates on licensing exams, as that tied into requirements by the Minnesota Board of Nursing and accrediting bodies. For example, Rita discussed the stress of trying to ensure student pass rates met the board of nursing standards.

Yah- for instance one of our requirements is – the board of nursing requires the program to have a certain pass rate on the licensing exam, it has to be above 75%. If it falls below 75% there is a disciplinary process- that is three years. So I had – one of the things I did as director was I did analytics and I was always looking at success rates, looking for correlations, our admission's criteria, what correlated with success rate. We typically did good on the NCLEX, but we started to fall – back in 2014. So I did the analysis and figured out what the predictors were for the failure for us on the NCLEX, and looking at the next groups of people who would be taking it. I felt that probably over half of them would be likely to fail, which would start putting us into some pretty bad territory with our pass rates. And so, I – from talking to other directors of programs and doing some research, one of the things I wanted to do was to bring in an outside agent to do a review course... have them come in and do an NCLEX review before the boards... but we weren't at that point yet where were below in our passing rates – but I saw it coming, and I wanted to try and halt it if we could. So that was a bit of a battle. So we did do that – we did get that in place, and, I was right about the predictor, but it didn't

seem to help – I was right on my percentages – but after that we were able to get it built into the program fees so it would be covered after that.

The desire and commitment to seeing things through were strong in all six of the participants. The personal responsibility the nursing directors and deans took on to see tasks completed from beginning to end was high. For Ruby, it was making sure every little detail was taken care of during the admissions process.

We would have the two times that we did the cycles for accepting students and working with that – going through because things may have been explained in one way and interpreted in another way – and getting that cleared up. So working with admission was easy in my opinion. You gave them the information they needed and they knew how the process was, I think there was good communication there. But it's always working through that, but when the two admissions times would happen – and making sure we had the I's dotted and T's crossed, to make sure that people got their admissions packets in when they were supposed to and when you didn't accept students – because you really care for people, but you have this hard black lined rule that this had to be in at this time, and these are the pieces you had, and when the students who didn't get in – then they would be calling and then they find out - of course all they have to do is go online to see who the program person is, and they give you a call –

In other areas, participants felt some work could be taken off their plates or centralized. There were two areas to centralize noted by three of the participants. The first one included a centralized nursing admissions (in particular for schools using the Minnesota Alliance for Nursing Education or MANE curriculum). As Ruby shared, she saw how inefficient the admissions process was and wanted to help make it better, but didn't know where to start.

We did talk about a centralized intake for admission for students for the MANE. That was a part of a conversation that would have helped our registrar out a lot. She was – that was a big process, especially when there was two different timings of when people applied and when things had to be in. That was challenging - how I can help, who do I call, what can I do? Because to me it's a team effort.

The second area noted by three participants included the workload of clinical coordination and looking at how the system office could help nursing directors and deans by managing the work associated with clinical contracts or education affiliation agreements with clinical sites for students' clinical experiences. Olive noted, "Clinical coordination was huge... Another responsibility that was time consuming included clinical coordination and contact person for 20 plus clinical sites." While Ruby shared the frustrations of managing clinical contracts.

[Clinical] Contracts are good for two years, but it took two years to get a contract, and now you're telling me I have to start all over again?! Why are they only good for two years? That was one thing I never understood. But yah, it would have been a big thing off my plate – keeping track, it's just another thing to track – I mean we really didn't have great systems... I mean you had make-up a spreadsheet – crap that got put on the way back burner and I forgot to touch base with so and so and it expired.

In some instances, like with accreditation, the participants knew it was important to see it through, but felt the pressures of it being on their shoulders to work towards a positive outcome, when in fact, they needed faculty to step-up and help. Ruby shared, "Because accreditation is faculty driven, so knowing that I could facilitate stuff happening - I couldn't do it all [she herself couldn't complete the accreditation work on her own]."

The desire to see work through was important to the nursing directors and deans, but for five of the six nursing directors and deans, the workload was so overwhelming, they felt frustration in not having the time or energy to see important job responsibilities through. Ruby shared her frustrations with not having time to focus on the important relationships needed to have a nursing program.

And when you're trying to do all these other things, how are you out there building relationships [with clinical partners]?! And how are you maintaining the relationships you have, to make sure that they're happy with how things are going from their perspectives?

While overwhelming workload was a constant stressor that prevented participants from having the time to focus on seeing important responsibilities from start to finish, they were still willing to tackle the workload knowing students' livelihood was at stake. Jackie noted, while the workload was overwhelming, it was worth it when she saw student success.

I mean I know the workload is huge... it's a huge undertaking to run a program, but I think I could have done it, and like I said I liked it. I think – you can really see where are you are making an impact. You can see that NCLEX pass rates go up, that's huge! And if you can see students who really struggle and help them make it through the program, it's huge.

While task identity was high for these participants, the sheer amount of work on their shoulders created stress and tension in their inability to see the important tasks from start to finish. As such, instead of experiencing increased meaningfulness from doing such work, the participants felt decreased motivation. This is in contradiction to what the JCT model postulates, which is increased task identity would increase motivation and job satisfaction.

Task significance. All six saw the value in their work as impacting students and faculty, and ultimately the well-being of their nursing programs. Jackie shared, “So I really felt like the mission, vision and value of the school were not being met – by not giving the students what they deserved, what they paid for.” The realization their role as the nursing directors came with significant responsibilities to students, faculty, and clinical partners was clear. For example, Lisa shared the personal responsibility she felt in her tenure as the nursing director.

I mean you have students complaining too, about faculty or about this and that, and students that don't pass and they're crying and on the floor. We had one gentleman laying down crying on the floor. It was a psychological situation. We called the counselor over. It's high stakes. People work very hard to get into nursing programs and then if they don't pass it's huge.

These nursing directors and deans all felt the meaningfulness of the work they were charged with. They all realized the role they played in impacting others' lives. For example, Jackie shared the important role she had when a student was failing in their program.

If there is an issue, especially when someone is failing the nursing program and leaving the nursing program – exiting a student is really hard, you need to be able to support your faculty to meet with the students, to understand what the issue is, and be very fair about it. For Lisa and Rosie, they saw their roles as being a significant factor in helping create a positive working environment for faculty. Lisa shared,

Faculty complained mainly about other faculty. You have to take care of the problem yourself, go address it with the other faculty. I was the sounding board, and everybody that complained about faculty would come to the nursing director.

While Lisa worked hard navigating the faculty union and managing conflict between faculty members, Rosie created opportunities for her faculty team to process together. Rosie noted,

I knew there was a lot of tension in the air and all these negative things had happened, so I said I wanted everybody to be able to speak their minds and get all their yah-yahs out basically – that it was going to be a rough semester, but let's bond together and get things done.

All six participants exhibited a strong sense of responsibility, accountability and ownership for their roles as nursing directors and deans. They experienced high task significance, or the internal understanding of how critical the work they did was, and the impact the work they did made on others. This was consistent with the JCT model, where they experienced increased meaningfulness of the work they did, which in turn increased their motivation to work.

Experienced responsibility for outcomes of the work. Autonomy is an area of JCT that provides the basis for individuals to feel a sense of responsibility that motivates them to work. Hackman and Oldham (1980) stated,

When the job provides substantial autonomy to the person performing it, work outcomes will be viewed by those individuals as depending substantially on their own efforts, initiatives, and decisions, rather than on, say, the adequacy of instructions from the boss or on a manual of job procedures. As autonomy increases, individuals tend to feel more personal responsibility for successes and failures that occur on the job and are more willing to accept personal accountability for the outcomes of their work. (p. 79-80)

Autonomy. For five of the six participants, lack of authority impacted their ability to do their job. Ruby who was on an administrative contract (Table 1), was the only one who did not

report this as an issue. For the other five, (four were on faculty contracts and one was on an administrative contract, but with her authority withheld by her dean), this was an issue. Whether it meant the authority to allocate resources, or hire and discipline faculty, the lack of autonomy was an issue. Rita noted, “I think it’s just the usual challenges of having a lot of responsibility but no or very little authority – or real authority anyway.”

One of the most significant areas that autonomy impacted participants’ experiences was the authority to allocate resources. For instance, Rita shared the frustrations of knowing what needed to be done to address a problem, but not having the authority to allocate program funds to implement it.

And so, I – from talking to other directors of programs and doing some research, one of the things I wanted to do was to bring in an outside agent to do a review course... have them come in and do an NCLEX review before the boards. So it would have been something we would have had to pay out of our program funds, and there was a lot of push back [from leadership].

Another significant area of autonomy included the lack of authority over faculty. For five of the six participants, they did not have any formal authority to manage faculty or discipline them when their performance was not meeting contractual obligations. For Olive, she faced the challenges of trying to address faculty performance issues with no authority.

A second faculty member would do what she wanted regardless of policies or protocol. She would not hold class for the specified credit hours. As an example, a clinical course was to have 24 hours per week, but she would hold clinical for just 16, some weeks less. As a faculty member, I was not her supervisor and could only address it by reiterating the number of hours she needed to spend with students. At other times, this

faculty member would simply refuse to do tasks requested by myself. So what I remember hearing from these two faculty members was that I'm not their supervisor...

Like Olive, Jackie also struggled to deal with faculty performance issues.

The other piece that was really key was that, because I was on a faculty contract, I had no authority over the faculty. So I had no authority to discipline, or make people do anything they didn't want to do. For example, if they didn't want to come to a staff meeting or things like that – anything, I had no authority to do anything.

As Lisa shared, without an administrative contract, nursing directors were helpless in holding faculty accountable.

Because I wasn't really the administrator, I had no power, I had no authority is what I would say, to do something about it. The dean had administrative control over the faculty contracts, so she had be the one to discipline or form performance improvement plans.

While these participants reported the frustrations of not having the formal authority over faculty, the frustrations were compounded by the messages they were getting from their supervisors that they needed to take care of the faculty issues. This was further complicated by the participants not getting support from their supervisors when they did try and exercise the little authority they felt they did have. As Olive noted, "Yeah I'm not their supervisor, I can't deal with it, but then I have a Dean telling me students are paying for this you need to fix it, and I'm doing what I can." In Jackie's case, the lack of authority and support from her dean lead to additional breakdown in her relationship with faculty and increased stress on the job.

So I had to go to my dean. So the dean had authority for the faculty. So that was one issue. So that kind of – that whole aspect of me not having authority led to other issues – they kind of ballooned – they kind of grew.

Finally, as Lisa shared, “Another drawback was keeping the dean happy in managing the faculty complaints.” She had to juggle not only to manage the issues at hand, while trying to keep faculty relationships in a positive and constructive place, but also manage trying to keep her dean satisfied.

By lacking authority to do their jobs, the women felt frustrated, helpless and ultimately unable to do what the nursing director role required them to do. Having low experiences of autonomy led to low motivation and job satisfaction. This is consistent with the JCT model.

Knowledge of the actual results of the work activities. There are two parts to how job feedback influences an individual’s motivation at work. Part one is related to how the “knowledge of results derives from the work activities themselves” (Hackman and Oldham, 1980, p. 80), and a secondary part is feedback from such individuals like supervisors and co-workers, which Hackman and Oldham (1980) called “feedback from agents.” Feedback from agents included feedback in the way of direct communication, but also feedback in the way that the task or work connected to that agent was interpreted by the participant.

Feedback. All six participants reported feeling unsatisfied or frustrated with some parts of their work, and the lack of positive feedback from their work overall. While five of the six interviews started with a question asking the participants to share what they felt were successes or accomplishments during their tenure as the nursing director or dean, only three of the five answered the question with examples of accomplishments. Of the three who did share their accomplishments, it was quickly tied into the challenges they faced. For example, Olive shared,

I guess one of my accomplishments was that we increased our class size, umm program was fairly new – probably had been going three years – and so when I took over for a couple of years we increased say enrollment by nine students. That doesn't sound like a lot but for us it is because of limited clinical sites in those areas. So we that, and upon agreeing to do that, we weren't given any extra faculty - so it did make it a little bit more difficult trying to get students adequate clinical sites with only two faculty members.

The other two went off into a different direction, talking only about the challenges without expressing a sense of accomplishment. As Rosie noted,

Oh, that is a big question. [Laughter] I don't know where to begin... So it was a constant finding these things out and having to immediately take care of it because it would fall on their radar that we don't have this and I would have to hurry up and do that and hurry up and do this. [Deep sigh]

Obtaining positive feedback from supervisors was complicated by the fact that three of the six participants had their supervisor change during their tenure as nursing directors. For these three women, with their first dean they experienced positive feedback on the job (whether it was from direct communication or based on the participants' interpretation of the results of work activities), but that changed when the new dean came in. Three of the six participants reported very difficult and challenging feedback experiences with faculty. None of the participants reported getting consistent positive feedback from majority of the agents (Table 2). Yet the need and desire to have such results was felt by all the women. As Rosie shared,

But there – nurses especially, because they are people who want to take care of people, and they are soft hearted generally speaking, and all they want is to be acknowledged.

And that includes myself. You want to be acknowledged and you want to know that people understand how hard you are working, and to be able to have open dialogue on occasion.

The need for clarity in understanding the role and responsibilities of the nursing director and dean position, along with consistent feedback on one's performance was important to these women. Five of the six noted the toll having negative feedback from supervisors had on their experiences. For example, Rita discussed her experience of never having a job description, and when asked how she was reviewed on her job performance, she responded, "Was I?!" This was followed by sarcastic laughter. Lisa on the other hand shared,

Oh, she gave me feedback. I remember her sitting after they left – sitting in my office and talking about how I didn't do a good job [laughter] and I was so angry with her. I was angry she stomped on my foot, and it was not professional at all! And I just thought – how do you treat people like this – but I never took the opportunity to ask her why, to tell you the truth. So it wasn't a debrief of what happened, it was more her telling me why I had handled things incorrectly.

The frustration of not receiving the constructive responses from the immediate supervisor added more challenges to an already challenging plate for these women. As Rosie shared, while she wanted clarity on some decisions that her supervisor had made, so she knew how best to move forward with the faculty, she was consistently hindered in her ability to move forward because her supervisor was not giving her any type of helpful response. Rosie noted,

Yes, yes... I actually stopped asking her [dean] things, because it became rather evident that she didn't really know – unsure – or in any detail that would help me. So I was kind

of forging ahead and going to other people and getting answers, which had more clarity and more directedness than anything I received from her.

For Jackie, she went from her first supervisor providing her strong feedback, along with decision-making and communication that was supportive, to one that wasn't. The change in supervisor and their communication style made a significant impact on her experiences as a nursing director.

That person [faculty member] did not perform to the level that was expected and that dean [first dean] made sure she was accountable, and when she wasn't accountable she was let go. So it really showed me that if someone isn't doing what they are supposed to be doing – if they're not being accountable then there are consequences to that.

As Jackie noted, while her first dean was willing to support Jackie in her role as the nursing director without any formal authority, the dean who replaced her first one was not as supportive, and ultimately would cause additional stress to Jackie.

For these participants, consistent with the JCT model, obtaining clear and positive feedback from their supervisors, colleagues and the work itself was important. In instances where they interpreted such feedback as positive, it increased their motivation at work. In instances where they interpreted such feedback as negative, it decreased their motivation.

Table 2

Participants Reported Feedback Experiences with Agents

Participant	Supervisor	Peer/Colleagues (Non-faculty)	Faculty	Admin Support	Students
Rita	Changed*	Neutral	Both	Positive	Positive
Olive	Changed*	Not Reported	Both	N/A	Positive
Jackie	Changed*	Not Reported	Negative	Negative	Positive
Lisa	Negative	Positive	Negative	Positive	Neutral
Ruby	Neutral	Both	Positive	Both	Both
Rosie	Negative	Positive	Positive	Negative	Negative

Note: * Reported first supervisor relationship and feedback/communication positive, and changed with second supervisor to negative feedback experiences.

Social dimensions. Social dimensions is an expansion of the job feedback characteristic in the JCT framework. This characteristic looks more closely at how the role relationships in the workplace influences work motivation and job satisfaction. For these participants, relationships played a critical role in how they viewed their experiences. The two areas that were mentioned the most for all six participants involved their relationship with their immediate supervisor and their relationship with faculty.

All six participants shared experiences of frustration and/or negativity with their supervisors, with only one participant leaning more towards a neutral stance where she shared a balance of some frustration, but also some positives (Table 2). For the other five participants, a strong thread of negative experiences with their supervisor greatly impacted their overall job satisfaction. For example, Lisa shared how her supervisor was “verbally – attacking and not

supportive... she micromanaged everything you did... It was all demeaning and [pause] I don't know, it was just lack of respect.”

For Jackie and Lisa, the lack of support from their deans was discouraging and left them feeling deflated as nursing directors. Jackie shared,

I also was aware by students there were some bullying by the part of faculty towards the students. There were also faculty that were doing homework during clinical time. I brought that also to the dean. Nothing was done about that either.

For Lisa, she recognized the impact not having the support had on nursing directors like her.

Nursing Directors feel like we are squished in the middle between the Dean and faculty. I've been in other nursing leadership roles, at least two times that I can recall off the top of my head, and your management should support you, and they should recognize what you are doing and saying are good. So when you don't have that support, it just squelches the whole working relationship.

The lack of support from their supervisors would lead to increased stress and decreased job satisfaction.

For three of the participants they had a change in supervisors, with the first dean being someone they had a positive relationship with, with open communication and supportive actions being a key factor. Even though there were things the supervisor couldn't do to make their lives better, just the fact they were emotionally supportive made the nursing director or dean position manageable. When the new supervisor came in, and the supportive relationship dissolved, job dissatisfaction grew. For three of the participants, the dissatisfaction grew when the immediate supervisor changed from a female to a male. (The impact of gender is reported further into this chapter.) For example, Rita shared,

Oh my dean at the time, she was a nurse also – so she understood what was going and stuff. She was always supportive... She was always interested in what I was doing, and she never tried to micromanage me. We had a really good working relationship. It was like we were an old married couple. [Laughter] It was like we could read each other's minds. We were very simpatico. So that helped. None of my dissatisfaction with anything ever had to do with her... if I had worked with somebody else I would have never done it for six years. She was a big reason why I did it for so long. We had such a good working relationship – we had our moments we clashed a little.

Rita's relationship with her first supervisor who was a female was positive. Her first supervisor was supportive, listened well, was open, easy to talk to, and they got along well. Olive, like Rita also had a great working relationship with her first supervisor who had similar traits, but Olive's was a male, who displayed characteristics traditionally viewed as more feminine, like being a good listener, was easy to communicate with, and seemed more understanding.

For five of the six participants, the ability to deal with the job responsibilities, the challenges and stressors that came with it were manageable if they had a good relationship with their supervisor (Table 2). Even though the supervisor was not able to physically solve all their work dilemmas – it was having that relationship and emotional support that gave the nursing director or dean the strength to continue in their role. As Jackie noted,

I mean I know the workload is huge, so if all other factors are equal, if you have a good working relationship with your boss and all of those things, and faculty – working with them is great – it's a huge undertaking to run a program, but I think I could have done it.

The five of the six participants who reported unsupportive working relationship with their supervisors, showed it was a significant factor in their final decision to resign from their positions. For example, Lisa shared,

They [faculty] would go to the dean, and she actually would not give me any support at all... If the dean and I could have worked out our respect issue, I really think I would have applied [for the permanent position]. I did like the role, I really did. I really enjoyed the planning and managing people.

In addition, Rita noted, “If you’ve never worked as a nurse in your life, you’re not going to get it. No matter what experience you think you bring.” For three of the participants, having a nursing background was identified as being important. They felt having the nursing background would allow the supervisor to have a better understanding of the amount of work and complexity of the role the nursing directors and deans had. As Olive shared,

The only thing I would hear was I appreciate all that you have been doing, this is really important and I appreciate all your hard work. But that doesn’t really get you anywhere if there isn’t a plan, so I felt like – an obstacle was that I wasn’t really heard, understood or understanding the role and the overwhelming number of responsibilities that had to be done [in a nursing program].

While three of the six participants felt having a nursing background was important factor in an immediate supervisor, the other three did not. For the others, it wasn’t so much about having a nursing background as it was about having a supportive supervisor who they could have good communication with, and who supported the work being done by the nursing director or dean.

The relationships the nursing directors or deans had with their faculty was also a key dimension that impacted their experiences and job satisfaction. Two participants noted strong

positive experiences with faculty, two participants shared very negative experiences, and two shared both positive and negative experiences (Table 2). In the area of negative experiences, participants discussed the challenges of dealing with non-cooperative faculty and faculty who engaged their union as they tried to deal with performance issues. Ruby noted the challenges of dealing with the “complaints about faculty not doing their jobs.” Ruby went on to share, “I don’t want this to sound negative, but the union mentality of those who have worked there for a long time,” as being an extra challenge to the job, or as Rita noted, dealing with the “plotting behind my back. Those were the tough times... They would be running to the union complaining about this and that – complain to me. I’m in the same union that you’re in.” In addition, Lisa shared,

The union environment was toxic... three or four people are always complaining about something. In the nursing profession, we have very strong personalities as faculty members. So you put a bunch of people together with strong personalities and most of us get along really well... I think - in my opinion if we got rid of the union, I think it would help a lot.

Jackie shared she was told, “be careful because the faculty are not your friends. You’re going to think you can be their friend, but you can’t.” While Lisa noted, “You know I had been a nursing manager before, so I knew that role. I knew you can’t be friends with your peers anymore. I knew you had to rise above that relationship.” The relationship factor became more complicated due to the union environment. “I learned that 10% of the faculty can make it a really rough job for rest of the 90%, just from the way they communicate with the union and not communicate with their co-workers!” In addition, Ruby shared,

So that part was challenging [dealing with faculty and the union] and then when somebody would make a complaint that I didn’t get paid for this, and then you’re like

you didn't even ever come – we had some situations where they, faculty weren't playing nice in the sandbox so they went to the faculty union. Course I didn't know about it because they didn't come tell me about it.

For two participants, it was a struggle transitioning from faculty ranks to taking on the nursing director role within the same college, and that would have ramifications on their relationships with their colleagues. Jackie disclosed,

This person was my friend. This faculty was my friend... in fact I myself felt like I was bullied by this faculty member [once she became the nursing director]... And that there would be no intervention towards that, so I felt that the environment became very toxic to me and it was not worth me staying. So it was very, very, hard. It's hard for me to even talk about it.

Rosie noted the emotional toll it took on her, knowing she let the faculty down by resigning from her position. During this period of the interview, the participant broke down in tears. Rosie felt the emotional distress of having let her faculty team down by leaving.

It [relationship with faculty] was growing well. Now it's not great. [Laughter] And I don't blame them, I had just – I had earned their respect and trust, because my intention really was to stick it out and make it work. And now, from their perspective, there goes another one. It hurt them.

On the positive end, some participants shared how they wanted to protect faculty as best as they could from the extra-ordinary demands of being nurse faculty. Rita shared,

I felt like I could never ask faculty to do things like come in over the break. I would have a cohort that would begin in January – twice a year – we were actually admitting people

over that break time, so I was doing all the applications myself. I would go in there [campus] every day.

When asked why she wouldn't ask faculty to help with the work load, Rita's response showed her willingness to take on the extra work to protect her faculty. Even if it meant additional work for her.

I just felt like they have enough to do. I always felt like, they have enough of their own stuff to do and I shouldn't ask for help for anything – so they never helped with stuff like that... because you don't get paid to come in over Christmas break – you know. So why – I shouldn't expect them to come in. They're done. Math faculty don't come in over break – so why should nursing faculty?! I always felt like if I set a precedent, that they would then always expect us to do that.

Overall, all six participants noted the importance of having positive, encouraging, and nurturing supervisors to work under, and the importance of having a healthy relationship with faculty.

Consistent with the JCT model, the social dimensions or the relationships the participants had with their supervisors and colleagues influenced their job motivation and ultimately job satisfaction. It was through these workplace interactions and relationships that these women obtained knowledge on how they were performing. For these women, when they reported negative social dimensions of their work, it led to decreased levels of motivation at work. When the participants reported positive social dimensions of their work, it led to increased levels of motivation and job satisfaction.

Impact of Gender

In this study there was a connection between the gender of the supervisor and upper leadership at the college and the participants' experiences. As the women discussed their

experiences in the workplace and the relationships they had with their supervisors, one theme that appeared was the differences in experiences in having a female supervisor versus a male supervisor. In one case, even though it was a male supervisor, Olive had noted he had female type characteristics in that he was a good listener, more nurturing, and easy to talk to.

Male leadership. Three of the six participants had a male supervisor. All three noted strong connection between how they interpreted their experiences, and the male gender of their immediate supervisor and upper leadership team, and being female. Olive noted, “Yes – to a great extent I do not believe he valued me as a professional and leader in my field. He didn’t understand the role and recognize that it is a leadership position.”

Two of the three participants shared how their first supervisor was a female and changed to a male, leading to a change in a positive working relationship with their supervisor to one that was negative under the male. For example, while Rita felt her relationship with her first dean (who was a female), was positive and they had a very mutually respectful relationship, her new male dean was “sexist and patronizing.” Rita went on to say,

It’s interesting because my co-worker said, kind of like, “He reminds me of my husband.” As I sat and thought about it a long time... I thought yah – it’s like he doesn’t listen or he listens differently – and I hate to be stereotypical on that end of it. It’s very different from my last boss [female]. The one before was very relational and a very good listener – really – even though we disagreed I knew I had been heard out, whereas I felt like he had his conclusions and he already knew better and it just felt really disrespected. Like his attitude is, I’m smarter than you, I know better than you – and I want to say, you’re not even a nurse, you’ve never done my job – you’ve got to trust that I know a little bit of what I’m doing, or I wouldn’t be doing this for this long kind of thing.

Jackie also experienced lack of empathy and understanding from her male dean. Like Rita, she went from a supportive and respectful relationship with a female dean to the opposite under the male dean.

So if you have a situation where there's something going on, whether it's with faculty or at home, where there is a caring expressed by your leader – “Hey your struggling.” And the male leader didn't understand that, and in fact had that issue more than just with me – other people across our team... The dean [male] expressed absolutely no caring to me about the fact I had a family member that was struggling, I was struggling – none of that. I would say that would be a parallel to the previous female dean, who would say, “Hey, what's going on? How can we support you?” All of those kinds of things. I didn't get that with the male.

Both Rita and Jackie experienced the transition in female dean to male dean as a significant factor that would eventually influence their decision to resign from their positions.

For Olive, she reflected on the history of male leadership at her college, and how the cultural message was leadership positions were for males, and how that impacted her experiences. Olive felt her female gender prevented her from moving into higher leadership positions.

Again, prior to our current president, it was a strictly male leadership team. I really believe that a part of it was that as a female – you can't be in a Dean position. That's a more male type of – I really felt that at some points. It was also noted by outside consultants who were helping with accreditation items... But yeah I do feel a lot of it had to do with my gender.

Olive went on to disclosed her first supervisor was a male, but had more female type leadership characteristics, and the second supervisor came in with more male type characteristics described as “that autocratic leadership with no support.” Her relationship with the second male dean quickly deteriorated.

Prior to him I had another Dean, who was very easy to work with – who listened to concerns and helped me get through a lot of different issues that would arise – whether it was a student concern, I never really got any more release time through him because from where he went he had to go above him, but at least I had more communication with him I and I knew he heard my concerns. I didn’t have that with my last Dean.

The role a strong positive and supportive relationship with the immediate supervisor has is a key factor to the participants staying in their position. Rita shared, “So I had a very tumultuous first year in my personal life as director of nursing, and my dean was so supportive and understanding. I used to sit in her office and just cry sometimes.” This participant went on to stay for five more years as a nursing director, resigning from her position when a new male dean came in, who the participant did not feel a positive and supportive working relationship with. Rita went on to share, that she would have been willing to stay on as the nursing director had the female dean, whom she had a good relationship with, stayed. “Yes – but if she [previous female dean] was still there I would – you know – have stuck it out.”

Jackie acknowledged there may be a connection to working in a female dominated profession of nursing and having a male supervisor.

She [initial dean] was wonderful, she encouraged me to take it [the nursing director position]. She was extremely supportive – and we did well as you can see – we did all the prep for ACEN we made a lot of changes. She was there when I did the report

to the board to make the changes. She subsequently left – she was there for about a year with me and then she left... much to my sadness she was gone. She was then replaced with a male – who was the dean the rest of my tenure. So I lasted about a year with him... I think the fact I had a male boss was different for me. When you're a nurse, it's very common to have a female leader. There are situations where you can have a male, but it's a female dominated profession and so I had not prior to that time had a male leader.

Female leadership. For two of the participants who did have female supervisors during their whole tenure, both noted it was not as positive as they wished. Lisa specifically noted, her female supervisor who “micromanaged everything you did... trying to mentor, not doing a good job of mentoring!” For Rosie, she felt disappointed that she did not get the type of support she imagined as woman to woman, or female leader to another female leader. When asked why she thought her experiences were the way they were, Rosie internalized it to herself and that it may have been something she did versus her female supervisor.

Yes. And I don't know, maybe... I came on too strong. Because I've been in positions before where the reactions I get from people, the only way I can reason it out, is somehow they feel threatened, and I try like crazy to not present myself that way.

Jackie on the other was able to identify key characteristics of her female supervisor that made her work less stressful. She shared,

She gave me support I needed to do [my job] – she trusted my judgement. She trusted I would lead in a way that would get the work done... I just really felt like I was backed – she would listen to me. I felt like if there were issues so would take care of them and go to bat for me.

Whether male or female, the characteristics desired by these participants were “good listener,” someone who was more “nurturing,” acknowledged their nursing expertise and “trusted” their abilities, did not “micromanage” their work, gave “recognition” for all their work, and overall was “supportive” and backed them up with faculty and students. For these participants, having a positive working relationship with their supervisor was critical to their experiences as a nursing director or dean.

Impact of Workload on Women

For three of the six participants, the amount of work required to do their job was a key determining factor in their decision to resign from their position. Olive shared, “I had two programs to do accreditation too and it just wasn’t happening – it wasn’t going to get there... the continual frustrations with student issues, clinical coordination, immunizations – it was just endless.” One could not do the job in a typical Monday through Friday, 8:00 AM to 5:00 PM. Ruby noted she worked a minimum of 60 hours a week. Her typical hours were from 7:00 AM to 7:00 PM.

The workload for these participants became more intense if they didn’t have an administrative assistant or had to share that staff with other individuals or programs (Table 1). In one instance, the poor relationship, with no authority over the administrative support person added to the participant’s stress and workload. Jackie shared in her experience with administrative support personnel,

There were instances where she would choose to do certain tasks and not do certain tasks and that was never called out or held accountable for not doing XY or Z... That relationship – how do I want to say it – that’s been an ongoing issue for many directors or people who have had leadership roles, and it has not been addressed... She reports to the

dean. The dean is her boss, however, a certain percent of her job is to support the nursing program, but it was a difficult to get her to do her job. Sometimes she just didn't want to do her job.

For Lisa, she chose to try out the interim status, knowing from observing her friend and colleague the amount of work and stress the job required. Ultimately, after experiencing it for herself, she chose not to apply for the permanent position.

I could see the stress she had gone through [the previous director], so I didn't know if I wanted that for myself, so I felt doing it as an interim was a good idea. After the interim position, I knew it wasn't something I wanted to do it full-time.

The lack of administrative support, the wide variety of responsibilities, the complexities of the job all led to long work days and long weeks for these women. Eventually, the heavy workload would lead to feelings of frustration, being overwhelmed, increased stress, and eventually decreased job satisfaction.

Work, family, life balance. For five of the six participants, the amount of work impacted how they viewed the balance between work and family. Olive shared, "the strain of the work load carried over into my personal life and I was not able to get things accomplished at home and be a good mom." She went on to share how the heavy workload carried over into her personal life, and would lead her to feel like "a failure as a mom," for things like not being present to help her child with his homework. This caused her to feel disappointed in herself and to feel guilty. Olive went on to share,

But any of the correcting or teaching prep was always done at home – so that gets to be a bit of a strain on the family. Oh you're on the computer again... I do remember a couple of times with my son, he was probably still in elementary school and again in middle

school– and I remember being on the computer and I remember telling him – and my husband was falling asleep a couple of times – I was telling him you need to get your homework done and I would go off and do my thing, and then go back and say you need to go to bed now and get your pajamas on, and I would note oh my god it’s now 9:30, oh my god it’s now 10:30 and I don’t have him in bed yet.

For other women like Ruby, she reported feeling overcome with the workload and trying to manage family responsibilities, and felt, “It was a matter of time. It was a ticking time bomb.” Eventually the workload would push her to make the decision to leave her position.

For Rosie, she felt the strain of trying to balance her work responsibilities while trying to find the time and energy to take care of an aging parent.

[Worked] pretty much round the clock non-stop. I would go in – well, when I was teaching I had to be [at the clinical site] at 8 o’clock. The class started at 8 o’clock, so that was up at whatever time to get there, until I went to bed – so it was nonstop. I noted that to the VP and the president, and they said, well it’s a salaried position... Oh it was horrible. I moved back home to help take care of my mom. She’s still up and about, but obviously getting older and needs help with things and what not. I had no time for family or friends – my yard work – no personal care at all.

Rosie eventually came to a conclusion that being a nursing director was not allowing her to do any self-care, and have a life outside of work. This was echoed by Jackie, who came to that conclusion too.

All of that [work] – can you do that during the day? Do you have to do that in the evening when you there [on the college campus] for the six hours? Those six hours you are busy, so it’s not as though you have time to be answering lots of emails – it’s

more of a very fluid situation. Faculty have questions, students have questions and they want to come and talk to you. There are issues going on and you're trying to serve that all day long, so maybe it's towards the evenings and weekends when you can take time to look at your emails and do your communication with people. You can do it somewhat during the day, but not as the volume of what you are getting... So that, the work duty certainly helped push me out – impacted my decision to leave because there was so much work, and I was doing that work at home and in the evenings. My children noticed that, my husband noticed that. They even noticed when I came here [her new job] a difference in me.

The tension of managing a heavy workload that encroached on one's personal life was described by Rita as “horrendous,” and like balancing too many plates in the air. Rita described it as being like a clip she once saw on the Ed Sullivan show.

I was on the go. I didn't get over that until last year I finally got over it – it almost broke me. It was horrendous... if you have ever seen the old clips of the Ed Sullivan Show. They used to have these plate spinners on there. They're spinning all these different plates and they have to keep running to them and spinning them to keep them all up – that's the perfect metaphor for being a nursing director. You have all these plates all in the air, and you have to make sure you don't lose any of them because if you can't something will drop and crack. You have to be good at being able to attention to lots of different things, track a lot of different things – flexible, be able to adapt to constantly changing situations.

This idea of trying to balance many responsibilities in their professional and personal lives, and trying to ensure nothing “will drop and crack,” was a theme from all five of the women

who reported work, family and life balance issues. The long workdays impacted five of the six participants' ability to have the time and energy to invest in their personal and family lives.

Only Lisa noted her workload was manageable at 50 hours a week. She however had a good working relationship with a competent administrative support person, and had full release time to do her nursing director job. "It was full-time and I worked at home now and then. I didn't take a lot home, because I wanted that balance... there wasn't too much on my plate that I couldn't get done." During this time, her children were both in high school.

For five of the six women, the workload was just too much. The negative consequences they felt in their personal lives were just too great. For five of these women, the heavy workload was a key contributing factor to them resigning from their positions.

Impact of Faculty Shortages on Nursing Directors and Deans

The heavy workload the participants in this study reported were complicated further by nursing faculty shortages. The day to day realities of leading a nursing program without enough faculty to teach and run clinicals added to their already substantial responsibilities.

All six participants noted the challenges of teaching loads and having enough faculty. Four of the six participants were on faculty contracts with release time to absorb the nursing director duties (Table 1), or to absorb teaching duties. The range of release time went from 25% to one participant having 100% release time.

Workload ramifications for nursing directors and deans. Three of the four participants on faculty contracts were assigned teaching duties in addition to their administrative duties. As Olive shared,

I do remember one semester, the fall of 2014, we implemented the new PN curriculum, and umm we didn't have enough faculty to cover. I remember I had a full teaching load,

and then did the director responsibilities in the meantime. So that time, nothing got done until I found an adjunct person to team teach one course with me.

For the two participants who were on administrative contracts, they had very different experiences. One wished her contract allowed her to teach to help during times of faculty shortage, but was unable to, and faced faculty union scrutiny over it. Ruby stated,

The barrier component was – if I was short faculty, I could step in and teach, when you're part of the union – I meant when you're not part of the union and you're in an administrator and you're short faculty – you are begging people to take on extra contact hours. I couldn't teach because I was part of the administrative and not part of the union. So that was one difference that made things challenging when we were looking for faculty, because we were running short on faculty frequently. And then you know paying people more, you're looking at it from a budget standpoint and being fiscally responsible.

Counter to Ruby's experience, Rosie (who on an administrative contract), found herself jumping into not only her administrative duties her first week, but also charged with teaching a course due to faculty shortages. "When I started and they threw me into the classroom, all of the new people [new faculty] said to me, welcome to our world. And I thought, well that is sad." She went on to share her struggles in filling in due to nursing faculty shortages.

Yah, and like who else [in comparing to other programs] gets up at 3:30 in the morning and drives across town to go to a clinical site. It's stuff like that. But when you're trying to lead this thing and get through accreditation and stuff – we're already overburdened and now we're going to throw all this stuff on top of it. So it was stressful all the time.

Olive tried in her way to proactively minimize faculty turnover and increase retention but creating a mentorship program for new faculty, only to feel the workload burden, as she now had faculty teaching load, nursing director responsibilities and mentorship.

I know in hiring people, we had never had a mentoring – let's say a faculty mentor program, so I put together a policy and got a handbook developed, but then there was nobody to take on the role of the mentor and I would end up mentoring new hires. I remember hiring let's see, one, two, three people we hired, and I thought great we can implement this handbook. I didn't have the time myself to be the mentor, but nobody else would do it and they would refuse to do the mentoring, or in one instance, it was done so poorly, I took over that role for the remainder of the year.

Unfortunately for Olive, her proactive measures to minimize faculty turnover was more work she had to take on with an already overflowing workload.

Overcoming obstacles with human resources. Three of the six participants specifically noted the challenges of dealing with the long and laborious hiring practices to get faculty hired. Knowing that finding quality faculty was a difficult challenge, the cumbersomeness of the hiring process made it even more challenging. As Ruby noted,

You're trying to interview, you're trying to go through the process, and some of the processes are very laborious – to be able to get something done, someone hired – the committee piece. And I get it, why they do what they do. But that process I found very challenging because you had to have the committee and the committee had to have other faculty members on there that weren't part of nursing. And trying to schedule those times to make sure that all those things occurred, and then trying to get approval – okay I have these three people I want to get hired, and getting that process completed, where

references are checked and all that that goes to HR. That took some time, and some of the times when we were doing it, it was a little late as some of the people were getting hired by the others... Sometimes your choices were not what you wanted, you felt that they wouldn't be a fit at your institution. So then – now we have this new program, we've got new faculty – some faculty are a little bit more challenging than others you need to work with them.

Ruby's experiences and frustrations were echoed by Rosie, who noted,

HR taking so long to post and you have to forever keep prompting them to post and to please post externally as well. Well that costs money. Well [laughter], who's going to apply – unless somebody is really seeking out that position... they're not going to know there is an opening.

The hiring process was that much more frustrating for these participants since so much of the policies, procedure and workflow related to the search process were beyond their authority.

Finally, two of the six participants shared frustrations with getting the needed support from upper leadership in paying faculty in a fair and competitive manner. They felt exhausted arguing why nurse faculty should be paid more, and trying to get support from the institution that nursing faculty have a more challenging workload compared to faculty from other programs. As Rosie shared,

I found a letter from a previous director – there was no name on it, but it was a summation of what she presented to the cabinet and it was all the same things I had been requesting now, so nothing has changed. They [upper leadership] fight against having enough faculty, the pay they get, and how that pay is calculated – which is a mystery to everybody, especially the clinical hours, and trying to explain a nursing program is not

like an English program. There are so many more components to it. The theory part yes, but the clinical portion of it – there are so many pieces to it and they have to go off site to so many different places. We allow four people at a time, so on one side they say you need to have 24 students in a class, well – if you divide that by four that is a lot of groups of students going to different clinicals, so you need to have that many more instructors, because there isn't enough time in a semester, so they have to overlap, because there isn't enough weeks.

Human resource factors that were beyond the participants' influence or authority added to their frustrations and ultimately the amount of work on their plates. With little to no influence on the hiring process and increasing salaries to be more competitive to the market, the participants felt frustrated and helpless in addressing the nursing faculty shortages.

Pipeline and Preparedness of Nursing Directors and Deans

Four of the six participants were internal candidates to the nursing director or dean position. All four transitioned from faculty ranks to the director or dean role within the same institution. For the two participants who were external to the MN State system, one came from another higher education system, and the other participant came directly from clinical practice. Whether the participant was an internal candidate for an external one, all six women reported feeling confident in their skills and ability to lead a nursing program.

Overall preparedness of participants. The six participants covered a wide area of preparedness for the position of nursing director or dean. Four of the six women took formal graduate coursework related to leadership, with one woman also having had specific training in nursing leadership. While all of the participants did have faculty teaching experience (Table 3), only four of the six had actual nursing leadership experience. For the four who did have nursing

leadership experience, all four obtained that experience in a clinical setting. Overall, all the participants showed relevant experiences to being a nursing director or dean in the area of faculty teaching experience, while two of the six participants did not have any experience in nursing leadership (Table 3).

The participant who had the most years of faculty teaching experience, with 19 years (and six years of leadership experience), did not feel after being an interim for a year, the job was worth applying for. Lisa shared, “Through my experience in that year, I had decided to not apply. It was too much stress and my annual pay actually went down.”

Rosie, who had the most years of leadership experience, with 20 years in clinical settings (and 3 years of adjunct faculty teaching experience), also found herself unable to stay in the nursing director role. One of her challenges included not knowing how to navigate within academia, which were compounded as she was an outside candidate, or unfamiliar with the college she was hired into.

So I had that experience [leadership] and what I was told and what I thought, when you’re a leader and a manager – they’re certainly not the same things, but kind of a combination in the end – as long as you are trained and mentored to the specific aspects of that job, you can lead in that position. The problem was I was not mentored or trained to the aspects of academia and what that means.

For the two participants who came from outside the MN State system, they faced additional challenges in trying to acclimate themselves to the MN State culture and knowing how to navigate within the college and within the larger MN State system.

Overall, the participants showed the experiences necessary to lead a nursing program, and yet all six struggled with being a nursing director or dean. Again, the complexities of the

position, added to the heavy workload and poor relationships with supervisors and colleagues were too much. None of the six women were willing to stay in their positions. All six would ultimately resign.

Table 3

Participants' Preparedness Prior to Being Nursing Director or Dean

Experience Type	Mean	Median	Mode	Range
Years of faculty experience	8.17	7	3	16
Years of leadership experience	6.83	5.5	0	20

Lack of interest. One factor influencing a lack of interest from internal faculty candidates for the position of nursing director were the observations made of past and current nursing directors and deans, and knowing the amount of work and stress the position entailed. Rita shared how faculty could see the challenges she faced on a daily basis.

They [faculty] could see it was really stressful, and it was really a lot of work. A lot of workload, and a lot of battling – so it felt like you were fighting a lot of battles for stuff. Even I was running interference for the staff – student complaints.

For Lisa, she was the internal candidate who saw her friend and colleague try and manage the stressors of the nursing director position, and approached the position cautiously by taking it on as an interim position. Ultimately Lisa would decide not to apply for the position after an extended interim assignment.

I was, but [pause] I didn't know if I wanted it full-time. The DON position had a reputation. The nursing director was my friend – the nursing director I replaced – and I

could see the stress she had gone through, so I didn't know if I wanted that for myself, so I felt doing it as an interim was a good idea. After the interim position, I knew it wasn't something I wanted to do it full-time.

Lisa noted that she decided not to take on the position past the extended interim time because of the stress she experienced during her tenure as the interim nursing director.

Formal training and mentorship. There was a clear lack of any type of formal training or mentorship for the five of the participants. As Rita noted, she received “two hours with an outgoing director,” while two others turned to a fellow colleague in another program for help as needed, and two did not have any training or mentoring support or that “it was non-existent”, but rather was “seeking and finding” out what needed to be done and who to go to on their own.

The one participant who did get formal training, she received it a year after her start date. This was due to when she was hired and when the new MN State leadership cohort started their training. Yet all six felt having more formal mentorship and training would have been helpful. It was especially important to the two participants who came from outside the college system. Ruby shared,

Having a mentor would have been really nice. When people talk about that – you reflect back on – I try to reflect back on my entire whole day and learn something from it, and – somebody that knows what the job is like to say, this is what you do in these kinds of situations. It's not like you're going to have a manual on how to be a director – but to kind of help you through some of the things, like learning – not coming from a non-union area, coming into that to know what it's like, what to expect – where to find your information, who to build your relationships with here.

While the lack of formal training and mentorship was not a determining factor for these women to resign from their positions, in hindsight all six noted it would have been very helpful as they transitioned into their new roles. For the two participants who came from outside the MN State system, having a formal training and mentorship appeared to be more important than those women who were promoted internally.

Internal vs. external candidates. There appears to be a difference between promoting from within the college versus bringing in outside candidates. Jackie noted, “She didn’t last long. She came from outside of our school and didn’t do well. Lasted like a semester, a very, very short time.” Rita also shared,

It’s different when it’s like within your own group and stuff you know. Because I’m still there, I’m still there for the new person – it’s not like I left. I’m able to pass files on and tell her here’s what I did, here’s this and that. I’m there for questions. It’s different when you have people coming in and going out and they don’t know the program, they don’t know the faculty and stuff like that.

Two of the six participants came from outside the college institution. One came from the private educational system and the other one came from a clinical setting. Both outside the college system shared similar experiences in dealing with the additional challenges of trying to learn the internal system and navigate in their day to day work. Ruby noted,

Part of those things were a little bit difficult, and different things as far as chain of command. Not understanding when students – not necessary saying chain of command, but when something – students should go talk to faculty and they need to work through that because they are working as a team of faculty, and if there is an issue with a student, they need to follow the grievance policy and not knowing that at that time – because you

walk right into it. You know making mistakes and those things – you can't say that – “Oh that's something I didn't know.” Learning the policies and procedures....

We would meet every week, we would talk about things, but it wasn't like – it wasn't like what I had been used to in the past, where you had people who were kind of – not like nurture you, but show you the ropes so to speak.

In addition, the two participants who were external to the college faced the additional challenges of building relationships from the ground up. Ruby disclosed, “They're seeing this outsider coming in, because all of them had been there for a while or had come from faculty who had worked there and I had not.”

Contracts and compensation. Issues with contracts and lack of competitive compensation was noted by all six participants in this study. Nuances in the contract varied by college site, influenced by union master contracts, historical practices with past contracts, budgets, and size of the nursing program. Compensation on the other hand was reported consistently as being “below what you can make in clinical practice.”

Faculty contracts vs. administrative contracts. All six participants discussed their thoughts on what impact contracts and compensation had on their experience as nursing director. While four participants were on a faculty contract (Table 1), only one noted the desire to stay on a faculty contract versus an administrative contract so she could have more job security, yet realizing doing that came with the additional challenges of not having any formal authority. Rita shared,

Well I told my boss that I did not want to go over to the administrative contract because there is no job security. Under my faculty contract I had my three years of unlimited full-time, so I had tenure and so I did not want to give that up to be an

administrator. I'm a single mom – a widowed mom, and I did not want to give up that job security thing. So I said if you post this position as a permanent administrative position I won't apply for it. So that's why they never posted it... I think it's just the usual challenges of having a lot of responsibility but no or very little authority – or real authority anyway. Just dealing with all these different clinical issues and administrators, a lot of people around you.

In addition, for the four participants who were on faculty contracts, there were additional complexities to how that would not only impact their feelings of having autonomy or authority to act as needed to do their jobs, but also their relationships with faculty in their programs. In other words, as Rita noted, "You're not really considered an administrator, but you're not really considered faculty. You're kind of in this zone – sometimes faculty would regard me as administration, the enemy kind of thing."

All six of the participants, they noted the value of having an administrative contract with formal authority to allocate resources and supervise faculty. As synthesized under the previous section on autonomy, the need to have supervisory authority over faculty and support staff was reported as important.

Contracts and Compensation

For five of the six participants, salary was another factor that made them feel somewhat dissatisfied with their job as the nursing director. Jackie who resigned and went back into the healthcare setting shared, "The pay was a little bit more, but the pay was not the basis of decision." Jackie went on to share,

So if I'm going to work as hard as I was working, I want to be able to make pay that I'm worth, pay that I can make at the bedside. So I could go to the bedside and make the

same amount of money, actually more money that I could as a nursing director. I think that is a huge barrier for people for taking those roles, because if you want people in there that are good, you need to pay them, and you need to pay them what they could get elsewhere... Until they do that, you're going to have the situation you have – where you have people leaving.

Jackie would also discuss the low payment for nursing directors compared to a new nursing student.

Currently if you look at most postings for nursing directors – in this particular school, the pay range is \$35,000 to \$75,000 – for an academic year. A new nurse coming out of school and going to the bedside would make that and then some... I mean it's actually insulting – that low of pay.

In Lisa's example, she was motivated to take on the nursing director role to help out her department, and wasn't thinking of compensation when she volunteered. She noted, "I didn't ask if my pay would go up or if it would decrease, you know. I wanted to help out. I'm proud of our nursing program." Later on, Lisa would note as she got into the job, she would start to get frustrated with her lack of pay and the bureaucracy that prevented her from getting fair compensation.

I'm still in the faculty role, but I don't know why but my pay was actually less than what I was making when I was faculty. Which is really stupid. I had contacted HR about it and it was just the code they had to put me in as this faculty director was less than faculty staff... so that just added to it. And, after I talked to HR, the manager was very apologetic, but she said there wasn't anything she could do about it, and I knew if I

applied for the job that it would just add onto the stress. Now you're doing more work and getting paid less.

The bureaucracy with human resources was also noted by Rosie who shared,

I had found an old offer letter mixed up with some of the paperwork from four years ago, and the pay was the same as they had offered me, and I thought well okay. And I found that after I thought I should be getting paid more than this. So I approached them to re-negotiate my salary, and the director of HR said it takes forever to do re-negotiate your salary.

Rosie would then go on to accept a position in clinical practice, and upon getting her resignation notice, she would be told by senior leadership and human resources that they could pay her more. At that point, for Rosie, it was too little too late.

While compensation wasn't the main factor for their resignations, it was another piece that added to increase their sense of not feeling valued. As Ruby shared,

I always look for the learning in something, and money isn't everything. It is nice to be compensated well, but when you know you're working lots of hours, you break it down, you go oh man – I think sometimes that's what people do.

What Ruby noted was layered onto the participants' already dwindling sense of job satisfaction and magnified their feelings of frustration and stress. So while compensation was not the primary motivating force when the participants took the job, as their job satisfaction decreased, lack of compensation became more of a factor.

The Tipping Point

While the range of time these participants were nursing directors and deans for their institution varied from slightly under a year to eight years, each person identified a tipping point,

or the point where one or two factors showing no improvement pushed them to resign from their positions. For them it was realizing that what they were dealing with was not going to change, and at some point after getting clear affirmation that things were not going to get any better, they voluntarily resigned.

Supervisor relationship. The number one variable most commonly noted by five of the six participants as influencing them to leave their position was due to the poor relationship with their supervisor. For Rita, when she served under her first dean whom she had a good working relationship with, she stayed. “I had a good working relationship with my dean, but that was probably the most important factor in me staying as long as I did – was working with her.” Rita would go on to resign under the new dean, whom she did not have a positive working relationship with. Jackie like Rita had a difficult time transitioning from her first dean whom she had a good working relationship with to one she did not. As Jackie stated,

I think if I would have had the previous dean I would have stayed. Because I don't think she would have allowed what happened to happen... No one will accept the permanent role of director. I think that speaks volumes about the job itself and the leadership at the college.

For Lisa, who was serving in an extended interim position, she felt, “If the dean and I could have worked out our respect issue, I really think I would have applied [for the permanent position].” For Rosie, having any of the upper leadership express some concern or care would have influenced her to stay. Rosie noted, “If even if they would have said, what do you need or what can we do to keep you here? What do you need to stay here?” The desire by all five participants was to have a working relationship with their supervisors that was respectful and supportive.

The importance of the participants' experiences with their supervisors was so important, that when it was not a positive one, it had long-term impact on how they viewed their tenure as the nursing director or dean. For example, Olive shared, "I really don't know how to explain it without – I currently have some feelings of resentment and I don't know if resentment is too strong – very much frustrations." While Olive struggled to explain how she felt in a professional way that wasn't too harsh with criticism on her former supervisor, the emotion in her voice revealed talking about her former supervisor was very difficult.

Secondary to the relationship with leadership at the college, but intertwined with it, was the workload of the position. As Olive shared, "There just wasn't any plans [by leadership] to deal with the problems and the workload and what was required." Only one participant noted workload was the main factor in her decision to resign from her position. Ruby shared,

Yah – and trying to – you know sometimes it's hard to know what you need. You would ask for physical people that could do some of the things, and when you're like it's not in the budget – you're like okay – I mean you had to figure it out and you really couldn't figure it out, because your hands were tied because your faculty and the union have fair rules.

Frustrations like that caused Ruby's workload to increase, and ultimately led to her resignation.

For three of the participants, a secondary factor was dealing with the faculty union and the relationships with faculty. As Lisa noted,

For union reasons it was very stressful... there are three or four who traditionally go to the union about everything, and the rest of us, we're just trying to do our job and do the best job we can... I've worked with unions before in management roles and it just

causes friction. I know it's a way for nurses and faculty to complain about things, but it tends to stir it up.

While Lisa's experiences were heavily impacted by working through faculty issues in a collective bargaining environment, Jackie's struggle was more transitioning from a fellow faculty member to one with administrative duties. Jackie disclosed,

It's difficult to go from a faculty position to a director position. And one of the reasons for that is that, the faculty you're working with when you're faculty are your peers. And you see them as your peers and your friends, and when you go into a director role, you're no longer that. You have to be the leader, and that didn't work well for me. That was hard for me to, to come into that role... the faculty were extremely difficult for me to deal with them as a leader because, they did what they wanted.

While the most significant factor reported by the participants was related to their relationships with their immediate supervisors, the high workload and being a nursing director or dean in a collective bargaining environment magnified the poor relationship with the supervisor. This would ultimately create the tipping point, where the participants resigned from their positions.

Participants' Suggestions to Improve Retention

While all participants saw the value of having faculty teaching experience and nursing leadership experience, they identified current gaps and noted opportunities to develop strategies to increase retention. Participants who offered suggestions to improve retention among nursing directors and deans relied on their own personal experiences.

Professional development and formal training. Professional development and formal training suggestions from the participants included providing opportunities for nursing directors and deans to meet regularly, creating training on special topics, and having a formal mentorship

program. While not having access to professional development and training opportunities was not the determining factor for their resignations, these recommendations were brought out by the participants as a proactive measure to help strengthen networking, collegial support, and confidence.

Nursing directors' meetings. The need to create formal opportunities for nursing directors to network, collaborate and support one another was identified as being important. Five of the six participants noted the quarterly nursing director meetings as being very valuable or helpful to them in their role, along with meetings organized by the Minnesota Board of Nursing. Olive noted, "There's that networking that goes on there and it's a collaboration that way... you learn a lot about what's happening in nursing in the state." Rita also noted the importance of networking.

We went to this orientation at the board of nursing, which talks about your responsibilities, boards and legal stuff – I thought that was helpful. I think having something from the system developed like what they do for the administrators. So when I was dean I went to the orientation for that. Mostly it helped you get to know people to connect with, who to ask when – that's a big thing, where do you get the information when you need it. I think that would be helpful to have something like that or what board of nursing does.

The dedicated times to connect as nursing directors and deans was an asset to the participants. The opportunities to meet as colleagues provided a place to gather, knowing you were with like-minded individuals who were experiencing similar challenges.

Training on special topics. Three of the participants noted the importance of understanding legal issues with students and faculty. They realized the impact of working in a

union environment, and desired the skills and knowledge to navigate that. For example, Lisa noted the importance of being trained on union issues.

Given the union environment I really think that we need essentially more training on dealing with union issues... Because having worked with unions before I was more afraid of them, and not bringing them to the table before they were even invited by the faculty. So I think more union training would be very helpful.

Rita noted the importance of being trained on legal issues impacting higher education and nursing programs. “Having the legal aspect of things, there are lots of legal issues, whether its contracts, students who like to sue.... Understanding higher education law. Stuff like that, I think would be helpful.” In addition, Rosie specifically recommended a formal training for nursing directors and deans.

[I was] connected to these webinars for [general academic] dean trainings. But those are not necessarily helpful when you are in the trenches trying to get through the day, because they are such high level – and if you’ve had leadership training and experience, the stuff that’s there – I just looked briefly, it’s about dealing with difficult people, about being a manager and those sorts of things – I’m sure that’s what some people need, but it doesn’t help for the day to day – and that’s what I needed anyway... And it wasn’t specific to nursing. Because there are so many specifics to the nursing program, so there needs to be that other level – here’s a webinar for the nursing directors and deans – here’s what you should be expecting or what is required or needed each semester or whatever. One of those down and dirty – so you know what to anticipate. I don’t like to run a place where I’m just putting out fires. You want to anticipate things so everything is just a little bit more calm.

These trainings on special topics that would be relevant to nursing directors and deans were seen as a benefit that could help offset some of the challenges and stressors that came with the job.

Mentorship program. For all six participants, the value of formal mentorship as an individual took on the job as the new nursing director or dean was important. Olive shared, I also think there should be a more – somewhat more formalized role or mentorship role. I know when somebody comes in as a new Dean or even if it's an Associate Dean, they go through a period of training, they go to the MnSCU office – they participate in training there. I really think it should be something similar for nursing directors. The only thing though as far as training – one of my colleagues over at another program and myself – I went to the eight hour course that the Board of Nursing offers, and basically what that does is, you review the board of nursing's rules and regulations. It was a good learning experience. But I think it needs to be more than that. It needs to look at things from the MnSCU view; national, state, and local regulations, as well as what is the future of nursing. Looking at things from the legalities – I think that's a good start. Maybe having some, certain leadership training or even attending some conferences – hum, I think those are a must. Yeah – I think those are huge.

While this factor was not the determining factor for the participants in resigning from their positions, it was seen as a proactive measure to create a support structure to help offset the many challenges and stresses that are part of the nursing director or dean's role.

Changes to job description and contract. For four of the six participants, the need to have a clear administrative contract with clear job description that fits the complexities of being a nursing director or dean was noted. Olive shared,

I've thought about this many times – every program has different responsibilities or different expectations of what that director does. You know maybe some are a dean, some are a director, some teach, some don't – some are able to do this and can make this kind of a decision, whereas others you're very limited... I often wonder, why can't that not be something – whether that be some sort of direction – whether that be the Board of Nursing or within MnSCU as to try and get some commonalities as far as what the expectations and responsibilities are. I know there are some states that the Board of Nursing deems that the nursing director role is full-time, whether you're a dean or not – that the teaching is not a part of it. They recognize that there is a great amount of responsibilities there – but that isn't happening in Minnesota, and when you – when I talk to people at those meetings it's so vast and variable what the responsibilities are what they do and don't do – why can't there be some common ground?!

Having clarity on the job description and contract, were noted by four of the participants as having good influence on finding the right person for the position. Recruiting and hiring the right fit for the nursing director role would include making sure the position description clearly outlined the technical skills, nursing education knowledge, relational skills, and leadership needed for the position versus just finding someone who is “that workaholic.” As Jackie stated, “You need to know about accreditation. You need to know about all the standards and how those are met. I think that you need to understand the work the faculty do.” In addition, Olive stated,

Skills and abilities needed to be a good nursing director would need to start with having experience as a nurse educator. I feel more than a couple of years' worth of experience to know depth of nursing education, the regulations (national, state, and local), etc.; having

experience doing something that you will eventually lead is vital. Leadership experience would also be helpful, but in any position, you have to start somewhere. Rather than leadership experience, leadership potential is important.

For the four participants who noted the importance of having a clear job description and formal authority under an administrative contract, this was seen as a basic measure that MN State could take to create some consistency with the role of nursing directors and deans in the MN State system.

Support and encouragement for self-care. Participants' desire for encouragement from their supervisor and faculty colleagues was also noted. One participant specifically noted the importance of self-care. Ruby shared,

I think there should also be some self-care. That people are taking care of themselves – I think sometimes people are like we want that workaholic working here, but there needs to be that self-care, that nice balance because you need family time, you need down time.

While the other participants didn't specifically spell this out as a recommendation, there was acknowledgement by four additional participants of the importance of finding balance in one's life. Their experiences as nursing directors and deans led to an imbalance in this area.

Summary

This chapter reported on the results of working with six former nursing directors and deans who voluntarily left their positions. Using the feminist framework and JCT, this study explored the lived-in experiences of these women, and worked to bring their voices forward. The major themes were discovered by analyzing the interviews, and allowing the participants' opportunities to validate the findings.

While many different factors were noted by participants as being a part of their journeys as female directors and deans, the most notable factor included how the relationships they had with their supervisors and faculty, influenced how they experienced their jobs. If participants did not have relationships where they felt communication was meaningful, there was relational support, and a sense of respect, they felt less job satisfaction. Other notable factors included the role gender and lack of authority had in their lived experiences. The participants felt their experiences were shaped by their roles as women balancing personal life responsibilities, and being in middle management positions reporting to male supervisors. The stories of these women also showed the depth and scope of the work they were required to do, which created a heavy workload, and influenced how they made meaning out of their work and their personal lives. Other subparts that emerged from the interviews included: the impact of faculty shortages; their experiences in being prepared for the nursing director or dean role; contracts and compensation; and their wish to make the landscape of being a nursing director or dean in the MN State system better by providing recommendations for improvement.

In the following chapter, chapter five, I will share discussion points based on the findings. In addition, chapter five will cover the limitations of the study, implications for research, implications for theory, implications for practice, and the final conclusion.

Chapter V: Discussion

The purpose of this qualitative study was to explore and document the stories of these six female PN and ADN directors and deans. By integrating the feminist framework with JCT, and working collaboratively with the participants, we were able to work towards finding some answers to the five research questions posed in this study. Fitzgerald (2013) stated,

The powerful potential of women's stories is that they offer a counter-narrative about how women 'do and perform' leadership. Their stories highlight that leadership is contextual, personal and adaptive. That is, leadership is enacted in different ways according to circumstance, space, and time. (p. 11)

For these women, the context of being a nursing director or dean in a time where resources were limited (Eisele-Dyrli, 2016; Rawls, 2016), workforce demands for more nurses was ever increasing (American Association of Colleges for Nursing, 2015b; U.S. Bureau of Labor Statistics, 2013), and having dealt with the heavy workload that infringed on family and work balance (Adams, 2007, Bittner & O'Connor, 2012, Burlingame, 2016; Mintz-Binder, 2014a; Mintz-Binder & Sanders, 2012); it is no wonder job satisfaction was so low and all six women resigned from their positions.

Current literature has shown the importance of relationships in the workplace and workplace interactions (Krogh, 2011; Liners-Brett, Branstetter & Wagner, 2014; Mintz-Binder, 2014a; Mintz-Binder & Calkins, 2012; Mintz-Binder & Fitzpatrick, 2009), workload challenges (Burlingame, 2016; Mintz-Binder & Sanders, 2012; Penny et al., 2015), having autonomy (Baker, Fitzpatrick & Quinn-Griffin, 2011; Davies, Laschinger & Andrusyszyn, 2006; Lane, Esser, Holte & McCusker, 2010), and the role gender plays in these experiences (Airini et al., 2011; Ballenger, 2010; Gudbjorg & Heijstra, 2013; Jo, 2008) . While the key findings from this

study is consistent with existing research; the stories from these six women also showed the cumulative impact of how multiple workplace variables eventually cause such deep job dissatisfaction, it leads to turnover with those who were at the beginning motivated and willing to be nursing directors and deans.

This final chapter will cover six sections. The first section will discuss the results of this study using the five research questions as the guiding framework. The subsequent sections will review the limitations of this study, implications for research, implications for theory, implications for practice, and end with the conclusion.

Discussion

This study was approached in a very open and collaborative manner. All six participants were agreeable to this partnership, and excited to participate. All six participants were intrigued with the idea of using their stories in this study to help inform solutions, and work towards identifying solutions to increase longevity of nursing directors and deans in our MN State college system. To somehow use their experiences to “make it better for the next one.”

The journey in listening to these women’s stories was unexpectedly heart-wrenching, and evoked a strong emotional response in me as a professional woman, female colleague, mother, and wife. With three of the participants who did tear up or shed tears, I found myself right there with them, even feeling my own tears coming on. I could with each of the participants feel how overwhelmed they were, how hurt, frustrated, and even angry their experiences left them. These women shared much more details than I originally anticipated, and provided such in-depth responses, that the data was rich with their voices.

My goal as the researcher was to empower these women to speak their truth, to listen to their stories and affirm that their lives and experiences mattered. Mwangi (2009) argued,

The ability to break the silence for women means more than being empowered to speak... gaining the power to develop and share one's own unique voice... women need to establish a collective voice by creating a common bond and through shared collective stories and experiences. Shared experiences among women help bind them together. (p.41)

With each interview, as I shared in their experience, and I shared back with each participant the progress of this research, we became one in this shared consciousness, in their shared truth.

Research question one. In my first research question, I asked, “What factors contributed to female PN and ADN directors and deans to voluntarily leave their positions from a MN State college in the past seven years?” The stories shared by these women showed four key factors that contributed to them ultimately resigning from their positions. These four key factors that influenced their resignations were connected to the six of the nine code groups used during the data analysis. This included impact of relationships, gender impact, impact of faculty shortages, impact of workload, contracts and compensation, and tipping point.

Relationships. The first key factor, and the most significant one that emerged was the relationship each woman had with her supervisor. A secondary part to that relationship, were the relationships they had with faculty, support staff and other colleagues. As Airini et. al (2011) found, the biggest contributing factor that helped or hindered women's advancement in higher education was the work relationships and interactions with supervisors and colleagues. As Rosie so eloquently shared, “You want to be acknowledged and you want to know that people understand how hard you are working.” The need for a positive working environment, where Lisa noted, “the management should support you, and they should recognize what you are doing

and saying are good,” and as Rita shared, you have faculty who are engaged and not “plotting behind my back.”

While job satisfaction is a multi-faceted concept, it is important to note the critical role the type of relationships employees have with their supervisors has on their work motivation and job satisfaction. Lee, Miller, Kippenbrock and Emory (2017) stated, “Leadership remains a major factor related to job satisfaction and intent to stay in nursing education” (p. 266). Throughout this study, the strongest theme that emerged was this factor.

Workload. The second key factor that emerged was workload, which was compounded when dealing with faculty shortages and not having an administrative assistant available to support their work to the capacity they needed. As Olive shared, “I would say though it was not uncommon to spend 60 hours minimum a week at work. Sometimes more than that. Evenings, weekends...” Jackie also noted, “The work duty certainly helped push me out – impacted my decision to leave because there was so much work, and I was doing that work at home and in the evenings.”

The reality is, the nursing directors and deans have challenging workloads that are higher than their counterparts in non-nursing academic departments (Bittner & O’Connor, 2012; Roughton, 2013) and it leads to work, family and life conflicts, and ultimately decreased job satisfaction (Burlingame, 2016; Mintz-Binder, 2014a; Mintz-Binder & Sanders, 2012).

Authority and autonomy. The third factor that the women shared was the conflict between what they were responsible for doing or ultimately taking care of, and the lack of authority to do it. This was an issue for five of the women. The only participant it was not an issue for was the one who was on an administrative contract. Of the other five, four were on faculty contracts with release time, and one had an administrative contract, but reported her dean

hindered her ability to act with autonomy. As Rita shared, “I think it’s just the usual challenges of having a lot of responsibility but no or very little authority – or real authority anyway.”

Having autonomy, and feeling empowered to make decisions and having the formal authority to act in one’s work is an important factor in influencing job satisfaction (Baker, Fitzpatrick & Quinn-Griffin, 2011; Davies, Laschinger & Andrusyszyn, 2006; Lane, Esser, Holte & McCusker, 2010; Sarmiento, Spence-Laschinger and Iwasiw, 2004). When nursing directors and deans are not given both informal and formal authority to do their jobs, this factor will decrease their job satisfaction and therefore increase turnover.

Contracts and compensation. The fourth main factor that emerged was nursing director and dean’s contracts and compensation. While this factor was important to these women’s experiences, (in heightening their feelings of not being valued, appreciated and empowered), it only became a catalyst for resignation when it was combined with other factors.

Having an administrative contract with administrative authority was important to five of the women, as they felt having that formal authority would allow them to do their jobs more effectively and efficiently. This is consistent with existing research that indicated the importance of having authority and autonomy (Baker, Fitzpatrick & Quinn-Griffin, 2011; Davies, Laschinger & Andrusyszyn, 2006; Lane, Esser, Holte & McCusker, 2010; Sarmiento, Spence-Laschinger and Iwasiw, 2004). This became even more critical if their relationship with their supervisor was not a positive and supportive one. Yet, when these women had very supportive supervisors, even without the formal authority, there was an increased sense of work capacity or accomplishment.

McGonagle, Fisher, Barnes-Farrell and Grosch (2015) found, if individuals feel a sense of control in their work environment, have support from their supervisors, and have autonomy,

employees have high perceived work ability. In other words employees would feel more productive and less stressed. Yet for these nursing directors and deans, as long as they had a supportive supervisor, it helped balance out their feelings of decreased job satisfaction due to having no authority.

Finally, nursing as a profession in clinical practice, is considered above average in pay. The median annual salary for LPNs is \$41,540 and \$65,470 for an RN (Papandrea, 2015). Yet for nursing directors, as Jackie shared, when a nursing director is being paid in the range of \$35,000 to \$75,000, “it’s actually insulting – that low of pay,” when you see a new nursing student making that upon graduating from the program. Still, this same participant was willing to forgo being paid more because, “being a nurse isn’t always about making money – yes, I want to be paid what I’m worth, but also are you seeing an impact – can you see the NCLEX go up, can you see your students getting jobs....” Her willingness to sacrifice higher pay in a clinical setting to educate and help others, including her department and college, was a common theme with all the female nursing directors and deans. As Shield (2016) noted, “Employees want to be treated well and respected, and salary is only a small part of that... One important thing you can do to ensure loyalty and retention is to be interested in your employees as people and as professionals” (p. 14)

While the role of administrative contracts and higher compensation is an important factor to consider, it is not the most important factor for increasing job satisfaction. The key component to overall job satisfaction is the perception of being recognized and respected professionally by supervisors. This is consistent with current research findings (Liners-Brett, Branstetter & Wagner, 2014; Mintz-Binder, 2014a; Mintz-Binder & Fitzpatrick, 2009).

Interconnectedness of factors. The different variables impacting the experiences of the nursing directors and deans is complex and interwoven. One factor is connected to, or impacts another variable. For example, relationships with supervisors and faculty are interwoven with authority, or lack thereof. Lisa shared, “So they [faculty] would come to me and if they didn’t like what I did, or if I told them to go handle it themselves, then they would go to the dean and complain.” When nursing directors and deans are not given the formal authority to allocate resources, and discipline faculty or administrative support staff, and that is intertwined with a negative relationship with the supervisor, the variables compound and magnifies the feelings of dissatisfaction with the job.

On the flip-side, when the nursing director or dean felt like they had a good supportive relationship with their supervisor, that factor provided the foundation or a sense of hardiness that allowed the nursing director or dean to continue in their position, withstanding the other key factors of workload, lack of autonomy, and negative relationships with faculty. As Jackie shared, “I felt like she gave me support I needed to do – she trusted my judgement. She trusted I would lead in a way that would get the work done.” This participant was on a faculty contract and was struggling with her relationships with faculty, and had no formal authority. She was willing to continue in her role as nursing director, only resigning when the new dean showed himself to be unsupportive and in complete opposite to her experiences with her first dean.

Leadership and preparedness. Finally, overall, all six participants showed relevant experiences to being a nursing director or dean (Table 3). All six participants had faculty teaching experience, while four of the six had formal leadership experiences in the clinical setting. What was interesting was the similarities in stories and experiences for these women. For example, while all six participants felt confident they had the skills to take on the position of

nursing director or dean, the ongoing challenges and stress of the position ultimately led them to leave their positions. No matter if they had the most number of years of experience in teaching and leadership, or if they had the least amount, their experiences of trying to overcome stressful relationships with supervisors and/or faculty, and working with limited resources with little to no authority were very similar. While leadership and preparedness is found in literature as important (Adams, 2007; Lane, Esser, Holte & McCusker, 2010; Smith, Glasgow, Weinstock, Lachman, Dunphy-Suplee, Dreher, 2009), for these women it wasn't the most significant factor that influenced their final decision to resign from their position as nursing director or dean.

Research question two. In my second research question I asked, "How do PN and ADN directors and deans make meaning of their experiences as female leaders in their programs and within higher education?" As the six women shared their experiences, two themes emerged. First theme was centered on their experiences as women in leadership with female versus male supervisors. Participants noted they enjoyed a positive and supportive working relationship when they had a female supervisor compared to a male supervisor. The second theme was the impact of family and work balance, or how they experienced a heavy workload as wives, mothers and caregivers. Of the nine code groups used during the data analysis, the code groups that impacted these findings included gender impact, impact of workload, impact of relationships, and the impact of faculty shortages.

Role of male vs. female supervisor. For three of the participants, they were able to share their experiences of going from a female supervisor, whom they felt a strong and positive relationship with, to a male supervisor, whom they felt was very negative. Being in a female dominated profession, the expectations of women to work in environments that foster collaboration, consensus building, cooperation and empowerment (Paris, Howell, Dorfman &

Hanges, 2009), can create tension when stereotypical male leaders who exhibit ambition, dominance, rationality and power (Koenig, Eagly, Mitchell, Ristikar, 2011) lead.

One participant (Rita) even noted her dean, “comes across quite sexist,” and for her that meant he did not show her respect and was “patronizing,” and

listened differently... different from her last boss [who was female]. The one before was very relational and a very good listener... even though we disagreed I knew I had been heard out, whereas I felt he had his conclusions and he already knew better and I just felt really disrespected.

Another participant shared her need to have “caring expressed by your leader.” That the leader expressed and showed interest in how she was doing at work and home, while a third participant felt her male supervisor made her doubt herself and her abilities as a nursing director, and yet the male supervisor did not have a nursing background.

The importance of having a working environment with leadership that fosters collaboration and prioritizes interpersonal relationships, and supervisors who take the time to pay attention to the personal and socioemotional components of a female nursing director or dean, is critical in creating a positive working relationship (Liners-Brett, Branstetter & Wagner, 2014; McGonagle, Fisher, Barnes-Farrell & Grosch, 2015; Mintz-Binder, 2014a). In a profession and educational setting that is dominated by women, the impact gender roles and characteristics can have on female nursing director’s experiences needs to be validated. The characteristics desired most by these women in their supervisor and upper leadership included, “good listener,” someone who was more “nurturing,” acknowledged their nursing expertise, “trusted” their abilities, did not “micromanage” their work, and gave “recognition” for all their hard work.,

Work, family and life balance. Five of the six women shared stories and experiences of dealing with the intense workload demanded by the job. As already discussed in part under question 1, the physical amount of work required to do their jobs was such that it overflowed into the evening and weekend hours. Five of the women experienced increased guilt, frustration and stress over managing the work demands and their family life. Workload became more of a complex issue, as it impacted the women's personal lives, and their roles as wives, mothers, and in one case being a daughter trying to find time to take care of an aging parent.

The five women were experiencing what feminist researchers note as intersectionality, or the concept that each of them were experiencing the effects of their multiple identities as wives, mothers, daughters, professionals, and nurses (Bloom, 1998; Brown, Western & Pascal, 2013; Campbell & Wasco, 2000; Hesse-Biber & Leavy, 2007; Mwangi, 2009). The tension that exists as women work to make sense of all their identities is challenging. Mwangi (2009) found,

Again while the societal discourse on women's identity is based on the definition of motherhood, the reality is that women are inclined to become not only mothers, but professionals, workers, and students – identities that are not consistent with the traditional expectations. Consequently, the women are left to deal with the struggles and consequences of choosing education. (p. 136)

Or in this case, the “struggles and consequences of choosing” a professional career.

Ward and Eddy (2013) found women don't pursue “formal leadership or administrative roles... as a way to avoid potential conflicts between academic work and parenthood” (para. 6). The tensions that existed between being a professional and working on their own professional growth, and the responsibilities of being a caregiver to their families created additional stress. For these women there appeared to be increased guilt due to work related tasks that would

interfere with family time, yet the women felt unable to find that balance because the workload demanded they sacrifice their personal lives. As Rita shared, “It almost broke me. It was horrendous.”

Research question three. In my third research question, I asked, “What job characteristic factors influenced (positively or negatively) job outcomes/job satisfaction? During the data analysis the code group used to answer this question was JCT. As Hackman and Lawler (1971, 1976) found, JCT framework provides the lens in which to understand how job characteristics influence internal work motivation or job satisfaction. In order for an employee to develop a persistent high level of internal work motivation, all three psychological states must be present: 1) experienced meaningfulness of the work; 2) experienced responsibility for outcomes of the work; and 3) knowledge of the actual results of the work (Hackman & Lawler, 1971, 1976; Hackman & Oldham, 1980).

This study found the nursing directors and deans experienced low levels in how they experienced the meaningfulness of their work in two of the three job characteristics, they experienced low levels of responsibility for outcomes, and low levels in the area of knowledge of the actual results of the work (Figure 2).

Tasks and the experienced meaningfulness of the work. The critical psychological state that impacts how an individual experiences meaningfulness of the work, which then influences the internal work motivation and job satisfaction of the individual, is based on skill variety, task identity and task significance (Hackman & Lawler, 1971, 1976; Hackman & Oldham, 1980).

Skill variety. While all six participants shared the incredible variety of tasks required to do their job, this became a negative factor. The breadth of responsibilities with little to no administrative support resulted in feelings of being overwhelmed with their workload for five of

the six women. This became even clearer, as the only participant who did not experience this was given 100% release time and had access to competent and reliable administrative support personnel. As Rita shared during her interview, the variety of tasks required to be a nursing director or dean is metaphorically like trying to balance multiple spinning plates in the air. As the nursing director or dean you are trying to keep them all spinning, and yet constantly fearful that one or more plates will stop spinning and it will all come crashing down around you.

With tasks ranging from making copies, managing paperwork, data sets, spreadsheets, responding to student's calls and emails, admissions process, faculty issues, curriculum, accreditation, and for some having a teaching load; the variety of skills was high. While not seen as trivial by the participants, the variety of work was so great that instead of stretching their skills and abilities and challenging them in such a way to trigger meaningful experiences that would trigger increased sense of internal motivation, it had the opposite effect of what JCT model theorized (Hackman & Lawler, 1971, 1976; Hackman & Oldham, 1980). As seen in Figure 2, their experiences were not in alignment with the JCT model.

Task identity. Hackman and Oldham (1980) postulated that employees have increased sense of internal motivation if they are given work that requires them to complete a task; work that allows them to see it from start to finish. For all these women, while some work was viewed more positively in this regard, others were not. For example, participants acknowledged there were some high stakes type of work that they wanted to have more time to focus on and see through from beginning to end. This included work with accreditation, strategies to address student pass rates on licensing exams, the admissions process, and being proactive to address issues facing the nursing program, including the impact of faculty shortages. Yet, within that, they noted a desire to see some of the lower level tasks (associated with taking care of higher

level work), passed onto to an administrative assistant. In addition, ideas or ways to centralize some of the paperwork or processes with centralized admissions and clinical contracts were identified. There seemed to be tension between the desire to see all the work get done, and seeing things from start to finish, but having too much on one's plate. As such this made it more of a stressor versus a motivating factor. Again, this was not consistent with the JCT model. (Figure 2).

Task significance. While skill variety and task identify were not strong motivating factors, what was clear was these women felt how important the work they were doing was, and how it impacted others. This heightened sense of responsibility to students, faculty, their college, clinical partners, and their profession was a motivating factor for the nursing directors and deans. The internal responsibility, or task significance these nursing directors and deans felt for their programs was very high. They felt the meaningfulness of the work they were charged with, and it became a driving force that motivated them to stay as long as they did. As Lisa shared, "It's high stakes. People work very hard to get into nursing programs and then if they don't pass it's huge." This is consistent with the JCT model.

Autonomy and the experienced responsibility for outcomes of the work. The next layer of the psychological state according to the JCT framework is how employees experience the responsibility for the outcomes of the work, or the concept that increased levels of autonomy given to an employee influences work motivation (Hackman & Lawler, 1971, 1976; Hackman & Oldham, 1980). For five of the six women, the biggest factor that revealed itself with autonomy was the lack of authority. The only participant who did not note that as a concern was on an administrative contract with formal authority. In particular, they desired the autonomy to allocate resources, and have supervisory authority over faculty, and the administrative assistant.

The lack of autonomy was an issue for these women. Due to the lack of autonomy given to them, this did impact their internal work motivation. These results are consistent with what Hackman and Lawler (1971, 1976) and Hackman and Oldham (1980) theorized with their JCT model. As current research validates, autonomy is an important factor in increasing job satisfaction (Baker, Fitzpatrick & Quinn-Griffin, 2011; Burlingame, 2016; Davies, Laschinger & Andrusyszyn, 2006; Lane, Esser, Holte & McCusker, 2010).

Knowledge of the actual results of the work. The final layer of the JCT model covers the third critical psychological state of how an employee has knowledge of the results of their work (Hackman & Lawler, 1971, 1976; Hackman & Oldham, 1980). In other words, the feedback they receive from the results of the actual work or activity completed, or the feedback individuals get from those whom they work under and with. This psychological state expanded from one job characteristic (feedback), to also include social dimensions (Oldham & Fried, 2016). Social dimensions is a newly added component to the JCT model, and therefore not widely used in research to date (Oldham & Fried, 2016).

Feedback and the knowledge of the actual results of the work. All six participants reported feeling unsatisfied or frustrated with some parts of their actual work. The work activities they felt unsatisfying were because of the impact of workload and relationship challenges in the workplace. While three of the participants did share some accomplishments during their tenure as a nursing director or dean, it was quickly overshadowed by their negative experiences. In addition, for all six women, their workplace interactions with upper leadership, faculty, faculty union, support staff, and/or students caused increased sense of negative feedback.

The role the negative experiences with supervisors for five of the women, and the negative feedback experiences they had were significant. The work activities itself can be

rewarding and motivating when the amount of work is reasonable, and the individual has access to the needed resources to complete the work (Sarmiento, Spence-Laschinger & Iwasiw, 2004).

For these nursing directors and deans, having access to the needed resources to complete their work would have gone a long way to helping them feel more satisfied with their jobs.

In regards to the participants' experiences with obtaining feedback from agents, or feedback from people they worked with on the job they were doing; the theme that emerged was there were consistent negative feedback experiences with their supervisors, upper leadership of the college, faculty, students, and even in some instances support staff. It seemed as if the women were desperately seeking positive feedback, or some sort of positive acknowledgement of their hard work and willingness to take on the role that was difficult to fill. Hutchinson and Hurley (2012) stated, "Repeated exposure to negative emotions, hostility and conflict can lead individuals to form negative attitudes" (p. 555). The need for positive feedback experiences on the work that is being done is important to an employee's sense of job satisfaction (Liners-Brett, Branstetter & Wagner, 2014; McGonagle, Fisher, Barnes-Farrell & Grosch, 2015; Murray, 1996).

Social dimensions and knowledge of the actual results of the work. While the feedback from agents looks closely at how supervisors or colleagues might rate or give feedback on the work being done, social dimensions looks strictly at the work place interactions from the social or relational aspect. While this job characteristic is a newly added component to the JCT model, this study revealed it is a critical job characteristic, and worthy of further research.

The two areas of relationship that became the most significant in these women's experiences as nursing directors and deans was with their supervisor and with faculty. For five of the six participants, they felt if there was a good relationship with their supervisor, they would

have been able to deal with the challenges of their job. The significant role that having a positive, supportive supervisor, who provided the emotional support would have on nursing directors and deans' longevity, was unexpected. This became the most significant factor that determined the longevity of five of the six nursing directors and deans.

While three of the six participants felt having a supervisor with a nursing background was important, ultimately it wasn't as important as having a supervisor that was "always supportive," showed interest in their work, "never micromanaged," and "listened to my concerns and helped." The job characteristic social dimensions reinforces the points discussed earlier under research question one. Whether the supervisor was male or female, these women desired a working environment where their relationships with their supervisors were positive. When leadership can create an environment that fosters teamwork, prioritizes the importance of interpersonal relationships, and fosters a supportive environment, it can greatly impact job satisfaction (Liners-Brett, Branstetter & Wagner, 2014; McGonagle, Fisher, Barnes-Farrell & Grosch, 2015; Mintz-Binder, 2014a).

In regards to relationships with faculty, only one participant used the actual term "bullying." All others discussed that the challenges of trying to maintain positive relationships with faculty, ranging from the transition from "being their friend," to being an administrator with no authority over them, dealing with the faculty union, to worrying about the gossip and "backstabbing" as additional stressors. While the other five did not use the term bullying or harassment when speaking of faculty, one could argue the experiences these women went through were distressing, or at the very least non-cooperative relationships. The reality was that for these women, it just added to their already full load of dealing with many stressful factors.

Bullying, harassing and aggressive type behaviors by nurse faculty to fellow colleagues or to nursing directors and deans has been well studied (Katrinili, Atabay, Gunay & Cangarli, 2010; Jackson et al., 2002; Mikkelsen & Einarsen, 2002; Mintz-Binder & Calkins, 2012). The ultimate price for these types of behaviors and relationships is it affects the whole work environment, and especially on nursing directors and deans (Mintz-Binder & Calkins, 2012). When nurse educators can engage in a caring environment where there is open dialogue, active listening, in a collaborative way, the work satisfaction and retention is positive for nursing directors, deans and faculty (Liners-Brett, Branstetter & Wagner, 2014; Mintz-Binder & Fitzpatrick, 2009). Through listening to these women's stories, the critical role relationships had in influencing their perceptions on their ability to stay in their jobs or resign was clear.

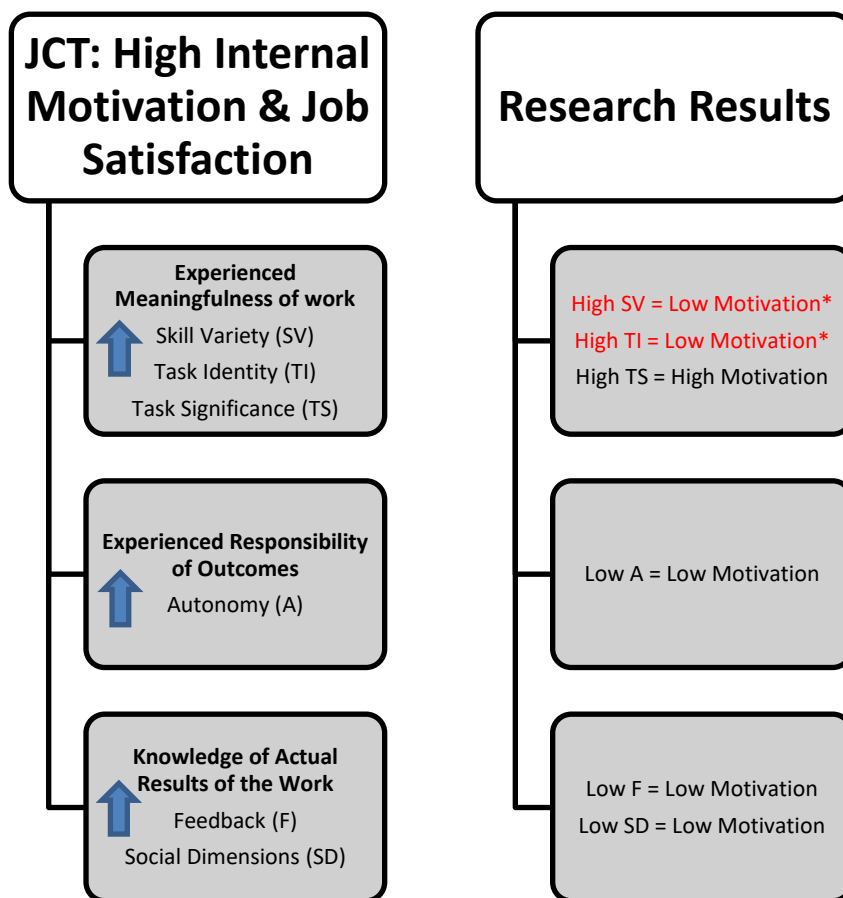


Figure 2. Comparison of Job Characteristics Theory and Research Results. Asterisk (*) symbol indicates the two areas that were not consistent with JCT, or where high levels of job characteristics did not equate to high work motivation.

Research question four. Question four asks, “How did workload impact women in leadership roles?” During the data analysis, the code themes that were connected to this question included gender impact, impact of workload, impact of relationships, and the impact of faculty shortages.

This research question is also connected to and covered under research question two, where the work, family and life balance is discussed. In addition to what has already been covered, it is worth noting that all six women resigned from their positions, and none are currently in a nursing director or dean position. All six women sought out balance in their lives,

finding jobs that were less demanding of their time and less stressful. Three returned to the faculty ranks and three transitioned into clinical practice.

Ward and Eddy (2013) found that women will deliberately lean back or shy away from finding opportunities for advancement in higher education due to beliefs that the organizational environment is not friendly to fostering growth of women. They anticipate the challenges they may face from observations, personal experiences, or even by being warned by others. In addition, they make a conscious decision between work and family, choosing family (Airini et al., 2011; Dominico, Fried, Zeger, 2009; Jo, 2008; Ward & Eddy, 2013).

This study shows how that manifests itself. Four of the six participants were internal to the college and volunteered to take on the role of nursing director or dean because there was no one else willing to take it on, and they “wanted to help out the program.” Where one noted, “None of the other faculty would consider taking the job themselves.” Another participant expanded and shared, “The nursing director I replaced – and I could see the stress she had gone through, so I didn’t know if I wanted that for myself.” Three out of these four women noted that workload, and work/family balance were issues for them.

For the other two participants who were external to the college, while they took the leap and completed the search process, both ended up leaving because of the amount of work required to keep pace with the position, and one woman left in large part due to the unsupportive relationships she had with leadership. So regardless if the nursing director or dean was an internal or external candidate, five of the six women felt workload was a significant issue and one of the main determining factors for their resignations.

Research question five. The final research question asked, “How did outside work factors impact women in leadership roles?” During the data analysis, the code groups that impacted this question were gender impact, impact of workload, and recommendations to improve retention.

For these women, the only outside work factor shared related to their families. Interestingly, one participant shared how she didn’t view it as her responsibilities at home impacted her role as a nursing director, but rather it was the reverse. Olive noted, “I would say work was carrying over into the home life.”

Again, the theme of workload impacting the nursing director or dean’s schedule, and the work overflowing into personal time ultimately became one of the main factors that influenced five of the six women to resign from their positions, and to take on a position that was less demanding of their time; allowing them to move towards finding work and personal life balance. Penny et al. (2015) found, women working in academia feel the tension between their career and family life. The increased guilt due to work related tasks interfering with family time undermines the advancement of their careers (Gudbjorg & Heijstra, 2013; Penny et al., 2015).

Implications for Research

Currently, there is a heightened sense of concern with nursing director and dean turnover in our state and in our country. This study adds to existing research in understanding this problem from a qualitative perspective. While current literature is heavy in quantitative approach, there continues to be a need to gather more in-depth data in understanding the lived experiences of former and current nursing directors and deans. As Ramazanoglu and Holland (2002) noted, “Quantitative methods offer limited access to accounts of experiences, nuances of

meaning, the nature of social relationships, and their shifts and contradictions” (p. 155). These gaps can be filled by conducting more qualitative research.

Currently, 100% of nursing directors and deans at the MN State Colleges are female (Minnesota Board of Nursing, 2016), and nationally women make-up 93.8% of the nursing profession (American Association of Colleges for Nursing, 2015a). As this research found, while women dominate the field of nursing and nursing leadership within higher education, there are relational dynamics between female nursing directors and deans, and their male supervisors that impact job satisfaction and retention. More research on how women experience their roles in leadership in higher education, and how female nursing directors and deans make sense of working under male leadership, is needed. With that in mind, additional research using feminist methodology would be important to expand the understanding of the gender dynamics between female administrators in higher education and their male supervisors. Feminist methodology can be used to help in “unearthing the knowledge of women and others who have historically been marginalized” (Hesse-Biber & Leavy, 2007, p. 348). In addition, the role of relationships between nursing directors and deans, with their faculty and staff, was also found to be an important factor in this research. Additional research in understanding more in-depth the relational factors that influence job satisfaction for nursing directors and deans, with faculty and staff should also be considered.

This study found female directors and deans felt tension in balancing their work and family commitments. This opens up the need for more research in the areas of role conflict for women, and its impact on women seeking advancement in their careers. Areas of future research could include looking at and comparing populations of women who are single, married, single with children, married with children, or having primary care duties for aging parents or other

family members. Another area for consideration for future research would be how females experience balancing work and family life versus male counterparts, and its impact on longevity and advancement of female versus male higher education administrators.

Finally, even though there are many factors that influence a nursing director or dean's lack of job satisfaction, and ultimately their intent to leave their position, there is a gap in research. What is missing is understanding from those who have stayed in their positions for extended periods of time, how their experiences differed, or what factors played into their longevity. What can we learn from those nursing directors and deans that have persisted in their positions? While this study looked at those nursing directors and deans who left their positions, additional research in learning from those who have stayed for more than five years in the same position would be valuable.

Implications for Theory

Hackman and Lawler (1971, 1976) created the foundation for JCT. While they identified five key job characteristics that influenced three critical psychological states, that in turn influenced an individual's work motivation and job satisfaction (Figure 1), in this study, two of the job characteristics (skill variety and task identity), were not consistent with their theory. Whereas Hackman and Lawler (1971, 1976) held onto the premise that if all five job characteristics were met, all three of the psychological states would in turn be met, and that would lead to an employee's feelings of work satisfaction. In this study, for two of the job characteristics, the opposite happened.

Hackman and Oldham (1980) found, increased experiences in skill variety and task identity, in conjunction with task significance should elevate an employee's feelings of meaningfulness of their work. Instead, in this study, participants reported high skill variety and

high task identity, but low motivation (Figure 2). Based on the JCT premise, the participants in this study should have experienced the meaningfulness of their work, which should have impacted in part their work motivation. What became clear in this study is how increased workload impacts or off sets the meaningfulness of their work.

The JCT model provided a framework to look at the stories these women shared. While Hackman and Lawler (1971, 1976) and Hackman and Oldham (1980), postulated the various factors that influenced employees internal work motivation, what was evident from this study is two characteristics (skill variety and task identity) are greatly impacted by the workload demands of the position. For those employees who have extra-ordinary workloads, this can cause role conflict or role clarity, which results in decreased work motivation and overall job satisfaction. The importance of employees having role clarity, or having clear understanding of their roles based on a clear job description, needs to be considered in understanding the JCT model. If an employee does not have clear understanding of his or her role, this can affect how the individual perceives his or her work ability (Davies, Laschinger & Andrusyszyn, 2006; McGonagle, Fisher, Barnes-Farrell & Grosch, 2015; Murray, 1996), and therefore influence work motivation or job satisfaction.

In addition, skill variety and task identity findings in this research presented themselves in contradiction to the JCT model, and it may be due to gender influences. The JCT model was created by men during a time when male perspectives dominated research. In this research, I have used the JCT model to understand women's experiences in the workplace, and as such any contradictions may be exposing some weaknesses in the JCT model. Further research using the JCT model on women versus men would be needed.

In more recent years, the JCT framework added a sixth job characteristic, social dimensions. As Oldham and Fried (2016) stated, “Many authors now acknowledge that the job characteristics that received much attention in the past may not capture all the dimensions of the jobs that shape employees’ responses in contemporary organizations (p. 24). With social dimensions being so new, it is not yet widely used in research.

What this study showed was that of all the job characteristics, the social dimensions became the most important characteristic. The relational experiences these women had tainted how they experienced the other five job characteristics. Further research on this job characteristic to reveal the deeper layers of how this impacts the other characteristics, and ultimately work motivation and job satisfaction needs to be pursued. Hackman and Oldham (1980) stated,

Is there a national crisis in job satisfaction? It is probably the wrong question. A better question, perhaps is how organizations can be designed, staffed, and managed so that employees are simultaneously utilized and satisfied to the fullest extent possible, with neither the goals of the organization nor the personal needs of the employees dominating the other. In other words, how can we achieve a “fit” between persons and their jobs that fosters *both* high work productivity and a high-quality organizational experience for the people who do the work? (p. 20)

While the participants in this study reported high work productivity, or the ability to complete intense amounts of tasks as a nursing director or dean, what was clearly missing was the positive organizational experience overall, or the positive relational experiences.

Limitations

As a qualitative study using feminist framework, this study is more interested in understanding the stories of these six participants, and their lived experiences. “People’s experiences and perspectives are deeply imbedded in the contexts that shape their lives, and how people experience aspects of their lives and the world is subjective and can change over time” (Ravitch & Mittenfelner-Carl, 2016, p. 9). As such, one of the limitations of this study is that all the participants had varying degrees of separation, or length of time from when they voluntarily left their position as the nursing director or dean, and when they were interviewed for this study. While some of the participants had multiple years to put their experiences into perspective, a few had less time, with one participant being within a week of her last day as the nursing director when she was interviewed.

While purposive sampling was used, participants still had to self-select or decide themselves if they wanted to participate in this study, so there may be some response bias. Participants who had more intense experiences or more negative experiences may have been more likely to respond. With the six participants who were part of the sample, there were longer gaps of time between some of the interviews, which may have impacted my role as the researcher, and the ease and consistency with which I was able to facilitate the interviews. Conducting this study using random sampling, covering participants from different college systems and states, and minimizing lapse time between interviews would help address this limitation.

Finally, even though participants were all given the opportunity to review the findings, along with chapter five of this study and provide feedback, the raw data was ultimately reviewed by only myself and initial findings determined by me. As a result, as a novice researcher, there

may have been data that was overlooked. Having more time to have participants more engaged with additional follow-up interviews obtaining direct feedback on the data as it was analyzed would help mitigate this limitation.

Implications for Practice

Consistent with the feminist framework, the recommendations in this section are heavily influenced by the six women who have shared their lived-in experiences with me. They are the holders of the truth, having lived through the experience, and therefore are in the best position to provide insights on how MN State needs to address this turnover problem.

Professional development and mentorship opportunities. First, create opportunities for professional development for nursing directors and deans, opportunities should include regular times for directors and deans to network, collaborate, and support one another. This could include continuing the ADN and PN nursing directors and deans meeting on a quarterly basis, but also creating professional development workshops and online modules that are relevant to the work of nursing directors and deans. These specialized trainings could include higher education law, best strategies to work with the faculty union, nursing regulations, and accreditation support. One participant noted how as a new director from outside the system, having resources (even online modules), would have helped guide her in understanding the workflow of an academic year. “Here’s what you should be expecting or what is required or needed each semester... one of those down and dirty – so you know what to anticipate.” As an extension of professional development, creating a formal mentorship program for new directors and deans would also be beneficial. The key component of this would be to ensure senior leadership supports and prioritizes these professional development opportunities, and that nursing directors and deans are given release time to invest in them.

Standardized job description and contract. Create a job description that clearly outlines the duties of the nursing director or dean that is used through the MN State system for consistency. Review the current standardized position description to ensure it provides the needed dimensions to carry out the duties and responsibilities of the position. Ensure the position description offers formal authority over faculty, the ability to allocate resources, and supervise the administrative support personnel. Provide language that would allow the nursing director or dean to temporarily fill-in to teach during faculty shortages, on a temporary basis. Eliminate the diversity of faculty and administrative type contracts that currently exist and move to a standardized administrative contract. Have a clear position description that can help set workload boundaries.

Centralize work. Convene nursing directors and deans from the MN State system to identify if there are areas of work that could be centralized to help alleviate workload off each site. Create taskforces to see the ideas into implementation. For example, create a central office in the MN State system that procures, processes and maintains clinical contracts for all sites; create standardized and centralized nursing admissions process; create centralized hiring process for nurse faculty positions with the goal of speeding the process up; and/or create a centralized office of nursing at the MN State system office, where all PN and ADN nursing programs are represented.

Administrative support staff. To help address the heavy workload of nursing directors and deans, each college should have a designated fulltime administrative support personnel assigned to the nursing director or dean. Even for the smaller nursing programs, the need to have an administrative support person to help assist the nursing director or dean in managing the paperwork and being there to assist with the lower level tasks is needed. Having a dedicated

support person would be extremely important to alleviating the stresses of managing the wide variety of day to day work for the nursing director and dean.

Support self-care and recognition of work. Investigate opportunities to help nursing directors, deans and faculty create an environment that fosters self-care and recognition as a system. The acknowledgement of their hard work, and the added challenges they face that is unique to nursing programs, by senior leadership at each college, and at the MN State system office would help foster a more positive work environment.

Senior leadership outreach. Provide required trainings to educate senior leadership at the colleges that have nursing programs on the unique challenges, and additional work nursing program directors and deans are faced with. Review current challenges and best practices. This could be an annual meeting facilitated by the MN State system office, HealthForce MN and the Minnesota Board of Nursing.

As Rosie stated,

I was realizing myself that they don't really understand how the nursing program runs and what is needed to make it run. What I was told was historically the nursing program is the most expensive program in the college. Well that doesn't surprise me [laughter], because it takes a lot to do that – you're teaching humans to take care of humans, and they have to learn skills. It takes a lot to teach those skills. So again, in order for them to be in the nursing program, they have to take math, history, biology, and all these other courses.

Conclusions

By bringing these women's voices to the table, as co-researchers, we worked together to not only understand the turnover problem of nursing directors and deans, but to also help guide a

solution to try and address the turnover problem. It is clear nursing directors and deans face many challenges as they navigate the overwhelming responsibility and work that is required of the position, and through it all, nursing programs are dependent on quality and stable leadership to ensure the success of their programs (Byrne & Martin, 2014; Mintz-Binder & Sanders, 2012).

As the MN State colleges face the looming June 1, 2019 deadline for final accreditation, the high turnover rates of nursing directors and deans in our PN and ADN programs needs to be addressed. Fitzgerald (2014) discussed,

Leadership in universities involves multiple and complex tasks and responsibilities that are, without doubt, physically, intellectually and emotionally demanding. Leadership is exhausting; the bureaucratic demands and institutional pressures are unrelenting, the emotional labour [*sic*] is exacting, and the constant call for organizational change and renewal is nothing less than monotonous. (p. 33)

For nursing directors and deans, taking this type of working environment and adding onto it the additional complexities, tasks, and responsibilities of a heavily regulated program becomes onerous. Yet these women were willing to take on the overwhelming workload of leading our nursing programs. At the core, what they asked for was a basic human need – to be supported, empowered, and acknowledged for all their hard work.

I end with a quote from one of the participants (Rosie), as it sums up well the voices of her colleagues. “But there – nurses especially, because they are people who want to take care of people, and they are soft hearted generally speaking, and all they want is to be acknowledged. And that includes myself.”

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Appendix A: Recruitment Email

Dear Nurse Educator,

I am conducting a research project on nursing director turnover within MN State's two year colleges. More specifically, your name was shared by the Minnesota Board of Nursing as part of a data request as one who may fit the criteria for inclusion in this study. I am looking for participants for my research who were nursing directors in a PN and/or AD program between 2011 and 2017, *and who voluntarily left their positions*. Participants should not be directors who left the directorship due to sabbaticals, retirements or "non-work" related reasons (such as relocation due to spouse or partner's career, physical health of participant or family member, pregnancy/expansion of family, or desire to no longer work full-time).

I am a doctoral candidate at St. Cloud State University's Higher Education Administration program, and this study will serve as my dissertation for that program.

I am looking for participants who are interested in working closely with me to investigate the nursing director turnover. **If this is something you are willing to be a part of, please complete the informed consent form and return to me by _____.** Participation is completely voluntary and your responses will be kept anonymous.

Participants Role/Responsibility: This project is a qualitative study using a feminist framework. Participants' primary involvement will be sitting for an interview and then cooperating with me in the analysis and interpretation of the data collected. Initial interviews will be scheduled from June to September of 2017, with follow-up communications either by person, phone, webinar, and/or email to ensure research data analysis reflects your experiences and interpretations.

If you have any questions, please feel free to contact me (Misun Bormann) or my research advisor Dr. McCullar at slmmccullar@stcloudstate.edu.

Thank you for our consideration!

Misun Bormann
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Appendix B: Informed Consent Letter

Turnover of Minnesota State Nursing Directors in Two-Year Institutions: Identifying and Addressing the Challenges

You have been selected to participate in a research project being conducted by Misun Bormann, for a doctoral dissertation in the School of Education at St. Cloud State University. This study will be examining the turnover of nursing directors in PN and AD programs within MN State.

Background Information and Purpose: The purpose is to understand the turnover of nursing directors in MN State's PN and AD programs from the perspectives of former MN State community college nursing directors, and work collaboratively to develop recommendations or strategies for MN State leadership to begin to address this crisis.

Procedures: Initial interviews of 1 to 1 ½ hours will be scheduled from June to September of 2017. Follow-up communications either by person, phone, webinar, and/or email following initial interviews will be conducted, to ensure research data analysis reflects your experiences and interpretation. Your responses will be recorded on audiotape or other electronic means, but only so the researcher may transcribe your responses as accurately as possible for a representation of our conversation(s). The participant, the researcher, and the researcher's professor will be the only persons to have access to these interviews. The only alternative for which the tapes may be heard by anyone other than those listed is by written permission from you, the participant. During the interview you may refuse to answer any questions. You may also stop the interview at any time. Whether or not you choose to participate will not affect your current or future relations with St. Cloud State, MN State system, or the researcher.

Risks: There are no foreseeable risks associated with participating in this study. This project has been reviewed and approved by St. Cloud State's Institutional Review Board for the protection of human subjects.

Benefits: The benefits would include personal growth for each participant through opportunities for reflection and dialogue about their experience. It is also hoped the results of this study will be shared with the MN State system office and leaders to help identify strategies to minimize turnover rates of nursing directors. This project, along with specific quotes from the transcript, may be used in a published research article or presentation to help build on existing knowledge of this phenomenon.

Confidentiality: Your responses will be kept strictly confidential. You will have the opportunity to select a fictitious name that will be used in the document. Results will be presented in aggregate form with no more than 1-2 general descriptors presented together. Care will be taken to prevent readers from being able to associate any data or quotation with an individual.

Research Results: After the completion of the interviews, you will receive your transcribed interviews. At this point, if you wish to make any changes to the transcript, you may. The

researcher will also provide opportunities throughout the research process for participants to provide feedback and input consistent with the feminist framework.

Contact Information: If you have questions about this project please contact me (Misun Bormann) at 507-■■■■-■■■■ or my advisor, Dr. Steven McCullar at 320-■■■■-■■■■.

Acceptance to Participate: Your signature indicates that you are at least 18 years of age, you have read the information provided above, and you consent to participate in this project.

Participant's Name _____

Participant's Signature _____ Date _____

Researcher's Name _____ Date _____

Appendix C: Interview Guide

- Review and collect (if participant did not email it before interview) signed informed consent form.
- Review purpose of the interview, explain interview will be recorded and transcribed, and researcher will be writing a few notes during the interview.
- Tell participant once the interview has been transcribed, she will get a copy of it to review before it is used for analysis.
- Tell participant using the feminist framework means a collaborative approach to research.
- Semi-structured interview.

Date/Time of Interview _____ Location _____

Initials of Participant _____ Chosen Pseudonym _____

Research Questions

1. What factors contribute to female PN and ADN directors to voluntarily leave her position from a MN State college in the past seven years?
2. How do PN and ADN directors make meaning of experiences as female leaders in their programs and in within higher education?
3. What job characteristic factors influenced (positively or negatively) job outcomes/job satisfaction?
4. How does workload impact women in leadership roles?
5. How does outside work factors impact women in leadership roles?

Job Characteristics

Skill Variety	Task Identity	Task Significance	Autonomy	Feedback	Social Dimensions
Range of skills and activities necessary to complete the job.	Degree to which the job requires completion of a whole or identifiable piece of work.	Impact and influence of job.	Amount of individual choice and discretion involved in a job.	Amount of information employee receives about his or her performance.	Social interactions at work.

Guiding Interview Questions

1. Demographic information needed:
 - a. Gender
 - b. Years of faculty experience
 - c. Years of leadership experience
 - d. Formal leadership training – yes or no, if yes description of...
 - e. Months as a nursing director
 - f. Current job title
 - g. Chosen Pseudonym
2. Tell me about your experiences and accomplishments while you served as the program director?
3. Why did you choose to be a nursing director?
 - a. Did they get assigned to the position or did they apply for the position?
4. What types of typical tasks did you do during the week?
5. What challenges/barriers did you encounter? How did you manage those challenges?
6. What type of contract did you work under as nursing director? Were you under faculty assignment or all administrative assignment? Shared responsibility over the program or sole responsibility?
7. How were you transitioned into the position as nursing director?
 - a. Mentorship? Was the participant able to contact the previous director?
8. Why did you decide not to continue in the role?
9. What impact did the workload have on your work?
10. What role (if any) did gender and power structures play into job outcomes/job satisfaction?
 - a. Power structures = hierarchy in an organization, role those with formal power and authority had on the participant's experiences
11. What did you learn from your experience as a nursing director?
12. What types of skills and abilities do you feel are needed to be a nursing director?
13. What factors would have influenced you to stay in your position longer?
14. Any other final thoughts you want to share?

Appendix D: Transcript Informed Consent Letter**Turnover of Minnesota State Nursing Directors in Two-Year Institutions: Identifying and Addressing the Challenges**

I have read the transcript of my interview, crossed out or changed those statements I wish not to be included in the research project and agree that the remaining text could possibly be used in a published research article or presentation.

I also confirm I have received a copy of the approved text for my records.

Participant's Name _____

Participant's Signature _____ Date _____

Appendix E: IRB Approval



Institutional Review Board (IRB)

720 4th Avenue South AS 210, St. Cloud, MN 56301-4498

Name: Minsun Bormann

Address

USA

Email: mlbormmann@stcloudstate.edu

**IRB PROTOCOL
DETERMINATION:
Exempt Review**

Project Title: Turnover of MN State Nursing Directors in Two Year Institutions

Advisor Dr. Steven McCullar

The Institutional Review Board has reviewed your protocol to conduct research involving human subjects. Your project has been: **APPROVED**

Please note the following important information concerning IRB projects:

- The principal investigator assumes the responsibilities for the protection of participants in this project. Any adverse events must be reported to the IRB as soon as possible (ex. research related injuries, harmful outcomes, significant withdrawal of subject population, etc.).

- For expedited or full board review, the principal investigator must submit a Continuing Review/Final Report form in advance of the expiration date indicated on this letter to report conclusion of the research or request an extension.

- Exempt review only requires the submission of a Continuing Review/Final Report form in advance of the expiration date indicated in this letter if an extension of time is needed.

- Approved consent forms display the official IRB stamp which documents approval and expiration dates. If a renewal is requested and approved, new consent forms will be officially stamped and reflect the new approval and expiration dates.

- The principal investigator must seek approval for any changes to the study (ex. research design, consent process, survey/interview instruments, funding source, etc.). The IRB reserves the right to review the research at any time.

If we can be of further assistance, feel free to contact the IRB at 320-308-3290 or email ri@stcloudstate.edu and please reference the SCSU IRB number when corresponding.

IRB Institutional Official:

Dr. Latha Ramakrishnan
Interim Associate Provost for Research
Dean of Graduate Studies

OFFICE USE ONLY

SCSU IRB# 1718 - 2155	Type: Exempt Review	Today's Date: 5/5/2017
1st Year Approval Date: 5/5/2017	2nd Year Approval Date:	3rd Year Approval Date:
1st Year Expiration Date:	2nd Year Expiration Date:	3rd Year Expiration Date: