RECRUITMENT AND RETENTION OF PART-TIME CLINICAL INSTRUCTORS

by

Carol Elaine Stefopulos

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**ABSTRACT**

The purpose of this project was to explore factors influencing the recruitment and retention of part-time clinical instructors at a community college in Ontario. Interviews were conducted with two project managers and four previously employed part-time clinical instructors. The focus of the analysis was to examine what attracted the clinical instructors to teaching, their journey of teaching, recruitment, and their reasons for leaving. Major themes for leaving centred on workload; student, clinical agency, and personal/professional demands; and remuneration with respect to time spent. Essential factors highlighted for retention included support and guidance to contribute to the success of the clinical instructors’ teaching experience. In the final analysis, five recommendations were proposed:

1. Provide ongoing collegial support and guidance through mentoring.
2. Decrease the instructors’ workload by reducing the number of written assignments and streamlining evaluation methods.
3. Expand the orientation time for new instructors.
4. Provide appropriate remuneration for and recognition of teaching contributions.
5. Support instructors in addressing their clinical agency concerns.
I would like to thank several people for their kindness and support during my research project. Without their support, this project would not have been possible. First and foremost, I want to extend a very special thank you to Dr. John Freeman, my supervisor, for his guidance and encouragement throughout this entire research project. I will be forever grateful for your patience and perseverance with me. You are an amazing teacher and mentor.

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Finally, I would like to dedicate this project to my father as he passed away during the time I was studying for my Master’s degree. I know that he would be so proud of me if he were here today.
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CHAPTER 1: INTRODUCTION

My passion for teaching began over 30 years ago as an undergraduate student in my third year of a Bachelor of Science in Nursing (BScN) program. I was inspired by my caring, enthusiastic nursing professor who taught our cohort a health teaching course encompassing skills required to teach clients, families, and communities. Her engagement of students in the learning process shaped my thoughts on teaching. I realized then that I wanted to pursue a career in nursing education. I wanted to give back to my profession through the development of future nurses.

My journey to post-secondary teaching began three years after graduation when I became a part-time clinical nursing instructor at a community college in Southern Ontario. I taught eight students on a medical-surgical unit each semester. I wanted to be a teacher who could relate to students and challenge them in a non-threatening environment. Reflecting back on my first days as a clinical instructor, I remember the anxiety I felt, wanting to be the best I could be and having the resources to perform my role adequately. At times, I felt isolated in my clinical setting and looked to full-time faculty for guidance. On occasion, this faculty was there to support me. I carried on as a part-time clinical instructor for five years until I left clinical teaching to raise my four children. During my departure from education, I worked part-time in a family practice setting.

Returning to school to pursue further academic study was something I might never have considered 10 years ago. I was encouraged by a dear friend, a BScN classmate, and recruited to pursue education as a part-time clinical instructor at her community college. The support and mentorship I received from full-time faculty was exceptional. Those positive experiences led to additional part-time work in the classroom, teaching such
subject areas as nursing theory, nursing practice, and anatomy. My part-time teaching
career continued for eight years within the Practical Nursing and Baccalaureate programs.
During this time, I began my Master’s of Education at Queen’s University as a personal
commitment to my professional and lifelong learning goals. I felt strongly about
understanding the dynamics of education and bringing these educational components into
my nursing practice. I enrolled in a variety of courses that encompassed the areas of
qualitative research, motivation, adult education, special education, assessment, and
students’ post-secondary experience. These courses expanded my knowledge base and
provided me with tools to assist me in my role as a nursing educator.

Two years ago, I became a full-time faculty member in the Practical Nursing
program with a clinical component. Returning to a clinical setting after years of absence
provoked apprehension within me. I was a new faculty member teaching a new course and
I experienced many challenges within my role. The workload and students were
demanding, and I looked to my colleagues for guidance and support. At this time, I began
working closely with part-time clinical instructors. Remembering what it was like to be a
part-time faculty member–feeling disconnected, alone at times, and overwhelmed–I began
to question how these instructors were coping with their clinical teaching assignments. Did
they have the support, guidance, and teaching tools to fulfill their role? I wanted to assist
these new instructors in their teaching roles, as they were serving as teachers of a new
generation of nurses. This experience, and the relationships established with these clinical
instructors, led me to this project.
Context of the Project

This project was undertaken at Centennial College, Ontario’s first community college, which is located in the east end of Toronto, Ontario. With four campuses and seven satellite locations, it offers over 100 full-time programs and more than 160 part-time programs with over 1000 part-time courses available (Centennial College, 2014). The college enrolls more than 13,000 students each year (Ministry of Training, Colleges & Universities [MTCU], 2014) from diverse backgrounds. Individuals pursuing an education at Centennial may be high school graduates, professionally trained, mature, or international students (Centennial College, 2014). The college’s mission and vision statements reflect educating students for career success by transforming lives and communities through learning (Centennial College, 2014). Students’ educational experience includes an opportunity to integrate the principles of global citizenship, social justice, and equity.

The Practical Nursing program at Centennial College enrolls students in either a two-year full-time (four semesters) or a flexible (six-semester) course program. The curriculum is based on the College of Nurses of Ontario practice standards and guidelines and Entry to Practice Competencies (2009) for Registered Practical Nurses (Centennial College, 2014). Beginning in the second semester and continuing throughout the remaining semesters of the program, students are taken into the clinical setting for their practical experience. During the first clinical experience, more than 25 clinical instructors may be required to teach. With a full-time faculty complement of seven instructors, a significant number of part-time faculty members are essential to meet the learning needs of our students. Schools of Nursing are finding it challenging to recruit and retain qualified
candidates to meet this demand (Bartfay & Howse, 2007; Canadian Nursing Association & Canadian Association of Schools of Nursing, 2012). This situation was, and continues to be, a growing concern within our organization.

As a full-time faculty member, I experienced the consequences of this shortage of clinical nursing faculty firsthand. Students’ clinical placements were cancelled one semester because of a lack of available teachers. Instructors who previously taught within our program did not return. As a result, students were required to remain behind one semester for their clinical experience. Students’ lives were impacted because of these circumstances, and graduation dates were extended. I was curious as to why the clinical instructors did not return to teaching. Was this situation something that we, the full-time faculty members and college administration, could have averted? As a clinical course leader, this question compelled me to research this concern in greater detail.

For this research project, I decided to interview clinical instructors who had worked a minimum of one semester at our institution and then did not return. I wanted to explore with them their experiences as an instructor and their reasons for not returning to the teaching position. I valued their perspective on teaching at Centennial College. By investigating how we may have supported these clinical instructors in their role, these answers may provide worthwhile insight into what we could do in the future to retain instructors.

This project is significant because of its potential to assist the college in securing educators to meet the learning needs of nursing students in the clinical setting. As the nursing shortage continues, there is an increased demand to graduate competent new nurses. Enrolment of new nursing students continues to expand at Centennial College.
Clinical instructors are necessary to meet the clinical practice obligations for these programs. Because of this requirement, as full-time faculty and an organization, it is important to understand the needs of these clinical instructors to facilitate long-term development of a strong team of nursing educators. As Siler and Kleiner (2001) stated, “Their success and desire to continue as faculty depends on what we do to prepare and nurture them now” (p. 403).

**Purpose of the Project**

The purpose of this project is to explore factors influencing the recruitment and retention of clinical instructors within my educational institution. To address this purpose, the following questions were posed:

1) What attracted the nurse initially to this post-secondary institution to teach?

2) What were the reasons for not renewing her teaching contract?

3) Why should we and how can we as full-time faculty and college administration assist the clinical instructors with their teaching role?

The intent of this research is to add to limited nursing literature related to the experiences of part-time clinical educators. This study seeks to understand the experiences of sessional contract clinical instructors and their reasons for leaving through interviews with four clinical instructors and two program managers. It is my hope that the data collected will be helpful to the college administration to assist in its planning for the continuing retention of clinical instructors.
Outline of the Project

This project is organized into five chapters. In this chapter, I began with an introduction into my journey as a nursing educator. I described how I came to educating nursing students as an extension of my professional role as a registered nurse. I examined the context of this project including brief descriptions of the research site, nursing program, and the defining incident that led to the development of this project. The chapter concluded with my purpose of the project and the relevant research questions to guide my work.

Chapter 2 focuses on a review of the literature in the areas of recruitment and retention of nursing educators with a focus on part-time clinical faculty. A review of scholarly literature explores what attracts nurses to teaching and why they leave. It considers recruitment and retention factors and strategies important to a nurse educator. Research studies examine the transition from the clinician to the novice educator and supportive interventions in this role. Mentoring, orientation, and professional development are investigated. This literature review sets the context for this project.

Chapter 3 outlines the methodology that was used in this qualitative study. It explains why a phenomenological approach was chosen to better understand the lived experiences of the study participants. It provides descriptions of the participants and the setting of the project. It explains the collection of data through interviewing and the thematic analysis of data. Matters of trustworthiness and limitations are also discussed in this chapter.

Chapter 4 presents the findings from the interviews with the clinical instructors and project managers. This chapter is organized in conjunction with my three research
questions. The chapter begins with questioning what attracts the clinical instructor to the teaching role. It subsequently leads into the journey of teaching, exploring recruitment and then reasons for leaving. It investigates themes surrounding the demands of the teaching role, remuneration, and time. The chapter concludes with answering the third research question investigating the benefits and risks of hiring contract part-time faculty and how colleges and full-time faculty members can assist these instructors in their role.

Chapter 5 provides recommendations from the findings. Five recommendations are provided to increase future retention of clinical instructors at Centennial College. Included within the recommendations are ways to support these clinical instructors in their teaching role. Next steps are discussed as to how I intend to bring these recommendations forward to the members of the college community including both full-time faculty and administration. The chapter concludes with my final thoughts about this research project.
CHAPTER 2: LITERATURE REVIEW

Within colleges and universities in North America and globally, the employment of part-time faculty has grown because of a shortage of qualified nursing faculty and the increase in student enrolments to meet the nursing shortage demand (Forbes, Hickey, & White, 2010; Gazza & Shellenbarger, 2010; McDermid, Peters, Daly, & Jackson, 2013; Nardi & Gyurko, 2013). Hiring by nursing programs is done on a need basis from one semester to the next and is highly dependent on student numbers and the teaching availability of full-time faculty (Anibas, Brenner, & Zorn, 2009). Several nursing programs lacking full-time faculty are becoming dependent on part-time faculty to meet these unmet staffing needs (Santisteban & Egues, 2014). Many part-time faculty members work in clinical settings teaching nursing students the practical skills of the profession. They bring their clinical expertise and current knowledge of nursing practice to students (Peters & Boylston, 2006). These instructors may lack the skills and competencies for the clinical educator role, despite having adequate qualifications such as a Master’s of Science in Nursing (MSN) (Lewallen, 2002). Within their graduate program, education-based courses may not be part of their curriculum (West et al., 2009). As a result, they find their role as a part-time educator challenging, which may lead to issues surrounding retention and recruitment (Duffy, Stuart, & Smith, 2008).

This chapter includes a review of studies and scholarly literature pertaining to the recruitment and retention of nursing educators with a focus on part-time or adjunct clinical faculty. Throughout this review, the words part-time and adjunct are used interchangeably to mean those individuals employed by a college or university on a part-time contract. Areas of exploration include: what attracts adjunct/part-time nursing faculty to teaching
and why do they leave; recruitment and retention factors and strategies; transitioning from the clinician to novice educator; supportive interventions for part-time faculty, examining orientation, mentoring/support, and professional development; and a final summary. By reviewing the literature, a better understanding of the factors that influence the retention and recruitment of part-time faculty within college and universities may be recognized.

Recruitment and Retention of Part-time Faculty

Within the literature, issues of faculty retention and recruitment have been centred on full-time faculty more than part-time faculty as the crisis in satisfying full-time teaching positions in nursing education continues (Evans, 2013). It has only been more recently that the needs of part-time faculty are being researched in greater detail (Forbes et al., 2010; Himmelberg, 2011; Lam, 2011; Roberts, Chrisman, & Flowers, 2013; Testut, 2013). As the nursing faculty ages and a new generation of nurses assume these roles, educational institutions need to assess what is attracting faculty to academia and what is making them depart. Considerations of factors and strategies regarding recruitment and retention for both full-time and part-time faculty are important.

What attracts nurses to adjunct/part-time teaching and why do they leave?

Nurses are attracted to part-time teaching for a number of reasons. First, nurses have a desire to teach and work with students (Carlson, 2012; Gazza & Shellenbarger, 2010; Weidman, 2013). Second, they hope to help shape the profession by role modelling, spreading knowledge, and giving back, as they had a positive experience as a student (Testut, 2013). Third, nurses are influenced by the role modelling of nurse educators and are encouraged to consider teaching (Evans, 2013; Weidman, 2013). Finally, a part-time
contract allows the flexibility of exploring the world of teaching prior to considering a lateral move into a full-time position (Carlson, 2012). Many adjunct faculty members are also employed elsewhere, usually in the practice setting (Duffy et al., 2008; Forbes et al., 2010). Being a part-time faculty member provides them with practical experience before switching careers.

Different rationales are given for why nursing educators may leave the educational milieu. Monetary compensation is one factor that has deterred nurses from continuing in the teaching profession both for full-time and adjunct faculty (Lam, 2011; Santiesteban & Egues, 2014). Inequities in pay between academia and practice have been cited as reasons given for the full-time nursing faculty shortage (Kaufmann, 2007). Results from one study on part-time faculty suggest that pay is not an issue (Carlson, 2012). This exploratory quantitative study, using a cross-sectional correlational design, surveyed part-time clinical nursing faculty from over 567 baccalaureate nursing programs in the United States. The main purpose of the study was to establish the extent orientation, evaluation, integration practices, and other job and demographic traits were correlated and explain the intent to stay among part-time faculty. There was a positive correlation (r=.30, p<.01) between perceptions of adequate pay and the intent to stay working among part-time clinical nursing faculty. A majority of respondents (63%) indicated pay was adequate or very adequate (Carlson, 2012). This result is in contrast to previous data for full-time nursing faculty. The author suggested the greater satisfaction in pay for part-time faculty may be the result of part-time instructors working in another job.

A second major reason for leaving teaching is the workload demands and work environment (Lam, 2011; Santiesteban & Egues, 2014; Whalen 2009). Instructors find that
an excessive workload and the various demands of the job impact family life (Brady, 2007; McDermid et al., 2013). Additional reasons include relocation, finding another job, and personal reasons such as raising a family, or returning to school (Whalen, 2009). For example, Clark (2013), in a mixed-method study at three nursing schools involving 10 clinical faculty members, collected data on their teaching experiences through a survey and involvement in focus groups or interviews. The instructors identified the strains of the new teaching position including trying to cope with workload demands and managing personal responsibilities. Similarly, Anibas, Brenner, and Zorn (2009), in a qualitative study incorporating focus group interviews at three Midwest universities, explored the experiences of 10 novice educators. Five themes emerging from this study included “feelings, preparation for role and expectations, resources, challenges, and mentorship” (Anibas et al., 2009, p. 214). Within the “challenges” category, instructors discussed attempts to balance one’s personal and professional life. These demands led participants to consider leaving the role of educator.

**Recruitment and Retention Factors and Strategies**

It is important to understand factors that influence recruitment and retention of part-time faculty as well as strategies to maintain these instructors in their teaching role at post-secondary institutions. The factors one considers for initially coming into a nursing education position and remaining in the position are similar. Such factors include salary, workload and hours of work, flexibility and autonomy in one’s role, and collegial and clinical agency relationships (Brady, 2007; Hessler & Ritchie, 2006). Strategies for retention include providing ongoing support through mentoring and orientation programs, a healthy work environment, and professional development (Brady, 2010).
In a nationwide Internet survey of all levels of nursing education in the United States, Evans (2013) asked both full-time and part-time nursing educators what they thought were valuable approaches to increasing the number of nursing faculty. Approximately 2100 respondents identified 11 effective recruitment strategies and 14 strategies for retention. Recruitment strategies included competitive salaries, discussions in undergraduate and graduate programs about nursing education careers, and flexibility in work schedule and job content. Retention strategies included a positive work environment, supportive relationships with colleagues and administration, and flexible work hours. Findings from Gazza and Shellenbarger (2010) complemented these strategies as they compared and contrasted full-time and part-time faculty. Part-time faculty needs differed somewhat from full-time faculty in the area of being supported in their role and feeling like a part of the team. Part-time faculty were excluded from program activities such as meetings, discussions, and decision-making. A recommendation afforded the administration was creating opportunities for all members of faculty to engage in all aspects of the organization and work together.

Healthy work environments are an important consideration for retention and recruitment of nursing faculty. In 2006, the National League for Nursing (NLN) created the “Healthful Work Environment Kit,” which focuses on nine work-related areas: salaries, benefits, workload, collegial environment, role preparation and professional development, scholarship, institutional support, marketing and recognition, and leadership (NLN, 2006). This kit may facilitate faculty and administrators to evaluate their current working environment. If a work environment is healthy and faculty believe that they are valued, respected, and treated fairly, they may be more tolerant of workload demands
Part-time faculty want to be recognized; have the ability to give input; and engage in a nursing program (Kelly, 2006). These actions would be optimal for retaining faculty.

A Canadian mixed-method pilot study explored the meaning of a quality work environment for 115 full-time faculty members across 11 Schools of Nursing in British Columbia to assess the implications for recruitment and retention (Cash, Doyle, von Tettenborn, Daines, & Faria, 2011). The survey instrument included six scales: academic commitments, nursing department/school/program leadership, autonomy in practice, professional development, organizational support, and collegiality. Findings from the study suggest faculty wanted to have a voice; this voice entails sharing knowledge and governance while being supported in the particular tasks undertaken at work. Important factors for a quality work environment according to faculty included input into their teaching assignments, opportunities to develop their expertise, and managing their workloads. Nursing educators felt that the increased demands of teaching and commitment to students prevented their involvement in leadership activities within the organization. Mentorship opportunities were not consistent. A lack of openness and transparency in decision-making by the institution affected the work setting. The authors advocated for nurse educators to question what factors are important for their work environment and recommended administration consider strategies to address workplace concerns to retain present and future nursing faculty.

Two earlier studies involving clinical nursing faculty investigated possible work-related stressors (Oermann, 1998; Whalen, 2009) and gave consistent findings. Whalen (2009), in his sample of 91 clinical nursing faculty from a baccalaureate nursing program
in one Western state, identified five work-related stressors: “feeling physically drained, having to participate in work-related activities related to clinical teaching outside of regular working hours, coping with expectations associated with clinical teaching, feeling emotionally drained from clinical teaching, and inadequate pay” (p. 7). Data collected from a convenience sample of 226 nursing clinical faculty teaching in both associate and baccalaureate nursing programs in the US Midwest included the following principal stressors: coping with job expectations linked to their clinical teaching roles, feeling physically and emotionally drained, heavy workload, and being required to teach poorly prepared students (Oermann, 1998). If work-related stressors continue, nursing schools may be at risk of losing valuable educators. Therefore, nursing schools need to understand the work environment for clinical faculty and consider strategies to decrease these stressors. Strategies considered by Whalen (2009) included providing a structured orientation and mentorship program, developing strong collaborative relationships with clinical practice sites, providing competitive remuneration, and promoting involvement in continuous discussions with clinical faculty regarding their perceived needs.

Qualitative studies provide similar information to that obtained from quantitative and mixed-methods studies. Hessler and Ritchie (2006), for example, discussed ways to recruit and retain new faculty to develop future nursing educators. They were guided by their own experiences as novice faculty and provided 10 suggestions for nursing programs to consider for the successful recruitment and retention of novice educators. These suggestions encompassed “provide guidance, foster socialization, encourage flexibility, conduct orientation, provide support, facilitate collaboration, allow for mistakes,
coordinate teaching assignments, grow your own faculty and offer rewards or incentives for a job well done” (p. 150).

Lam (2011) explored two Eastern United States nursing schools’ strategies for recruitment and retention using a qualitative case study approach. The author implemented a cross-site analysis of two institutions following 17 interviews with administrators, full-time faculty, and clinical instructors. Recruitment was done through advertisement, word-of-mouth, and school website and search committees. Findings from both institutions suggest that the main reasons faculty left were low monetary compensation and high workload demands. Strategies to improve retention included mentorship and institutional support, increasing salaries, tuition reimbursement, and recognition of autonomy and contributions to teaching.

Many factors affect the recruitment and retention of nursing faculty. Throughout the literature, strategies to improve retention are evident. By providing ongoing support to faculty through mentoring and orientation programs, creating a healthy work environment, offering flexibility in one’s role and scheduling, recognizing contributions, and giving competitive remuneration, nursing faculty may remain (Brady, 2010; Evans, 2013; Gazza & Shellenbarger, 2005; Hessler & Ritchie, 2006). Strategies are required to maintain the present complement of teachers. As the nursing shortage continues, colleges and universities will continue to look to the practice setting for future nursing educators. These expert clinicians may be drawn to academia. As a result, programs that ease the transition from clinician to novice educator should accompany strategies for recruitment and retention.
Transitioning from Clinician to Novice Educator

Research has been expanding over the last 10 years in the area of nurse clinicians moving into the nurse educator role. Expert clinicians take on faculty roles either on a full-time or part-time basis. This transition from one role to the other presents a number of challenges as well as providing valuable insight into how these teachers may be assisted in their role.

In a phenomenological based qualitative study, Testut (2013) described the experiences of nine part-time faculty members from a northeastern US state university as they transitioned from expert nurse to novice educator. The author examined these faculty members’ roles over a two-year period and provided evidence that their first year of teaching was one of insecurity and panic due to a lack of orientation to their role and teaching environment. All participants expressed a lack of professional development impeded their role. As they moved into their second year of teaching, they felt more confident. The course coordinator was identified as an initial support person, but their fellow part-time cohort became an ongoing support system to discuss concerns and issues.

Weidman (2013) interviewed eight participants, both adjunct and full-time, who had been in the nurse educator role less than two years. Three themes emerged from this study: a desire to teach, additional stress, and mentoring. All participants wanted to teach and felt they had something to share with the profession. They found additional stress in their role as they did not have the educational theory background, with minimal assistance provided regarding teaching strategies early in their teaching career. The faculty who received a good orientation program and consistent mentoring felt more competent and transitioned more easily to the new educator role.
In an Australian qualitative study, McDermid et al. (2013) incorporated storytelling of 14 previous sessional teachers as they moved into a full-time faculty position. Within this study, two themes became apparent: uncertainty and mitigating lack of confidence. Faculty felt uncertain and ill-prepared surrounding role expectations. An increased workload and lack of preparedness diminished their confidence. Recommendations that emerged from here were similar to those noted in previous studies, as formal mentoring strategies and faculty supports were seen as necessary for instructors’ successful transitions. In a similar fashion, Bailey (2012) explored in a qualitative research study the transitional experience of nine advanced practice nurses (APNs) to the novice educator role. Previous research had focused more on the bedside nurse becoming an educator. APNs found the increased workload and lack of preparation hindered their transition. They too found that orientation programs did not adequately prepare them for the first year of teaching, but peer support was a positive contribution to their role adaptation.

A synthesis of the findings from these studies suggests common threads. Clinicians transitioning to the educator role find this a stressful experience. Challenges may relate to a limited amount of teaching experience and teaching instruction in their own nursing program as well as workload demands (West et al., 2009). Anderson (2009) metaphorically describes this work-role transition like a mermaid swimming in a “sea of academia” moving throughout the waters, initially sitting on the shore, then splashing, and sometimes feeling like drowning, while other times treading water (p. 203). To be successful in this educator role, all new faculty members require adequate orientation, support, professional development, and mentoring.
Supportive Interventions for Part-time Faculty

Orientation, mentoring, professional development, and faculty support are important to the retention of part-time faculty (Carlson, 2012; Gazza & Shellenbarger, 2005; McDermid, Peters, Jackson, & Daly, 2012). Nurses moving from the practice setting into the educational environment require guidance and support in beginning their new teaching role. The many challenges these part-time instructors face as they transition into this role require strategic interventions. These interventions assist the faculty in developing their teaching competencies and contribute to learning needs of the nursing students within the academic environment.

Orientation

Successful orientation programs provide major benefits to new faculty members and to the educational institution (Morin & Ashton, 2004). Orientation is an important first step in the socialization of nurses into the academic milieu. For institutions, it is an investment to recruit and retain quality part-time faculty. Orientation to the role of educator combined with ongoing support from full-time nursing faculty can result in new part-time faculty having a positive teaching experience (Hand, 2008). This result may in turn influence a continued commitment, confidence, and willingness on the part of clinical faculty to remain in the role of educator (Peters & Boylston, 2006). A formalized orientation increases job satisfaction and retention (Baker, 2010). A comprehensive orientation that is adaptable, creative, adequately resourced, and supported through ongoing mentorship should enhance the sustainability of part-time faculty in their educator role (Santisteban & Egues, 2014).
Forbes et al. (2010) studied the educational needs of 65 part-time clinical nursing faculty members at one institution using a survey approach. In their narrative accounts, the part-time faculty reported that the orientation lacked clear expectations and guidelines for their nurse educator role. Within this one-hour informal orientation period, the new instructors suggested written guidelines or a teaching manual would be beneficial. They did not request a specific mentor, but they did express a desire to have a designated person at the nursing school to contact for assistance. As a result of these findings, the authors implemented strategies to meet the needs of their part-time clinical faculty. The orientation became a three-hour mandatory session conducted each semester with vital information and resources provided through handouts. The course co-ordinator became the main contact for these instructors during orientation and throughout the semester.

Roberts et al. (2013) also studied the perceived needs of 21 adjunct faculty members after a two-day orientation session. Four themes emerged – role, orientation, support, and connection. The authors’ findings were consistent with Parslow (2008). “Adjunct clinical faculty felt unprepared/ill equipped for their role, isolated, and disconnected and needed individualized mentoring as well as support in relation to learning the skills of teaching, supervision, and feedback” (Roberts et al., 2013, p. 300). Suggested strategies to assist the part-time faculty included an assigned faculty member to mentor and support them throughout the semester and participation in faculty meetings and activities. When part-time faculty work alongside full-time faculty during orientation and feel supported in their role, they feel like they are part of the educational institution (West et al., 2009).
Mentoring/Support

Mentoring is significant to the transitioning process of the novice educator and retention of both part-time and full-time nursing faculty (Weidman, 2013). Mentoring is beneficial to the institution, as it will eliminate costs of continually rehiring new faculty. “It will prevent the isolation, frustration, and dissatisfaction commonly seen in new nursing faculty” (Durham-Taylor, Lynn, Moore, McDaniel, & Walker, 2008, p. 345). Barriers to mentoring are related to a lack of time and lack of faculty support (Sawatzky & Enns, 2009). For a mentoring program to be effective, all parties need to be involved including administration and faculty (Santisteban & Egues, 2014).

In a qualitative study on the first-year professional learning of 10 emergency-hire novice clinical instructors, Sheets (2008) identified that several of the clinical faculty did not feel adequately supported by the nursing program. They had minimal mentoring from the faculty so they felt no connection with the program. A lack of communication between part-time faculty and individuals within the program did not promote a positive teaching experience. One recommendation suggested increased support of clinical instructors especially when hired at the last minute, as this support might assist in developing confidence and preparation for the teaching role. As an organization, these actions can impact retention of future part-time faculty.

Professional Development

Faculty development is part of the nurse’s career path and may involve formal educational experiences, mentorship, and guidance (Suplee & Gardner, 2009). Whether new part-time faculty members are teaching in the classroom, online, or in the clinical area, they require ongoing support and professional development. Continued professional
development aids in the transition from expert nurse to educator through conferences and on-line programs (Spencer, 2013). Taking additional courses in educational theory and teaching strategies may assist novice educators in developing their knowledge and skill in teaching (Penn, 2008).

A collaborative mentoring program at three nursing schools in the northeastern United States was developed to support and prepare nursing clinicians for the part-time faculty role (Reid, Hinderer, Jarosinski, Mister, & Seldomridge, 2013). The 30-hour hybrid program, which included face-to-face, simulation, and online components, was successful for those instructors in attendance. The graduates had an increased understanding of clinical expectations and practical knowledge surrounding giving students feedback, managing difficult student situations, and planning the clinical experience. This initiative enhanced the professional development of all participants.

A clinical nursing institute was established in 2005, funded by the Michigan Department of Community Health and the Michigan Department of Labor, to support and assist part-time clinical faculty new to the teaching role (Bell-Scriber & Morton, 2009). The intent of this institute was to increase the number and quality of clinical teachers. The organization offered a seven-hour introductory workshop, a three-credit master’s course, and a semester of mentored clinical instruction. The program was very successful. The funding has since expired, but the School of Nursing continues with an all-day clinical orientation and offers a free-of-charge clinical course, which is the three-credit elective within their MSN program. A new addition to the program is a mentorship model whereby full-time faculty members are given release time to mentor part-time faculty members. This innovative strategy is designed to assist in meeting the learning needs of the students,
as part-time faculty are becoming more experienced teachers. Strategies to support the development of the novice educator through orientation, mentoring, and professional development are expected to improve the retention of part-time faculty within nursing programs.

**Summary**

Faculty retention and recruitment are ongoing concerns in nursing education. Many new nursing educators are required to meet the increased demand of nursing students. As a result, identifying strategies to recruit and retain these instructors is crucial. Further research investigating first-year part-time faculty who choose not to pursue teaching any further would add to our nursing knowledge base. As several qualitative studies have explored mentorship and professional development, quantitative studies in this area may be beneficial. Finally, further research is needed to explore why part-time faculty decide to continue in their position, what contributes to their success, and what makes them leave academia. This idea supports my research for this project, as I wanted to explore why the part-time clinical faculty left my educational institution. In the remaining three chapters, I explain my methodology, findings, and recommendations for this retention issue.
CHAPTER 3: METHODOLOGY

The purpose of this chapter is to provide details of the methodology that was used in this study. I outline the research design, the participants, including the setting and recruitment process, ethical considerations, and the procedures I used for collecting and analyzing my data.

Research Design

Qualitative research is a method of inquiry that seeks to interpret and understand social phenomena (McMillan & Schumacher, 2010). The qualitative approach investigates within a natural setting an individual’s or group’s perceptions and understandings of a particular situation. Stake (2010) comments, “Many people who do qualitative research want to improve how things work” (p. 14). Thus, for this study, a qualitative methodology helped me to understand previous clinical instructors’ and project managers’ perspectives on factors influencing recruitment and retention within my educational institution. To explore this subject, a phenomenological approach was chosen to better understand the lived experiences of these study participants.

Phenomenology aims to gain a greater understanding of the nature or meaning of one’s everyday experiences (Patton, 2002; van Manen, 1997). Patton notes “with a phenomenological approach, the focus is on exploring how human beings make sense of their experience, then transforming that experience into consciousness, both individually and as shared meaning” (p. 104). This approach requires the researcher to thoroughly
capture and describe how individuals or groups experience a phenomenon; “how they perceive it, describe it, feel about it, judge it, remember it, make sense of it and talk about it with others” (Patton, p. 104). When enquiring about the experiences of the clinical instructors, it was important to understand the entirety of the experience: their motivation to teach, their feelings about their role, their support systems, the challenges they faced, and their reasons for not continuing in their teaching role.

**Participants**

In qualitative phenomenological studies, the most common type of sampling is *purposeful* (McMillan & Schumacher, 2010). When engaging in purposeful sampling, one searches for participants who have lived the experience and should be able to articulate what it was like (Loiselle, Profetto-McGrath, Polit, & Beck, 2010). These information-rich cases can provide the researcher with a vast amount of information about the subject being examined (Patton, 2002). For this study on faculty retention and recruitment, a convenient, purposeful sample method was used in selecting clinical instructors. The inclusion criteria were previously employed clinical instructors at Centennial College who had taught a minimum of one full 15-week semester and who had decided not to return to clinical teaching. The two project managers were the past and present hiring personnel for the School of Community & Health Studies Nursing Programs.

**Recruitment**

A list of potential clinical instructors meeting the selection criteria was created by the Administrative Assistant to the Chairman of the Practical Nursing Program at Centennial College. Thirty-six clinical instructors were contacted via a recruitment email
(Appendix A) and invited to participate in my study through a Letter of Information (Appendix B) provided via email. Five clinical instructors expressed an interest in participating, but one was excluded, as she did not meet the inclusion criteria as she was presently working as a classroom instructor at the college. Four clinical instructors were thus recruited for my study.

Two project managers (present and previous employee) were contacted via a recruitment email (Appendix C) and invited to participate in my study through a Letter of Information (Appendix D) provided via email. Both project managers expressed an interest in participating and were recruited for my study.

**Participant Descriptions**

Prior to meeting with the clinical instructor participants, a demographic sheet (Appendix E) was emailed and asked to be completed to obtain initial demographic data. Table 1 displays the demographics and information regarding each clinical instructor.

*Table 1. Clinical Instructor Characteristics*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Education</th>
<th>Present Employment</th>
<th>Semesters working as clinical instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda</td>
<td>40-49</td>
<td>F</td>
<td>MSN</td>
<td>Part-time Staff Nurse</td>
<td>2</td>
</tr>
<tr>
<td>Jennifer</td>
<td>50-59</td>
<td>F</td>
<td>Diploma</td>
<td>Part-time Staff Nurse</td>
<td>3</td>
</tr>
<tr>
<td>Nancy</td>
<td>30-39</td>
<td>F</td>
<td>BScN</td>
<td>Full-time Operations Manager</td>
<td>1</td>
</tr>
<tr>
<td>Mary</td>
<td>50-59</td>
<td>F</td>
<td>BScN</td>
<td>Student</td>
<td>3</td>
</tr>
</tbody>
</table>
The two project managers in this study included both the present and past hiring personnel. The present project manager (Anne) has been in her position since June 2013. The previous project manager (Susan) was in her position for five years. Their accounts of both past and present staffing issues with regards to recruitment and retention should provide information-rich descriptions for this study.

Setting

In this study, the interviews took place in settings convenient for the participants within the Greater Toronto Area and in Belleville, Ontario. The goal was to provide a quiet, comfortable place in which the participants would be at ease and feel free to express themselves. Through email correspondence, the participants were encouraged to select a convenient place and time to meet with me. The interviews took place at various locations such as coffee shops, restaurants, one participant’s home, and Centennial College during May and June 2014.

Ethical Considerations

In accordance with Queen’s ethics policies and the Tri-Council Guidelines (TCPS-2), ethical clearance for this project was received from the General Research Ethics Board (GREB) at Queen’s University in July 2013 (Appendix F). Following this clearance, an application for ethics approval through Centennial College was completed with approval obtained in October 2013 (Appendix G). All clinical instructor participants and project managers were contacted through a recruitment email (Appendices A and C) and invited to participate in the study. A Letter of Information was provided at this time (Appendices B and D). Prior to the interview, the purpose, risks, and benefits of the study were explained
to all participants, and they were informed of the steps taken to ensure confidentiality. All participants were free to withdraw from the interview at any time, without pressure or negative consequences including possible employment at Centennial College. They were advised that they could request the removal of all or part of their data. Written informed consent was obtained using the Consent Form (Appendix H) prior to the interview. Each participant retained a copy of the Letter of Information and Consent Form for her own records.

Data Collection

In-depth interviewing is the preferred approached for data collection for a phenomenological study (Loiselle et al., 2010). Interviewing allows the researcher to capture the rich perspectives of the participants and them to reconstruct their own meaning to their teaching and work experience.

Interviews

I conducted interviews lasting 40-50 minutes. A semi-structured format was used with several open-ended questions. These interview questions served as a general guide only, allowing for new thoughts and ideas to emerge from the participants. It was important as a researcher to listen attentively, permitting elaboration and reflection of the participants’ experiences. A set of questions for the clinical instructors (Appendix I) and the project managers (Appendix J) shaped the interviews. I attempted to create an atmosphere that was genuine, non-threatening, and comfortable for the participants to build rapport and establish trust within our relationship. My opening question for each interview was “tell me about yourself.” This question served as a starting point, to help the
interviewee and interviewer get to know each other, to make the participant comfortable,
and to gather more demographic data, such as nursing and teaching experience. I also
provided a statement of the purpose and focus of the interview and assured confidentiality
throughout the study. Interview probes were used during the interview to “elicit
elaboration of detail, further explanations, and clarification of responses” (McMillan &
Schumacher, 2010, p. 358). Questions were generally arranged by topic, but variations in
the order of questions allowed for flexibility and elaboration of the participants’ thoughts
and ideas. Throughout the interview, monitoring the participants’ reactions to questions
and providing helpful feedback was important to the flow of the conversation (Patton,
2002).

Each interview was audiotaped with the participants’ permission. This strategy
allowed me to be attentive to nonverbal communication throughout the interview as well
as ensuring that all verbal messages were accurately recorded. Field notes were written in
my journal immediately following the interview sessions. These writings offered a time for
self-reflection as a researcher and a professional nurse about my role within the interview
process. It gave me an opportunity to add information as to the setting and participants’
reactions and expand on concepts that might have been discussed, adding greater meaning
to the interview. These “reflex records” would assist me in my data analysis and alert me
to potential researcher biases (McMillan & Schumacher, 2010, p.354).

Data Analysis

All audiotaped interviews were transcribed verbatim using the services of a
transcriber. To maintain confidentiality, all names were changed to pseudonyms prior to
transcription and data analysis. Written consent forms were securely stored in a locked cabinet. All electronic communication including all computer data files were stored and secured with a password. All data from the interviews will be retained for five years.

The analysis process was one of induction. “Inductive analysis is the process through which qualitative researchers synthesize and make meaning from the data, starting with specific data and ending with categories and patterns” (McMillan & Schumacher, 2010, p. 367). A constant comparison analysis technique was used to identify categories and themes. Following the transcription, I read over each transcription and listened to each recording to ensure that there were no errors and to help me become familiar with the content. I analyzed the data by reading through the transcripts line-by-line several times, underlining repeated words or expressions and making notes in the margins as to recurring phrases or patterns. By rereading these transcripts, my intent was to extract significant statements regarding the participants’ perceptions of their experiences at the college. I highlighted these areas and listed them on separate sheets of paper. I compared and contrasted the data from all interviews looking for similarities and differences. I used the common patterns that were evident to organize and categorize the data into themes. Themes appeared surrounding topics of workload; student, clinical agency, and professional/personal demands; as well as remuneration, time, and supportive measures.

**Trustworthiness**

In a qualitative study, trustworthiness is the degree of confidence one has in one’s data and is established through the examination of four criteria: credibility (accuracy of data and interpretations); dependability (reliability of data over time and conditions);
confirmability (objectivity of data); and transferability (findings can be transferred to other settings) (Loiselle et al., 2010). Within my study, a number of strategies were employed to ensure trustworthiness. Credibility was established by understanding how my biases and existing preconceptions could impact my conduct and conclusions of the study. Every researcher brings personal biases and interpretations to a situation (Stake, 2010). I came to this study with a passion to research why clinical instructors were not staying at our institution. Field notes and a field log were kept and provided the opportunity to monitor and record personal thoughts, reactions, dilemmas, and decisions throughout the study. Self-reflexivity about my biases allowed me to be aware of what I knew about the experience and the ways in which I had come to understand the experience from the clinical instructors’ perspective. I attempted to keep biases to the minimum.

With respect to dependability, a digital recorder was used to provide accurate records of all interviews. Member checking and participant review were done both within and following the interview. Within the interview, I clarified and rephrased participants’ comments to obtain more thorough meanings. Following the interview, transcripts were returned to the participants via email for validation of accuracy of data. Obtaining feedback from the participants regarding the accuracy of the transcription enhanced the confirmability of my descriptions of the data. During the analysis, coding and recoding over a period of time helped to ensure transferability, as rich descriptions of setting and participants provide information that can be employed to find similarities and differences.
Limitations

The limitations of this project were fourfold. The first limitation was the use of only one data collection strategy. Using interviews as a qualitative method to capture the essence of the clinical instructors’ lived experience was a valuable tool but including another source might have enhanced the validity of the findings. A written reflection of the clinical instructors’ teaching experience could be one possible suggestion. The second limitation was the sample size. Only four clinical instructors agreed to participate in the study. A larger sample size might have been more representative of the population and offered more insight into the lived experiences of clinical instructors that this project might not have discovered. A third limitation was the sample population, as only female clinical instructors were interviewed. Male clinical instructors might have brought different perspectives and experiences to the teaching role. The final limitation was my position at Centennial College, which could have introduced researcher bias and affected the recruitment and interview processes. An external researcher might have recruited different individuals and elicited different responses from them.
CHAPTER 4: RESEARCH FINDINGS

The purpose of this research was to explore factors influencing recruitment and retention of clinical instructors within my educational institution. In this chapter, the research findings are guided by each of the following research questions: (1) What attracted the nurse initially to this post-secondary institution to teach?; (2) What were the reasons for not renewing her teaching contract?; and (3) Why should we and how can we as full-time faculty and college administration assist the clinical instructors with their teaching role?

For the first research question, each clinical instructor’s perspective is explored as to her reasons for pursuing teaching as well as the project managers’ reflections about nursing personnel hired. The second research question is examined through the lens of each participant as I present the themes that emerged from all the participants regarding their experiences as clinical instructors. The third question is analyzed through the participants’ perspectives of support throughout their teaching role. The project managers provide insight into the risks and benefits of using contract instructors both from the organizational as well as the clinical instructor’s standpoint. Recommendations to enhance future retention and recruitment are presented briefly within this chapter with further elaboration in Chapter 5. Whenever appropriate in the presentation of data, I use direct quotations from participants to give the reader insight into the clinical instructors’ and project managers’ perceptions. I separate each quotation by type of participant (e.g., CI stands for clinical instructor and PM stands for project manager), and the pseudonym (e.g., Jennifer).
What attracted the nurse initially to this post-secondary institution to teach?

There are several reasons as to what may attract a nurse to the field of nursing education. Some nurses are looking for alternative career opportunities with more flexibility, while others want to make a difference by helping students succeed (Delunas & Rooda, 2009; Hewitt & Lewallen, 2010; Schoening, 2013). To answer this first research question, the participants’ journeys to teaching are examined. Each clinical instructor describes her path to teach at Centennial College. The project managers’ viewpoints are included as they explore nurses’ motivation for pursuing a job in teaching during the hiring process. Project managers highlight the procedures for recruitment to our college and specific job qualifications.

The Journey to Teaching

The clinical instructors were drawn to teaching at Centennial College for a variety of reasons. They all enjoyed teaching. Linda had been a clinical instructor previously at other institutions, and she felt confident in her teaching role. For the other three clinical instructors, our institution was their first teaching experience at a post-secondary establishment. They had no formal teaching experience prior to this employment opportunity.

Jennifer, Mary, and Nancy had assumed teaching positions within their clinical agency with nursing students who in their final year of study completed a preceptorship program. They wanted to expand their realm of teaching beyond the patient into the world of students. A motivating factor for this practice was the students themselves who verbalized the preceptor’s ability to explain concepts well. As Nancy explained:
I was given feedback from my students that the explanations I gave helped—So that was the first trigger as to why I went into teaching. Teaching is challenging and very rewarding to be creative when trying to explain things.

According to Culleiton and Shellenbarger (2007), many nurses experience “personal fulfillment and job satisfaction when helping students to master a concept or skill” (p. 254). Colleagues within the instructors’ own clinical working environments expressed to all the participants that they were good at teaching and that they should consider teaching students within a nursing program. Likewise, all the participants had heard from others that clinical instructor positions were available at our institution.

Further, each clinical instructor had her own personal reasons for moving from the clinical practice setting into a teaching position. They expressed their own perceptions and feelings of their individual contributions to teaching nursing students. One participant’s family circumstances led to changes in her career path and teaching provided the flexibility in scheduling she required (CI, Jennifer): “I am very self-driven and I had high expectations for my role as a clinical instructor” (CI, Jennifer). Mary’s reasons for turning to teaching were twofold. She could not resume heavy patient care due to an injury. Another contract faculty at our institution, a co-worker at her clinical agency, had suggested that she try her hand at teaching. She described her feelings about her role as a clinical instructor:

I felt very proud to be passing on what I had learnt in all my years and hopefully making some difference in the students’ lives and helping them see what nursing is to me. It is really all about the patient. (CI, Mary).
Two clinical instructors expressed that they could personally relate to the clinical experiences of a nursing student. These feelings motivated them to contribute to students’ learning experience. “I remember that I had been frightened as a student myself. In my teaching role, I enjoyed putting the students at ease and reassuring them” (CI, Mary). Nancy too could relate to the students’ hardships and experiences: “I still remember how it was to go through nursing school which wasn’t that long ago.”

When questioning the project managers as to what they felt brought nurses to the academic milieu, they outlined several rationales that coincided with our clinical instructors’ reasons for pursuing a career in nursing education. First and foremost, all instructors wanted to “give back to the profession” (PM, Anne). According to Susan, “many just really loved the role of facilitating and mentoring students and they felt that they were providing something to the students of value.” The extra income and working within a team atmosphere were also positive incentives. Many clinical instructors would contact the project managers prior to the end of each clinical semester to arrange a new contract for the upcoming semester. Teaching was a rewarding experience for these returning instructors and thus facilitated their retention.

Recruitment

Each of the four clinical instructors interviewed came to teach at our institution through referrals. Jennifer had her résumé passed to the program manager through a connection that was made out in the community while doing a volunteer service. Mary had a sessional clinical teacher at our institution recommend that she apply for a position, as there were several openings available for the job. Both Linda and Nancy heard they were accepting applications at our institution through colleagues at their clinical agency. One
program manager validated these ways of obtaining employment by stating “résumés were brought in from existing faculty, existing clinical instructors, or nursing staff on units with clinical instructors that recommended their colleague or friends to be a part of the Practical Nursing clinical instructor group” (PM, Anne). Résumés were also submitted by one of the chairpersons of the nursing programs at the college or they would be dropped off with no recruitment at the front desk of the School of Community & Health Studies. Clinical nursing positions were also posted to the institution’s website for applicants to apply. One program manager expressed that “she always liked to get résumés from other teachers because you know they respect that nurse” (PM, Susan).

The program managers outlined the job qualifications to include both an educational and work experience component. Nursing applicants could be either a registered nurse (RN) with a diploma in nursing or higher (Bachelor of Science in Nursing or a Master’s in Nursing) or a registered practical nurse with several years of experience. The majority of clinical instructors were of RN status with no new graduates accepted for the position. The program manager explained that instructors “needed to be a member of the College of Nurses of Ontario (CNO) with a substantial amount of experience – three years at least but they have accepted less qualified but this recommendation came from an existing faculty member” (PM, Susan). Both program managers emphasized that practical knowledge and technical competencies were needed for the role, and previous teaching experience was not a prerequisite. Susan highlighted that “we are looking as to whether these instructors have the knowledge and experience to really support these students.” Anne reiterated this idea by affirming “that instructors need to be a good fit with the culture of our organization – the personality to work with our students.”
What were the reasons for not renewing her teaching contract?

Within the literature, explanations for nurse educators leaving post-secondary teaching include heavy workloads, insufficient financial compensation, other job possibilities, and personal reasons (Cash et al., 2011; Dunham-Taylor et al., 2008; Kaufman, 2007; Whalen, 2009). To address the second research question, the clinical instructors identified their reasons for leaving their teaching role in terms of demands, remuneration, and time. These demands could be conceptualized in terms of push and pull factors as defined by “a force which acts to drive people away from a place (push), while another (pull) is what draws them to a new location” (About.com geography). Thus teachers left our organization because of the identified demands and concerns surrounding remuneration and time to find themselves in a different position.

Demands of the Teaching Role

The emerging themes that came from the clinical instructor interviews were workload demands, student demands, clinical agency demands, and personal/professional demands. These demands were often interrelated and influenced the instructors’ ability to complete their work to the best of their capability.

Workload demands. A common thread that permeated throughout the interviews was the workload demand that was placed on the clinical instructors. Each instructor spoke of how this demand impacted both her professional and personal life. Workload included such features as preparation for both lab and clinical work, evaluations of students that were captured in feedback logs, teaching and feedback on written assignments, and
working closely with the assigned clinical agency. Each of these components required a certain amount of time to complete; therefore, time was interrelated with the workload.

All four clinical instructors indicated that their workload was beyond the 14 hours/week of clinical and lab time. They were doing several hours outside the teaching contact hours marking assignments such as nursing care plans, due weekly or biweekly depending on the students’ clinical assignment; giving feedback on personal organizational plans (POP) due weekly; completing student evaluations (feedback logs) biweekly; preparing for each weekly lab; and communicating with students through emails on a continuous basis. There were also reflective analysis papers due twice during the 15-week semester and math tests. Instructors described the feedback logs in different ways. Mary described them as “exhausting having to critique absolutely everything.” Nancy found them “intense and a lot of work.” The nursing care plans were very extensive, and many times the students had to rewrite them, as the students were not integrating the theory into practice. Nancy noted, “I found that there was a lot of paperwork and it was intense at times which impacted my home life.” Linda described the extra work in preparing and reading to teach the theoretical concepts in lab and clinical to further assist the students beyond the classroom as “taxing on my time.” For two instructors, they described their workload in the following way: “I always felt like I was always running behind – always playing catch up” (CI, Mary). “I was just trying to keep my head above water” (CI, Jennifer). As these two clinical instructors moved into a subsequent semester of teaching, they indicated that their workload remained high due to the quality and demands of the students but the teaching process was easier as they knew what had to be done.
The program managers contributed their explanations for the workload demands of the clinical instructors. Susan acknowledged that she felt the instructors really “underestimated the amount of work – the workload of being a clinical instructor.” They identified this workload issue as a significant reason for the instructors not returning to their position and therefore affecting the retention of qualified instructors. One program manager described the workload “like another full-time job and with family commitments, it was just too much for them” (PM, Susan).

**Student demands.** The clinical instructors openly discussed the type of students that made up each of their clinical groups and how their characteristics impacted their individual learning experiences and the demands of the clinical instructor’s workload. Each clinical group was made up of eight students from a variety of cultural backgrounds and varied life experiences. Students varied in age from 18-45+ years old, both male and female; many were second career students; many had children and part-time jobs; and English might not have been their first language spoken. These different characteristics presented challenges to the clinical instructors. As Jennifer stated, “I don’t think anybody can prepare you for eight students for the first clinical placement and particularly the level of student academically was a huge challenge.”

The academic demands of a Practical Nursing student are very intense. The course can be taken full-time over four semesters, or flex-time, over six semesters. The clinical instructors described the life challenges these students had to face with both school and work. “The reality is they have to work – if they quit their jobs they can’t go to school” (CI, Mary). Because of these competing commitments, many students came unprepared to the clinical and lab setting. They displayed a decreased work ethic and lack of enthusiasm
for their studies (CI, Jennifer & Mary). “Their accountability of handing things in on time or showing up to clinical on time – this lack of preparedness or unwillingness – no one can prepare you for that” (CI, Jennifer). These accountability challenges caused an increased demand on the instructors’ workload as unprepared students could not provide patient care within the clinical setting and thus could not meet the expectations of the course. These actions would increase the documentation required (feedback logs) with potentially unsafe practices of students causing increased anxiety for both the instructor and students. Written work was also of great concern for all participants. The language barriers and the number of English as a Second Language (ESL) students made the marking of written assignments time-consuming, especially with the nursing care plans, as many had to be redone. As one instructor recommended, “further strategies for helping with the ESL student and case scenarios of challenging student situations could be presented during orientation, which would be of benefit to assist us in our teaching role” (CI, Jennifer).

Clinical agency demands. The clinical instructors’ experience with the clinical agencies fluctuated from being positive to being very negative for both the instructor and students. Clinical instructors might spend a considerable amount of time building relationships with clinical agencies to provide a positive learning experience for the students. These collaborative efforts and encounters with the different agencies influenced the workload of each clinical instructor. One instructor commented on the lack of continuity of clinical placements and having to change facilities each semester.

This was a huge learning curve to go through another facility orientation with a new hospital, new staff, a new charting system on top of all the other expectations
as a clinical instructor. I don’t think it is fully comprehended by the college what it is like to change facilities every semester. (CI, Jennifer)

This instructor recommended that more continuity in placements would be appreciated, as this lack of consistency was a strong undercurrent for some of the other clinical instructors with whom she spoke. One participant was initially hired after another teacher left her position abruptly and, as a result, did not attend the formal institution orientation. She described her experience in the following way:

It was stressful to not know where I was teaching clinical until just a few days before I met my students. Each hospital had a different organizational structure, charting system, medication administration system, etc. that I had to quickly learn and teach to my students. (CI, Mary)

This situation certainly affected the workload of this instructor.

Another instructor had been to several different facilities with students. She found these facilities satisfactory as the staff was very receptive to students but she did indicate that she did find it challenging as she was now caring for a different complement and age of patients (CI, Linda). This change in nursing practice caused an increase in preparation and workload for this particular instructor.

Mary had a very challenging experience with one of her clinical placements. She spent a significant amount of her time trying to prevent medication errors by “trying to implement safe medication practices but, at the same time, being thwarted by the practices of the nursing staff on the unit” (CI, Mary). There was a lack of both staff and managerial support and respect throughout the entire experience. They did not want students on the unit. “One particular nurse was very difficult, very hard on my students and me, who made
it very difficult to be there. I had to do a lot of PR (public relations) on this unit” (CI, Mary). It was this clinical placement that eventually deterred this particular instructor from returning to clinical teaching.

**Personal/professional demands.** Personal and professional responsibilities can be deterrents to the retention of clinical instructors. Reasons cited by clinical instructors for not continuing in their role included such factors as family commitments and responsibilities as well as the demands of another job. Personal health was impacted by working more than one job.

Linda was forced to leave her clinical teaching at this time as her mother became ill and required her attention on a daily basis. “I was very uncertain as to how things would unfold with my mother’s illness and I couldn’t commit to weekdays for clinical teaching” (CI, Linda). Another instructor had a young family with a husband who travelled with his employment. The clinical rotation was not conducive to this family’s schedule. The instructor required regular working hours so that childcare was accessible and she would be readily available for any unforeseen emergencies. Nancy expressed this situation in the following way:

The major reason for leaving this position was the fact that it was not flexible for my family because I was working in the evening with my clinical group as well as working part-time at the nursing agency and casual in an emergency department. I now have a new full-time job.

The effect of working as a clinical instructor impacted the clinical instructors’ personal health as well. One instructor found that trying to work two jobs as a part-time hospital nurse and a clinical instructor affected her health. This condition resulted in
increased absenteeism from the hospital, as she required more downtime to recover (CI, Mary). Two instructors found that the workload impinged on their personal and family life. Both instructors stated family members commented on how much happier they were the first semester away from teaching. Mary explained, “It was just exhausting, with all the marking, prep and emailing. I felt I never had any down time and it affected my husband and my family life.” Jennifer stated, “Teaching started to run my life instead of my life running it. It was 100% all consuming and I just don’t have that ability now to give it all the time and attention that I know it requires.”

Clinical instructors had to make choices. When it came to their health and families, they chose these factors over continuing in their teaching role. There were definitely a number of things competing for this desire to continue teaching. Nancy stated, “She would like to return to teaching one day. It was a very positive experience for me.”

**Remuneration and Time**

According to the project managers, when clinical instructors are hired, they are hired for 14 student teaching contact hours-three days a week (two six-hour clinical days and a two-hour lab), and they are paid for five full days. The remuneration ranges between $160-$200/day as determined by the college administration. The project managers discussed with potential employees the idea that “there is a significant amount of time required outside the 14 teaching hours in order to do prep, marking, and provide feedback” (PM, Susan). Each clinical instructor’s time frame extended beyond the 14-hour instructional time. Jennifer stated she was “putting in a total of 30 hour per week”. Similarly Mary expressed that “she logged her time and it totaled 60 hours per week”. “The reality of working greater than the 14 hours all told, left a bad taste in my mouth. I
was very frustrated” (CI, Jennifer). When the instructors calculated their hourly wage, sometimes they felt that they were working for $10-$20/hour, significantly lower than their hourly wage for working within the clinical agency as a staff nurse. In addition, the project managers acknowledged that there was a wage differential across post-secondary institutions. “There is a huge difference between colleges – instructors cancel assignments because they have been offered more money from another college. Money is not good enough at our institution” (PM, Susan). The time and money were demotivating factors rather than motivating factors for this job.

Several activities were taking up a considerable amount of the instructors’ time. Marking assignments and feedback logs was time-consuming depending on the type and demands of the students. “Sometimes I was home at 15:00 hours from clinical and I worked until midnight working on feedback logs, nursing care plans, and student assessments” (CI, Jennifer). Instructors also indicated that there was a lack of consistency among clinical instructors, as some clinical groups were not completing all written assignments with students within the program being aware of these actions. Clinical instructors were managing their own workload and time by omitting important student assessments. “Some teachers just gave a checkmark or did not mark reflective analysis papers or nursing care plans in detail” (CI, Jennifer). This lack of consistency might have implications for student success in upcoming semesters.

Commuting time to the clinical agencies was another factor that was not considered within the 14-hour instructional contact. Commuting over an hour in the morning and afternoon combined with the traffic were deterrents to the job. One instructor suggested working one 12-hour day rather than two 6-hour days as a better balance for
both the instructors and students (CI, Linda). “With working other part-time jobs with this teaching assignment and the three-day work commitment, instructors have to work weekends for their other employer and students have more daycare/family issues to deal with” (CI, Linda). This suggestion might be a good compromise for all affected parties and one the institution could possibly consider in the near future.

**Why should we and how can we as full-time faculty and college administration assist the clinical instructors with their teaching role?**

With the lack of nursing faculty to meet the demands of the increase in nursing enrolments (Registered Nurses’ Association of Ontario, 2009), it is important to retain clinical instructors. With a focus on the third research question, benefits and risks of hiring contract nursing instructors are discussed. As greater numbers of contract faculty are filling the demands of nursing programs and fewer full-time positions are available, it is very important to assist these instructors in their role. Orientation and mentoring programs as well as ongoing support and guidance are necessary for the retention of qualified, dedicated nursing instructors (Forbes et al., 2010; Hessler & Ritchie, 2006; Oermann, 1998). Clinical instructors shared their thoughts as to how we could assist them and begin to initiate ideas on how we could improve and make changes within our program. These recommendations are explored in greater detail in Chapter 5.

**Benefits and Risks of Hiring Contract Clinical Instructors**

Within the nursing literature, the benefits and risks to an organization hiring part-time faculty have been noted with the benefit of cost-saving factors with the elimination of employee benefits but the risks of high turnover and the cost of continually hiring and
orientating this faculty (Forbes et al., 2010). Within our organization, a similar situation occurs. From an organizational perspective, the benefits include a lower complement of full-time staff required and therefore, “we can hire who we want, when we want, and we can be selective” (PM, Anne). In terms of the clinical instructors’ contracts, there is no obligation to the clinical instructors beyond the length of the contract. Therefore, as one program manager stated, “if nursing student enrolment is down, the organization does not owe the clinical instructors anything beyond that contract. This situation is probably the biggest benefit to the organization” (PM, Susan). In contrast, though, the greatest risk for an organization is not having enough staff to cover all the positions and assignments required. This situation actually occurred in January 2013 when clinical placements were cancelled for a number of nursing students because of an insufficient number of available clinical instructors. Some reasons cited for this occurrence were remuneration, workload issues, personal reasons, and other employment commitments. As one program manager explained, “there is no real obligation to the college as in loyalty and commitment” (PM, Susan). Clinical instructors can work one contract and then work somewhere else. For the instructor, this arrangement may be of benefit. Sometimes instructors may leave their position after accepting it to go and work at another teaching institution for more money (PM, Anne). “This does happen and this is probably the biggest problem with a contract” (PM, Susan). They may leave following orientation or mid-semester because the role is not what they expected as “this is not an easy job and it requires a great deal of time and commitment” (PM, Anne). Nevertheless, there are a numerous clinical instructors who do renew their contracts each semester. These instructors are of great benefit to the
organization both “in terms of retention of veteran staff and continuity of teaching for our nursing students” (PM, Anne).

Through the clinical instructors’ eyes, the benefit and risks to their employment were in contrast to the organization. The risk for clinical instructors was the fact that their contract might not be renewed. This action could be due to “insufficient opportunities because of a decrease in nursing student enrolment or their performances were not up to the expectations of the organization” (PM, Anne). The benefits for the clinical instructors were threefold. The clinical role allowed them “an opportunity to try teaching out – something outside of their professional life” (PM, Susan). This job afforded them extra money in addition to their present job or it was a “good option if they could not work full-time due to family commitments or responsibilities” (PM, Anne). What was noted as a risk for the organization was a benefit for the instructors as “they did not have to commit to us” (PM, Anne). “Some instructors would work for our institution and another college at the same time” (PM, Anne). Part-time faculty can provide the skill and knowledge from their role as professionals in practice by transferring these attributes into their teaching position (Forbes et al., 2010).

**Assistance in the clinical role.** The support of the college full-time faculty and faculty mentor significantly contributed to the development of the instructor’s clinical role within this organization. All the clinical instructors indicated that the course leads and faculty mentor were of great assistance throughout their teaching contract. “If it had not been for the support of the faculty, I would have been a one-semester teacher. I felt I was supported 100% as a clinical instructor” (CI, Jennifer). Another instructor stated, “I appreciated the good teamwork that the college provided” (CI, Nancy). The instructors
verbalized that the faculty mentor was readily available to answer any questions and assist with any student issues. The course leads and team were approachable to assist with nursing care plans and student issues (CI, Mary).

The orientation that the faculty mentor and course leads provided was informative but also overwhelming with the amount of information that pertained to policies, protocols, and assignments. One project manager indicated that, after the initial orientation, many of the clinical instructors visited her office and indicated how great the orientation was but that “they felt a little overwhelmed with the amount of information” (PM, Susan). All clinical instructors identified the instructor resource manual that was provided during orientation as an excellent tool and reference guide throughout the semester. Recommendations surrounding the clinical orientation were twofold. Understanding different student challenges through real case scenarios that the instructors could work through would have been very beneficial (CI, Jennifer). Orientation on the paperwork, especially the nursing care plan, could have been elaborated on in further detail (CI, Nancy). Nancy recommended that a review of the nursing care plan possibly with the team or the theory teachers following the students’ first submission would be helpful. When clinical instructors missed the formal orientation because they had been hired afterwards, more support throughout the semester to review all the clinical expectations would have been beneficial (CI, Mary). Mary ended up supporting and mentoring another colleague herself whom she had recommended to the teaching role when they were lacking a number of qualified instructors. This additional role increased the demands on her workload as well as the lack of support from the college regarding
concerns at the assigned clinical agency. Mary stated the following in a personal reflection:

In the end, I felt like such a failure as a teacher since I couldn’t make the learning environment for my students a positive and enriching one. I took it personally that it must be something in me that failed them and came to the conclusion that I just wasn’t good enough to be a nursing instructor.

This situation resulted in the clinical instructor not returning to her teaching role. This experience highlights the importance of supporting faculty in their teaching role.
CHAPTER 5: RECOMMENDATIONS

This chapter provides concrete recommendations on how to support clinical instructors in their role at Centennial College to increase future retention. Next steps are discussed as to what I could do to ensure that these recommendations are brought to the attention of the appropriate stakeholders at Centennial College. The chapter ends with my final thoughts about this research project.

Based on the findings of this research investigation and personal reflections, five recommendations are presented for the retention of clinical instructors at Centennial College:

1. Provide ongoing collegial support and guidance through mentoring.
2. Decrease the instructors’ workload by reducing the number of written assignments and streamlining evaluation methods.
3. Expand the orientation time for new instructors.
4. Provide appropriate remuneration for and recognition of teaching contributions.
5. Support instructors in addressing their clinical agency concerns.
Recommendation 1: Provide ongoing collegial support and guidance through mentoring

As all participants discussed during their interviews, the assistance from the faculty and faculty mentor was crucial to the success of their role as clinical educators. From my perspective, providing ongoing collegial guidance and support is important for retention of clinical instructors. Mentoring new instructors assists them in transitioning into their new position. According to Nancy, a friendly helpful relationship with faculty members, such as course leads and other clinical instructors, provides encouragement and sharing of knowledge and ideas. Having the opportunity to work with other instructors and to observe a variety of effective teaching strategies enhances her skills both in the lab and in the clinical setting. “Our weekly meeting during lab time really helped me with understanding my role. I would recommend that be done on a regular basis” (CI, Nancy). Mary suggested early in the semester to match new clinical teachers with an experienced teacher in an informal mentoring partnership. This consistent, ongoing relationship would be beneficial as one wants to feel supported when questions or concerns arise throughout the semester.

Based on my experience working as course lead, I recommend peer mentoring and the continuation of the weekly lab meetings between course leads and clinical instructors. I find that being available for these instructors makes them feel comfortable, supported, and more relaxed in their role. Encouraging them to ask many questions and assisting them in working through student, clinical, and course challenges is helpful. They gain self-assurance as the semester progresses. Building confidence in these instructors about their role as educators will hopefully lead to a positive experience and an increased desire to continue in the teaching profession.
Recommendation 2: Decrease the instructors’ workload by reducing the number of written assignments and streamlining evaluation methods

As indicated by both the clinical instructors and project managers, the workload demands are extensive, exceeding the 14 hours of paid instructional time. From my experience and the interviews with the clinical instructors, suggestions are offered to decrease the number of hours spent marking assignments and providing student evaluative feedback. First, decreasing two reflective analysis assignments to one per semester is my recommendation, particularly as unsatisfactory papers require a rewrite. Second, rather than completing a nursing care plan biweekly, Linda and Mary suggested reducing the number throughout the term and focusing more on the clinical experience, practical skills, and direct patient care rather than written assignments. Third, as indicated by all instructors, the marking of these papers is arduous in nature and requires extensive time. As Nancy recommended, further instruction and guidance with marking over the term, rather than just during orientation, would be helpful. Jennifer proposed the continuation of a nursing care plan workshop presented by theory teachers. She believed it would be more beneficial within the first few weeks of the semester.

As stated by all instructors, biweekly student evaluations demand a considerable amount of their time. As Jennifer indicated, this workload is magnified if instructors have weak or unsatisfactory students. Presently, instructors provide written comments and examples in accordance with over 100 of the College of Nurses of Ontario Entry to Practice competencies. Mary felt that creating a checklist with satisfactory, unsatisfactory, or not met categories for these competencies might be a quicker and easier approach to evaluating. Providing comments only for unmet or unsatisfactory competencies would be recommended.
**Recommendation 3: Expand the orientation time for new instructors**

Throughout the interviews, all participants indicated that transitioning from a nurse in clinical practice to a nurse educator required a significant amount of preparation for their role. Working closely with the faculty mentor and course leads during orientation is essential to the instructors’ understanding of the nursing program; more time however, was requested for the orientation period to meet the instructors’ learning needs because of the vast amount of information provided during this initial training. As expressed by Mary, “orientation needs to be expanded as it is hard to retain all the information presented to you as a new instructor.” Similarly, Nancy stated “there are not enough dates or hours of orientation.” She felt that she required additional validation that she was using the tools and doing things correctly following the orientation period.

Clinical instructors provided suggestions to assist in their orientation process. First, Jennifer recommended that supplying a content map of all nursing courses and timelines each semester would be advantageous to facilitate the instructors’ understanding of student workload demands. Second, a longer and more thorough orientation process that taught the instructors about the written assignments and how to mark them properly was recommended. Third, for Jennifer, the presentation of case scenarios or role playing strategies to identify and manage difficult student situations would be valuable. As well during orientation, providing detailed college resources and programs available for students, especially English and math assistance, would facilitate the instructor’s role.
**Recommendation 4: Provide appropriate remuneration for and recognition of teaching contributions**

Clinical instructors expressed the need to be paid fairly. As the project managers indicated, with instructors leaving for other post-secondary institutions for higher wages, our organization has to consider the potential short- and long-term effects of losing qualified nursing educators. Administrators should re-evaluate their budgeting expenses to see if it is feasible to maintain a competitive salary for contract clinical instructors in relation to their hospital or other clinical jobs. As each clinical instructor noted, remuneration should be based on the number of hours worked with consideration given to including a certain amount of time for marking and clinical/lab preparation above the 14 instructional hours. “Pay people for the work they do. If there is 10 hours in addition to clinical hours pay them for it – it’s fair” (CI, Linda).

According to the project managers, recognition of one’s work and contribution to the students’ learning experience is important for retention of clinical instructors. Verbal and written feedback from students, colleagues, and the chairperson of the program are significant to the growth and development of clinical teachers. Susan believed that performance reviews by management might provide informative feedback to instructors as to their strengths and areas needing improvement within the educator role. Completing this appraisal over a two-semester period is recommended. A positive acknowledgement of instructors’ teaching contributions at the end of each semester might enhance retention. A thank you note for a job well done from the Chairperson of the Practical Nursing Program or the Dean of the school would be a nice gesture (PM, Anne). It is important as a college to recognize the commitment of these contract instructors as they teach the majority of the college’s students in the clinical setting.
**Recommendation 5: Support instructors in addressing their clinical agency concerns**

Clinical instructors require support surrounding their clinical placement. Continuity and location of clinical placements are important considerations. “Advocating for the clinical instructor to stay on a particular unit would be appreciated as this would save time with clinical orientation and decrease instructor workload” (CI, Jennifer). According to Linda and Nancy, having a suitable agency within a reasonable commuting time and knowing their assigned placements as early as possible, would allow them to make arrangements for their other employment and manage family responsibilities. Linda’s recommendation to move clinical to one 12-hour day rather than two 6-hour days may be an important consideration for the college, as this model could decrease the number of facilities required by the college, decrease commuting time, and allow clinical instructors to manage their professional/personal demands more easily.

According to Mary, clinical instructors who are comfortable with their teaching surroundings and have strong relationships with agency staff are beneficial for the reputation of the college and provide a constructive learning experience for the students. She felt having a “buddy nurse” would be beneficial. By pairing new instructors with veteran instructors at the same clinical facility, the novices learn their new role and are supported throughout the semester. As well, having a clinical liaison from the college visit each unit prior to a new instructor arriving, developing collaborative relationships, and providing relevant information about learning expectations for the nursing students during their clinical rotations would be worthwhile endeavours for the college to undertake (CI, Mary).
**Next Steps**

As a full-time faculty member, I feel that it is important to bring these recommendations forward to the chairperson and other full-time faculty of the Practical Nursing program as well as the Dean of the School of Community and Health Studies through a formal presentation of my research findings. Open discussions with all involved parties would provide an opportunity to share how clinical instructors could be supported in their role to improve retention at the college.

Following this initial gathering, a meeting would be arranged with administration, particularly the chairperson of the Practical Nursing program, to discuss strategies and the potential to move forward with these recommendations. Discussions surrounding remuneration and the impact on retention, as well as the feasibility of moving to a one-day 12-hour clinical day, could be examined. Likewise, the feasibility of a clinical liaison position, extending the orientation timeline, and curricular changes should be carefully explored. If administration agrees to proceed, a working committee with two full-time faculty members and the chairperson could be formed. The working committee would then disseminate the information from this project to the full-time clinical faculty and include them in the planning process.

Meetings with the clinical full-time faculty should be arranged to review the recommendations by both the clinical instructors and administration. Discussions surrounding curriculum changes, mentoring, and orientation would be encouraged. The intent of this work by all involved parties would be to facilitate the long-term retention of contract clinical instructors at Centennial College.
Final Thoughts

The questions that informed the present project are borne from my own experience as a clinical instructor and the loss of valuable clinical teachers at the beginning of a new semester of teaching. My hope is that the recommendations will move forward, and the retention of part-time faculty will persist. I have learned through this process that suggestions need to be substantiated with relevant evidence. To affect change, one needs to explore all avenues and have a multitude of strategies to consider for implementation. This research project has allowed me the opportunity to be a potential change agent and the ability to put theory into practice in educational research. The journey has both challenged and opened my mind to how my actions can influence the educational system, others, and myself.

Throughout the learning process, I reflected on my role as a researcher as well as a clinical instructor. As a nurse, I interview individuals on a daily basis and feel confident in my skills. However, it was a new learning experience for me as I interviewed the participants for this project. It was challenging as I could relate to their stories and experiences, but I worked very diligently to not influence their discussions. At times, I found myself being eager to make connections between my own experiences and the participants’ responses. I was mindful to control the amount of talking I did during the interviews to ensure that my conversations focused on their clinical experiences rather than my own. As I move forward in the research environment, I will be cognizant of my actions and potential for researcher bias by adapting and modifying my interviewing skills for each new situation. This project was an amazing learning experience outside of the traditional classroom. My personal growth and development as an educator are evident.
REFERENCES


APPENDIX A: RECRUITMENT EMAIL FOR CLINICAL INSTRUCTORS

To: [Clinical Instructors]
Subject: An Invitation to Participate

My name is Carol Stefopulos. I am a full-time faculty member in the Practical Nursing Program (PN) at Centennial College and a graduate student at Queen's University in the Master's of Education Program.

I am seeking your assistance and expertise with my research project on faculty recruitment and retention of clinical instructors in Centennial College's PN Program. You were identified as a clinical instructor who was previously employed at Centennial College in the PN program. Your perspective on your experience would provide valuable insight and information for the college and faculty to effectively recruit and retain future clinical instructors at Centennial College.

My goal is to interview previous PN clinical instructors to learn about their experiences within our PN program. If you are interested in participating, it would require an hour of your time and I will meet with you at your convenience and at a location of your preference. Please be assured all information is strictly confidential.

I have attached a letter of information that outlines my research study. If you have any questions please feel free to contact me.

Looking forward to hearing from you at your earliest convenience,

Carol Stefopulos
Masters of Education Candidate
Faculty of Education, Queen’s University
Recruitment and retention of clinical nursing instructors within the Practical Nursing Program

My name is Carol Stefopulos. I am a master’s student at Queen’s University and a full-time faculty member at Centennial College. I am inviting you to be a participant in a research study. The purpose of this study is to explore factors influencing recruitment and retention of clinical instructors within the Practical Nursing program at Centennial College. I would like to collect information and learn from you about your experience as a clinical instructor at Centennial College including your reasons for choosing to teach at Centennial and your reasons for not continuing in this role. The findings from this study should provide recommendations for Centennial College to assist clinical instructors with their teaching role. This study has been granted clearance according to the recommended principles of Canadian ethics guidelines and Queen’s policies.

The study will involve completing a one-page demographic profile sheet (about 5-10 minutes to complete) that will be sent to you electronically. Following this questionnaire, a one-on-one interview will be arranged with the principal investigator at a mutually agreed upon time and location. During the interview, you will be asked a series of questions about your experience as a clinical instructor in the Practical Nursing program. The interview will be approximately 45-60 minutes in length and will be voice recorded using a digital recorder. Following the interview I may contact you by email to clarify some information if I have any questions. You are also welcome to contact me if there is anything you wish to add or wish you had said during the interview.

Your participation is voluntary. During the interview, sensitive issues may arise when recalling your teaching experience. You are not obliged to answer any questions that you find objectionable or that make you feel uncomfortable in any way. The interview may be stopped at this time if you wish. You are free to withdraw from the study at any time and request removal of all or part of your data by contacting Carol Stefopulos. There are no
negative consequences for not participating or withdrawing from this study, including possible future employment at Centennial College. There is no compensation for participating in this study.

Your confidentiality will be protected to the extent possible and no personal identifying information will be used. During the study, all data transcriptions will be locked in a safe location and only my supervisor and I will have access to this data. Electronic communication will be encrypted and secured with a password. Once the study is finished all digital audio recordings will be erased. A folder of all analyzed data with no identifying information will be locked and stored in accordance with the Queen’s University policy for a mandatory period of five years, after which it will be destroyed securely.

This research will be used for my master’s project at Queen’s and presented to the Chair of the Practical Nursing Program and nursing faculty. It may additionally result in publications in professional journals or presentations at conferences. To protect your privacy, no names will be used in the data, presentations, or published work. Your name and identity will not be disclosed. Pseudonyms will replace the participants’ names and the name of the school in all forms of data, publications, and presentations.

If you have any questions about this project, please feel free to contact me Carol Stefopulos at Centennial College (416-289-5000 x8144) or by email at cstefopulos@centennialcollege.ca or my project supervisor, Dr. John Freeman (613-533-6000 x77298) or by email at freemanj@queensu.ca. Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board (613-533-6081) at Queen’s University or chair.GREB@queensu.ca.
APPENDIX C: RECRUITMENT EMAIL FOR PROJECT MANAGERS

To: [Project Managers]
Subject: An Invitation to Participate

My name is Carol Stefopulos. I am a full-time faculty member in the Practical Nursing Program (PN) at Centennial College and a graduate student at Queen's University in the Master's of Education Program.

I am seeking your assistance and expertise with my research project on faculty recruitment and retention of clinical instructors in Centennial College's PN Program. You were identified as a project manager who was employed at Centennial College in the PN program. Your perspective on your experience would provide valuable insight and information for the college and faculty to effectively recruit and retain future clinical instructors at Centennial College.

My goal is to interview previous PN clinical instructors to learn about their experiences within our PN program. If you are interested in participating, it would require an hour of your time and I will meet with you at your convenience and at a location of your preference. Please be assured all information is strictly confidential.

I have attached a letter of information that outlines my research study. If you have any questions please feel free to contact me.

Looking forward to hearing from you at your earliest convenience,

Carol Stefopulos
Masters of Education Candidate
Faculty of Education, Queen’s University
APPENDIX D: LETTER OF INFORMATION (PROJECT MANAGERS)

Recruitment and retention of clinical nursing instructors within the Practical Nursing Program

My name is Carol Stefopulos. I am a master’s student at Queen’s University and a full-time faculty member at Centennial College. I am inviting you to be a participant in a research study. The purpose of this study is to explore factors influencing recruitment and retention of clinical instructors within the Practical Nursing program at Centennial College. I would like to collect information and learn from you about your experience as a project manager at Centennial College. The findings from this study should provide recommendations for Centennial College to assist clinical instructors with their teaching role. This study has been granted clearance according to the recommended principles of Canadian ethics guidelines and Queen’s policies.

The study will involve a one-on-one interview will be arranged with the principal investigator at a mutually agreed upon time and location. During the interview, you will be asked a series of questions about your experience as a project manager in the Practical Nursing program. The interview will be approximately 45-60 minutes in length and will be voice recorded using a digital recorder. Following the interview I may contact you by email to clarify some information if I have any questions. You are also welcome to contact me if there is anything you wish to add or wish you had said during the interview.

Your participation is voluntary. You are not obliged to answer any questions that you find objectionable or that make you feel uncomfortable in any way. As one of only two project managers, there is a potential risk of identification. To ensure confidentiality within the study, you will be given the opportunity to review your interview transcripts and remove any data before they are used. You are free to withdraw from the study at any time and request removal of all or part of your data by contacting Carol Stefopulos. There are no negative consequences for not participating or withdrawing from this study, including
possible future employment at Centennial College. There is no compensation for participating in this study.

Your confidentiality will be protected to the extent possible and no personal identifying information will be used. During the study, all data transcriptions will be locked in a safe location and only my supervisor and I will have access to this data. Electronic communication will be encrypted and secured with a password. Once the study is finished all digital audio recordings will be erased. A folder of all analyzed data with no identifying information will be locked and stored in accordance with the Queen’s University policy for a mandatory period of five years, after which it will be destroyed securely.

This research will be used for my master’s project at Queen’s and presented to the Chair of the Practical Nursing Program and nursing faculty. It may additionally result in publications in professional journals or presentations at conferences. To protect your privacy, no names will be used in the data, presentations, or published work. Your name and identity will not be disclosed. Pseudonyms will replace the participants’ names and the name of the school in all forms of data, publications, and presentations.

If you have any questions about this project, please feel free to contact me Carol Stefopulos at Centennial College (416-289-5000 x8144) or by email at cstefopulos@centennialcollege.ca or my project supervisor, Dr. John Freeman (613-533-6000 x77298) or by email at freemanj@queensu.ca. Any ethical concerns about the study may be directed to the Chair of the General Research Ethics Board (613-533-6081) at Queen’s University or chair.GREB@queensu.ca.
APPENDIX E: CLINICAL INSTRUCTOR DEMOGRAPHIC INFORMATION

Please fill in your contact information below:

Pseudonym: ________________________________
Date: ____________________________
Age: 20-29_____ 30-39 _____ 40-49 _____ 50-59 _____ 60+_____
Female_____ Male_____ 
Highest Degree obtained: BScN_____ MSN_____ PhD_____
Other______________________
Certifications held:
________________________________________________________________________
________________________________________________________________________
Do you currently work as a clinical instructor? Yes____ No____
Do you currently work as a nurse? Yes____ No _____ Full-time_____ Part-time_____ Casual____
Your position at work is:
________________________________________________________________________
APPENDIX F: QUEEN’S UNIVERSITY ETHICS CLEARANCE LETTER

July 24, 2013

Ms. Carol Stefopoulos
Master’s Student
Faculty of Education
Queen's University
Duncan McArthur Hall
511 Union Street
Kingston, ON K7M 5R7

GREB Ref #: GEDUC-688-13; Romeo # 601055
Title: "GEDUC-688-13 Recruitment and Retention of Clinical Nursing Instructors within the Practical Nursing Program"

Dear Ms. Stefopoulos:

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled "GEDUC-688-13 Recruitment and Retention of Clinical Nursing Instructors within the Practical Nursing Program" for ethical compliance with the Tri-Council Guidelines (TCPS) and Queen's ethics policies. In accordance with the Tri-Council Guidelines (article D.1.6) and Senate Terms of Reference (article G), your project has been cleared for one year. At the end of each year, the GREB will ask if your project has been completed and if not, what changes have occurred or will occur in the next year.

You are reminded of your obligation to advise the GREB, with a copy to your unit REB, of any adverse event(s) that occur during this one year period (access this form at https://eservices.queensu.ca/romeo_researcher/ and click Events - GREB Adverse Event Report). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example you must report changes to the level of risk, applicant characteristics, and implementation of new procedures. To make an amendment, access the application at https://eservices.queensu.ca/romeo_researcher/ and click Events - GREB Amendment to Approved Study Form. These changes will automatically be sent to the Ethics Coordinator, Gail Irving, at the Office of Research Services or irvingg@queensu.ca for further review and clearance by the GREB or GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Yours sincerely,

Joan Stevenson, Ph.D.
Chair, General Research Ethics Board
c: Dr. John Freeman, Faculty Supervisor
    Dr. Don Klinger, Chair, Unit REB
    Erin Wicklam, c/o Graduate Studies and Bureau of Research
APPENDIX G: CENTENNIAL COLLEGE ETHICS CLEARANCE LETTER

Ms. Carol Stefopulos  
School of Community and Health Studies  
Centennial College

October 16, 2013

REB application 182: Recruitment and retention of clinical nursing instructors within the Practical Nursing Program

Dear Carol;

The Centennial College Research Ethics Board involving Human Subjects has reviewed your ethics review application and documentation and grants approval for the above-named study. The approval is based on the following:

1) The Centennial REB must be informed of any protocol modifications as they arise
2) Any unanticipated problems that increase risk to the participants must be reported immediately
3) You have one year approval for the study; if needed, an annual renewal form will be required at that time
4) An interim report telling the REB the number of participants recruited, and advising of us any ethical issues that may have arisen during the testing.
5) A study completion form is submitted upon completion of the project.
These forms can be downloaded from the Centennial College ethics website:  
http://www.centennialcollege.ca/applied/ethics/submitapplication

On behalf of the committee at Centennial, I’d like to wish you every success with your project.

Sincerely,

Lynda Atack, R.N., Ph.D  
Chair, Research Ethics Board involving Human Subjects  
Centennial College  
Email: latack@centennialcollege.ca  
Tel: 416. 289-5000 x 4003
APPENDIX H: CONSENT FORM

Recruitment and retention of clinical nursing instructors within the Practical Nursing Program

Name (please print clearly): _______________________________________

1. I have read and retained a copy of the Letter of Information and the Consent form. I have had any questions answered to my satisfaction.

2. I understand that I will be participating in the study called Recruitment and retention of clinical nursing instructors within the Practical Nursing Program. I am aware that the purpose of the study is to explore factors influencing recruitment and retention of clinical instructors. I understand that I will be completing a demographic information sheet that will take about 5-10 minutes and an interview that will take about 45-60 minutes of my time. I have been informed that the interview will be recorded by audiotape. I am aware that the principal researcher may contact me for follow-up if something I said needs to be clarified.

3. I understand that my participation in this study is voluntary and I may withdraw at any point during the study. I may request the removal of all or part of my data by contacting Carol Stefopulos without any consequences to myself, including my future employment at Centennial College.

4. I understand that every effort will be made to maintain confidentiality of the data now and in the future. Only the principal researcher Carol Stefopulos and her supervisor Dr. John Freeman will have access to these data. The data will be used for Carol’s master’s project and may also be published in professional journals or presented at conferences, but any such publications and/or presentations will be of general findings and will never breach individual confidentiality. I understand that, upon request, I may have a full description of the results of the study after its completion.

5. I am aware that if I have any questions about my study participation, I may contact Carol Stefopulos at Centennial College (416-289-5000 x8144) or by email at cstefopulos@centennialcollege.ca or her project supervisor, Dr. John Freeman (613-533-
I have read the above statements and freely consent to participate in this research.

**Please sign one copy of this Consent Form and return to Carol Stefopulos. Retain the second copy for your records.**

Signature: ___________________________ Date: ___________________________

Please write your e-mail or postal address here if you wish to receive a copy of the results of this study.

____________________________________________
APPENDIX I: INTERVIEW QUESTIONS FOR CLINICAL INSTRUCTORS

1. Tell me about yourself and your nursing career (e.g., education, years of experience, areas of specialty, previous teaching experience, length of teaching, currently working).
2. Describe why you decided to become a clinical nursing instructor.
3. Describe to me your experience as a clinical teacher at this institution.
4. To what extent was your experience as a clinical instructor the same as you expected?
5. To what extent was your experience as a clinical instructor different from what you expected?
6. Describe your orientation and mentorship as a clinical instructor at this institution. To what extent did you feel prepared and competent to teach clinical nursing?
7. In what ways did you feel supported as a clinical instructor? What particular supportive measures were available to you?
8. What difficulties, challenges, or barriers did you experience as a clinical instructor?
9. Describe your reason(s) for not returning to the clinical instructor role at this institution.
10. What recommendations would you make for future recruitment and retention of clinical instructors?
11. Is there anything else you would like to add that we have not already addressed?
APPENDIX J: INTERVIEW QUESTIONS FOR PROJECT MANAGERS

1. Tell me about your role and responsibilities as Project Manager for the Practical Nursing Program at Centennial College.
2. How are clinical instructors recruited to the Practical Nursing Program?
3. Describe the job description for a clinical instructor (e.g., practical experience, educational requirements).
4. What is the time commitment required by a clinical instructor in her/his teaching role?
5. How are wages determined for clinical instructors? What factors influence instructors’ wages?
6. What orientation is provided for the clinical instructors? How are instructors remunerated for this time?
7. What are the benefits of employing contract clinical nursing instructors?
8. What are the risks of employing contract clinical nursing instructors?
9. What explanations do clinical instructors provide for continuing in their teaching role for another semester?
10. What explanations do clinical instructors provide for not continuing in their teaching role for another semester?
11. How may their decision to not continue in their teaching position impact your role as hiring personnel?
12. What recommendations would you have for future recruitment and retention of clinical instructors?
13. Is there anything else you would like to add that we have not already addressed?