RETAINING THE WISDOM:
DEANS' REFLECTIONS
ON EXTENDING THE ACADEMIC WORKING LIFE
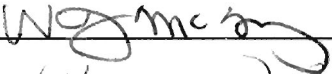OF AGING NURSE FACULTY

by

Nancy L. Falk
A Dissertation
Submitted to the
Graduate Faculty
of
George Mason University
In Partial Fulfillment of
The Requirements for the Degree
of
Doctor of Philosophy
Nursing

Committee:

_____   Dr. Jeanne Sorrell, Chair

_____   Dr. Loretta Normile, 1st Reader

_____   Dr. William J. McAuley, 2nd Reader

_____   Dr. Kathleen F. Gaffney,
                                     Director, PhD Program in Nursing

_____   Dr. Shirley Travis,
                                     Dean, College of Health and
                                     Human Services

Date: __March 31, 2008__   Spring Semester 2008
                                     George Mason University
                                     Fairfax, VA

Retaining the Wisdom: Deans' Reflections on Extending the
Academic Working Life of Aging Nurse Faculty

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy at George Mason University

By

Nancy L. Falk
Master of Business Administration,
University at Buffalo, The State University of New York
Bachelor of Science in Nursing
Alfred University

Director: Jeanne Sorrell, Professor
School of Nursing

Spring Semester 2008
George Mason University
Fairfax, VA

DEDICATION

To colleges and universities who support continued employment of aging faculty.

To deans of nursing programs who value aging nurse faculty, acknowledge and capitalize on the experience and wisdom they bring to nursing education, and provide creative and flexible opportunities for extending their working life in academia.

To aging nurse faculty who give their heart and soul to ensuring that current and future generations of nurses are prepared to provide quality patient care. As educators, they are resourceful, nurturing, and committed. As researchers, they are insightful and add a critical dimension to evidence-based practice. In their service roles, they touch the lives of communities, academic institutions, and students each and every day.

ACKNOWLEDGEMENTS

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ABSTRACT

RETAINING THE WISDOM: DEANS' REFLECTIONS ON EXTENDING THE
ACADEMIC WORKING LIFE OF AGING NURSE FACULTY

Nancy L. Falk, Ph.D.

George Mason University, 2008

Dissertation Director: Dr. Jeanne Sorrell

Aging nurse faculty members are vital human resources who serve as educators, researchers, and leaders within baccalaureate nursing programs nationwide. On average, aging nurse faculty members are over 50 years of age and face key retirement decisions over the next decade. Yet, there is little evidence that helps to inform education, practice, policy, and research about issues surrounding continued employment of aging nurse faculty.

The purpose of this study was to begin to build substantive theory about deans' perceptions of extending the academic working life of aging nurse faculty members. In person and phone interviews were conducted with nine deans from baccalaureate nursing programs nationwide in this grounded theory study. The participants were employed at large, small, public, private, rural, and urban institutions in eight different states. They varied in age, race, and length of employment in the dean's role and at their current universities. Interviews were audiotaped and transcribed. Data were analyzed using constant comparative analysis.

Four categories emerged from the interview data: valuing aging nurse faculty, enduring environmental challenges, recognizing stakeholder incongruence, and re-adjusting. Findings show that baccalaureate nursing programs and faculty members face environmental challenges including pressures, tensions, and ongoing change. Deans' reflections revealed that aging nurse faculty members are highly valued, bringing wisdom, experience, and institutional, historical, and cultural awareness to their many roles. In the ever-changing environment of baccalaureate nursing education however, some aging nurse faculty fail to keep knowledge, skills, and teaching modes current. In such situations, stakeholder incongruence arises as a mismatch develops between the needs of the baccalaureate nursing program and the skills and contributions of aging nurse faculty members. Baccalaureate nursing programs, program leaders, and aging nurse faculty members can lessen the incongruence by re-adjusting to address the pressures, tensions, and ongoing change.

1. INTRODUCTION

Nurses comprise the largest group of healthcare providers in the United States today and are vital to the provision of care at the bedside and beyond. Nurse educators are critical to ensuring that society has an adequate number of nurses prepared with the knowledge and skills to provide quality care. The United States faces a shortage of nurses and nurse faculty. The U.S. Bureau of Labor Statistics indicates that over 1,000,000 new and replacement nurses will be needed in the United States by 2016 (Dohm & Shniper, 2007). About 587,000 new jobs for registered nurses are expected to be created from 2006-2016 (U.S. Department of Labor-Bureau of Labor Statistics, 2007). Further studies find that the nurse faculty shortage is a key factor inhibiting the growth of the nursing workforce. According to the American Association of Colleges of Nursing, 42,866 qualified applications were not accepted into baccalaureate, master's, and doctoral nursing programs in 2005-2006 due, in large part, to the nurse faculty shortage (Fang, Wisniewski, & Bednash, 2007a).

Human resource management is critical to ensuring that nursing programs have the most effective number and mix of talented faculty to build, grow, develop, and sustain strategic goals and objectives. To be successful in educating and graduating new nurses, academic institutions and nursing programs must develop and implement an

1

effective human resource management initiatives to attract, retain, develop, and reward quality nurse educators.

Nursing programs are at a critical juncture in human resource management with two unprecedented factors raising the level of urgency of human resource challenges. The academic community faces a shortage of nurse faculty. To compound the problem, by the year 2019, 75% of the nurse faculty workforce will be eligible for retirement (National League for Nursing, 2005). In testimony before the U.S. House of Representatives, Dr. Beverly Malone of the National League for Nursing stated regarding aging nurse faculty, "It is an open ended question where schools of nursing will find replacements for these experienced individuals" (as cited in *Title VIII*, 2007, p. 3).

The nurse faculty shortage problem is illustrated in the results of an American Association of Colleges of Nursing (AACN) survey on vacant full-time faculty positions for academic year 2006-2007 (Fang & Wisniewski, 2006). According to survey results from 329 member institutions, 83.3 % of respondents indicated a need for additional faculty. Only 16.7% indicated they had no vacancies and no need for additional faculty (Fang & Wisniewski, 2006).

The pending retirement of an aging nurse faculty workforce is evident in the demographic profile of nurse educators. Faculty members with PhDs are older then master's-prepared faculty. PhD prepared faculty average 57.9 years of age for professors, 55.4 for associate professors, and 51.5 for assistant professors (American Association of College of Nursing, 2006). Faculty members with master's degrees average 57.8 years of age for professors, 54.5 for associate professors, and 50 for assistant professors

2

(American Association of Colleges of Nursing, 2006). Although younger than PhD prepared faculty, master's-prepared faculty, like their PhD counterparts, are moving closer to retirement age. Nurse faculty members retire on average at about 62.5 years of age (Berlin & Sechrist, 2002). Forecasts suggest that 200-300 doctorally prepared faculty and 220-280 master's-prepared faculty will be eligible to retire annually from 2012-2018 (American Association of Colleges of Nursing, 2003).

To curb the nurse faculty shortage, a multi-faceted nationwide initiative is essential. Academic institutions must be adept at attracting new nurses to educator roles, retaining current faculty, and seeking new creative human resource solutions. One retention initiative that must be considered is the possibility of extending the academic working life of aging nurse faculty.

Demographics indicate that the U.S. workforce is aging (Rix, 2006) and that organizations and businesses can expect an increase in competition to attract and retain talented workers. Moreover, studies show that many U.S. workers will need or opt to work beyond traditional retirement age in support of the personal, medical, and financial needs that accompany a longer life (Mermin, Johnson, & Murphy, 2006). From a business perspective, retention of aging workers provides bottom-line benefits. Turnover expenses can approximate 50% or more of an employee's annual salary, with higher costs for jobs that require advanced training, special skills, and in-depth knowledge (Feinsod, Davenport, & Arthurs, 2005). Delong (2004) affirms the importance of retaining knowledge within organizations. Older workers offer institutional, industry, and job-related knowledge, not to mention a wealth of experience. Studies show that older

3

workers are well educated and more motivated (Feinsod et al., 2005). The continued employment of older workers facilitates efforts to maintain the supply of workers necessary to meet workforce demands.

Extension of working life is an emerging construct. The length of an individual's working life is influenced by many factors including marital status, gender, educational status, socioeconomic status, financial position, work attachment, housing position, type of employment, health status, and age cohort effects (Phillipson & Smith, 2005). Nursing program workforce needs, demand for nursing education, academic organizational characteristics, and personal factors such as job satisfaction further influence the length of the working life of nursing faculty.

As one considers workforce needs of the nursing profession—particularly the need for leaders, researchers, and educators—baccalaureate nursing programs are key. These programs serve as major building blocks within nursing education and the nursing community. Among the registered nurse population, 31% received their initial nursing education from programs offering baccalaureate or higher degrees (Human Resources and Services Administration, 2006). A bachelor's degree is typically required to enroll in master's programs leading to administration and advanced practice roles. Likewise, a bachelor's is the minimum requirement for employment and promotion in many nursing and administration roles. The 33.7 % of nurses holding only an associate degree (Health Resources and Services Administration, 2006) face more limited career opportunities.

As society seeks an effective combination of solutions to address the current nursing shortage, timeliness is critical. The aging nurse faculty challenge is upon us and

potential new solutions need to be considered. Aging nurse faculty members have employment options, including retirement, continuation of work in academia, or employment outside of academia. If we expand what we know about aging nurse faculty, deans, chief administrators, human resource professionals, and society will be better positioned to design strategic human resource plans. By asking and answering questions related to extending the academic working life of aging nurse faculty, the profession, patients, and families stand to benefit as valued aging workers continue to make workforce contributions. An increase in human resource planning research, with an emphasis on studies focused on extending the academic working life, will better position academic institutions to attract and retain an effective workforce, thereby alleviating the current, critical nursing shortage.

Statement of Purpose

The purpose of this research study is to generate a grounded, substantive understanding of how deans of baccalaureate nursing programs perceive the potential extension of the working life of aging nurse faculty.

Research Question

What are the perceptions of deans in baccalaureate nursing programs regarding extension of the academic working life of aging nurse faculty?

Framework

The majority of research studies use a theoretical or conceptual framework as an integral part of the design from the beginning of the study. Yet, some methodologies seek to generate theory (Glaser & Strauss, 1967; Glaser, 1994). Using the grounded theory

5

approach, the goal of this study was to gather data through interviews for the purpose of

generating theory related to extending the working life of aging nurse faculty. An

inductive, grounded theory approach was used initially. As the study proceeded and the

literature review was expanded, a deductive component was added. In this way, the

researcher examined various theoretical and conceptual perspectives to understand how

the data fit with prior research.

<p align="center">Significance of Study</p>

In a U.S. Government Accountability Office testimony presented to Congress on

workforce challenges related to nurse retention and recruitment, the rising age and

pending shortage of nurse educators were cited as key concerns related to the shortfall of

nurses (Heinrich, 2001). The supply of nurse faculty is in serious jeopardy. Universities

are at risk as faculty members retire and depart with wisdom, expertise, and

organizational knowledge. Given the shortage of nurse educators, nursing programs will

be left with vacant faculty positions and the inability to meet goals of educating and

preparing new nurses.

While data show that the nurse faculty shortage is a key driver of the shortfall in

the number of registered nurses, workforce studies have historically focused on direct

care providers rather than nurse educators. Few scholarly studies focusing on aging nurse

faculty have been found. As society faces nurse faculty workforce challenges, it is

important to ask what colleges and universities can do to extend academic employment of

aging nurse faculty, 50 years of age and older. Research will increase the available base

of knowledge, provide additional perspectives on the employment and utilization of aging

nurse faculty, and inform the issues surrounding the extension of the academic working life within baccalaureate nursing programs. A grounded theory approach guided the research design, data analysis, and articulation of research findings for nursing education, research, policy, and practice. Increased theoretical understanding will help to explain what is happening within baccalaureate nursing programs today related to aging nurse faculty. Findings will be useful as a basis for more advanced studies in the future and for program and policy development related to human resource management within baccalaureate nursing programs.

2. LITERATURE REVIEW

This study was undertaken to broaden the scope of knowledge about the extension of the academic working life of aging nurse faculty. It is a step toward generating theory foundational to future research conducted on behalf of administrators, nurse educators, human resource, and policy professionals. The purpose of the literature review was to become familiar with prior research related to the topic. The researcher has adhered to the guidelines of grounded theorists Strauss and Corbin (1990), who recommend a less extensive literature review in order to remain open to possibilities and ensure that theories emanate from fresh data rather than from prior studies. The guidelines of Charmaz (2006), a student of Glaser and Strauss, were also consulted for the literature review.

The goals of the literature review were to stimulate theoretical sensitivity (Strauss & Corbin, 1998), clarify the many theories and philosophies regarding extension of the working life, bring focus to the research study, and inform the research design. Given the broad, complex, inter- and multi-disciplinary nature of this topic, the literature review encompassed readings from nursing, gerontology, education, human resources, organizational behavior, psychology, sociology, economics, and related disciplines. The literature was consulted throughout the research as a backdrop for the findings (Smith & Biley, 1997).

The Construct of Extending the Academic Working Life

The construct of "extending working life" (Phillipson & Smith, 2005) is the subject of increasing discussion in research and practice circles, not only in the United States, but worldwide. Similar and related terms include "working longer" (Burtless & Quinn, 2002; Calvo, 2006), "a longer work life" (Ilmarinen, 2005), and "remaining in the labor force beyond the typical retirement age" (Williamson & McNamara, 2001).

Older Worker Historical Perspective

The history of labor force participation sheds light on the changing nature of the workforce, as well as on issues associated with aging workers and the rising interest in extending the working life. When the U.S. economy was agrarian, individuals worked until they were physically unable to continue. As the economy shifted to early industrialization, retirement plans were limited. Individuals worked until they accumulated adequate retirement savings or were no longer physically able to work. Passage of the Social Security Act of 1935 had a dramatic impact on the workforce by providing increased income to older individuals (Social Security Administration, 2007) and establishing 65 years of age as the norm for retirement in the United States (Hedge, Borman, & Lammlein, 2006).

Health, Aging, and Workforce Trends

With the advent of industrialization, the United States has experienced enhanced public health standards and life-extending medical procedures and treatments. The average life expectancy in the United States is 77.4 years of age and rising (Arias, 2007). For women, the average is higher—at 80 years of age versus 74.7 years of age for men

9

(Arias, 2007). The latter must be taken into account in this study, as the majority of nurse faculty members are women. A longer lifespan has increased the time between retirement and end-of-life, which, in turn, has created an increased financial burden—particularly for individuals and couples who have not saved for retirement. In response to shifting demographics and workforce needs, workplace flexibility has become more critical (Pitt-Catsouphes, Smyer, Matz-Costa, & Kane, 2007). Many older workers are seeking bridge jobs (Cahill, Giandrea, & Quinn, 2006; Quinn & Kozy, 1996; Weckerle & Shultz, 1999) or phased retirement (Brown, 2005; Chen & Scott, 2006; Ghent, Allen, & Clark, 2001; Purcell, 2000). Although such flexible options have become more available, these opportunities are not as widespread as desired (U.S. Government Accountability Office, 2001). At the same time, with shifting demographics, fewer younger individuals will be available in the workforce to fill vital positions, raising concern about the economics, policy, and political ramifications of these demographic shifts.

<center>Aging Worker and Faculty Member Definitions</center>

The terms "older worker," "aging worker," "mature worker," and "near-elderly" appear in research focusing on individuals in the later stages of work life. There is little consistency in the use of terms across disciplines and databases. For instance, in the Cumulative Index to Nursing and Allied Health (CINAHL), the most fitting heading is "Employment of Older Workers" with a notation that the heading applies to employment of the elderly and aged. The special interest group, AARP—the largest association of its kind in the United States—is noted for its annual list of best employers for workers 50 years of age and older (AARP, 2006). Funded through the Older Americans Act, the

<center>10</center>

Senior Community Service Employment Program serves individuals 55 years of age and older (U.S. Department of Labor-Employment and Training Administration, 2007). The phrase "near-elderly" is commonplace in health insurance research and generally refers to individuals 55 to 64 years of age, who are not yet eligible for Medicare (Baker et al., 2006; Buchmueller & Ohri, 2006; Pol, Mueller, & Adidam, 2002). In academia, the term "senior faculty" is based on criteria including age, rank, status in institution, and career achievement, according to Bland and Bergquist (1997). Bland and Berquist defined their population for a study on senior faculty vitality as individuals 45 years of age and above, tenured (or at the highest level of the profession), working full-time, and in a collegiate institution for multiple years—typically 15 years or more.

In this study, the adjective "aging" is preferred over "older," "near elderly," or "mature." For the purposes of this study, the term "aging" denotes the process of growing older. This allows for the discussion of the various stages of a faculty career as opposed to pinpointing any particular age bracket. In the study, "aging nurse faculty" is defined as tenured, tenure-track, or non-tenure track faculty, 50 years of age and above, working full-time in a college or university offering a baccalaureate nursing program.

<div align="center">Challenges and Changes in Higher Education</div>

Gappa, Austin, and Trice (2007) note four key challenges facing institutions of higher education: fiscal and competitive pressures, increasing student diversity and enrollments, information age considerations, and challenges related to accountability and shifts in control. Changes in the mix of faculty at institutions of higher learning bring additional related challenges. Gappa et al. (2007) make reference to a bifurcated faculty,

which includes tenure and non-tenure track faculty. The number of non-tenure track faculty as a percentage of total faculty has been trending upward in the United States. In 1987, 11.2 % of full-time higher education instructional faculty and staff were not on the tenure track (Cataldi, Fahimi, & Bradburn, 2005; Kirshstein, Matheson, Jing, & Zimbler, 1997) versus 23.7% in 2003 (Kirshstein et al., 1997). In 2003, full- and part-time non-tenure track appointments comprised 60% of faculty positions and 75% of new hires in post secondary institutions (Cataldi et al., 2005). Within baccalaureate and graduate nursing programs, 40 % of full-time faculty members are non-tenure track in institutions with a tenure system (American Association of College of Nursing, 2006). Changing demographics are critical, as there are differences in benefits, pay, and job satisfaction of tenure, tenure-track, and non-tenure track faculty. While an in-depth study of the relationship between these variables is beyond the scope of this study, non-tenure track faculty members have been noted to be less content in terms of job security, opportunities for advancement, and freedom to make decisions related to course content (Gansneder, Harper, & Baldwin, 2001). Among full-time nursing faculty, Moody (1996) found that tenured faculty expressed more satisfaction with regard to pay than non-tenured faculty.

Another trend impacting higher education is the increasing age of faculty in United States institutions of higher education. From 1983 to 1998, the percentage of faculty 50 years of age and above increased from 39.9 % to 50.1 % (Clark, 2005). Faculty needs vary at different stages of a career (Bland & Bergquist, 1997; Clark & Ma, 2005) necessitating a re-evaluation of human resource needs within academia to ensure that

salary, benefits, professional growth opportunities, and other offerings meet the needs of today's aging and increasingly non-tenured workforce.

Abolishment of Mandatory Retirement in Higher Education

Extension of working life issues are relevant not only to older faculty, but to the general population of older workers. In 1967, the U.S. Congress passed the Age Discrimination in Employment Act (ADEA) to prohibit discrimination in employment based on age for individuals 40-65 years of age (Age Discrimination in Employment Act, 1967). In 1986, legislative changes were made to the ADEA to prohibit mandatory retirement on the basis of age for workers across most sectors and jobs (National Research Council, 1991). The amendments included an exemption permitting mandatory retirement for employees 70 years of age and above with an unlimited tenure contract at an institution of higher education (National Research Council, 1991). In 1994, the mandatory retirement provisions were abolished. This potential extension of working life has prompted research aimed at gaining greater understanding of aging tenured faculty, academic workforce challenges, and legislative outcomes. As a result of qualitative research on the theme of aging faculty at a major research institution, Dorfman (2000) found that faculty 70-74 years of age continue to work because they enjoy doing so, value their contributions, and appreciate the positive atmosphere in their university and department. In a related study comparing faculty 70-74 years of age who stay versus those who leave, Dorfman (2002) found that faculty who stay employed were less likely to have children and grandchildren, were more strongly oriented to the professional role, and had fewer workplace concerns than those who chose to retire. Phased retirement is

13

attractive to faculty (Berberet, Brown, Bland, Risbey, & Trotman, 2005; Ghent et al.,

2001) and is often accepted when offered so that aging faculty might take advantage of a

gradual transition and pursue outside interests or other employment (Ghent et al., 2001).

In a study of 104 colleges and universities, Ashenfelter and Card (2002) found a decline

in the probability of retiring at 70 years of age, once mandatory retirement policies were

discontinued.

<center>Roles and Responsibilities of Nurse Faculty</center>

As in other disciplines, nurse faculty roles and responsibilities at colleges and

universities are centered on teaching, research, and service. In order to gain a full

understanding of the construct of extending the working life within the context of nursing

education, a brief overview of what is known related to aging faculty will follow.

<center>*Aging Nurse Faculty as Teachers*</center>

The nurse educator role has become more challenging in recent years due to an

increase in required time commitment, higher role expectations, and a shift in the

educational environment which has resulted in increased distance learning

responsibilities for faculty (American Association of Colleges of Nursing, 2005b).

Nursing programs currently enroll and educate a less traditional, multi-generational mix

of students. According to the American Association of Colleges of Nursing (2005b), an

estimated 73% of undergraduate students are non-traditional. This estimate includes

students who have delayed entry into higher education and are balancing work and family

responsibilities. They are older and more financially independent. Nursing students, on

average, are over 30 years of age at the time of graduation (Spratley, Johnson, Sochalski,

<center>14</center>

Fritz, & Spencer, 2002). An increasing number of accelerated students have obtained degrees in other disciplines prior to enrolling in nursing education. These students, particularly those considered second-degree students, are recognized as being highly motivated and committed to performing well (American Association of Colleges of Nursing, 2005a).

Whether young or old, nurse educators face challenges unique to nursing education. They must maintain clinical expertise, provide guidance to students in a variety of clinical agencies with an increasingly ill patient population, and adjust to an ever-changing health care environment. Nurse educators complain of chronic exhaustion and burnout (Fong, 1993). Clinical nurse educators report increased stress (Oermann, 1998). Across the disciplines, faculty 50 years of age and older note stress stemming from the time pressures associated with juggling teaching, research, and publishing. El-Khawas (1991) found that the stress levels were no higher for aging faculty than for younger faculty.

Overall, the nursing literature offers limited perspective on differences between tenured, tenure-track, and non-tenure track nursing faculty and on issues related to aging nurse faculty. In their study of aging faculty across disciplines, Berberet et al. (2005) found that older faculty members continue to be key contributors committed to teaching and scholarship.

Regarding the perspective of faculty on teaching, El-Khawas (1991) found that faculty 50 years of age and older are highly engaged in teaching and prefer teaching over research as a primary interest. Kinney and Smith (1992) found that age had a small,

15

though significant impact on teaching performance as measured by student evaluations. Evaluations suggested that teaching effectiveness, particularly in the physical and biological sciences, declined slightly as faculty neared retirement age (Kinney & Smith, 1992).

Aging Nurse Faculty as Researchers

In a 2005 position statement, the National League for Nursing noted that "Tomorrow's nursing education must be research based, and it is best taught by individuals who are prepared for the faculty role and who demonstrate competence in the multiple components of that role" (National League for Nursing, 2005, p. 1). In order to function effectively within the research role, older faculty must continue to exhibit proficiency in grant writing, funds acquisition, publishing, and mentoring students and junior faculty in areas related to nursing scholarship.

In a study of faculty across the disciplines, El-Khawas (1991) found that older faculty are less likely to obtain research funds. Horner, Rushton, and Vernon (1986) studied over 1,000 older academic psychologists and found a curvilinear relationship between aging and research productivity with the peak occurring at about 40 years of age. Faculty cited as high publishers remained more productive than the low and medium productivity groups as they aged.

Few studies are available on the productivity of both older and younger nurse faculty. Regarding nurse researchers, Meland (1996) found that nurse faculty at research institutions were more prolific research producers than faculty in liberal arts and comprehensive institutions. Hicks (1996) cited a shortfall in published nursing research,

noting that research skills may be incompatible with the traditional role expectations of nurses. Throughout the nursing literature, the majority of studies focus on clinical researchers.

Aging Nurse Faculty in Service

Boyer (1990) and Berberet (1999) have studied the role of faculty related to service. Nurse faculty serve as chairpersons or members of committees, provide outreach to the community, and engage in a host of professional activities related to nursing or specialty areas within health care. Although there is repeated reference to service in academic commentary and research, no research has been identified which would better inform us about the role aging nurse faculty members play in service.

Aging Nurse Faculty in Administration

Aging nurse faculty members fill an array of positions in baccalaureate nursing programs including department chair and dean. Studies focused on administrative roles in academia arise primarily from education and leadership research. Research on career development and role preparedness is available in the nursing administration and nursing education literature. None of the research, however, focuses on aging nurse faculty in academic administrative roles.

Overall, research suggests that diverse and well-developed skills are needed to be successful in academic administration. Yet, the road to administration for many faculty members involves little pre-planning to obtain the knowledge and skills necessary for success in academic leadership. In the context of academic leadership, Gmelch (2003) notes that deans enter their roles with inadequate leadership training and executive

17

experience. Wolverton, Ackerman, and Holt (2005) point out that department chairs lack leadership preparation as well.

Nursing and educational research and writing help to inform our understanding of aging nurse faculty in administrative roles. In her study of the development of personal and professional identity in nursing program deans, Redmond (1991) concluded that early socializations, as well as early family and educational relationships and happenings, impact development of leadership behaviors and values.

Starck, Warner, and Kotarba (1999) studied deans of top-ranked graduate nursing programs to better understand how they anticipate tackling administrative issues in the future. Findings show that the leadership skills of deans fall into three categories— director, sensor, or negotiator. Deans, at times, appear to operate in multiple categories. The study suggests that future leadership roles will require additional skills, among them the ability to be a consensus builder, risk taker, and interactive empowerer, while demonstrating facilitation and advocacy skills. Deans brought to light changes in their roles noting increased focus on external activities including fund-raising, a stronger emphasis on the need for business expertise, and less focus on internal challenges such as operations (Starck et al., 1999).

Adams (2007) studied the factors influencing nursing faculty to take on academic administrative opportunities. Findings show that nurse educators pursue administrative roles for added variety and challenge, prospects of influencing change within the organizational climate, opportunities to aid faculty growth and development, and the prospect of mixing administration with teaching responsibilities. In spite of that, 63% of

18

nursing academic administrators and full-time faculty in the study indicate they would not consider taking on additional administrative responsibility. While administrative roles have many positive rewards, they have the potential to bring additional stress (Gmelch & Burns, 1994) and a heavier workload (Princeton & Gaspar, 1991), particularly if faculty have not been groomed for such roles.

One of the most accomplished leaders in geriatric mental health nursing in the United States— an aging nurse faculty member—wrote about her experiences as a senior nursing administrator as associate provost for health sciences at a major research institution. Interestingly, she noted, "In many ways, I believe I am able to do more for nursing in this role than I was ever able to do as a faculty member" (Buckwalter, 2001, p. 78). She went on to specify that she had helped others to obtain funding and to leverage in-kind contributions to benefit the entire health sciences initiative.

Aging nurse faculty members take on administrative responsibilities within and external to baccalaureate nursing programs to lead and shape the future of nursing education. In these administrative roles, faculty members tackle operational and strategic leadership challenges vital to baccalaureate and graduate nursing education. This type of devotion to administration often means they must lighten their teaching load and adjust their nursing research agenda—a tradeoff, perhaps, but an important career decision for the sake of nursing education.

Additional Considerations Related to Aging Nurse Faculty

Demographic studies show that historically, academic faculties have been comprised of more men than women and a larger percentage of tenured faculty members.

Older studies are most valuable when studying male faculty (Blackburn & Lawrence, 1986; Over, 1982, 1988, 1989) and, therefore, not particularly useful for understanding aging nurse faculty members who are predominantly women and often untenured. Likewise, studies focusing primarily on PhD faculty do not address the many issues facing the large number of master's-prepared nurse faculty.

Findings in prior research suggest that older faculty members are capable of making major contributions in the areas of teaching, research, and service. While a slight decline in ability and performance has been noted, the changes do not appear to substantially impact quality. Against this backdrop, the following section will examine the construct of extending the academic working life of aging workers.

Extending the Academic Working Life of Aging Workers

Despite minimal research related to the construct of extending the working life of aging nurse faculty, there is much we know about the length of the working life in the older worker population. The length of the working life is determined by many factors. On the subject of movement out of employment, Phillipson (2005) cites poor health, disability, and work-related issues as "push" factors which move individuals out of the workforce. Conversely, financial security and a desire for lifestyle changes are considered "pull" factors.

Using the longitudinal Health and Retirement Survey, Bound, Schoenbaum, Stinebrickner, and Waidmann (1999) found that retirement behavior is explained, in part, by a decline in health or poor health. In a subsequent study Bound, et al. (1999) found that with the onset of a health impairment, age and education impact older worker

employment outcomes. Older workers are generally more likely to leave the labor force. If they continue to work, they are more likely to stay with the original employer. Individuals with a minimum of a high school education are more likely to continue working despite health impairment onset.

Since the majority of aging nurse faculty members are women, it is important to note findings from health studies focusing on both men and women, or on women only. Kim (2006) studied the impact of health on wealth and found that severe chronic conditions effect larger reduction in wealth for unmarried versus married women. In their study of the impact of health on retirement savings, Lum and Lightfoot (2003) found that an individual's and spouse's health impacts individual retirement account (IRA) contributions and spouse health influences access to employer-sponsored pension plans.

Health insurance coverage pre- and post-retirement has been found to influence decisions related to the transition from work to retirement. Johnson, Davidoff, and Perese (2003) found that increases in the cost of health insurance premiums discourage retirement among full-time workers ages 51 to 61. Robowski and Karoly (2000) ascertained that older male workers with post-retirement health benefits are more likely to retire than those who would leave behind employer-provided health insurance benefits at the time of retirement.

Fronstin (1999) found that post-retirement benefits for employees had a more significant impact on the probability of men retiring as compared with women. The study demonstrated that when the spouse of a married woman has a defined benefit plan along

with a supplemental defined contribution plan, she is more likely to anticipate retiring before 62 years of age.

The single research study related to retirement decisions within the nurse faculty population revealed that of four categories of factors influencing retirement (workplace issues, financial security, personal and family health, attitudes about retirement), financial status was the most decisive factor with regard to the timing of retirement (Kowalski, Dalley, & Weigand, 2006). While the study sheds light on this important issue, its limitations are obvious: a small sample size ($n = 129$) and failure to distinguish tenure from non-tenure faculty. Overall, nurse educators in this study did not plan to work beyond 65 years of age.

Work-related factors impact the decision to remain at one's place of employment, move to a new job, or transition to retirement. It is important to observe that while many of the factors impacting job satisfaction and the decision to stay or leave are the same for tenure and non-tenure track faculty, there are key differences between the two groups. Zhou and Volkwein (2004) found that senior faculty—those who are older and have worked at their organization for a longer period of time—are less likely to leave the institution. They noted significant differences between tenured and non-tenure track faculty in regard to satisfaction, with job security, autonomy, and seniority reducing intention to leave. With higher compensation and satisfaction with job security and campus resources, tenure-track faculty members are more apt to stay. In a meta-analysis of job satisfaction, five factors were found to have more substantial predictive power for nurse faculty: consideration or treatment of faculty by the leader, perceptions or

22

expectations of the leader's role in curriculum and instruction, supervisory behavior related to the organization and definition of group activities, role conflict, and role ambiguity (Gormley, 2003).

<center>Theoretical Perspectives</center>

Studies focused on extending the academic working life of aging nurse faculty benefit from rich theories emanating from a number of disciplines within the social sciences—namely sociology and economics; the behavioral sciences—particularly psychology and organizational behavior; and the natural sciences—most notably biology, which includes physical aging, physical disabilities, and diseases (Friedrich, 2001). While many theories shed light on extending the working life of aging nurse faculty, no one theory encapsulates this construct. This section of the literature review is devoted to theoretical findings and considerations germane to this study.

<center>*Life Course Theory*</center>

The life course perspective is used to study lives and blends biography, history, and their intersections with social structure (Elder, Johnson, & Crosnoe, 2004). The life course tripartite, as noted by Cain (1964), is divided into work, breadwinner, and retirement. For Kohli, Rein, Guillemard, and Van Gunsteren (1991), the divisions include preparation, active work, and retirement. Sociologists Marshall, Heinz, Kruger, and Verma (2001) focus on the importance of life course and work restructuring. Keeping life course theory in mind, one might ask whether or not mandatory retirement policies impact the transition from employment to retirement for older nurse faculty. Or, one might ask the question, if tenure-track faculty members remain on the payroll longer,

<center>23</center>

leaving fewer tenure track openings, does this impact the life course of nurse faculty seeking jobs in academia? Heinz (2001) observes a destandardization of life transitions. Research on older workers substantiates the destandardization, as bridge jobs, flexible employment, and other transition options arise.

The principle of agency suggests that life course is constructed as individuals undertake various actions and make choices in the context of history and social situations (Elder et al., 2004). Using the principle of agency (Elder et al., 2004), one might ask which opportunities and constraints aging nurse faculty have faced. What choices have aging nurse faculty made and what actions have they taken in their lives, particularly with regard to their careers? In follow-up, one might ask how these choices impact aging nurse faculty decision-making as they transition from working life to retirement. The principle of linked lives raises questions about interdependence, socio-historical influences, and the network of shared relationships (Elder et al., 2004). For instance, what impact does the current nursing shortage have on working life and retirement decisions for aging nurse faculty? How does the increase in non-tenure track faculty impact working life of aging, tenured nurse faculty toward the end of their careers? Such questions arise naturally when seeking to increase theoretical sensitivity within the realm of sociological theory, and yet, the review of literature reveals no studies utilizing life theory in research focused on the lives of nurse faculty.

With respect to the principle of time and place, the life course of individuals is shaped by historical times and places experienced (Elder et al., 2004). One might ask, for instance, about the influence of hospital-based nursing education diploma programs on

the lives of nurse faculty, 50 years of age and above, who were educated in the United States. Was this influence the same or substantially different for nurses in the 50-year-old age range as opposed to those who are significantly older? Life course theory is very useful in the study of issues relevant to aging nurse faculty.

Human Capital Theory

Rooted in the field of economics, human capital theory has been used to understand the retirement patterns and behaviors of older workers. Focusing on human capital in his study of career investment behavior of workers 50-70 years of age, Greller (2006) found that career motivation rather than age was the key factor where hours invested on professional development and business networking were concerned.

Bartel and Sicherman (1993) found that technological change will also impact retirement decisions. If the technological change is unexpected and retraining is required, aging workers may opt to retire sooner, viewing the amount of training as an unattractive investment. In industries with rapid technological change, aging workers may retire later if there is a net positive correlation between technological change and on-the-job training. This theoretical perspective causes one to ponder the potential impact of human capital theory on issues surrounding the working life of aging nurse faculty.

Summary

Review of the literature reveals: (a) changing demographics, including an aging population; (b) an aging nurse faculty workforce; (c) significant changes and challenges within higher education; (d) the need for research which would facilitate an understanding of aging nurse faculty workforce challenges; (e) a number of informative

theoretical perspectives which do not adequately address issues relevant to aging nurse faculty; and (f) an absence of theory which would inform human resource decision-making and implementation related to aging nurse faculty. Given these findings, it is clear that a grounded theory study will prove useful to the search for theory related to the extension of the academic working life of aging nurse faculty. Findings will make for a better-informed nursing community and will prove beneficial to academia and policy makers as society continues to address nurse and nurse faculty shortages in an effort to ensure quality patient care.

3. METHODOLOGY

This chapter outlines the research methodology according to the following: design, sample, instruments and data collection, protection of human subjects, data analysis, and maintenance of quality standards.

Design

The researcher used grounded theory or constant comparative analysis (Glaser, 1992) in her approach to the study of extending the academic working life of aging nurse faculty. The qualitative, grounded theory approach is one used in the study of social processes and social structures (Polit & Beck, 2004) and is a natural fit for the topic of this study. In keeping with guidelines for effective grounded theory initiatives, the study remained flexible as it evolved.

Sample

The participants were deans and chief administrators with responsibility for hiring and retaining faculty in the school or college of nursing at institutions offering baccalaureate nursing programs. In the initial study design, provisions were made to include both deans and chief administrators in the sample. Although the intent was to interview deans, preliminary research revealed that some potential participants might not have the title "dean." For this reason, the broader title "chief administrator" was included. All participants in the study were actually deans or directors and, as such, had primary

27

responsibility for leading the baccalaureate nursing program. Throughout this study, the terms "deans" and "participants" are used interchangeably.

When using the grounded theory approach, it is difficult to know in advance how many participants will be needed to complete a study. For this study, it was anticipated that at least 10 interviews would be necessary. In actuality, nine interviews were conducted. By the end of nine interviews, four categories and a basic model had emerged. This appeared to be a natural breaking point in data collection and analysis.

A combination of initial and theoretical sampling was used (Charmaz, 2006). Contact information for deans at baccalaureate nursing programs nationwide was accessed via the American Association of Colleges of Nursing directory. The Carnegie Classifications provided information facilitating breakdown by size and setting of institutions housing baccalaureate nursing programs (The Carnegie Foundation for the Advancement of Teaching, 2005). School websites provided a clear understanding of individual program offerings.

The first four interviews were conducted with participants from large, small, public, private, urban, and rural institutions. The initial participants were personally recommended by contacts of the researcher. Initial contacts were made locally and at fall 2007 meetings of the American Association of Colleges of Nursing and the American Academy of Nursing. Several interviewees were contacted via snowball sampling as the study progressed. Theoretical sampling was used for the final five interviews as the researcher identified deans who could provide a more complete understanding of the

emergent findings. Consistent with the grounded theory approach, the researcher remained open to recruiting and interviewing additional types of participants for the study (Sandelowski, Davis, & Harris, 1989). Accordingly, one former dean was included in the study along with current deans, as she was viewed as a potentially rich source of data. Overall, deans were open to participating in the research and sharing their perceptions. They acknowledged the importance of the research and were helpful in contacting additional deans for the study.

Initial contact was established in person, by telephone, or by e-mail. Once initial contact was made, a participant invitation letter (Appendix A) was sent by U.S. mail or e-mail along with a cover letter outlining the purpose of the study, guidelines for participation, confidentiality provisions, potential risks and benefits of participation, informed consent provisions, and researcher contact information. A follow-up phone call or e-mail contact was made to schedule interviews. Once an individual agreed to participate, copies of the informed consent, interview guide, and demographic questionnaire were sent either by U.S. mail or electronically so they would be received at least two days in advance of the interview.

Instruments and Data Collection

The researcher collected data from each participant by means of a questionnaire/ survey (Appendix B) and a loosely structured interview. The first two interviews were conducted in person in the deans' offices. The first interview was at a large public institution, the second at a small private institution. The third interview was conducted by telephone. Due to technical difficulties, the third interview failed to record and was

29

repeated in person at a hotel during a conference held at a later point in time. The next

four interviews were conducted by phone. The final two interviews were conducted in

hotels during deans' conferences held in Washington, DC. Deans reviewed and signed

the informed consent prior to participation. For phone interviews, participants faxed the

completed informed consent and deans' questionnaire to the researcher in advance of the

interview. In a couple of instances, participants overlooked the questionnaire's box

requesting permission to tape the interview. In these cases, the researcher sought the

deans' permission to audio record before starting the interview. In each case, permission

was granted; permission to proceed was captured on the audio recording. The

questionnaire took about 5 to 10 minutes to complete and included questions about the

dean (age, employment history with the organization) and the program (type of

institution, size of student population, type of nursing programs offered). Interviews

ranged from 50 minutes to 1 hour and 15 minutes. Most interviews were less than 1 hour

in duration. In all cases, except the repeat interview, the entire process—including

questionnaire and informed consent completion—took less than 1 hour and 30 minutes.

All interviews were conducted either in the participant's office or in a comfortable

location free from distractions.

As noted in Appendix C, an interview guide was used. This guide was developed

based on understanding the researcher gained from prior readings and observations of and

discussions with faculty and deans in baccalaureate nursing programs. As the study

progressed, questions took on a structure or, more accurately, a semi-structure consistent

with the interviewing techniques of the grounded theory approach (Polit & Beck, 2004).

Between interviews, questions were reviewed and revised to ensure that subsequent data collection would aid understanding of emerging categories. In order to strengthen face and content validity, the researcher consulted an expert in nurse faculty matters for review of the evolving interview questions.

Interviews were tape-recorded. In order to facilitate the formulation of questions to be used in the remaining interviews, the researcher took minimal handwritten notes throughout the interview process. Nonverbal information and notes about the setting and interview circumstances were captured in field notes. In person interviews were audio-transcribed with an Olympus digital recorder. A Radio Shack micro-cassette recorder acted as backup in the event of equipment malfunction. An attempt to use the recorders on the first phone interview resulted in loss of data due to hardware malfunction. Multiple hardware recording solutions were tested, with disappointing results. A fee-for-service conferencing company digitally recorded the remaining phone interviews. Digital recordings were provided to the researcher electronically.

The researcher transcribed the first six interviews with an Olympus AS-2300 PC transcription kit. A highly recommended paid professional experienced in the transcription of nursing interviews in the academic environment transcribed the last three interviews verbatim. Confidentiality guidelines and a plan for destruction of the data files were established and agreed upon before transcription commenced. Transcripts were numbered line-by-line for ease of organization and reference. Digital recordings and completed transcriptions were relayed between the researcher and transcriber by e-mail.

A summary of each interview transcript was written and sent to the respective dean by e-mail with the review of transcripts communication (Appendix D). These member checks afforded deans the opportunity to provide feedback which would ensure the accuracy of the summary. All deans, with the exception of one, provided feedback on the summaries. Generally short, the comments confirmed that minimal changes were needed. By way of example, one interviewee requested several details be removed to assure anonymity of the institution. Another dean provided a response to a question aimed at clarification. All e-mail dialogues were reviewed, analyzed, and incorporated into study findings.

Upon completion of the summary comments exchange, each participant received a $20 Barnes and Noble gift card, which was either hand-delivered or sent by U.S. mail as an incentive and thank you for study participation. A summary of study findings, accompanied by a thank you for your participation letter (Appendix E) was sent electronically to those participants who expressed interest in receiving a copy of the study findings.

<center>Protection of Human Subjects</center>

Study approval was requested through George Mason University's Office of Research Subject Protections and the Human Subjects Review Board on July 5, 2007. Approval for the study was granted on July 18, 2007 (Appendix F). Informed consent and confidentiality were two primary ethical issues associated with this study. The researcher reviewed the informed consent form (Appendix G) with each participant and obtained a signed form. The participant was informed that the interview and survey completion

would take 1 to 1½ hours, there would be no foreseeable risks or benefits from participating in the study, and voluntary withdrawal from the study would be possible at any point in time. Participants were provided the opportunity to ask study-related questions prior to the interview. Each questionnaire and data file was assigned an identification code to ensure confidentiality during follow-up with participants. The codes, tapes, and digital files are in a secure location accessible only to the researcher.

<div align="center">Data Analysis</div>

The questionnaire data were reviewed and organized using a Microsoft Excel document which produced a summary of statistics describing the dean sample. All percentage calculations were verified by means of a handheld calculator.

An analysis of the interview data was conducted using a grounded theory approach based primarily on the work of Strauss and Corbin (1998) and incorporating some of the understanding of Charmaz (2006). Data were collected, coded, and analyzed throughout the study with the understanding that the focus might shift as the study proceeded.

The grounded theory approach used in this study called upon both inductive and deductive reasoning. The dean interviews provided specific occurrences and illustrations which, when analyzed, took on a different form: generalizations regarding the deans' perceptions of extending the academic working life of aging nurse faculty emerged. This component of the study, therefore, relied upon inductive reasoning, moving from specific observations to general rules (Polit & Beck, 2004). Once these generalizations began to emerge and additional interviews were conducted via theoretical sampling, deductive

reasoning was used to verify the findings in light of specific instances or occurrences

(Polit & Beck, 2004). Similarly, deductive reasoning was used as the researcher reviewed

literature to see how data lined up with previous research. Strauss and Corbin (1998)

concentrate heavily on the interplay between induction and deduction.

The initial coding was handled using line-by-line analysis of the transcribed

interviews. Codes were recorded in the margins of the transcript. Though time-

consuming, this approach to analysis sparked new interview questions, which, in turn,

clarified the development of category properties. As the study progressed, analysis

required coding larger sections of data—in some cases entire sentences and paragraphs,

and, in others, the entire transcript. To simplify analysis, codes for each interview were

entered into a chart listing the codes for each interview side-by-side. Each interview was

summarized to aid organization and analysis. Summaries were sent to interviewees for

review to ensure accuracy. Several trained researchers reviewed the early transcriptions

and summaries to facilitate discussion and aid study understanding.

Microsoft Word was used to conduct word searches in the coding, categorization,

and analysis processes. Memos were typed and organized in Microsoft Word to record

analytical and conceptual thoughts pertaining to the analysis of the data.

The study included data generation, data analysis, and concept formation. In

keeping with grounded theory methodological guidelines, the collection, categorization,

and data interpretation were ongoing throughout the study (Sandelowski et al., 1989).

Multiple levels of coding were utilized for concept formation—including substantive

codes and categorization—employing the constant comparative method (Speziale &

Carpenter, 2003). The final stages—concept development, emergence of the core variable, and grounded theory—are included in plans for future studies.

Maintaining Quality Standards in Qualitative and Grounded Theory Studies

Benchmarks for assessing the quality of qualitative studies were used as a guide for conducting and evaluating this study (Strauss & Corbin, 1990). Four primary reliability and validity concerns have been taken into consideration. Member checks were performed for *credibility*, allowing participants to validate that their experience matched what they reported (Lincoln & Guba, 1985). Research findings were presented to study participants by e-mail, fax, mail, or in person. To foster *dependability*, multiple experienced qualitative researchers were included in the process of data analysis (Polit & Beck, 2004). An audit trail or recording of activities in the form of research notes and journaling via Microsoft Word and Excel documents was used to foster *confirmability* (Speziale & Carpenter, 2003). Upon dissemination, the details of the study will be made known in support of *transferability* (Lincoln & Guba, 1985).

Specific criteria for fostering rigor in grounded theory studies were articulated in the early work of methodologists Glaser and Strauss (1967). Four criteria were put forward: fitness, understanding, generality, and control. Careful attention was given throughout the study to each of the four criteria as follows: fitness—fit to the baccalaureate nursing programs; understanding—accessibility to individuals working in academia, nursing; generality—"a general guide to multi-conditional, ever-changing daily situations" (Glaser & Strauss, 1967, p. 242); and control—whereby the person has ample control in daily situations to attempt use of the theory.

35

Other Methodological Considerations

The study methodology is outlined above. The outline includes both the original plan and some methodological changes that were introduced as the study progressed. Two other methodological issues impacted data collection and analysis and are worth noting separately.

First, the initial plan made provisions for interviewing study participants in person or on the telephone despite some uncertainty about the potential effectiveness of in person versus phone interviews. With the commencement of data analysis, it was determined that the data was equally rich from both types of interviews. The in person interviews provided an opportunity to observe participants in their own environment, providing an element absent from phone interviews. Moreover, the phone interviews made possible both time and cost savings, an important consideration when interviewing participants nationwide. For future interviews, the researcher would be equally confident using either type of interview when speaking with deans.

Second, the initial plan included the use of NVivo qualitative analysis software. The researcher's attempt to use NVivo for the first several interviews led to technical difficulties that prompted a switch to hand coding. The researcher found that the qualitative analysis software was useful as an organizational and data management tool. It did not take the place of hand coding, but instead served to facilitate organization of memos and other notes, the search for terms and concepts across interviews, and efficient examination of the data from a variety of perspectives. The researcher made a switch to

hand coding early in the study in order to continue forward progress, but did so reluctantly as she found the software highly beneficial.

Summary

This qualitative study on extending the academic working life of aging nurse faculty used a grounded theory approach with a sample of deans at colleges and universities offering baccalaureate nursing programs. Data collection was performed in person and on the telephone. Data were audiotaped and transcribed. The data were analyzed by way of descriptive statistical analysis of the questionnaires and constant comparative analysis of the interviews. Due to the nature of grounded theory, the plan served as a guideline only and was subject to change. Ethical standards were adhered to per the guidelines of George Mason University's Office of Research Subject Protections and Human Subjects Review Board.

4. FINDINGS

This research represents the beginning of theory development for the purpose of gaining a more complete understanding of deans' perceptions about extending the academic working life of aging nurse faculty. As early theory development, the results from this preliminary study will serve as a foundation for future research.

The study uses grounded theory to examine the perceptions of deans of baccalaureate nursing programs. Each dean completed a short questionnaire and took part in a loosely structured, in person or telephone interview. An interview guide was used and interviews were recorded and transcribed verbatim. Constant comparative analysis based on the work of Strauss and Corbin (1998) was used for data analysis.

This chapter covers the data analysis and the presentation of findings. The questionnaire/survey data section includes an analysis and presentation of dean, institutional, and program demographics. The interview section includes both the data analysis and presentation of the findings related to four emergent categories. An early model of the relationship between categories is presented at the end of the chapter.

Questionnaire Analysis

Dean Demographics

The results of the questionnaire are presented in two tables. Table 1 displays dean demographics.

Table 1

Dean Participants' Demographics

Demographic	Response(s) (*N* = 9)
Age	Range: 44-71 Mean: 59
Gender	Female: 9 Male: 0
Race	Caucasian: 7 African American: 1 Hispanic: 1
Job Title	Director Associate Dean Dean Dean and Professor Professor and Former Dean
Years in Organization	Range: < 1 year to > 25 years Median: 7 years
Years in Current Position	Range: < 1 year to >10 years Median: 1 year

Dean demographics demonstrate that the sample was diverse. The age of the

deans ranged from 44-71 years. Seven of the nine deans were 50 years of age and above.

The age breakdown according to decades was: two deans (44-49 years of age), three

deans (50-59 years of age), three deans (60-69 years of age), and one dean in her low 70s.

Deans from three different racial groups—Caucasian, African American and

Hispanic— were included. All participants in this study were female. The number of

male deans nationwide is limited, given that 95.3 % of full-time nurse faculty members

are female (Fang, Wisniewski, & Bednash, 2007b).

With the exception of one former dean, all participants were serving as deans at

the time of the interviews. Transition and change is evident among the group. Length of

service at their institutions ranged from less than a year to over 25 years with four deans serving at their institution for less than one year. The demographic survey did not contain questions aimed at discovering whether or not this was a participant's first deanship. In the interviews, however, at least two of the deans who had been at their institutions less than a year stated that they had served as deans at other colleges or universities prior to taking on responsibilities at their current institution. The number of years deans were employed in their current role ranged from less than a year to over 10 years. The youngest dean was the least experienced. Among the most experienced participants, the oldest dean is scheduled to retire within the next year. Job titles varied depending on such factors as the overall structure of the college or university, reporting relationships, and level and scope of responsibility.

The scope and level of responsibility related to human resources varied among deans. Some worked as part of a team, executive group, or committee (e.g. faculty affairs or search committees), who collectively made decisions or recommendations, while others exercised full responsibility and final decision-making authority for a function. Human resource responsibilities were diverse. Recruitment and retention responsibilities included attraction, retention, faculty development, continuing education, promotion, and budget responsibilities, advertising for positions, writing job ads and determining their placement, negotiating salaries, and exploring assessment program options through vendors.

Institutional and Nursing Program Demographics

Table 2 presents institutional and nursing program demographics.

Table 2

Dean Participants' Institutional and Nursing Programs' Demographics

Demographic	Responses (*N* = 9)
Type of Institution	Public: 8 Private: 1
Academic Health Center	Yes: 5 No: 4
Programs Offered	Associate, Baccalaureate, Master's, and Doctorate: 1 Baccalaureate and Master's: 1 Baccalaureate, Master's, and Doctorate: 7
Total Number of Students	Range: 3,600 to over 30,000 Mean: 22,333
Total Number of Nursing Students	Range: 315 to 1,500 Mean: 765 Percentage of Student Population: 2.1% to 9%
Number of Baccalaureate Nursing Students	Range: 255 to 1,250 Mean: 543 Median: 400 Percentage of Nursing Student Population: 51% to 89%

Institutional and program demographics show a wide range of variation. Eight interviews were conducted with deans of public, state universities ranging in size from 5,000 to more than 30,000 students. One interview captured perceptions from the dean of a small, private institution with a student population of between 3,000 and 4,000 students. Five of the public universities were academic health centers, and by definition, part of institutions containing allopathic or osteopathic medical schools and at least one affiliated teaching hospital, health system, or other organized health care service (Association of Academic Health Centers, 2007). With the exception of the private university, all institutions offered baccalaureate, master's, and doctoral programs. One of the doctoral programs was established as a collaborative effort with another public institution in the

state. Only one university offered an associate degree program. The baccalaureate

programs ranged in size from 255 to 1,250 students and comprised between 51% and

89% of the nursing school student population. Overall, the nursing programs comprised

between 1.8% and 9% of the total institutional student population, where five schools

comprised less than 2.7%. The private institution had the smallest student body with

nursing comprising the largest percentage of that population compared to considerably

larger public institutions.

<div align="center">Interview Analysis</div>

Interview data analysis was conducted using methodology developed and

presented by Corbin and Strauss (1998) to build theory. A constant comparative approach

and three levels of coding were used for data analysis and categorization of findings. The

analysis took place simultaneously with data collection, commencing with the first

interview. The first two levels of coding and an early model of the emergent findings will

be presented. Study findings will be used as building blocks for future studies to

complete concept development, core variable analysis, and articulation of the emergent

grounded theory.

According to Corbin and Strauss (1998), categories are concepts derived from the

data and represent phenomena. In the case of interview data, categories emerge and

subcategories provide further explanation. Based on methodology guidelines, the

properties—whether general or specific category characteristics or attributes—are

identified (Strauss & Corbin, 1998). Each category is examined and analyzed along

multiple dimensions. Patterns are identified and analyzed, taking notice of any variations

that improve our understanding of the concept (Strauss & Corbin, 1998).

Open Coding

This analysis uses a three-step coding process with open, axial, and selective

coding (Strauss & Corbin, 1998). The first step, open coding, serves the purpose of

identifying concepts and ascertaining their properties and dimensions. The goal is to

"open up" (Strauss & Corbin, 1998, p. 102) the interviews and expose meanings by

closely examining differences and similarities. By identifying items that are conceptually

similar, happenings, events, objects, actions and interactions can be grouped together in

categories. Table 3 contains the results of the open coding process.

Table 3

Open Codes

Stakeholder Expectations	Baccalaureate Program Needs
Choosing	Role of Deans Before and After Retirement
Solutions and Opportunities	Health System and Academic Health Center Challenges
Decision-Making	Financial Issues
Taking Charge	Professional Licensing Requirements
Retention and Recruitment Challenges	Faculty Classifications and Role Responsibilities
Family and Work Balance	Geographical Nuances
Health Considerations	Old Behaviors and Beliefs
Accommodations	Retirement Considerations
Human Resources as Partner	Tensions, Pressures, Stress, Change, Barriers
Helping Each Other	Physical Demands of Clinical
Retirement Uncertainty	Culture of Embracement
New Roles for Nurses and Nurse Faculty	Faculty Benefits
Mismatched Program and Faculty Needs	Creative Termination
Dichotomy Between Younger and Older Faculty	Tap Into Strengths
Intergenerational Differences	We Need Them
Employment and Retirement Restrictions	Types of Nursing Programs
Failure to Adapt	Age of MS and PhD Graduates
Outcomes, Productivity, and Quality Matters	Aging Nurse Faculty Challenges Unique in Academia
Aging Faculty/Cohort Characteristics, Roles, Needs, Value, Concerns, Skills, Shortcomings	Non-Academic Leaders in Academia
Student Needs and Expectations	Changes in Nursing Profession

Axial Coding

The second step, axial coding, is defined as the "act of relating categories to

subcategories along the lines of their properties and dimensions" (Strauss & Corbin,

1998, p. 124). Table 4 contains axial codes that represent problems, issues, events, and

happenings significant to deans of baccalaureate nursing programs. The analysis within

Chapter 4 will include examination of the properties and dimensions of axial codes.

Table 4

Axial Codes

Categories and Subcategories	
Valuing Aging Nurse Faculty	Anticipating and Leading Change
Acknowledging Challenges Unique to Aging Nurse Faculty	Making Choices
Enduring Environmental Challenges	Developing New Opportunities/Solutions
Addressing Shifts in Nursing and Nursing Education	Fostering Continued Employment of Aging Nurse Faculty
Identifying Stakeholders	Maximizing Positive Outcomes
Recognizing Stakeholder Incongruence	Matching Wisdom, Skills, and Abilities to Need
Demonstrating Failure to Adapt	Facilitating Continued Employment Through Flexibility and Creativity
Re-Adjusting for the Future	Utilizing Skills and Abilities of Retired and Retiring Faculty
	Capitalizing on Strengths of Aging Nurse Faculty
	Encouraging Adaptive Changes among Aging Nurse Faculty

Selective Coding

Selective coding, the third of the coding processes, is key to integrating and

refining theory and vital to the development of grounded theory. The result of selective

coding is the identification of a key core category that represents the central happening or

phenomenon in the theory (Strauss & Corbin, 1998). All other categories are linked to

and integrated with the core category. According to Charmaz (2006), the process of theoretical sampling is used to develop the properties of the emergent theory categories and continues until no new properties emerge. Charmaz (2006) provides insight regarding the process noting, "categories are 'saturated' when gathering fresh data no longer sparks new theoretical insights nor reveals new properties of these core theoretical categories" (p. 113).

Charmaz's insight regarding theoretical sampling and saturation precipitated the researcher's decision to stop short of theory development in the preliminary component of this study. The nine interviews conducted to date provide sufficient data to do preliminary open and axial coding. However, the researcher feels it is important to conduct additional interviews in order to approach saturation before ultimately identifying a core category through selective coding.

<div align="center">Presentation of Findings</div>

The purpose of this preliminary grounded theory study was to gain a greater understanding of deans' perceptions of extending the academic working life of aging nurse faculty and to build a substantive theory based on these perceptions. Overall, the evidence from the study speaks to the value of aging nurse faculty members within baccalaureate nursing programs, the pressures and tensions brought to bear on these programs, the incongruence that develops among stakeholders, and the ongoing need for re-adjustments.

The interview findings in this chapter will be presented in four sections: valuing aging nurse faculty, enduring environmental challenges, recognizing stakeholder

incongruence, and re-adjusting. These represent the four categories that emerged from the data. The chapter will conclude with an early model of the relationship between the emerging categories.

Valuing Aging Nurse Faculty

> They do bring some wisdom and that is hard to measure. I think of Herman Hesse's book *Siddhartha*, many years ago, that I read. And, this young Siddhartha was trying to find his way in life and try everything…try being really good…try being really bad. [He] eventually came to the realization that you can pass on knowledge, but you can't pass on wisdom. You have to experience life to gain wisdom. And I think a lot of our older faculty [members] have some wisdom.

The above participant quote brings to mind the value that deans' place on the wisdom that aging nurse faculty members bring to their work.

Overview

This section begins with a brief overview that sets the stage for a discussion on valuing aging nurse faculty. The overview provides insight into the contributions made by aging nurse faculty. It also provides understanding of the challenges faced by programs related to aging nurse faculty members. The overview will serve as a foundation for the in-depth presentation of the study findings contained in the remainder of section.

Interviews reveal that aging nurse faculty members are important to the well being of baccalaureate nursing programs. Data shows that they fulfill primary roles as educators and researchers and serve as student advisors, mentors, role models, leaders, committee participants, and providers of health care and community service. They hold

positions as both junior and senior faculty members, with educational backgrounds ranging from a master's degree to more advanced doctoral education.

Aging nurse faculty members are a diverse and multidimensional group. Some exhibit stereotypical characteristics of aging workers, as they walk and think more slowly, and, in the words of one dean, they're "not that old, but [they are] acting old." Other aging nurse faculty members engender a livelier appearance and persona with sophisticated electronic communications devices in hand, as they easily connect with the young students so comfortable with technology and multimedia learning.

In interviews, deans showed high regard and value for aging nurse faculty and the unique contributions they make to baccalaureate nursing programs. Discussions revealed that aging nurse faculty members bring experience, wisdom, knowledge, insight, subject specific expertise, and the ability to mentor and serve as role models for students and junior faculty.

Deans told us of the challenges posed to the nursing profession and baccalaureate nursing programs by aging nurse faculty members. Interview data shows that some aging nurse faculty members are less valuable to programs, particularly when they exhibit a resistance to change, failure to adapt, failure to keep skills current, and a tendency to succumb to the status quo.

In-Depth Discussion of Findings

The value of aging nurse faculty members can be well understood in the context of the following four considerations: gaining a greater understanding of aging nurse faculty, gaining a greater sense of the intrinsic value of aging nurse faculty, recognizing

the unique contributions made by aging nurse faculty, and acknowledging the challenges related to aging nurse faculty.

Gaining a greater understanding of aging nurse faculty. A review of the literature shows that there is no single definition for aging and older workers within government, special interest groups, older worker organizations, and society. 50 and 55 years of age are often referred to at the lower end of the range. On the higher end of the age continuum, aging and older workers in their 70s and 80s are remaining in the workforce. Deans offered various perspectives on what constitutes an aging faculty member. Speaking of the challenges that set in at around 50 years of age, one dean observed:

> I'm seeing our fifty year olds come down with cancer or a fractured hip. So, just the whole strain that's put on a faculty by having the majority of your faculty be say, 50 and over…. And, it's after that 50 time frame when…aging, at least from my perspective, begins to catch up with you.

The youngest dean interviewed considered herself "fairly young" at 44 years of age, noting, "I really haven't even thought about retirement at all. I think I have what another 20 years to go or something like that.… It's not relevant to me yet."

Another dean pondered aloud the age of nurses acquiring PhDs, the age of her faculty members, and the rising average age within the nurse faculty workforce.

> they may be more like 48 when they get their PhD, so that changes your career path from the mean of the population, because when I think about our faculty, I don't think of our nursing faculty as being particularly aged. I don't have a lot of people talking about well I'm going to retire next year or this is my last year, and yet, we're certainly representative of the over 53 [years] average age. I was thinking about my coordinators and my assistant deans and everybody with perhaps one or two exceptions is over fifty years old…. Is part of what's happening, is that people are working longer?

The same dean did not allow her uncertainty regarding the definition of aging faculty to serve as a barrier to discussion of the issue. She simply reverted to using the term "senior faculty" in a segment of a statement noting, "The major challenge that happens here with what I call our senior faculty, whether by age or years in service, or by years since tenure..."

Aging nurse faculty members fill many roles in baccalaureate nursing programs. Such roles as teacher, advisor, and researcher are obvious. Other roles may not come to mind as readily, as they are less visible or central. Deans enumerated more than 10 major roles and at least as many sub-roles (see Figure 1).
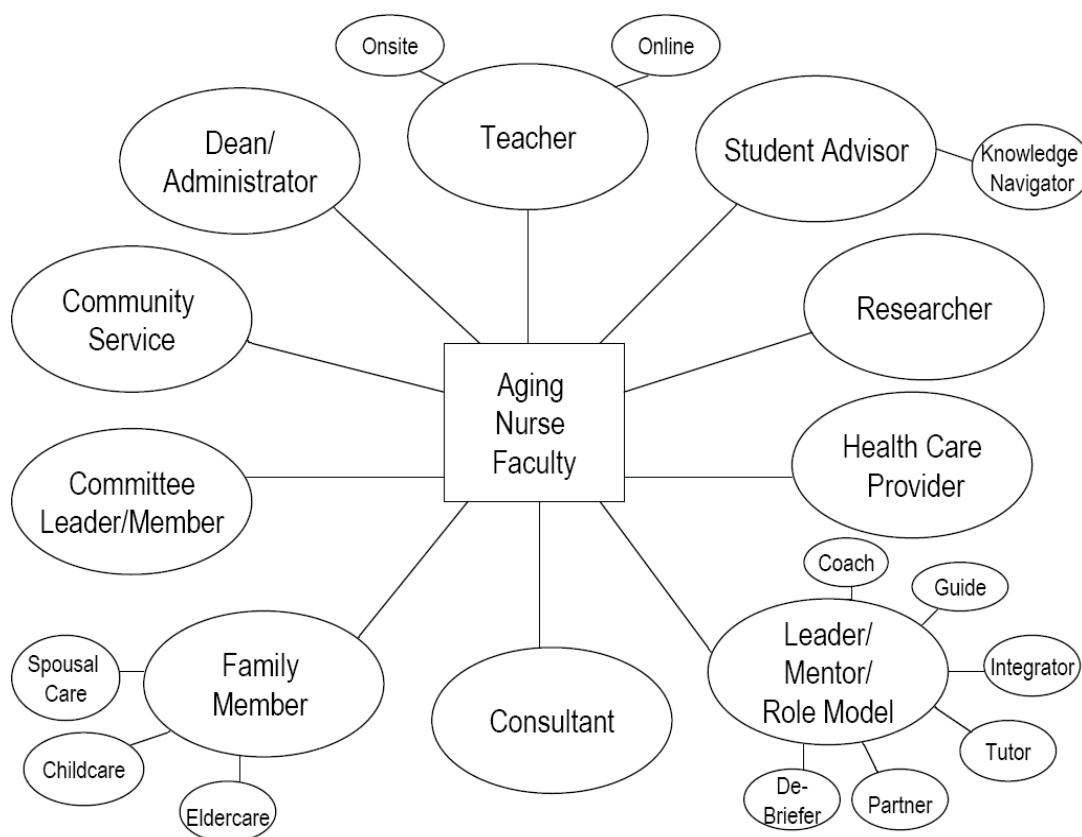
Figure 1. Aging nurse faculty roles in baccalaureate nursing programs.

Aging nurses fill tenure-track, non-tenure track, and adjunct faculty positions and can be employed full-time or part-time. Tenure or tenure-track faculty members hold terminal degrees with designations including PhD, DNS, DNSc, DSN, and DNP. The majority of clinical staff members have earned master's degrees. The breadth and scope of influence of aging nurse faculty is both far-reaching and key to the strategic plan of every baccalaureate program in existence today.

On average, tenured and tenure-track faculty are older than non-tenured faculty. Nurse faculty members generally obtain their terminal degree at a later age than faculty in

other academic disciplines. Hence, older nurse faculty members are, in many cases, newer entrants to academia with less academic experience than younger nurse faculty members—a unique entity within academia. Elaborating on the presence of aging faculty in junior roles, a dean spoke about welcoming such individuals to academia. She was careful to point out the "double whammy" mid-career nurses face as they seek to move from clinical to academic roles:

> but it does take a while, and for somebody with a solid clinical background— twenty years of clinical background—to come in as an instructor is a little… iffy…. [N]ot only is that the lowest rank, it is the least well paid…a double whammy. Plus, then I require that they go off and get a doctorate. So, it is an additional workload…. [T]hey have to make a real commitment to want to take on an academic career.

Gaining a greater sense of the intrinsic value of aging nurse faculty. Deans value the contributions of aging nurse faculty. They conveyed this throughout the interviews, at times actually using the word "value." "I actually think aging faculty bring a value that is something that we don't need to lose." For the most part, however, a sense of respect, merit, appreciation, esteem, worth, or value was communicated by the essence of the message rather than by specific terminology.

Recognizing the unique contributions of aging nurse faculty. Deans discussed a variety of positive qualities exhibited by their aging faculty members. Aging nurse faculty members are seen as wise and experienced. These adjectives are typically used to convey positive feelings of respect—particularly for older individuals. According to an older dean, "my aging faculty are the ones who have been with us for a while, and they are contemplating retirement. They have a good energy level. They have a lot of experience. They have a lot of wisdom."

Such adjectives as bright, intelligent and knowledgeable were used to convey perceptions of the mental capacity of aging nurse faculty members. Relating a story about recruiting a 70-plus-year-old nurse, after their retirement from an academic health center unit, a dean described her new employee as "very, very active" and "bright and intelligent." Clearly, this dean saw this aging nurse as valuable—well worth recruiting and employing.

In another instance, a dean implied that she is interested in retaining aging nurse faculty only if they bring value or worth to the program. This dean measured value in terms of a faculty member's motivation, concern for students, and desire to learn for the students' sake:

> some of them I don't mind losing…some of the faculty. I would rather keep them…if they would show some quality and if they would show motivation…. [E]ven if they couldn't work full-time, I would love to have them part-time, and I would talk to the provost, etc. even though they really don't want to hire just part-time people. But, I could do almost anything for them to stay if they showed…you know, real concern for the students, and real motivation, and want[ed] to learn more for the sake of the students.

Another dean spoke of a quality desirable in any faculty member—young or old: "an interest and a spirit around, 'How do we continue to ensure that curriculum is responsive to today's needs…?'" She elaborated, making specific reference to the importance of sustaining a desire for continuous learning and a fresh perspective:

> I actually think aging faculty bring a value that [we can't afford] to lose. We just need to figure out—how do we sustain their desire to continue to learn so they can be as responsive as possible?… [So] aging faculty don't get into that stale sort of…oh, that tired sort of position, where we've been there, we've done that, why are you asking that question?

The comments of another dean suggest that aging nurse faculty members bring institutional, cultural, and historical perspective to an organization. On the subject of the historical value, she stated,

> I think that it is important to have a sense of history at the place where you work, …of breadth and depth to every conversation, and some of this will be lost when we lose these people. I think their value is incredible in terms of history.

She then commented on the cultural and institutional value, noting:

> They are able to look at a situation in light of the culture at the university. They have a better sense of the kind of things that are possible and not possible at the institution, from an institutional point of view…. They know the culture and they acculturate people into a system that may or may not be what the future holds for us.

Commitment to education is a quality critical to baccalaureate nursing programs, according to one dean. This dean indicated that younger and older faculty members bring a similar commitment. "I think that they bring…that all our faculty bring…a commitment to education. This commitment is highly valued in the academic community."

Where there is a shortage of faculty possessing in-demand skills and abilities such as current clinical expertise, the perceived value of certain faculty members may increase. Here a dean from a top-research institution used the word "respect" to communicate what master's-prepared clinical faculty members bring to the institution:

> In a school where you…hav[e] to ask people to be strong researchers, you can't afford to ask people to be all things to all people. So you bring in people who are literally their extenders. And those people happen to be better at clinical skills anyway…. [T]hey're well respected for that capability.

Administration and coordination are vital to nursing programs. One dean pointed out the advantage of having older, senior faculty in the critical role of coordination of didactic courses:

the value I see in our faculty who are older in terms of the undergraduate program is that they bring very solid skills in terms of the day in and day out work of coordination of didactic courses. So, I think that seniority of teaching brings the potential to contribute to the sort of administration of the program and the orchestration of the program and keeping it flowing.

The value of an individual is not always recognized or fully appreciated until an organization faces the prospect of his or her departure. When aging faculty members retire during a time of faculty shortages, programs suffer the loss of both teaching expertise and doctoral preparedness:

We are losing older nurses, older faculty. Most of those are doctorally prepared people. We are not replacing them at the same rate…. It is very disconcerting and very much a concern. We are replacing them with fine clinical people who do not have experience in teaching and who do not have doctorates. My demand is… fine, we will be glad to take you on, and we love your clinical experience and we value you for that. However, you must enroll in the doctoral program because you are taking on a new career.

Another dean highlighted the value of faculty members facing retirement. The dean indicated that sometimes a program works out telecommuting agreements in an effort to retain these faculty members:

They may move to a more retirement friendly community…. [W]hen they do that, then we work out a telecommuting agreement with them…. [T]hat allows them to telecommute and they may be teaching all online or they may come back and forth to teach for us part time…. [W]e pay for…their equipment in their home and those types of things that would be an incentive for them to teach so they wouldn't be putting forth extra dollars to teach at their expense…. [I]t will be at the university's expense because they're very valued.

One dean implied that aging faculty members demonstrate value by making an impact and becoming an effective agent for change. In her words, "I am going to stay until I make the changes that need to be…[made]. I need to create…to have an impact."

Acknowledging the challenges related to aging nurse faculty. Though it is clear that aging nurse faculty members are valued and appreciated by deans, certain qualities appear to diminish their value in the eyes of deans. The deans did not necessarily use the phrase "less valued." Instead, they conveyed the concept by means of a variety of adjectives and phrases suggesting that possessing less desirable attributes makes a faculty member less useful to an organization.

Expressing frustration about aging nurse faculty members, one dean made it clear that a lack of enthusiasm and "acting totally old" are qualities which are neither desirable nor valuable to the program:

> I wish I could wake them up and say, "You are not that old, but you are acting like you are totally old." So, something is going on.... Some of them are my age—62, 60, 58, 57 some [are] 55 years old—[they]'re not that old, but…they are acting like they are 70 or 80. You can't do that. When you are in academia, you have to keep up. You have to get excited with the students.

The phrases "resistant to change" and "less flexible" were used when discussing the more undesirable traits of aging nurse faculty members. Although these descriptions can be interpreted in various ways, for the purposes of this study, they seem to carry negative connotations. "They've been there forever and ever and ever, which has a lot of drawbacks," and "they're resistant to change. They do things, the same way." And, "they're older and change is difficult…. [T]hat…influences outcomes and student learning."

The challenges associated with inflexibility were also noted:

> they may be a little less flexible in their thinking because of the history. Some things that didn't work five years ago probably would work now…. [Y]ou can't always think that we've tried that before and it did not work. What you need to do

is look at it in light of where you are at this particular time. It is very likely that five years ago, it was just too far ahead of its time.

Failure to expand and failure to think outside the box—often in the context of technology-related issues—were cited as weaknesses typical of some aging nurse faculty members. One dean made mention of a group of non-tenure track nurse practitioners and their use of personal digital assistants (PDAs) and portable media players such as iPods. Clearly, she yearns for her older faculty, who are traditional and "set on their ways," to adopt new technology. In the end, she revealed that they have "never learned to expand and think outside the box."

The following demonstrates the frustration students experience in connection with outdated teaching modes and knowledge bases:

> If I am teaching med-surg, I need to know what is going on—now—in the hospital setting. I need to know what is the latest, what kind of medication carts are they using, what kind of computer systems for medical records, etc.…and some of them don't even do that. Some of them…tell me they bring out their own notes, or they sit in front of…the PowerPoint presentation and read, which is the information they got out of a book…. [T]he students get really aggravated with that because they say, "I can just stay home and read the book." So, my encouragement to the faculty is that you really need to put some of those things online.

The lack of interest in teaching clinical rotations and learning new technology to teach more effectively in clinical simulation labs is illustrated as follows:

> the major challenges that happen here with what I call our senior faculty, whether by age or years in service—or by years since tenure—is that they are not inclined to teach clinical courses. They're not inclined to learn a lot about computer-assisted technology to work in the simulations labs…. So, my senior faculty [members] are not comfortable learning all of that and playing with it and letting it fail and feeling uncomfortable because they made a mistake with it. They are not wanting to be up at O dark hundred to be in clinical.

When asked what reservations she has about aging nurse faculty, one dean

pointed to the quality of mentoring as an issue of great concern: "I worry about their

mentoring [of] others who are younger, and the role models that are not that good. That is

my biggest worry." She also pointed out that because in person visibility at the university

is critical, failure to be present reduces a faculty member's contribution, which, in turn,

reduces her value:

> I have a faculty member, who, because she teaches online—two courses, she is
> never there except…when she has to teach a class [for two hours] and that is it.
> The rest of the week she is not there because she is teaching online. So her office
> hours are online. It makes no sense.... [T]here is no contribution. Besides, she's
> just coming to do the little thing that she has to do and that is it.

One dean aptly summarized the practical challenges of employment

administration, noting that aging nurse faculty members bring a combination of less and

more desirable qualities to each life experience and opportunity:

> The older faculty—of course they're seasoned. They do it better. They have more
> hands-on experience. They have more common sense…because they've done it
> for years and years. However, the energy level is not there as much. So it's really
> a Catch-22.

Based on the deans' comments about aging nurse faculty, it is clear that

baccalaureate nursing programs value aging nurse faculty members. It is also apparent

that institutions and programs are better positioned to bring value to their stakeholders

when faculty members keep knowledge, skills, and teaching modes current.

Enduring Environmental Challenges

> there's that practice piece [and] the research piece. All these different factors
> …are impacting this person. So, you expect them to deal with the young star
> faculty…to still be a researcher or…practice, to be a leader, …a senior faculty,
> and all the things that go along with that—the extra work that comes along with
> having to review all the tenure and promotion pieces—because they are senior

58

faculty…. [T]hese individuals are significantly under pressure by internal and external factors to continue to function at a very high level…. I believe they're getting tired.

The second category that emerged from the findings focuses on enduring environmental challenges. Baccalaureate nursing programs face a host of internal and external environmental challenges that tax their short- and long-term health and welfare. Environmental challenges arise both from inside and outside of the university. External challenges come from society, the nursing profession, local communities, and a multitude of individuals and organizations. Internal challenges emanate from such sources as administrators, faculty, and students enrolled in nursing programs. These challenges impact baccalaureate nursing programs as well as the leaders and faculty within the programs.

The most common internal challenges noted by deans are those concerning human resources. Deans enumerated a variety of recruitment and retention barriers: loss of aging tenure-line and master's-prepared faculty, loss of faculty to graduate nursing programs, new hires with less education and academic experience, delayed replacement of faculty, rural hiring and retention trials and tribulations, concerns about subpar role models and mentors, generation gap issues, and pressure to "settl[e] for less" when facing a lack of available and qualified faculty replacements.

As the interview evidence shows, the baccalaureate environment is impacted by a host of pressures producing a "constant state of worry and urgency" (*MSN Encarta*, 2008). Many of these pressures stem from change as people, situations, and circumstances are ever in the process of becoming different. The environment is also

59

enveloped by tension, or "anxious feelings—mental worry or emotional strain that make natural relaxed behavior impossible" (*MSN Encarta*, 2008). This mind-boggling blend of challenges places a never-ending strain on baccalaureate nursing programs, deans, and faculty of all ages. Appropriately, this category is called enduring environmental challenges.

The analysis of findings with regard to environmental challenges can be broken down into sections which examine, in turn, tensions, external and internal environmental pressures, and ongoing change—all of which impact baccalaureate nursing programs and aging nurse faculty.

Analysis of Environmental Challenges

Environmental challenges are similar in that they produce strain, worry, urgency, and anxious feelings. They vary, however, by such properties as frequency of occurrence, duration, type, scope, and magnitude. Dimensionally, environmental challenges can be a one-time occurrence, such as the sudden death of an aging nurse faculty member. Or they can be recurring, as with regular re-accreditation of baccalaureate nursing programs. Challenges can be short-term, as in the case of an aging faculty member who faces outpatient surgery with a one-week recuperation. They are in some cases long-term, however, as when precipitated by the regular and ongoing absence of a faculty member due to chronic health problems. The challenges can be internal to the program, as in the instance of a faculty member dilemma, or external to the program, as with RN licensing requirements—a significant source of pressure on baccalaureate nursing programs. Challenges can be local to one program or campus, or more widespread, impacting

60

nursing programs nationwide. An example of the latter would be the cuts to Title VIII federal nursing education funding. A small challenge might be the loss of a faculty member with minimal responsibility, whereas the loss of a well-funded national leader, who decides to move to another institution, would present a greater challenge.

Review of the data shows convincingly that baccalaureate nursing programs and faculty of all ages face an array of environmental challenges. Administrators and faculty continually "endure" a wide variety of challenges, balancing a constant "push" from pressures and a continuous "pull" from tensions. That is, they "bear with tolerance" (*American Heritage Dictionary of the English Language*, 2000), or "experience exertion, pain, or hardship without giving up" (*MSN Encarta*, 2008). They persevere through seemingly endless challenges.

Through countless anecdotes and examples, deans illustrated, how the baccalaureate nursing program, administration, deans, and faculty endure environmental challenges. Although the deans did not use the word "endure," their many examples demonstrate how successful baccalaureate nursing program leaders and faculty persevere and prevail in the face of ongoing environmental challenges.

Tensions Inherent in the Baccalaureate Nursing Program

The baccalaureate nursing program environment is tension-filled. One senses a "mental, emotional, and nervous strain" (*American Heritage Dictionary of the English Language*, 2000) in the air. What came to mind when listening to deans talking about their world is the saying; "There is so much tension in the air, you can cut it with a knife." The tension was palpable as deans described the ongoing pressures and never-

ending change in baccalaureate nursing programs. The researcher could actually feel the pull of two strongly opposing forces (*Oxford English Dictionary*, 1989) as deans described how faculty members, students, and administrators seek to find balance in relationships and complex situations. Many different types of tension coexist. In the words of one dean,

> the biggest tension, probably, is that education both prepares for the future as for now, and so you're teaching a lot of processes, and…it means when your graduates finish, [they are] not going to have had six times to do something that they may need to do out in the clinical area immediately.

Tension exists between faculty members who bring different perspectives, motivations, and goals to programs. This tension is evident particularly as deans and faculty seek to accomplish multiple missions. All are forced to ask themselves whether to spend time meeting university goals or program goals. The answer is not always clear, and individuals feel a pull in one direction and a tug in another.

Within the nursing community, academia, and baccalaureate nursing programs, there is a constant challenge stemming from the dynamic tension between maintaining the status quo or choosing to make changes which would support healthy growth and forward progress. Here a dean described the tension that arises within the baccalaureate nursing program when seeking to pursue the university mission:

> there is this sort of tension…if you are in an academic health center that has a strong research mission. The doctorally prepared faculty, many who started out in baccalaureate education, may not want to teach in baccalaureate education as they have aged.… [C]onsequently you have this group of master's-prepared folks who sort of own the undergraduate curriculum, who are aging, and may not be all that receptive to trying to bring doctorally prepared faculty back into baccalaureate teaching.

62

Dialogue between the dean and her master's faculty vividly conveys the emotional intensity of the tension:

> you're taking it away from us. These doctorally prepared people won't stay in undergraduate education. We've done a great job. Why…[do] you want…to bring [in] these doctorally prepared people? Don't you understand they are not committed to undergraduate education?

Another type of tension derives from situations involving senior investigators and new PhD prepared faculty.

> The tension comes from senior investigators who have had significant funding over the course of their career…. [T]hey basically, at times, will say to a new PhD-prepared person…"Don't get involved in undergraduate teaching".... So, it comes from research-intensive investigators who have gotten at arms length of undergraduate education and they said, "Separate yourself. Distance yourself."

In baccalaureate nursing programs, there is a tendency on the part of some individuals to try to retain the status, even though the environment is constantly changing. The status quo, or the "existing state of affairs" (*Oxford English Dictionary*, 1989) is by definition comfortable, familiar, and comparatively easy. Warren Bennis (1997), noted American scholar and organizational consultant, aptly points out that "the manager accepts the status quo; the leader challenges it."

Those deans who are good leaders are ready to tackle the issues that arise as a result of challenging the status quo. One dean observed, "I think there is a tension…that is a by-product of us trying. It is that continual need to be sure that our pedagogies engage this generation, whatever this generation's quirks are." The use of the word "continual" here emphasizes that the change process is ongoing and, therefore, requires great endurance.

The tension between maintaining the status quo and changing is very evident within the nursing profession. One dean claimed, "the majority of us in the discipline continue to hold fast to [the idea that], you've got to have x number of this before you can do [that]." She went on to relate a story about a young BSN/PhD alumnus with only one year of practical experience. The RN had all the necessary educational credentials to make a difference in the profession. Yet, because of the individual's limited experience, the local nurse executive claimed that the young RN " [has] no idea what the research questions are because…[the individual is] not in practice." This shows the very real tension that exists between those who desire to find new solutions and those who insist there is only one pathway to success—the status quo. The same dean spoke of the significance of pulling nurses into advance practice roles and "the academy" earlier, suggesting that many nursing professionals lean toward maintaining the status quo, even though the profession must make changes to progress. One can easily feel the pulling, tugging, and maneuvering so characteristic of the baccalaureate environment. Environmental challenges are global in the nursing education community. As a result, there is tension in virtually all baccalaureate nursing program environments.

Environmental Pressures External to the Program, Leaders, and Faculty

Universities face limitless external environmental pressures that impact significantly on baccalaureate nursing programs. Pressures ebb and flow with the stress of competing for funds and meeting government funding outcome measures. Health system changes add to the stress of integrating evidence into practice. The nursing

profession itself changes. Lastly, there are pressures that come from the workforce and the community.

Deans spoke candidly about competition for funds between and within universities. Feeling the pressure of limited resources at the state-level, they fight ongoing battles to obtain the funds necessary for operations and program expansion. One dean conveyed the ongoing nature of the challenge, indicating that there is no end in sight. "We're not where we need to be to [adequately] address this whole issue of the shortage and especially of the aging faculty." She also spoke about the impact of political priorities and of the frustration experienced when in competition for funds with medical education:

> the legislature awards some funds to us, but it's not nearly anything [compared with] what they would award to medical schools in the state. Nursing education is valued differently in our state than medical education…. [T]hey infuse a lot more money into medical education and when medical education has a problem, they're likely to get a very rapid and high quality response from our legislature. In [our state] on the other hand, we have to work really hard at getting a response on nursing. [A]lthough we have gotten their attention, …it's still not at the same level of response of what they give to medicine. So, it's all about creating political priorities.

Deans encounter pressures as they seek to meet outcome measures. They face a shortage of budgeted faculty lines and, at the same time, are held accountable for outcome measures tied to state funding. Notice the dean's choice of words as she describes the ongoing pressures and the need to endure: "they [the legislature] continually reexamine this under the microscope of every session." She aptly summed up the challenges related to fiscal and other pressures: "So, we have the legislature, who then puts pressure on [our state] higher education coordinating board, which then creates rules

and things.… [W]e have to…meet these outcome measures, which puts the pressure on everyone."

Innumerable changes within the U.S. healthcare system add pressures. Deans painted a picture of the hectic and demanding schedule of preceptors, noting that "people in the service agencies are now so much busier, they can't always precept, as you'd like for them to precept. That's a tension for the educational system, as you know." Similarly, the push for evidence-based practice creates pressure on the educational system, as is clear from the words of a dean who notes, "[P]robably the biggest parts are trying to work in the big evidence-based movement that's out there now, and being sure…that is well integrated." A dean of an academic health center program pointed out the pressures related to maintaining quality, "and then you have a variety of administrators putting pressure on the aging faculty, especially in an academic health center site—which I'm located in—to maintain the quality."

Nursing profession changes compound health system pressures. "Nursing is not the same as it was ten years ago…we're moving into a different role," offered one younger dean. Passion and urgency were evident in her voice as she talked about the trickle-down effect of the change, emphasizing the pressures that comes with increased managerial responsibilities and changes in the profession. Her words, "we're moving," convey the sense that nursing is in a state of transition in an ever-changing environment. She made it clear that "the way we teach needs to be different."

As if there is not already enough pressure from the host of environmental challenges, the community pushes baccalaureate programs to keep current. As one dean

put it, "[I]t's a huge burden to the faculty…that we're being called upon by the community to produce this big…pre-licensure workforce."

Internal Environmental Pressures on the Program, Leadership, and Faculty

Environmental pressures from within the university compound the external challenges. Deans described in detail such administrative challenges as grappling with multiple missions, coping with turnover in top-tier leadership, going against the flow, meeting university enrollment growth plans, and enduring fiscal stress. They spoke candidly of painful and ongoing human resource challenges that increase the pressures and tensions of everyday existence. Student stressors further compound these challenges.

Administrative stressors. Colleges and universities face the pressures of meeting multiple missions. One such mission is to obtain local, regional, state, and national recognition in order to attract quality students, faculty, and resources—particularly research funding—to the institution. Deans are well aware of the lengths to which their universities will go to become top-tier research institutions. They noted that change in the university mission has a sizeable impact on nursing programs, particularly with regard to human resource challenges and enrollment. One dean detailed the tension between faculty members with master's degrees and those with doctoral education:

> the way that this expansion was funded is that the university has made a commitment…to move up in research rankings in comparison to other public institutions. Consequently, every faculty line I have gotten in the expansion is for a doctorally prepared researcher…. So, I take these individuals, make sure they have a passion for undergraduate education, and I put them up against this aging master's contingency of an exceptional baccalaureate program, and they say, "You're taking it away from us. These doctorally prepared people won't stay in undergraduate education. We've done a great job. Why [do] you [want] to bring [in] these doctorally prepared people? Don't you understand they are not

67

committed to undergraduate education?"… They perceive that you can't be simultaneously committed to a research portfolio and to undergraduate education.

In order to effectively meet multiple missions, institutions must have skilled leadership. One dean acknowledged a problem with turnover at the top, emphasizing the challenge of re-educating administration. "[O]ne of the issues I've had in my own university," she observes, "is [that] about the time I'd get one educated, they'd leave and go somewhere else." It is clear from her discussion that the re-education process is one requiring perseverance and endurance.

Pressures are inherent in what one dean calls a "very strange situation" within academia—a situation, as she describes it, where "the rest of the university is trying to get their older people out. We're trying to keep them in. It's a little hard for the university to comprehend…because you really are going against the flow for the university." This dean realizes that it is much less demanding and uncomplicated to "go with the flow" than to try to "swim upstream."

Since mandatory retirement has been abolished, faculty members have the option of continuing to work beyond 70 years of age. In view of the nurse faculty shortage, nursing education welcomes this change; administrators seek to retain productive aging nurse faculty through full-time or part-time arrangements. Other disciplines prefer in many cases to replace the more unproductive aging faculty members with less costly assistant professors with the hope that younger, less seasoned faculty will infuse new energy, ideas, and funding opportunities.

The challenge of meeting enrollment growth plans adds additional pressures. Expressing her thoughts about the continual challenges arising from this task, a dean

summarized, "[S]o what you have is…a lot of external and internal pressure from leadership and other folks who continually increase your enrollments."

"Ebb and flow" is a phrase the deans used to discuss fiscal and budget pressures. Here a dean suggested that the funds for staffing diminish and then become more steadily available:

> a common denominator is a lack of resources or budgeted positions to hire additional faculty. For instance, at our school we could hire additional faculty and give some of these older folks some relief if we had the funded faculty lines in our budget.… [W]e actually did get some additional lines this year, thanks to an interim president that understood this. But, it's an ebb and flow thing.

The dean went on to say that, "we have a large number of qualified people that we're turning away from academia because we don't have the budgeted faculty lines." Clearly, fiscal stress is an obstacle to hiring. Unfilled faculty positions place undue stress on existing faculty and make effective human resource planning difficult:

> there [are] a lot of reasons we should have [additional qualified faculty]…to decrease the stress on our existing faculty—especially the aging faculty—and also to get the people in place because eventually these people are going to come to the day when they will make a decision to retire and/or they'll have a very sudden health problem that takes them out of the picture very quickly when you have to have a replacement.

Human resource stressors. In addition to the administrative challenges already noted, baccalaureate nursing programs face a plethora of human resource stressors and pressures. Younger faculty members are "exploring opportunities…to do other kinds of things," meaning deans face "problems on both ends," i.e., retaining both younger and older faculty.

Worry is not an uncommon phenomenon in such a pressure- and tension-filled environment. A dean spoke openly of a particularly troublesome loss. She was clear that

69

it is "worry" she experiences in connection with the loss of the "cohort of tenure-line

faculty." Her deepest concern is the loss of leadership in the undergraduate program and

the implications this has for teaching, mentoring, and research resources.

Human resource concerns extend to the loss of master's-prepared clinical experts.

One dean notes that turnover challenges mean loss of history and experience:

> Now the problem we had with the master's-prepared people is that they turn over
> too fast, and that wasn't just an age related issue…. That was an issue of being
> able to get better pay someplace else, deciding they didn't want to teach anymore.
> They wanted to do practice.… [M]ost of them were part-time teachers and part-
> time practitioners—clinical specialists of some kind, in that sense.... And as they
> turn over, they, of course, take the history and the experience with them.

Challenges extend even further to loss of faculty to graduate nursing programs. A

dean spoke about the difficulty of retaining faculty members as baccalaureate educators:

> I think for a faculty member to maintain a career as a baccalaureate educator is
> rare.... [A]s they get their doctorates, they want to go into graduate education. As
> they get closer to retirement, they want to go into administration.… [I]t is difficult
> for the general baccalaureate programs to retain faculty in an actual teaching role.

Human resource challenges go beyond retention to replacement. One dean likened the

process of finding qualified faculty to "pulling teeth." Programs find themselves forced to

"settle" for less than qualified candidates. This particularly troubling situation has the

potential to compromise the quality of student outcomes and also the quality of care.

These challenges impact on human resource development and mentoring, putting

pressure directly on the shoulders of aging nurse faculty, who bear the load of more

students, more work, and, hence, endure more stress:

> So you have this dichotomy between the very experienced aging faculty and the
> very young faculty, who are very clinically competent, but…[have] never taught
> before, so they don't understand academia…. [A]ll of these external factors are
> coming together, and they really put pressure on that aging faculty to mentor these

new people that are coming in [and] to work harder—[particularly] if they are still doing clinical with groups of students…taking larger groups and more groups.

Last but not least among human resource stressors are the challenges deans face with regard to human resource planning. One dean bemoaned the difficulty she experiences when trying to obtain information from faculty for human resource planning, pointing out the reluctance on the part of faculty members to cooperate: "I attempted to get the faculty within our school to give me…a projected date for retirement, and what I found is people…really…weren't comfortable with doing that…. [T]hat surprised me as a dean."

Multiple deans expressed uncertainty about their own personal retirement plans as well as those of their colleagues. This uncertainty bodes well for the possibility of extending the academic working life of those aging nurse faculty members who choose to continue working or, for one reason or another, decide they must continue working:

> faculty are not necessarily retiring at 65. I think we are going to [continue to] work—at least [my] age group. I'm not sure about the younger ones coming up. They may. They have a different approach to life. Time has a different meaning for them…. [B]ut…I'll be 72 when I retire...I would not have thought I would stay this long.

Student stressors. A majority of deans in the study raised the subject of student-related pressures and discussed in detail the challenges these pressures create for baccalaureate nursing programs in general and for nursing faculty in particular. "Change" was a common theme, particularly as it pertains to the students of today. One dean emphasized that academia needs to change as students change. She spoke directly of the tension created by this interplay: "I think there is a tension there that is a by-product of us trying. It is that continual need to be sure that our pedagogies engage this generation,

71

whatever this generation's quirks are." The nature of the challenge is clarified by another

dean as follows:

> Students today are different.… You need to be creative. You need to try and engage them. They die after the three-hour lecture. Your lectures may have to be shorter. You might not have to give the same content. You need to be creative.… [I]f you've done the same thing for 20 years, it's not working with these students anymore.… [I]t's very difficult to really have people change their views and their approach—their perspective—but it's important for people to realize that we're dealing with a different…generation.

Yet another dean added additional perspective:

> They are multi-taskers. They take in information…coming from lots of directions. If you think about a faculty member who is 55 or 60 years old…(they've been in the classroom for twenty-five years) and you think about how the learning pedagogy has changed and [then] you think about this whole generation of folks (they are so stimulus driven)—I think aging faculty will struggle…will do what I did…and say, "Give me a break. What do you mean you can't listen to somebody for two hours?"

The need for change also surfaced in dialogue about clinical nursing education. In

this context, the emphasis was on the need for change in nursing education in order to

meet environmental challenges. In the following comment we hear a valid concern about

the compromise to student outcomes resulting from a mismatch between student needs

and faculty solutions:

> I do see that with some of the older faculty, providing students with good clinical experiences is not the same. And what do I mean by that? You know, you can't run around as much, and the faculty are not even as enthused about clinical [as] they used to be.… [U]nfortunately, if that's all you have to work with, it does… have an impact on student outcomes and student learning.

Overview of Professional, Personal, and Family Pressures

As significant members of baccalaureate nursing programs, aging nurse faculty members face the gamut of pressures outlined above. They also encounter professional, personal, and family pressures unique to individuals who are aging.

Employment and personal challenges sometimes combine to bring pressure from all sides, as aging faculty are pushed and pulled to "extra work" both in their professional and personal lives. Speaking to the professional pressures, the dean of a large academic health center program stated,

> there's that practice piece, the research piece—all these different factors that are impacting this person. So I would say that these individuals are…under [significant] pressure by internal and external factors to continue to function at a very high level…I believe they're getting tired.

The dean emphasized that professional challenges are unlikely to diminish tomorrow. Aging nurse faculty members are enduring the challenges.

Among personal challenges unique to aging nurse faculty members are those that are part of the aging process, most notably physical and cognitive challenges. Even the healthiest aging faculty members are likely to wake up with more aches and pains than they experienced when they were younger. For some aging faculty members, short-term memory loss may add pressures and stress. Other aging faculty members, however, may experience no appreciable difference in the level of pressure as a result of aging.

Because health challenges tend to increase with age, acute and chronic physical and mental health issues are more common in older versus younger faculty. Health and long-term care issues of family members—spouses, older parents, children, and

grandchildren—often create additional pressures for aging faculty members who become "sandwich generation" caregivers.

It is costly to raise a family, pay for college, and support older parents. Those who have saved for retirement and are financially comfortable are free to retire at any point in time. Tenure track faculty or non-tenure track faculty members, who have been employed at the same institution for many years, often fall into this category. Adjunct faculty and part-timers, on the other hand, who have worked intermittently at a college or university, may or may not have retirement security from a spouse or through other employment. Those with less financial security, who may need to work longer, sometimes choose to extend their working life in academia.

The aforementioned challenges may go unnoticed if they do not affect the individual's ability to carry out faculty role responsibilities. On the other hand, they may take center stage if faculty members struggle to "balance and juggle" their responsibilities and end up relying on coworkers to meet their obligations.

One can easily picture an aging nurse faculty member sitting at a computer with arthritic hands, graduated bifocals, and adequate, but undeveloped software skills, worrying all the while about a frail aging parent home alone at risk of falling, and a college age child away at school with $30,000 or more in annual tuition payments adding to financial insecurity. With this picture in mind, the caregiving and health challenges facing aging nurse faculty members will be more closely examined.

Family caregiving pressures. Family caregivers face stressors that challenge the ability to maintain work-life balance. Among stressors particularly challenging to aging

faculty are spousal health events and sandwich generation caregiving responsibilities for aging parents, children, grandchildren, and even pets. Some challenges, such as those accompanying acute illness, may be short-lived. Other challenges, such as chronic health or long-term care responsibilities, last much longer—sometimes many years. While some family caregivers continue to live at home, others are forced to relocate or choose to move to be closer to family. These moves sometimes precipitate faculty retirement. In the words of deans, "these people in the sandwich generation…[are] caring for their parents and their children." "Some of them have aging parents they are dealing with…we're all living longer…and they are trying to balance their responsibilities to their families."

In some communities, cultural factors impact the scope and degree of family caregiving responsibility. At a culturally diverse university with a significant Hispanic and Native American faculty and student population, for example, cultural expectations related to caregiving of both children and elders can impede the ability of aging faculty to fulfill work commitments:

> culturally…where I am, a lot of people don't believe, for example, in nursing homes for the elder. So, if my faculty who are elder have parents who are elder, you know that they are taking care of them at home…. [T]hat puts an additional burden on them because…they also have to…work at home and probably harder at home…cleaning and taking care of the elder person…. Also, culturally, they tend to take care of everybody. You know, extended families…. So, that becomes an issue…a responsibility for them…. Some young people are taking care of their grandparents because the parents cannot take care of them. It is amazing.

In some such cases, family responsibilities prompt retirement. "They may end up saying, well, I cannot do everything. Therefore I can retire now."

Spousal events can act as a major distraction to fulfillment of work responsibilities. Speaking of a faculty member in her late 60s who, decades ago, was one of the original nurse faculty members at the institution, a dean noted,

> Her husband has had a major health event and she…[has] to take off all of next semester.… [O]ur faculty had to suddenly cover for her, and then this is likely, depending on his outcome, to lead to her not coming back or her decision to retire.… [T]hat's going to be a problem as we move forward.

Because responsibility for children and grandchildren can include care for those who are both healthy and ill, childcare responsibilities have the potential to hinder both faculty visibility and the potential for collegiality on campus:

> I have a faculty member who takes care of all her daughters' kids and she is never at work—only when she has to [be].… [It] is really not a good set-up. So, that impacts their participation in meetings, in committees, and overall in collegiality. They are never there, so they are forgotten.

Of all the caregiving challenges, eldercare seems most pressing on the minds of deans. In light of the demographic shifts in society, particularly a longer lifespan, this is not surprising. Faculty members who are 60 to 70 years of age, for instance, often have parents who are 80 years of age and older. This reality became personally relevant to the researcher when trying to set up an interview with a dean in her 60s who was traveling for the holiday to visit her mother, then over 90 years of age. Due to the challenges of coordinating busy schedules, we had difficulty setting up the interview during the semester. Ultimately, the interview took place after the dean arrived at her mother's home for the holidays.

For some aging faculty members, students take the place of family and become the objects of their nurturing inclinations. Such is the case here, where a dean spoke with admiration of her colleague:

> She's 70-something. She's as sharp as can be. She's awesome. But her kids are gone. This is her life. She lives alone, and if she retires she just may die because this is all she knows and…all she's lived for.… [T]he students are her babies and she loves what she does and she's been doing it for years and years and years and years.… [T]his is her life, so to speak.

Caregiving responsibilities are substantial. They cause stress and add pressures, taxing greatly the work-life balance. In a perfect world, we have the time and resources to plan for caregiving responsibilities. In reality, we face the possibility of unexpected life events. Such events dramatically impact the tension-filled world of aging faculty members and their colleagues:

> So, I'm seeing that it's not…well planned out, but it's triggered by life events that happen often unexpectedly and suddenly with the aging process…. [T]hen that makes you, as a leader…have to scramble.

Personal health and wellness pressures. The ability to make ongoing contributions on campus and at clinical sites is dependent upon personal health and wellness. Many nurse faculty members remain healthy or have manageable health care needs that do not significantly impact participation or productivity. With the normal challenges of aging, however, or acute health care events, or, perhaps even chronic health issues, others may find that their option to remain in academia is threatened.

The degree of challenge presented to baccalaureate nursing programs by health care stressors and pressures varies. Those experiencing recruiting challenges would be particularly sensitive to a gap created by unavailable or less productive faculty members.

According to one dean, "[H]ealth has not been an issue. Most of our faculty [members] have retired healthy." Another dean indicated that her experience thus far has been similar: "I would say—knock on synthetic wood—health is not a big issue." She went on to say, however that "the more typical thing you've come across or thought about is that, as people age, they have health problems and they want to reduce their work time."

Deans who have coped with aging faculty with acute health care challenges pointed out that "it takes a longer time to recover from a broken bone when you are sixty than it does when you are younger." Health events were cited as a stressor that "triggers" retirement.

> What I've seen with the people that end up moving to retirement status is [that] they have some sort of health event either with themselves or their husband or spouse or partner or whatever…that triggers them into a retirement mode, and it often comes unexpectedly and quickly.

These unexpected stressors put pressure on baccalaureate nursing programs and add to the tension of the environment. These are stressors one cannot plan for, as they often come with little to no warning.

Chronic health challenges present different types of pressure. The importance of preventing chronic health challenges was brought to light in a discussion about repetitive carpel tunnel syndrome that arises from computer usage. "I think we have not done what we need to do in terms of ergonomic adjustments in offices, in terms of making sure we have appropriate workstations—appropriate chair support and all of that." Continuing on the same subject, the dean noted, "I've had to put Dragon Speak [voice recognition software] in a faculty member's office because of a repetitive carpel tunnel." Other chronic health challenges include arthritis, osteoarthritis, cataracts and other visual

78

challenges requiring medical attention—generally an upgrade of glasses or contact

lenses.

Older individuals commonly complain about a decrease in physical energy.

Mental fatigue, on the other hand, is often attributed to an increase in stressors and

pressure. It is physical fatigue which is deemed particularly troublesome by one dean

who said, "[F]rankly, I believe they're getting tired, physically tired, which I think then…

complicates it further because that then leads…into possibilities of illness or stress-

related illnesses or stress-induced illnesses."

Another perspective was offered regarding fatigue:

> I think some of it is a mental tiredness. Some of the work of being faculty…
> dealing with committees, sometimes dealing with students, dealing with
> administrators…I think that has a wearing effect, if they have done it for 10, or
> 15, or 20, or 25 years.

Ironically, a dean in her 70s stated, "I have noticed myself getting what I think is tired. I

don't get tired...I am not sure what that feels like…. I'm finding just some physical

attributes that I don't necessarily like, but it's not bothering anybody but me."

Fatigue is particularly problematic for those with clinical responsibilities. "Who

wants to run around for eight hours when you're 55 or 60 and your knees are aching?"

asked one young dean. Another dean seemed to provide the answer.

> the physical demands of having a clinical group are no less than having the
> physical demands of a patient group.… I think the limitations are the physical
> limitations. It's the fatigue, and the tiredness, and the demands of the floors. And
> you know when you talk to nurses who are…say, 50 or 55; they are just
> physically very tired.

Beyond the day-to-day physical and mental health concerns, aging faculty

members experience stressors and pressures related to health, disability, long-term care

and other benefits, which may or may not be offered by employers. Most full-time and some part-time faculty members have ready access to affordable health care benefits for themselves and immediate family members. Adjuncts and some part-timers, however, are not offered employer-based healthcare coverage. Faculty members between 50 and 64 years of age, who do not have employer-based coverage and are not yet Medicare eligible, face the likelihood of high insurance premiums due to advancing age and pre-existing illnesses tied to chronic health challenges. In any event, exploring benefits often means faculty members must be in contact with the human resource department, divulging personal information. This alone can be stressful. In addition, benefit information can be difficult to gather and comprehend. The information gathering process is both time-consuming and complex. Coordination of benefits, whether employer-based or government-provided (e.g., the Family Medical Leave Act) can be pressure-packed even for trained health care professionals like aging nurse faculty.

The challenges, particularly for part-timers without sick leave, are illustrated as follows:

> My faculty who are nine months…do not earn sick leave.… So, if they are sick, guess what. You have got to find someone to cover for your clinical or your classes—or, have an online class.… So, you have to really have something…an alternative. The other [scenario]—if it was something dramatic, for example, like cancer, [so] that they needed to be out…as administrators…you have to put the person on leave without pay because they do not have sick leave.… [I]t is a big predicament.

Another dean relayed valuable information as it pertains to an end-of-life situation, which necessitated intensive care unit hospitalization:

> You've been 2 weeks in an ICU and you're now getting [treatments] a couple of days. And, what I had to do…was to say, "I think you need short-term disability

until you are really healed."… [S]he was really hurt by that. So, I took her down to personnel.… [At] the end of the couple of months from short-term disability, she died. What the family was able to say afterwards—they were shocked at first, and she had a hard time with it—[was that] it turned out to be the right thing because she was home with them and they had some good quality time together in that period. That was a real challenge.

The topic of post-retirement health concerns also arose in discussion.

I really do worry about what happens to faculty after retirement.… I think some older faculty worry that if they stop working, they are going to get sick. That tale has been told many times…. I was fine until I retired and then all hell broke loose and I went downhill.... I don't know whether it is the fact that it is that time of life …in your 60s…you are likely to begin to have some health problems. Or, whether they are goal-oriented and as long as you are goal-oriented, you have your days set out and you enjoy what you are doing and then you give that up and you are a wash for a while.

Furthermore, financial pressures impact an individual's overall state of mind and, consequently, the decision to retire or continue working. Some individuals plan well and are financially secure, as exemplified by one dean.

in terms of finances, I can survive if I decide that next year I am going to retire, because I have planned for retirement and I think that I would be able to manage financially. So, that is a burden that we are free of, that I feel free of at this point in my life.

Others, however, carry a financial "burden" and, therefore, must continue working.

Ongoing change within the baccalaureate nursing program environment

Finally, deans spoke about ongoing change and its twofold nature. They provided examples of the ongoing change and the need for baccalaureate nursing programs and aging nurse faculty to move beyond the status quo to effectively meet the challenges presented by change. Deans identified changes related to demographics, academia, students, human resources, technology, teaching modes, health systems, the nursing profession, and attitudes about working beyond traditional retirement age.

81

Here a dean discussed specific changes:

> because of the rapidness of change in healthcare, …the rapidness of the knowledge explosion and the absolute need for people to be at the top of their game in terms of working with undergraduate students, …an incongruence [develops] between the needs of the aging faculty members and the programmatic needs.… [F]aculty members are really in a world of hurt if they are still doing today what they did seven years ago in the classroom.

The same dean continued on to say, "I think that aging faculty struggle in…two sorts of changes—one being the pedagogical expectations and the other being the knowledge explosion."

Another dean shared her perspective on the importance of moving beyond the status quo:

> You know. I told both the provost I just left, and the one I've just joined that if you want status quo, please don't hire me because I don't know how to do it.… If you want somebody who will try and bring the best out of everybody—and that may not be a traditional way—and to advance the school, then I am interested in the job.

A dean and prominent nursing leader addressed the challenges of becoming a research-oriented institution. She illustrated the thought process for development and implementation of a new model as the institution sought to develop new solutions which would allow faculty to more effectively juggle and balance research and other responsibilities:

> as the school became research-oriented, we realized that we could not ask [faculty] to cover clinical, etc. at the same time. And, we also understood the issue that you raised, which is, as they get more and more immersed in research, they're going to get further from their actual clinical hands-on skills.… You can't do everything with that kind of intensity. So then, we said, "Okay, so how do we extend their capability in terms of content, knowledge, scientific capability, critical analysis, etc., leadership? How do we extend that with the people who have the clinical expertise?" And that's how the model came about.

Another dean pointed out the pitfalls of being an aging worker who fails to change. She drew an analogy to her own aging father who had less work during the later part of his career because of resistance to learning new skills and making necessary changes to remain gainfully employed. Speaking about her family member, the dean observed, "He made a conscious decision, and at some point, there was no longer any work for him." She continued on to say that nursing faculty members sometimes struggle in a similar way.

Recognizing Stakeholder Incongruence

> the other stakeholders, such as the work force—what they expect—the competencies they expect from a registered nurse—NCLEX, NCSBN, boards of nursing.… [T]here are a lot of stakeholders that are driving this change.

The first segment of Chapter 4 focused on the first of four categories, valuing aging nurse faculty within baccalaureate nursing programs. The next segment examined findings related to the second emergent category, enduring environmental challenges. This segment addresses issues related to the third category, recognizing stakeholder incongruence. It will detail findings and provide insight into the vast number of stakeholders who contribute to the tensions and pressures characteristic of the baccalaureate nursing program environment. It will then look at stakeholder incongruence as it impacts baccalaureate nursing programs, in general, and the dynamics between aging nurse faculty and other program stakeholders, in particular. Finally, the section will discuss how the powerful combination of stakeholder incongruence and difficulty adapting stands in the way of extending the academic working life of aging nurse faculty.

Identifying Baccalaureate Nursing Program Stakeholders

To identify, by definition, means "to discover or perceive" (*Oxford English Dictionary*, 1989). Stakeholder identification helps to provide a greater understanding of individuals and organizations important to baccalaureate nursing programs and aging nurse faculty and will serve as a foundation for recognizing stakeholder incongruence.

Schools and colleges of nursing are complex organizations that contain and are influenced by many individuals, groups, and constituencies. They offer a variety of associate, baccalaureate, master's, and doctoral degrees, in addition to a number of certificate programs. Baccalaureate nursing education programs are housed within schools or colleges of nursing and employ a group of individuals who work together to accomplish a common mission or set of goals and objectives. Although the mission, goals, and objectives of baccalaureate nursing programs are similar, each program is customized to address the needs of its stakeholders.

The strategic planning, day-to-day operations, and program outcomes of baccalaureate programs are influenced by and dependent upon many individuals, groups, communities, organizations, and institutions. Such entities are considered organizational stakeholders. Strategic management literature offers substantive research in the area of stakeholder identification and analysis.

Freeman's (1984) classic work, arguably one of the most frequently cited and one that provides a great deal of leeway, defines a stakeholder as "any group or individual who can affect or is affected by the achievement of the organization's objectives" (p. 46).

Other researchers have proposed a more narrow understanding, which, as Mitchell, Agle, and Wood (1997, p. 857) point out, "define relevant groups in terms of their direct relevance to the firm's core economic interests." With the broad definition, almost anyone can be included as a potential stakeholder. Applying a narrower definition, one might ask the following questions: What groups are baccalaureate nursing programs dependent upon for survival? How would one define stakeholder groups in direct relation to baccalaureate nursing program core economic interests?

In the early part of the interview process, deans mentioned many individuals, groups, and organizations in their discussions about aging nurse faculty. As data analysis proceeded, it became clear that stakeholder identification would lend a more complete understanding to this study. In support of the stakeholder identification process, later interviews included questions aimed at obtaining additional insight into stakeholders that had been mentioned in the early interviews.

For the purpose of preliminary analysis and categorization of stakeholders of baccalaureate nursing programs, the researcher has opted to use the broader definition provided by Freeman (1984). At a future point in time, should additional interviews be completed, it would be worthwhile to revisit the definitions. Such action might be useful in answering perplexing questions related to the influence of various stakeholders.

Deans made reference to more than 20 different individuals, groups, and organizations during the interviews. A list of baccalaureate program stakeholders, reflective of the many discussed by deans, is provided in Figure 2.

Primary Stakeholders (Represented in Inner Circle in Figure 3)
Students
Baccalaureate Nursing Program Faculty
Aging Nurse Faculty
Future Aging Nurse Faculty
Young Faculty
New Faculty
Other Faculty
Staff
Technical Support Team
Clinical Simulation Center
Other Nursing Programs (Within the College or University)
Master's Program
Doctoral Program
University
University President
Administration
Committees
Faculty Affairs Committee
Communities (Including Patients)

Secondary Stakeholders (Represented in Outer Circle in Figure 3)
Government
Vice Chancellor of Health Related Institutions
State Higher Education Boards
Legislature
Competitors
Other Nursing Programs
Medical Education
Family Members
Spouses
Children/Grandchildren
Health Professions
Nurses
Other Health Professionals
Program Partners
Special Interest Groups
American Academy of Nursing
American Association of Colleges of Nursing
National Councils of State Boards of Nursing
Advocates
Former and Current Nurse Experts
Mentors
Former Faculty
Emeritus Faculty
Health Care Systems
Academic Health Centers
Media (Influencer)

Figure 2. Baccalaureate program stakeholders.

Figure 3 provides a visual representation of a two-tier stakeholder breakdown based on the work of Freeman, Harrison and Wicks (2007).
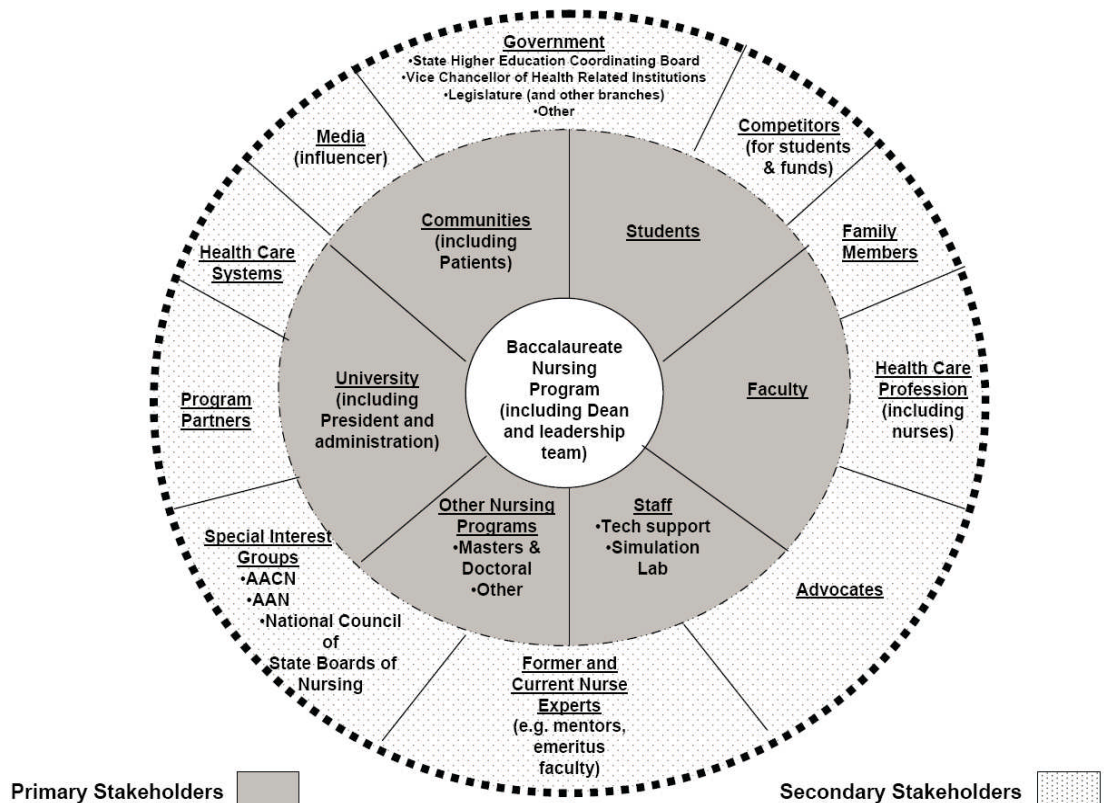
Figure 3. Basic two-tiered stakeholder map of baccalaureate nursing programs

A basic breakdown of stakeholders and a visual representation are presented to aid discussion and understanding. In this analysis, primary stakeholders, shown in the inner circle, are those groups and individuals who most clearly define baccalaureate nursing programs. Secondary stakeholders, represented in the outer circle, influence the relationship of the primary stakeholder to the organization. Some deans made references

to groups, such as students, for example. Other references were to organizations like the American Association of Colleges of Nursing, which appears under the heading of special interest groups.

One can justify moving some primary stakeholders to secondary stakeholder positions and vice versa, depending upon any number of factors including the individual institution. The media are featured chiefly as a reminder that, together, they function as an "influencer." Health care systems appear as secondary stakeholders. A case can be made that they serve as a primary stakeholder in academic health centers. The intent of this visual is to provide a general sense of the key stakeholders with a caveat: positioning of the stakeholders in the inner and outer circles is subject to change based on individual situations and circumstances.

Understanding Stakeholder Incongruence

Baccalaureate nursing programs—from traditional RN and BSN to accelerated second-degree offerings—exist to educate and prepare individuals to become professional nurses (American Association of Colleges of Nursing, 2007). Baccalaureate nursing programs have a mission statement and a set of goals and objectives that are central to their existence. In order to carry out their mission, goals, and objectives, they must ensure that program needs are met. Program needs are varied and include the obvious—a need for students, faculty, and leadership— and perhaps the not so obvious— the need for information, expertise, and support like that offered through such organizations as the American Association of Colleges of Nursing.

Dialogue with deans about extending the working life of aging nurse faculty produced many stories, examples, and illustrations that clarify the needs of baccalaureate nursing programs. The dialogue provides insight into the ability or inability, as the case might be, of aging nurse faculty and other stakeholders to contribute to program needs. Good examples of the incongruence between the baccalaureate program and program stakeholders, for instance, would show a mismatch between the needs of the baccalaureate nursing program and the skills, abilities, desires, and needs of aging nurse faculty. Another type of incongruence that presents a challenge to baccalaureate nursing programs is incongruence between program stakeholders, as, for example, in the case of a mismatch between student educational needs and faculty modes of teaching.

When seeking to address the challenges facing baccalaureate nursing programs, it is critical first to recognize the challenges. By definition, to recognize, is "to acknowledge or take notice of in some definite way" (*Merriam-Webster Online*, 2008). This implies not only identification of stakeholders, but also taking notice of the many different types and forms of stakeholder incongruence. By recognizing stakeholders and incongruence, nursing leaders can begin to evaluate potential solutions. In this way, the nursing education community can seek ways to increase stakeholder congruence and enhance aging nurse faculty and baccalaureate nursing program re-adjustment.

Defined as "the fact or condition of according or agreeing" (*Oxford English Dictionary*, 1989), congruence is the antonym of incongruence, defined as "not corresponding in structure or content" (*MSN Encarta*, 2008). Incongruence can be present in varying degrees ranging from minimal to high. Discord can exist between

individuals, groups, and organizations, or it can be present locally, i.e., within a program on a campus. It can also be identified more globally, as, for example, between a national organization and its members.

The deans provided many examples of incongruence involving baccalaureate nursing programs and aging nurse faculty. In the first example, the phrase "out of sync" was used to illustrate incongruence between the university and the school of nursing where perspectives on hiring are concerned. "I think that the organization itself is not responsive to, for example, salaries, equality in salaries. I was just told by the provost that she does not want to hire full professors." She continued on to say,

> because…then they come tenured and she is scared they are going to come and take a break and they won't be productive. So, she would rather have assistant or associate professors that we hire. I told her that it is too difficult for me to bring somebody that is already a tenured professor somewhere else and I am offering an associate professor [position]. It makes no sense. So, organization-wise, we are out of sync.

Aging nurse faculty members may find their goals are not consistent with those of the university. Sometimes they encounter a situation where the university mission and goals change after they have been at an institution for many years. Such a shift puts pressure on the stakeholders to adapt so as to minimize incongruence between the respective parties, as noted here:

> So, people come into nursing academics because they were like me. They loved working with students. They want students to be good nurses, be good providers of care out in the world. Then they find out they have to get more degrees and they have to develop a program of research and write for grants and get money. They can't just say, "I want to have a technologies lab. That will be so cool, and we can teach students." We need to find funding to buy the equipment and do it, and it is very shocking, very exhausting to them. It may not be congruent with why they came and they leave. They can leave.

The dean continued on to suggest that, "maybe their goals are not the same as what they perceive…the university's goals [to be]. It does not mean either one is wrong. It just means it's not a good fit." The use of the phrase, "It's not a good fit," is a tip-off to the presence of incongruence between university goals and aging nurse faculty desires and needs.

Incongruence takes many forms at the program level. Deans spoke continually about the critical need for clinical faculty who possess teaching skills, a desire to teach, and current knowledge. In one interview, a dean shared her perceptions of a mismatch between program needs and what aging nurse faculty members have to offer. She spoke of her need for faculty members who are open to teaching clinical and doing so in simulation labs that require embracing newer technology and teaching modes:

> the major challenges that happen here with what I call our senior faculty…[are] that they are not inclined to teach clinical courses. They're not inclined to learn a lot about computer-assisted technology to work in the simulations labs.… So, my senior faculty are not comfortable learning all of that and playing with it and letting it fail and feeling uncomfortable because they made a mistake with it.

Another example of incongruence at the program level results from the practice of growing your own faculty members. Many nursing programs avoid hiring their own graduates to ensure that the school blends multiple perspectives and incorporates new ideas. Schools that face faculty shortages, however, may be compelled to grow their own faculty, meaning they educate students and then hire them to fill faculty slots at their own institution. These schools are filling faculty slots, but, in many cases, they are replacing a seasoned faculty member with a former student who lacks academic experience. One dean expressed concern about the impact these hiring practices have on outcomes:

91

we are hiring a lot of unseasoned faculty.… [A]ctually, in my particular context we have a nurse educator master's program. So we are growing our own…. [T]hey come out and, since they're being educated by us, …they have the same philosophy. They're young, they're inexperienced, and…that affects outcomes.

Incongruence within programs also exists between students and aging nurse faculty. There are noticeable mismatches, for instance, between aging nurse faculty and students where utilization and comfort with technology is concerned. Students seek interactive, technology-based modes of learning both inside and outside the classroom. Yet, many senior faculty members lack technology comfort and skills—evidence of yet another mismatch, this time between aging faculty skills and abilities and student needs and desires.

They are really not terribly excited about the classroom and learning to use the LCD projector and laptop to hook into the Internet to make the lecture more than just lecture…to make it more interactive. And that's what the students coming into baccalaureate programs are accustomed to.

Similar incongruence arises in the realm of program enrollment. With pressure to increase enrollments and meet the needs of today's technology-oriented students, baccalaureate programs are seeking to provide online learning opportunities. According to a dean of a large public institution, "[T]he mantra from the faculty—almost across the board—is[that] it is not as good a way to learn and they'll be sorry, but they are not sorry. They're getting the education they want." This serves as an example of the incongruence between aging nurse faculty perceptions and student desires.

Differences between student learning preferences and faculty teaching modes extend beyond technology-related issues. If faculty are still lecturing with notes, techniques, and methods that may have been the norm many years ago, they need to

92

reevaluate and consider making changes that will more closely align their teaching

methods with student needs:

> The students of today are different.… We're in a generation where the students
> don't read as much—instant gratification. [T]he student isn't going to read, but
> what can you do, knowing that they're not going to read as much, for them to still
> get it? And, it's not business as usual anymore. You need to be creative. You need
> to try and engage them. They die after the three-hour lecture. Your lectures may
> have to be shorter. You might not have to give the same content. You need to be
> creative.

The generation gap goes beyond technology and teaching modes. Students and

aging nurse faculty may exhibit a philosophical generation gap.

> faculty would discipline someone for something that in…the students' age group
> is very reasonable, but is not reasonable in the older faculty's viewpoint of
> what…responsibility a nurse takes. We had a couple times when students and
> their families would want to do something special, and faculty would have a hard
> time turning loose of them to let them go do that, and then re-plan clinical in
> another way.… You know, you either want to be a nurse or you don't. You've got
> to make up your mind. Decide what kind of responsibility you're going to take
> here, which is really a generational difference, big generational difference.

The difference in philosophies between student and aging nurse faculty members

is also reflected in differing perspectives on work habits and responsibility to others:

> Older faculty have been raised with this notion…[that] nursing always comes
> first, and patients always come first.… In the younger generation—and I can't
> remember which is X, Y, and Z…—being entertained, being not bored, is very
> critical.… [I]t's really a very much more self-centered kind of orientation than
> responsibility to others.… [T]hat generation, particularly, we had trouble with
> because [of] the whole sense of, you know, "I'm sorry, but you've got to know
> this information. No, you can't decide to come to clinical an hour late."

Interview data clearly indicate that stakeholder incongruence is commonplace

within the baccalaureate program environment. Its contribution to the ongoing challenges

of deans, faculty, students, administration, the nursing profession, and other

baccalaureate nursing program stakeholders is apparent. For the purpose of this study, however, it is the incongruence tied to aging nurse faculty that is most critical.

Connecting Failure to Adapt to Stakeholder Incongruence

With a new level of awareness of stakeholder incongruence, one can return to the concepts discussed in the section on valuing aging nurse faculty to gain new perspective on failure to adapt. Aging nurse faculty members are perceived as extremely valuable to baccalaureate nursing programs. Deans stressed, however, that the value of aging nurse faculty decreases as they resist change, exhibit inflexibility, act old when they are not yet old, demonstrate a lack of enthusiasm for teaching clinical or learning new technology, or fail to adapt, expand, or think outside the box. Close examination of each of these scenarios reveals that they are all forms of a failure to adapt.

It is important to note that failure to adapt is not limited to aging nurse faculty. Baccalaureate nursing programs fail to adapt when they support the status quo at the expense of forward progress. Baccalaureate nursing programs fail to adapt when they are closed to new ideas, insist on sticking to old methods, fear and resist change, perpetuate marginal solutions, or fail to seek out new solutions. Failure to adapt leads to an increase in stakeholder incongruence, evidenced by the aforementioned examples.

Re-Adjusting

> [You want] to get the faculty involved, to get them understanding the problems and the issues and thinking about what can be done and how you retain the wisdom you want to retain when the wisdom really meets a need. So yes, you're subject to a lot of change, but…you want to anticipate and lead that change, not be responding to it.

94

The first three segments of this chapter laid out the findings and analysis of three emerging categories: valuing aging nurse faculty, enduring environmental challenges, and recognizing stakeholder incongruence. This final segment examines the category, re-adjusting, and builds on the prior three segments, expanding on what we know about deans' perceptions of extending the academic working life of aging nurse faculty. The first segments showed that aging nurse faculty members are valued, that the baccalaureate nursing environment is filled with pressures, tensions, and change, and that, often times, there is a mismatch or incongruence between the needs of the program and the contributions of stakeholders. Mismatches between aging nurse faculty, the baccalaureate nursing program, and other stakeholders were identified and recognized.

During the interviews, deans shared insights into ways to best utilize what aging nurse faculty have to offer. They offered specifics as to how, as deans, they have made adjustments to continue to effectively engage aging nurse faculty members within their programs. In order to align the needs of programs with the skills, abilities, and needs of stakeholders—including aging nurse faculty—deans have to readjust, to make shifts and adjustments. Some deans bemoaned the shortcomings of the academic community where extending the academic working life of aging nurse faculty is concerned. Others talked about the need to do a better job finding new ways to meet current and future workforce needs. In all cases, deans recognized the ongoing challenges and offered their ideas as to how best to re-adjust.

Analysis of the re-adjusting category resulted in the following subcategories: anticipating and leading change; making choices; fostering continued employment of

aging nurse faculty through flexibility and creativity; capitalizing on the strengths of aging nurse faculty; matching wisdom, skills, and abilities to need; utilizing skills and abilities of retired and retiring faculty; developing new opportunities; implementing new solutions; and encouraging adaptive changes among aging nurse faculty. These subcategories will be discussed in detail as they relate to the re-adjustment process.

The process of re-adjusting or "bringing the parts of to a true or more effective relative position again" (*Merriam-Webster Online*, 2008) is an ongoing process within baccalaureate programs. Re-adjusting is and will continue to be part of nursing education as a mechanism for dealing with environmental challenges.

Like the previous categories, re-adjustment can be further understood through examination of properties and dimensions. The frequency of re-adjustment varies. It can be a one-time adjustment or a repeat process. Re-adjustment can be strategic or operational. It can be institutional or more widespread, i.e., national. Some individuals and programs are continually re-adjusting while others tend to foster the status quo. Re-adjustment can be carried out through a "one-size fits all" solution or by means of smaller more customized re-adjustments. The key is that re-adjustment must be ongoing and no single roadmap exists to guide the process. Instead, there are sub-processes, presented here as sub-categories, which tie re-adjustment to the challenges of extending the academic working life of aging nurse faculty.

Anticipating and Leading Change

One of the final interviews was conducted with a dean who has been at the forefront of change in both the nursing research and nursing education communities. In

96

the context of a discussion about her institution's experience implementing a new model within the baccalaureate nursing program, she shared the oft-spoken words of a successful leader. The key, she offered, is to "anticipate and lead change, not [to] be responding to it." She emphasized that it is particularly important to anticipate the "changing of the guard" and to plan accordingly for the future. Under her leadership, the program borrowed funds from the provost's office to do resource planning for the future. These funds were used to hire six or so new young faculty for tenure line opportunities so the new hires were in place as the older faculty "began to roll out." Junior and senior faculty participated in planning efforts, recognizing the importance of sharing ideas and obtaining buy-in from faculty.

Making adjustments that help to extend the academic working life of aging nurse faculty requires taking the lead and making continual adjustments at the highest levels. In order to meet environmental challenges, deans stressed the importance of taking the lead to influence policy and political decision-making that impact nursing practice and education. "My philosophy as a dean is, I'll work with any faculty to develop a program to help them remain on a part-time…[basis] after they retire." The dean who spoke these words pointed out the flexibility this requires, adding, "You can't have one policy fits all or one strategy fits all. You have to take them individually and assess them individually and look at their individual strengths and then develop a program, and work with them individually."

Another dean spoke of the need to make adjustments to raise nursing to a higher level of political priority among university presidents. Speaking of the presidents'

97

discretion to use state fiscal allocations to meet the internal priorities of the university, a

dean and active policy advocate observed:

> the leaders, especially presidents of universities, need to give more credence to
> the nursing shortage and…[make it] a political priority for themselves within their
> institutions…. I think deans have it down pretty well and understand it. But, it's
> the presidents in universities that don't have it…quite [so] clear…in their
> minds—the urgency and the need for it—at least in the universities.

She continued:

> I think we've done a better job with legislatures than we have with presidents—
> especially academic health science centers, where the main thing that's on their
> brain is medicine, and I'm at one of those.... [I]t makes it very difficult to get your
> needs and issues clearly prioritized in the institution.

The importance of re-adjusting in order to take an active leadership role to

influence the political agenda at the state and federal levels is demonstrated by another

dean, who spoke in the interview about writing and delivering committee testimony,

collaborating with other state institutions, and working with and through key professional

organizations to influence policy in Washington, DC.

> I worked with one of the senators in the state here to write the legislation for state
> scholarships…and to get that legislative language in place, and I think we take
> that kind of leadership. Nursing leaders need to do that from education, because
> the senators and the congressmen are more than willing to put this forward. They
> just don't know what we need or how to word it.

Making Choices

Aging nurse faculty and deans face choices, both large and small. These choices

include both strategic and operational decisions that impact them and their surroundings.

Choices, often times, have a direct bearing on the process of re-adjustment.

Aging nurse faculty with current skills and abilities, for instance, face challenging

and difficult decisions as they move into the latter years of their career. They weigh many

issues: Should I work or retire? How much time and energy should I invest in staying

current, refining skills, and developing new skills and abilities? How do I achieve a work-

life balance that will satisfy my commitment to my employer and my family? What

retirement planning information shall I divulge to my employer and how will our

dialogue impact my future employment opportunities within the program and the

profession? How do I tend to my chronic health needs and continue to meet my work

commitments simultaneously? What can I do to help fellow faculty members as they face

work-life balance challenges related to issues such as family caregiving? Each choice

implies a re-adjustment of priorities, current and future plans, and time commitments.

Deans and other administrators face choices as well. One of the most critical

choices facing baccalaureate programs and deans today is whether or not to abandon the

status quo and make the changes necessary to ensure favorable outcomes both for the

present and the future. During interviews, it was obvious that some deans are change

agents, who confidently and comfortably resist the status quo in favor of effecting change

that will strengthen the program.

> You know, I told both the provost I just left and the one I've just joined, that if
> you want status quo, please don't hire me because I don't know how to do it.… If
> you want somebody who will try and bring the best out of everybody, and that
> may not be a traditional way, and to advance the school, than I am interested in
> the job.

This dean mentioned with pride that her former school received a highly respected award

as a direct result of her leadership contributions to the institution.

Another choice deans face is whether to take charge, as appropriate, or to follow

the lead of others. As leaders, deans are forced to ask and answer such questions as: How

99

do we most effectively push faculty of all ages to excel? Adhering to the guidelines of employment law, should our program keep aging nurse faculty who lack productivity? What can we do to extend the working life of productive aging nurse faculty? Should we "grow our own" faculty or hire faculty who may not possess all the credentials and skill sets we need? What can we do to keep aging faculty members fully engaged as mentors and role models for junior faculty members? Again, the search for the answers to these questions implies a possible or likely re-adjustment for deans, programs, and faculty members.

Continual re-adjustment is necessary to address the multitude of challenges and questions considered here. The goal is to make quality choices in admittedly complex situations, recognizing that change is inevitable in the academic environment. Deans in this study advised that the goal, when possible, should be "win-win" for involved parties. In this sense, deans exhibit a willingness to change and adapt. The greater challenge appears to be finding the time to make the desired changes.

Fostering Continued Employment Through Flexibility and Creativity

Re-adjustment plays a major part in fostering continued employment of aging nurse faculty. Deans provided insightful and practical suggestions in this regard, emphasizing the importance of the following principles: flexibility and creativity in matching wisdom and ability to need; capitalizing on the strengths of aging nurse faculty; developing new opportunities and solutions that support continued employment of productive aging nurse faculty; and utilizing the skills and abilities of retiring faculty.

The interview data suggest that baccalaureate nursing programs should seek to support aging faculty in their retirement choices. In some instances, this choice will be governed by a need or desire for additional financial resources, in which case an aging faculty member may wish to take on an administrative role. In others, the desire to spend more time with family might make a part-time arrangement appealing. By seeking win-win solutions, programs can retain precious resources while affording aging faculty the opportunity to remain engaged in the workforce to enjoy the social, intellectual, and economic benefits of continued employment. Support of aging faculty employment choices allows faculty and administration more control over the timing and circumstances of retirement and sets up a potential winning situation for all involved.

It was in the context of this discussion that one dean raised the idea of creating a culture of embracement and acceptance to ease the challenges of employing aging junior faculty:

> I think that it does require considerable negotiation to create a welcoming environment to all the people who come to it and so it's that valuing. And if somebody comes to teach in the college and they are 53 years old and they are master's-prepared and it is the first time they taught—in terms of formal teaching—there is a good chance they will meet with resistance.… So, I think you have to work very hard to create the culture of embracement versus the culture of you don't fit into the academy because you don't have what the academy wants you to have.

Several deans recommended fostering a culture that will support healthy retirement planning discussion among and between administration and faculty. Personal retirement discussion is treated as a "taboo subject," according to one dean, who showed great concern about compromised opportunity for human resource planning due to limited openness and communication. Speaking to this issue, she said:

101

the leadership tries to push it [retirement discussion], but the faculty themselves don't take ownership of it as much as they should, as a whole. Like our faculty affairs committee, they tend to shy away from it. They think it's intrusive into other people's affairs, or whatever, but I think the more brains we have thinking about this, the better it's going to be in the long run.… I think people just naturally think when you talk about retirement [that] you're talking about somebody leaving, or getting rid of them, or something like that. And, people are hesitant to talk about it.... I think it's something that we need to be more conscious of, and…more open and willing to talk about…not…a taboo subject.

Phased retirement at academic institutions provides win-win opportunities for baccalaureate nursing programs, leaders, and faculty. Discussing the benefits of a potential new offering at her university, a small college dean opined:

it gives the individual the opportunity to decrease their workload over a period of time and, at the same time, it gives us the opportunity to bring someone in who is replacing them for that particular course.… [W]e have the opportunity for someone to learn about the university and about the load that the faculty member was carrying. It's a win-win situation, I think.

The same dean expressed uncertainty about a possible drawback of this opportunity, "so in a way, the phased retirement plan I talked about earlier is a negative rather than a positive because it may encourage some people who are productive to think about leaving."

Capitalizing on Strengths of Aging Nurse Faculty

An earlier chapter detailed deans' perspectives on the assets aging nurse faculty members bring to baccalaureate nursing programs: wisdom, knowledge, experience, and historical, cultural, and institutional awareness. By capitalizing on the strengths of aging nurse faculty, baccalaureate nursing programs can make adjustments which will diminish environmental challenges.

Several deans provided concrete examples to demonstrate how shifting responsibilities and making creative assignments can capitalize on the strengths of aging faculty. One such example would be a shift away from the more physically taxing clinical responsibilities to classroom and didactic teaching. Other effective responsibility shifts might include engaging aging nurse faculty in roles as mentors and role models for new faculty or as knowledge navigators for students. Aging nurse faculty can also be engaged in clinical simulation laboratories where their extensive knowledge will be put to good use.

Matching Wisdom, Skills, and Abilities to Need

Stakeholder incongruence was identified as a fundamental challenge to baccalaureate nursing programs and continued employment of aging nurse faculty. Two real examples of adjustments made to match wisdom, skills, and abilities to program needs are provided below. The first example involved a well-known researcher seeking to wind down her research while continuing to focus on mentoring graduate students and junior faculty. The dean highlighted the practicality of matching the experienced researcher's wisdom and ability to the research needs of students and faculty, "for very little investment from me or from the university—like a R[esearch] A[ssistant] position that I'd pay for—[she] would…do the mentoring for both faculty and students. So, we retained research mentoring that way very well." She went on to point out the value of retaining wisdom this way, saying, "it's…not unusual to have older faculty on faculty now, part time, doing their research, which is a perfect way to retain that wisdom. It really is great."

Utilizing Skills and Abilities of Retired and Retiring Faculty

The second example of matching wisdom and ability to need is one that also illustrates utilization of the skills and abilities of retired and retiring faculty. The concept of buying back time provides the potential to match wisdom, skills, and abilities to need. An older dean, who recognizes the value of aging nurse faculty, suggested that by buying back time, both faculty and curriculum needs can be met. In her words, "you bring them back for that wisdom to match that need. It's got to advantage both."

In the situations observed here, unique solutions were crafted to meet program needs, typically during times of transition. Discussion is essential in order that the wishes of each party will be considered. Agreements must be crafted in such a way as to meet minimum salary requirements and necessary health benefits. Such arrangements can serve to extend the academic working life of aging nurse faculty and are likely to be used for adjusting and re-adjusting to similar circumstances in the future.

Developing New Opportunities

Deans underlined the importance of nurturing relationships between the nursing program and valued aging nurse faculty. Nurturing prolongs the working relationship and opens doors for new opportunities to employ aging nurse faculty on a part-time basis as they phase out of employment into retirement. For rural institutions with limited opportunity to attract new, qualified faculty, baccalaureate nursing programs might consider using retired faculty for online teaching—providing in-home equipment, tech support, and creative contracts to remove barriers. A rurally located dean who recognizes

that the baccalaureate nursing program needs aging nurse faculty shared this creative opportunity.

Implementing New Solutions

As baccalaureate nursing programs and aging nurse faculty face the challenges of continued employment, new solutions should be explored and implemented.Hardware accommodations such as ergonomically sound workstations, wheelchair accessible lecterns, and computer assistive devices can be made available to faculty at universities. Dragon Naturally Speaking voice recognition software has been introduced to allow faculty with carpal tunnel problems to continue to work.

Deans mentioned cases where disability policies had proved beneficial to aging nurse faculty. Administration within nursing programs must be knowledgeable in disability policies and regulations to ensure aging nurse faculty are made aware of the options available for temporary assistance as they work through chronic or acute health challenges or other personal pressures.

Encouraging Adaptive Changes Among Aging Nurse Faculty

Aging nurse faculty members are valuable to baccalaureate nursing programs and their value has been established throughout this study. By the same token, many aging faculty members possess personal qualities and characteristics that diminish their value in the eyes of deans. These qualities and characteristics center on lack of flexibility, resistance to change, and failure to adapt. Aging nurse faculty can enhance their value within baccalaureate nursing programs by making adjustments. Any action aimed at increasing flexibility, updating their knowledge base—particularly clinical and

105

technology skills, modernizing teaching modes, or encouraging willingness to change is well-received by leadership within baccalaureate nursing programs. By making such adjustments, aging faculty will be more "in sync" with program needs and student needs and desires. Positive changes will spill over on their interactions, adding a bounce to their step and the potential of many more working years, should they need or choose to remain in academic employment. According to interview data, support and encouragement from deans will facilitate adjustments as environmental challenges are reduced and aging nurse faculty members are guided to align their skills, abilities and contributions more closely with the needs of the baccalaureate nursing program.

<div align="center">Summary</div>

<div align="center">*Deans' Reflections on Extending the Working Life of Aging Nurse Faculty*</div>

This preliminary study was designed and completed as a first step toward building a grounded, substantive theory. From the nine interviews conducted with deans, we learned that "extending the academic working life of aging nurse faculty" is a complex construct requiring more in-depth study.

In the early interviews, several deans were asked, quite directly, what the phrase "extending the working life of aging nurse faculty" meant to them, as it pertains to retention of aging nurse faculty at their institutions and/or other academic institutions. Not surprisingly, this question was interpreted in different ways and produced varied responses. One common thread throughout the interviews, however, was that, deans brought to this issue just that: the perspective of deans. As the primary leaders within baccalaureate nursing programs, deans are challenged to grapple with organizational

issues largely from the macro perspective. Their understanding of the issues related to aging nurse faculty, therefore, comes, in every case, from the "big picture" mindset of a dean. This, of course, explains the deans' broader focus, or perspective, if you will, on the environmental challenges of tensions, pressures, and ongoing change, which both envelop and are integral to baccalaureate nursing programs.

From the perspective of deans, extending the academic work life of aging nurse faculty is not simple.

> extending the work life is complicated. It's more than just getting people to work longer into their longevity. It's also being realistic about how they define their work life and the environment they are in…. But when you have what you think is a good fit, and you have people who are really contributing, you don't want them to leave.

Preliminary Model of Emerging Findings

The categories of valuing aging nurse faculty, enduring environmental challenges, recognizing stakeholders, and re-adjusting emerged from the findings, as did related subcategories. Despite the clear emergence of these categories, the study has provided only a preliminary understanding of their properties and dimensions. The appropriate action, at this juncture, would be to conduct additional interviews, while simultaneously completing the selective coding process. For this reason, the analysis of findings will not include full selective coding.

To provide further understanding, an early model of the emergent findings is provided in Figure 4.

Early Model of Relationship Between Emerging Categories
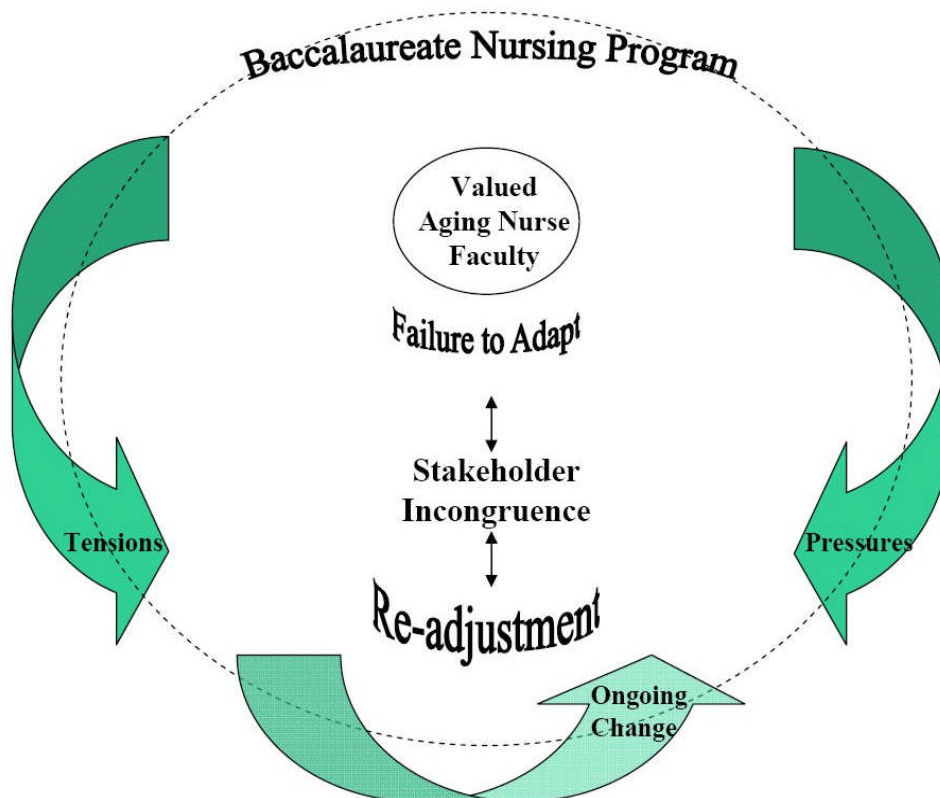
Figure 4. Deans' reflections on extending the academic working life of aging nurse faculty.

The model summarizes findings outlined in this chapter and provides a visual representation of the relationship between emerging concepts. The primary focus of the model is valued aging nurse faculty members and the process of extending their working

life within academia, as seen through the eyes of deans. The visual presentation depicts baccalaureate nursing programs as rife with environmental challenges, delineated here as pressures, tensions, and ongoing change. The arrows overlapping both the baccalaureate nursing program and external environment indicate that challenges arise both internally and externally.

Valued aging nurse faculty members, encircled within the baccalaureate nursing program, are subject to personal and professional environmental challenges and must continually adapt and re-adjust to remain valuable to baccalaureate nursing programs. Failure to adapt produces stakeholder incongruence. Baccalaureate nursing program and aging nurse faculty re-adjustments are necessary to reduce stakeholder incongruence and increase homeostasis.

This is a preliminary model based on findings to date. It is the researcher's expectation that the model will evolve as additional interviews are conducted in future, related studies. Preliminary data show, for instance, that exit points may be important to the re-adjustment process and warranted in the model. Other model changes might emanate from future studies that examine factors influencing the retention of aging nurse faculty and their departure from academia. Additional studies might include analyzing the process of restoring homeostasis in the baccalaureate nursing program environment. Such studies would make important contributions to the evolving model.

5. DISCUSSION

Extending the academic working life of aging nurse faculty—the focus of this study—is a complex construct that calls forth research, as society and the workforce age and the nursing education community faces a shortage of faculty members. The construct of extending the academic working life of aging nurse faculty may take on one meaning for researchers and quite another for the deans of baccalaureate nursing programs who face an onslaught of pressing challenges in their role as the primary leaders within nursing education. Deans themselves are senior faculty members, accomplished researchers, educators, and administrators. They are spouses, parents, and adult children with family responsibilities and lives beyond academia. In their leadership roles, they are busy and engaged in life. They have precious little time to devote to challenges that are not at the top of their priority list, yet are integral to their leadership roles.

The evidence in this study tells one story about extending the academic working life of aging nursing faculty. An equally compelling side story arises from the experience of interviewing wise, seasoned, busy deans mid-semester during a nurse faculty shortage. Deans, when approached for study participation, had a choice to make: Should I, or shouldn't I, take precious time from my already overbooked schedule to participate in dissertation research focused on extending the academic working life of aging nurse

faculty? Nine deans made the commitment to tell their stories. Other deans would do the same if given the opportunity. Open and engaging, the deans invited the researcher to meet them between national leadership planning sessions and policy discussions at their most critical annual meetings. They squeezed in interviews between professional responsibilities and personal commitments. They arrived at the interviews in business suits and jogging suits, on weekends and during the workday, and, on one occasion, even participated in a phone interview from the home of an older parent during the December holiday season. Recognizing the challenges faced by doctoral candidates seeking to complete a dissertation and respecting the importance of research on this timely and critical topic, they carved out the time to tell their stories. It is the researcher's hope that she has listened with open ears, an open mind, and an open heart so that their stories are communicated effectively to the reader. With this in mind, the goal here is to summarize study findings, interpret findings within the context of related literature, and, as a natural consequence, make recommendations for the future.

<center>Study Summary</center>

This grounded theory study was conducted to develop theory about the concept of extending the academic working life of aging nurse faculty, as seen through the eyes of deans. A blended sampling process was used—including purposeful, snowball, and theoretical sampling—to identify and interview deans that would meet the study criteria. Interviews were conducted with nine deans using an interview guide and a questionnaire to obtain demographic information. The questionnaires and interviews were analyzed. The demographic overview that resulted from the questionnaires revealed that the sample

<center>111</center>

consisted of nine female deans ranging in age from 44-71 years of age. The participants were ethnically diverse: 7 Caucasian, 1 Hispanic, and 1 African American. Job titles of the participants varied from dean, director, and associate dean to former dean. The number of years of service in the current organization ranged from less than one year to over 25 years. The number of years of service in the current position ranged from less than 1 year to greater than 10 years.

The institutional and nursing program demographic overview showed that all but one of the deans worked at a public institution. The majority of participants—five out of nine—worked at academic health centers. The number of students at their universities ranged from 3,600 to over 30,000. The total number of nursing students ranged from 315-1,500 with a mean of 765 students. The percentage of nursing students to the overall student population ranged from 2.1 % to 9 %. The total number of baccalaureate nursing students ranged from 255-1,250 with a mean of 543 and a median of 400. Seven of the nursing programs offered baccalaureate, master's, and doctoral levels of study. One program also offered associate degrees, and the last of the nine offered only baccalaureate and master's degree programs.

Four categories emerged from the interview data: valuing aging nurse faculty, enduring environmental challenges, recognizing stakeholder incongruence, and re-adjusting. The findings related to the four emerging categories are examined and discussed category by category with interwoven recommendations for nursing education, administration, and policy.

Valuing Aging Nurse Faculty

The interview data reveal that aging nurse faculty members are highly valued by deans as they function in a multitude of critical roles within baccalaureate nursing programs. This finding, in itself, was surprising, as it has not been documented in the literature. Professionally, these aging faculty members serve not only as educators, researchers, administrators, and healthcare providers, but also as leaders, role models, mentors, advisors, committee members, and consultants. Within each of these areas, they take on a variety of additional roles: coach, guide, integrator, tutor, partner, de-briefer, and knowledge navigator. Remarkably, they carry out all these responsibilities while also fulfilling demanding roles in their personal lives, often caring for elders or children with all the inherent family responsibilities. Deans made it abundantly clear through their words and stories that aging nurse faculty are valued for their wisdom, knowledge, and intelligence, as well as for the institutional, cultural, and historical perspectives they bring to their institutions and to their jobs. Deans seem to be particularly appreciative of the wisdom that aging nurse faculty members bring to nursing education.

At times, the value of aging nurse faculty was viewed and described through a lens of frustration. Some aging nurse faculty members have failed to update skills, knowledge, or teaching methodologies, particularly where clinical nursing skills and technology are concerned. Deans shared strategies to address this problem so that the contributions of aging nurse faculty will be maximized.

Discussion

In grounded theory studies, the literature is consulted as a backdrop for the findings. The researcher must exercise discretion, however, in deciding when and how to most effectively make use of the literature. This study is merely the beginning of a grounded theory study. Nine deans have been interviewed and the findings have been analyzed. As noted previously, it is the researcher's intent to continue the interviewing process to reach saturation in pursuit of substantive grounded theory. The preliminary overview of related literature is intended to provide a context for future interviews while at the same time remaining open to new possibilities that may emerge as the research study continues.

When discussing the category of valuing aging nurse faculty, it is important to touch on research findings related to the older worker profile. According to labor force studies, there is no single "older worker." Data reveal trends rather than distinct age breaks, and the retirement age for an older worker is unclear and shifting (Centre for Research Into the Older Workforce, 2004). Likewise, findings from this study suggest that there is no single profile or picture of an aging nurse faculty member. Deans' perceptions about the age range for aging nurse faculty members vary. Deans, in fact, exhibited uncertainty regarding their own retirement plans, as evidenced by the following:

> But now that I'm [in my high 50s]…and I am starting to think about retirement, it's hard to pin down in your own mind…. I know I've been wavering back and forth myself, thinking, …do I want to retire at 60 or do I really need to work until 65?… So, as I near retirement [myself], …the more cognizant I am of the difficulty [faculty face] in making these decisions.

The evidence from this study highlights the value of aging nurse faculty in a time of nurse faculty shortages. Both words and interview intonations conveyed this, even as deans acknowledged that some aging faculty have failed to adapt or keep current.

These findings are consistent with the United States Government Accountability Office (GAO) forum findings suggesting that sometimes there is a skill gap in older workers (U.S. Government Accountability Office, 2007a). The GAO study found that workplace cultures and employer perceptions are not always friendly to older workers and that many companies do not yet value the intellectual capital and institutional memory brought to the workplace by older workers (U.S. Government Accountability Office, 2007b).

In order to gain insight into the perceived value of older workers, the researcher conducted a general overview of writings on the subject of value and older workers. In a quick search of popular press clippings, two telling newspaper headlines caught the eye: "Aging Workers, Changing Value" and "Older Workers, Once Trashed, Now Treasured." Both titles suggest that the value of aging and older workers is in a state of flux, but that aging employees are becoming more valued in the workplace. Munnell, Sass, and Soto (2006) surveyed 400 private employers and found that white-collar workers have a better opportunity than "rank and file" workers to extend their careers. These researchers found that older respondents had a more favorable view of workers of a similar age and that older workers are viewed as attractive or more attractive to the organization than younger potential and current employees (Munnell et al., 2006). Demographics show an aging

workforce in which older workers are becoming a larger proportion and, hence, a more significant economic force (U.S. Government Accountability Office, 2007).

In general, it appears that the value of older workers may be increasing as demand for workers increases. This reality is reflected in the words of a dean who shared her thoughts as to why she continues to work. Not surprisingly, her reasons appear to be tied to her value. "I'm working now because I want to work, and because I feel that I am contributing, and because I…feel…as if I have something to offer and because I see a future that I want to be part of." "A future that I want to be a part of" is an exciting concept to ponder in the midst of a shortage of nurse faculty. If we could help more aging faculty to recognize and realize their potential contributions to the future, would this help extend their academic working life, and, in turn, their contributions to the academic organization? One has the sense that this dean will retire only when she no longer sees value in continuing to work.

What we have learned thus far suggests that ongoing research related to aging nurse faculty members is critical. Likewise, there is a need to explore new solutions as baccalaureate nursing programs plan for aging nurse faculty transitions and seek opportunities to enhance their contributions to the organization.

Recommendations

The recommendations in this and subsequent sections arise from the evidence presented in Chapter 4. These recommendations are practical considerations put forth by the deans and explicated through the researcher's understanding of older workers and the nursing profession. In acknowledgement of the value of aging nurse faculty members and

116

for the enhancement of their value and contributions to baccalaureate nursing programs, the researcher recommends the following for nurse educators and leaders involved with planning.

Seek to retain wisdom and expertise; provide flexible opportunities for aging nurse faculty members. Aging nurse faculty members are contemplating retirement options. From the interviews with deans it was clear that these faculty members' decisions are not "set in stone." Many factors influence the timing and circumstances under which aging nurse faculty members retire. Deans and baccalaureate nursing programs have the opportunity to influence the timing of retirement and should make efforts to do so, bearing in mind the skill set of the faculty member, the individual's desire to continue contributing, and the needs of the baccalaureate nursing program. Deans and coworkers should nurture relationships with aging nurse faculty members prior to and at the time of retirement. Such nurturing paves the way for aging faculty to consider formal or informal phased retirement and other options, such as buying back time to creatively utilize available skills and abilities for program needs. Deans have told us that "one solution does not fit all" when seeking to retain aging nurse faculty:

> They're very interested in continuing to work and just being flexible. You can't have one policy fits all or one strategy fits all. You have to take them individually and assess them individually and look at their individual strengths and then develop a program and work with them individually.

Creative, individualized contracts communicate to faculty members that their wishes will be taken into account in negotiations to extend their academic working life so that they can continue to contribute to the organization. In this way, their past contributions are

117

acknowledged, their value is affirmed, and the expectation that they will continue to make important contributions to the program is paramount.

Deans provided examples of flexible solutions negotiated on an individual basis with retiring aging nurse faculty members to offer incentive to continue working. These include telecommuting and supplying in-home equipment, for those who have the content expertise and desire to continue working from home—whether "home" is near the university or at a retirement destination closer to family members. Flexibility is critical and aging nurse faculty members are "special," as one dean pointed out:

> if you want to retain aging nursing faculty on a full time or even a part time basis after they retire, you have to be cognizant that they want flexibility and it's not the same old game again, just treating them like regular faculty.

Develop a human resource module focused on aging nurse faculty. Nursing education membership organizations such as the American Association of Colleges of Nursing and National League for Nursing should consider developing a human resource module focused on retention of aging nurse faculty within baccalaureate nursing programs. Such a model would lay the foundation for understanding the unique needs of these faculty members and facilitate human resource practice and policy with these needs in view. Such a module would communicate a clear message that aging nurse faculty members add unique value to an academic organization and that we need to retain their expertise. The module could serve as the basis for an individual baccalaureate nursing program aging nurse faculty action plan. National nursing education organizations are positioned to serve as a conduit for widespread dissemination of such a module.

Invite collaboration. The construct of extending the academic working life of aging nurse faculty is complex. A diverse group, with expertise in many different fields of study, will best inform our understanding. By bringing together human resource leaders, gerontologists, nursing education leaders, and policy professionals for ongoing guidance and direction, baccalaureate nursing programs and aging nurse faculty initiatives stand to benefit and be better positioned to customize general aging and employment materials and research to the needs of the nurse education community. One possible outcome of this initiative would be a list of best practices aimed at supporting the extension of the academic working life of aging nurse faculty. Such a list could be circulated for implementation in baccalaureate nursing programs nationwide in support of a far-reaching, unified effort to retain valued faculty members. The collaborators in the aging nurse faculty initiative would work closely with national associations on the human resource planning module mentioned previously.

Develop strategies to connect wise and knowledgeable aging deans with baccalaureate nursing programs in need. Interviews with participants in this study show that new opportunities are emerging for deans upon retirement from their academic roles. This study focuses on aging nurse faculty in general, but the implications of the study findings go well beyond the challenge of retaining aging nurse faculty. One can extrapolate that a sister challenge to the nurse faculty shortage is a dearth of qualified nurse education leaders to serve in dean and other leadership roles within academia. There will be an unprecedented number of dean openings in the United States over the next decade. The academic nursing community must examine this situation and seek new

solutions in order to ensure that baccalaureate nursing programs have strong leadership, wisdom, and expertise within their grasp. A central repository that links nursing community academic needs with the wisdom of retiring deans would provide opportunities for deans to serve as consultants, interim deans, and short-term problem solvers during their phased retirement. This would provide short- or medium-term solutions for baccalaureate nursing programs as the community seeks and finds more permanent solutions.

Enduring Environmental Challenges

As demonstrated by deans in this study, baccalaureate nursing programs are filled with internal and external environmental challenges: tensions, pressures, and ongoing change. Internal challenges arise from, but are not limited to interaction with and among administrators, faculty, students and others within the baccalaureate environment. External challenges arise from issues impacting society, the nursing profession, communities, and many other individuals, groups, and organizations outside of the university. Tension or the "pull" of strongly opposing forces (*Oxford English Dictionary*, 1989) is a natural by-product of the many different perspectives, motivations, and goals found within the baccalaureate environment. Pressure or "push" arises from competition, communities, the need to meet outcomes measures, health systems, the nursing profession, and societal change.

Internal environmental pressures on the program, leadership, and faculty include administrative stressors such as multiple missions, leadership turnover, fiscal trials and tribulations, and the challenge of meeting enrollment growth plans. Recruitment and

retention challenges related to both junior and senior faculty contribute to human resource pressures. Student pressures create an additional source of stress. Faculty are challenged to stay current in teaching modes and technology and to search for new, creative ways to engage and connect with the current generation of multi-tasking, technology-oriented students.

Personal pressures bear down on aging nurse faculty members: fiscal challenges as they save for retirement; family caregiving responsibilities for elders, spouses, companions, and children; and personal health and well-being concerns— chronic illness, increased challenges with fatigue and mobility, and longer recovery from acute health problems. In the quest to survive and thrive in the baccalaureate nursing program environment, one needs both to endure and persevere in the face of challenges, tensions, pressures and ongoing change.

Discussion

Environmental challenges—pressure, stress, and ongoing change—are ever-present and overwhelming for aging nurse faculty. The sheer volume and scope of data related to this category made analysis particularly taxing. From interview discussions with deans and informal conversations with faculty at schools nationwide, one comes away with the unmistakable impression of the busyness, change, and challenge associated with the baccalaureate nursing environment. In reference to faculty, one dean stated, "they're tired because they've been…stepping up to the plate and working harder over a period of years now…. [T]hey're getting a little weary."

Analyzing and naming this category was tension-inducing for the researcher. The chapter is long and the data are difficult to categorize. Data analysis was equally complex and exhausting. Deans discussed situations and told stories that illustrate a wide variety of factors producing tensions, pressures, ongoing change, and overall environmental challenge. Considering the interviews as a whole, a story unfolds which comes together as the category the researcher has labeled "enduring environmental challenges."

Reading this study, one might wonder: Why pursue an academic career under such circumstances? Why seek to extend the academic working life of aging nurse faculty? Instead, the inclination might be to search for a magic wand to make life better and less pressure-packed for academic nurse faculty in general. Yet, the other side of the story is that although it takes a tremendous amount of resilience and endurance to exist and thrive in the baccalaureate nursing environment, there are significant potential benefits to extending the academic working life of aging faculty—both for the organization and the faculty members themselves. Deans and aging faculty members are faced with choices. They can continue to explore together creative options for extending the academic working life and the contributions of aging nurse faculty, or invest their skills, abilities, and energies elsewhere. Passionate nurse educators who seek to make a difference in the lives of students may choose to remain in academia if they are encouraged to do so by administrators who are willing to accommodate them as aging faculty. They may choose to endure the trying and testing.

Endurance in the context of this study tells a story about baccalaureate nursing faculty. It tells us that, like marathon runners, they "endure" or live with the challenges. It

122

also tells us that they exist, survive, and come back to the program each day and each semester to strive to make a positive difference in the lives of students, the profession, and caregiving. Endurance in the context of this study should not be considered negative. It must be viewed as a tribute to those who have accepted the challenge of remaining in the academic environment, persevering to make life better all the way around.

Peter Marshall, a former United States Senate chaplain, captured the essence of facing adversity in his statement, "When we long for life without difficulties, remind us that oaks grow strong in contrary winds and diamonds are made under pressure." Baccalaureate nursing program faculty members endure the challenges of their environment with perseverance and determination, and because of that, we gain an educated nursing workforce prepared to provide quality patient care at the bedside and beyond. Many would contend that the challenges within baccalaureate nursing programs are worth enduring. Others would assert they warrant enduring only if academia and the nursing profession seek to reduce the pressures and tensions produced by ongoing change. Aging nurse faculty members—particularly those who have worked in baccalaureate nursing education for many years—are resilient. They endure. Our challenge is to become adept at negotiating change, while seeking to diminish the environmental challenges that create and contribute to undue pressures and tensions.

Recommendations

The findings of this study have important implications for future practice within nursing education. The following recommendations were made by deans and developed further by the researcher to address environmental challenges.

123

Conduct human resource and succession planning. Human resource and succession planning will help deans identify the workforce needs of the program, the skills and abilities of faculty, and the existing gaps between program needs and faculty skills, abilities, and expertise. Such planning will support effective transitioning as aging faculty members retire and new faculty are hired. Deans noted that efforts and outcomes will be stronger if younger and older faculty members are included in planning efforts and if there is a partnering or collaborative effort with the human resource department within the organization. Planning will serve as a tool for anticipating and leading change and will afford baccalaureate nursing programs the opportunity to explore creative solutions to extend the academic working life of aging nurse faculty. Understanding will emerge specific to the organization and the baccalaureate nursing program, and customized planning efforts will naturally emerge from this process. The human resource team at the university should be included in this process as they can provide valuable input and important information about wages and benefits for current and retired faculty. One dean stated explicitly that in her experience, "HR [human resources] has more or less been my partner in situations where I've needed to use the options that are available to a faculty member."

Collect data necessary to conduct aging nurse faculty analysis. Good data collection efforts support quality research initiatives. Ongoing, systematic data collection is necessary at the local and national levels to inform and strengthen the planning process. The human resource and planning initiative could determine what approach is needed so that data collection and human resource planning efforts are coordinated and

cost-effective. Guidelines could be established for data collection efforts that look at aggregate information for the purpose of succession planning with the inclusion of specific information about how to most effectively work with valued faculty members planning to transition.

Foster open discussion of retirement and transition planning. Data are necessary for informed planning. Open discussion will facilitate an understanding of current and future workforce plans. By encouraging ongoing discussion of retirement plans, baccalaureate nursing programs put themselves in a better position to control change as they plan for and shape the future. Deans expressed chagrin about the lack of communication among faculty members about their retirement plans, noting that,

> Often times, people do not share that they are ready to go. I think that may be for many different reasons. They do not want to be perceived differently. They don't want their opportunities to change while they are here.

We need to foster a culture that encourages communication in order to ensure smooth, effective transitioning in the human resource planning efforts within baccalaureate nursing programs.

Seek to lessen health and wellness challenges. Aging nurse faculty members face personal challenges with health and wellness. Assistive devices can be used to extend the working life. Wheelchair accessible lecterns, computer assistive devices, and golf carts to aid mobility from one building to the next are current campus offerings that make it possible for aging faculty to continue making contributions in the classroom. Accommodations such as voice recognition software provide relief to those struggling with carpel tunnel challenges that impede keyboarding productivity. Institutions offer

short- and long-term disability options to assist employees when they encounter health challenges. By tending to health and wellness challenges—a task that should be second nature to health professionals—baccalaureate nursing programs can extend the working life of aging nurse faculty to the benefit of all.

<div align="center">Recognizing Stakeholder Incongruence</div>

Deans identified over 20 different primary and secondary stakeholders within baccalaureate nursing programs: the academic institution, administration, students, baccalaureate program faculty and staff, other nursing programs' faculty and staff, communities, government, competitors, family members, advocates, former and current nurse experts, special interest groups, program partners, and the health care professions. Deans provided detailed descriptions of stakeholder incongruence or a mismatch between the needs of the baccalaureate nursing program and the skills, abilities, and needs of aging nurse faculty members. The interviews with deans demonstrated that in an environment filled with the challenges of ongoing change, aging nurse faculty must adapt to remain valuable to the program. Failure of aging nurse faculty members and others to adapt increases incongruence, leaving programs open to the increasing risk of unmet needs. Speaking to the importance of congruence related to aging nurse faculty, one dean suggested that, "maybe their goals are not the same as what they perceive…[to be] the university's goals. It does not mean either one is wrong; it just means it's not a good fit."

<div align="center">*Discussion*</div>

When this study began, it seemed so simple—a study about aging nurse faculty through the eyes of deans. And yet, the title of one of the early interview transcripts,

<div align="center">126</div>

"Multiple Stakeholders Contribute to Incongruence and Complexity," tells the more realistic story. From this early interview data emerged that hinted at the many individuals who are part of the complex moving picture whose subject is baccalaureate nursing programs and aging nurse faculty. The baccalaureate nursing program environment is forever changing. When the changes in the baccalaureate nursing program are compounded by those occurring in stakeholder environments, the level of complexity increases dramatically. Whether one views stakeholders through the lens of business, organizational theory, systems theory, or ethics, the stakeholder challenge is not insignificant.

One readily discovers that changes in any component of an inter-related system have the potential to effect change in other system components. Changes made on behalf of aging nurse faculty members will invariably impact other faculty, leadership, students and the array of external stakeholders. Likewise, changes made by aging nurse faculty members will contribute to change elsewhere. Change triggers the need for re-adjustment. Re-adjustment, in turn, produces additional change by and on behalf of stakeholders. What a complex web we weave.

Recommendations

Ask effective leaders how to tackle a complex problem and they are eager to share potential solutions. Deans shared ideas regarding aging nurse faculty members that might serve as the basis of recommendations which would result in alignment of program needs with stakeholder needs.

Match wisdom and skills to program needs, capitalize on the strengths of aging nurse faculty, and shift responsibilities. By heeding these guidelines, baccalaureate nursing programs will lessen stakeholder incongruence overall. This discovery was made by a dean who understands the importance of capitalizing on an individual's strengths and matching wisdom and skills to program needs:

> We have another faculty member who is…extremely good on dissertation committees—just wonderful with doctoral students, as a committee member and reader. But she is not as much of a front-line teacher as she used to be. So, we assigned her…[searching for words] special…assignments. So, she has taken up our international programs and it's making some phenomenally exciting things happen, [be]cause she travels herself…she and her husband…. She is so very, very gracious. We have sent her places to help recruit faculty, and they love her because she takes such good care of people…. [S]he understands the program so well, and she can tell you about the dissertation committees she is sitting on and how she facilitated some of the other faculty members' research on the tenure track. It is wonderful recruitment. But she's not in the classroom much. It's just not a good match for her right now.

This example illustrates how a win-win situation is possible by shifting responsibilities and setting up creative assignments. By remaining married to traditional solutions, programs are unlikely to move beyond the status quo to solutions customized for today's challenges. There is a need to make changes.

In an effort to lessen incongruence and provide the best match between needs and available skills, programs must consider utilizing aging nurse faculty members as mentors, role models, knowledge navigators, and facilitators in clinical simulation centers. These are roles deans have identified as critical to the baccalaureate nursing program. Deans have shown that aging nurse faculty members are often well suited to such roles. In some circumstances, it may be feasible to shift aging nurse faculty into didactic classroom teaching in order to make the best use of their knowledge, skills, and

128

abilities and relieve them of the physical challenges of the clinical role. One dean put it this way:

> Personally, I think we need to enhance the strength of the aging faculty. Now, [in] my opinion, they do much better in the classroom because they're seasoned, they have experience and they don't have to be running around trying to find students, trying to find patients with students.… I think we need to change our perspective and maybe have aging faculty do more classroom teaching and have the younger faculty do more clinical.

By making job-role changes and modifying work-design, results will yield a better fit between program needs and faculty skills and abilities. Hatcher et al. (2006) point out some of the changes necessary in a two-pronged study in which the research team surveyed health systems nurses and interviewed experts in the fields of nursing, human resource management, and policy to gain an understanding of the personal and workplace factors influencing a nurse's intent to remain employed in direct patient care past 50 years of age or until retirement. The study revealed that the following factors must be considered when developing effective strategies to support the retention of aging nurses: benefits, pay, flexible scheduling, facilities, ergonomics, health care design, organizational culture, technology utilization, and the commitment to lifelong learning. In addition, policies of many types, including national, union and reimbursement, must be taken into account (Hatcher, 2006). The study is valuable in that it raises issues critical to older nurses. However, the study is limited in terms of the survey—a convenience sample in one health care system. Validity, reliability, and item bias testing were lacking on the instrument.

Encourage and support adaptive changes among aging nurse faculty members. Faculty members are more inclined to opt for change and learn new skills when they have

the support of the administration. Aging nurse faculty members must be encouraged in their efforts to pursue life-long learning. This concept came across clearly through the words of one of the deans, who said,

> I actually think aging faculty bring a value that is something that we…[can't afford] to lose. We just need to figure out: How do we sustain their desire to continue to learn so they can be as responsive as possible?

Encouragement and administrative funding for courses, participation in professional meetings, learning new skills, and re-tooling to meet the needs of today's students go a long way to demonstrate to aging nurse faculty their value to the baccalaureate nursing program. One dean suggested that willingness is key to the re-invention process: "You talked about willingness. A lot of it is lack of motivation. They want to do the same thing. They are not willing to really go out and redevelop or reinvent themselves." Aging faculty members need the support and encouragement of administrators to make adaptive changes.

Recognize generational differences and support intergenerational initiatives. Aging and younger faculty have much to learn from each other. Intergenerational collaboration will strengthen programs as it encourages faculty with differing viewpoints and perspectives to learn from each other. Intergenerational initiatives take many forms. As a mentor shepherding new faculty members during their early years in academia, an aging nurse faculty member is likely the best candidate to groom and develop individuals who may become world-class researchers, national health policy leaders, or future deans. New and young faculty members working side-by-side with a respected and seasoned

130

researcher or leader are in a position to gain knowledge and expertise, which will increase their value at the institution and within the profession.

One opportunity that lends itself well to intergenerational learning between aging and younger faculty members is the co-production and administration of online courses. Sharing responsibilities in such an undertaking, the experienced educators can pass on curriculum wisdom while the tech-savvy educators, whether young or old, have opportunity to expose the other faculty members to more current teaching methodologies that will appeal to today's students.

Recruit and hire faculty who fit into the organization. Search committees need to be on the lookout for faculty members, young and old, who exhibit the ability to adapt, move beyond the status quo, and withstand the pressures, tensions, and change of the baccalaureate nursing program. This single strategy will go a long way toward matching skills and abilities to program needs and minimizing stakeholder incongruence. A good leader recognizes the importance of "fit" and goes to whatever lengths necessary to hire faculty that fit with the program, as noted by one dean:

> If we agree that someone would be a good fit here, and they are qualified, then we'll go to the mat because there are some extra faculty lines sitting in the provost's office…exactly for the opportunity that any of us may have to bring in somebody above and beyond what we thought we were going to get.

Re-Adjusting

Deans clearly perceived and expressed the need for re-adjustment on the part of both the program and aging nurse faculty in order to properly address the challenges associated with extending the academic working life of aging nurse faculty members. Re-adjustment must be ongoing if programs are to maximize the value brought to

131

baccalaureate education by aging nurse faculty members and minimize the mismatch between program needs and the contributions of aging nurse faculty members. Among the more significant findings to emerge from the data is the process of re-adjusting. Sub-process components include the need for deans and programs to anticipate and lead change, make choices, foster continued employment through flexibility and creativity, capitalize on strengths of aging nurse faculty members, match wisdom and ability to need, utilize the skills and abilities of retired and retiring faculty, develop new opportunities, implement new solutions, and encourage adaptive changes among aging nurse faculty members.

Discussion

As qualitative researchers, we look for the nuggets and pearls in the quest to understand the world of our participants. Sometimes, the most extraordinary understanding comes about as the result of a few simple words. As the dean of a large rural program shared her experiences with human resource planning, she uttered the words, "it's…[we] who…[need] them, not…[they] who…[need] us." How aptly she summarized the need to re-adjust. How well she demonstrated the determination to find new solutions in order to extend the academic working life of aging nurse faculty.

We must first acknowledge the value of aging nurse faculty members. We must then make the necessary program adjustments and re-adjustments to embrace and cherish what aging nurse faculty members, and in many cases, only aging nurse faculty members, bring to baccalaureate nursing programs. Revisiting the words of a dean quoted earlier when she alluded to Herman Hesse's *Siddhartha*, "You have to experience life to gain

132

wisdom. And I think a lot of our older faculty have some wisdom." Aging nurse faculty are the most seasoned and experienced, the exemplars within our nursing education environment. Without the transfer of knowledge and experience from one generation to the next, we are left in a position where we must rely on historical records. It is sad to imagine that our profession would allow this to happen. Under the best of circumstances, historical records capture only a slice of history.

Our journey must include valuing the wisdom of aging faculty, capturing the wisdom and knowledge they bring to nursing education, having a vision, and making the re-adjustments necessary for a future that will be different than the past. As one dean looked into her crystal ball at the future of nursing education, she pointed out an important issue that must be factored into the re-adjustment equation: "I think it's going to be less likely that faculty will spend their whole academic career—master's-prepared—in a nursing program…in a nursing education program." Throughout the interview, she talked about tensions and about change. Of all the interviews, this was one of the richest, yet one of the most difficult to analyze. This dean did not have the opportunity to review the interview guide ahead of time. She spoke more slowly as she pondered aloud the challenges of the future. It was clear that she had more questions than answers. The researcher allowed the interview to unfold, discovering that sometimes there are no clear answers, but that pondering serves to raise important questions as we mull over the possibilities.

Recommendations

Reflecting on the importance of re-adjustment to address human resource and other challenges, the comment of another dean on the topic of leadership comes readily to mind: "Your leadership has to be able to actually push the issue and create the context." Nursing education leaders must create the context for extending the academic working life of aging nurse faculty. In so doing, they will create a richer, more rewarding, less tension and pressure-filled environment, where duties and responsibilities are shifted, faculty feel valued, and program needs are met. The re-adjustment findings suggest several recommendations and courses of action by way of successful planning efforts:

New, creative work-design and job-role solutions must be explored. To build a future different from the past, it is critical to expand the options for addressing future challenges. Many of the historical answers are viable and transferable to the future. Other historical solutions must be set aside in favor of new and creative solutions. Baccalaureate nursing programs must evaluate the work design and re-invent and re-design to ensure that we are in tune with today's needs. Some aging faculty members may not be well suited as educators in the clinical environment due to pace and physical challenges. And, yet, they have skills sets that can be used in clinical simulation or other environments that require less physical endurance. Along these lines, a dean reinforced the idea that we must move beyond the status quo:

> I really think it's not business as usual. You've got to be creative. You've got to really emphasize their strengths, utilize their strengths…. [J]ust because they're a faculty person, do they absolutely have to do clinical? I don't think so. If they're seasoned faculty, let them do the research—if they're interested. Let them do the classroom teaching and you could use a junior faculty member for clinical.... [W]e

134

really need to get creative and I don't think it's fair to assign a 60 year-old person to be running on a med surg floor. That's not right.

Consider repackaging support options. One dean stressed the importance of considering new "out of the box" solutions. She spoke of the need to rethink the delivery of support services offered to students beyond teaching. It is this sense of exploration, beyond the status quo, that will allow us to find new solutions and re-adjust. Pointing out the possibilities, this dean reinforced that aging nurse faculty members wear many different hats. Through her words, we get the impression that it may be time to re-arrange the hats on the rack or consider looking at the newest hat styles:

> There are a lot of support services in nursing education that are different or extend what we offer to students other than just teaching. There is academic advising and career planning and study services, all kinds of things. If the university helped us to come up with a way to package…for people who want to stay in a university environment, but do not want to teach clinical, and do not want to have the pressure of the lecture classes, those are certainly options.

Foster collaboration. Deans referenced several collaborative opportunities that would add to the resources and richness of the baccalaureate nursing environment. One promising possibility is to foster collaboration that gives master's faculty a hands-on sense of research. Work-design structure in some programs means that clinical faculty members only gain exposure to clinical education. As outsiders to the research process, they may not understand what research entails. The nursing education system might consider ways to re-adjust the work-design so that faculty members in each job-role have an opportunity to "walk in the shoes" of another. One dean told of her efforts to re-adjust to provide a more inclusive, informative environment:

135

faculty [members] were sort of burned out in teaching in the RN to BSN program. So, I am engaging them as co-investigators with me. They have no clue what research is. They are master's-prepared. Nobody had invited them.

Take an active role in influencing policy and political agendas at the federal, state, and local levels. In the scholarship arena, i.e., in nursing research and beyond, dissertations and other scholarly works regularly include a section on policy implications and recommendations. All too often one gets the sense that policy is included because without reference to it, our works might not meet scholarly standards within the healthcare community and, therefore, might not be published.

Policy implications are included here because study participants told us that policy involvement is critical to the needs of their institutions, nursing education, and the nursing profession. As a healthcare professional that spent a year on Capitol Hill for the purpose of informing legislative activity related to aging, this researcher recognizes that each one of us can make a difference. The researcher has seen firsthand evidence that active and informed participation—skillfully executed—can positively impact change. Recently, as the researcher led an interactive class with graduate students, a physician from outside the United States raised his hand and asked why a healthcare professional would choose to spend time working with an elected official on Capitol Hill. It was clear throughout the class that he was socialized and educated in a country where policy involvement was discouraged, futile, or perhaps prohibited. Deans, by contrast, easily identify the reasons for taking an active role in policy since they have seen the "fruits of their labor" by providing testimony, serving as advocates, and engaging in other related activities. In the context of a discussion about influencing policy, a dean made reference

to the challenges of turnover among university presidents and noted the importance of

connecting with and influencing each new president. She pointed out both the benefits

and the potential frustrations, noting, it's "all about creating political priorities."

Continuing on, she stated:

> I think we've done a better job with legislatures than we have with presidents—
> especially academic health science centers where the main thing that's on their
> brain is medicine, and I'm at one of those.… [I]t makes it very difficult to get
> your needs and issues clearly prioritized in the institution.

Another dean detailed a coordinated policy effort in her state among multiple

universities:

> I worked with one of the senators in the state here to write the legislation for state
> scholarships…and to get that legislative language in place, and I think we take
> that kind of leadership. Nursing leaders need to do that from education, because
> the senators and the congressmen are more than willing to put this forward. They
> just don't know what we need or how to word it. So, we need to be really active
> with our political people in order to do that for them.

One of the ways to influence policy is by disseminating research findings and

other health care information in publications perused by university presidents and other

top leaders—deans, future deans, policy makers, and human resource professionals in

academia. By way of example, nurse educators interested in influencing policy might

consider writing for the journal *Health Affairs*, a well-respected, high-circulation journal

on Capitol Hill.

Additional suggestions related to policy re-adjustment derive from the interviews,

personal experiences gained from a one-year, full-time legislative commitment on

Capitol Hill, and insight from prior readings.

Seek to raise nursing as a political priority among university presidents and leaders. Universities grapple with both strategy and tactics. Strategy is defined as the "systematic way of positioning an institution with stakeholders in its environment to create value that differentiates it from competitors, and leads to a sustainable advantage" (Alfred, 2006, p. 6). Tactics are the means employed to achieve the mission and purpose of the institution (Alfred, 2006). Strategy and tactics are inter-related and highly influenced by university administration. It is critical, therefore, to establish and nurture relationships at the highest levels with the university president and fellow institutional leaders. By establishing and maintaining regular contact and providing a clear sense of progress and program outcomes, deans of nursing have the opportunity to obtain favor, secure funds needed for program development, and discuss both strategic and tactical plans to establish and grow support for the nursing program mission, goals, and objectives.

Identify and cultivate high-level nursing advocates within academic institutions and health systems. In an interview with a policy-savvy dean, the importance of cultivating nursing advocates, especially in an established, large public university system, was highlighted:

> you have to have a major leader or someone they highly respect to take the lead…. [There is an] M.D. and he's a vice chancellor for the health related institutions in [our state].… [H]e's done a great job of making nursing a priority within their system. So, you have to have somebody who's an advocate and a leader and willing to get out there, [someone] that's beyond the nurse or the dean.

Advocates are individuals who have the potential to support and sponsor nursing education programs, fiscal initiatives, and policy development and implementation. Each

institution should scan their environment to identify individuals, who like the M.D. noted above, will look out and speak out for nursing. Failure to cultivate such advocates leaves nursing without a voice at the table as key decisions are made. Efforts made by nursing education leadership will lead to more fruitful, productive experiences for the beneficiaries of the advocacy, nursing education, faculty, and most importantly, the students.

Coordinate with home state and national association offices to present a collaborative face for nursing education. Associations and related special interest groups have managers and lobbyists on the payroll who work to influence policy and coordinate legislative efforts. These professionals are experts in setting appointments, crafting messages, meeting with policy makers, and influencing policy development. They can help coordinate efforts so that multiple deans or nurse educators craft a coordinated initiative to maximize opportunities and positive outcomes. The nursing education community can influence policy-making and appropriations to help ensure that financial and other resources are available to support students, institutions, nursing, and nursing education.

Seek to influence appropriations to lessen pressures and tensions on nursing faculty and administrators. Baccalaureate nursing programs need planning and operational resources to support program development and growth. Deans spoke of the importance of budgeting, emphasizing the value of flexible funds which allow for more effective maneuvering and management. Federal, state, local, and institutional funds are allocated to support education. Macro-allocation of resources impacts the availability of

139

funds to various programs, among them nursing education (Falk & Chong, 2008).

Nursing education leadership must seek to influence appropriations to ensure resources are adequate to meet current and future program goals.

Seek to remove policy barriers to support extending the academic working life of aging nurse faculty. Research shows that as workers near retirement, they seek flexible work options, part-time opportunities, and creative solutions for continued employment. However, many institutional and governmental policies have not been updated to support the retention of aging workers, if they need or desire to remain in the workforce. For instance, formal phased retirement options do not exist within many colleges and universities. Moreover, existing laws at both the state and federal levels act as barriers to phased retirement for many aging faculty who desire to remain in the workforce. In order to clear the way for aging nurse faculty to continue to make valued contributions in academic and other employment settings, society must pay close attention to the needs of both individuals and employers.

Limitations of the Study

Study limitations cannot be overlooked. A methodological limitation stems from the fact that the study represents only deans' reflections. Future research incorporating data from interviews with aging nurse faculty, human resource professionals, and aging workforce experts will likely alter the emerging model.

A second possible limitation is procedural in nature. The intent of the study was, in all cases, that study participants would review the interview guide at least two days in advance of interview. In a couple of cases, however, due to scheduling challenges, the

140

participants were unable to review the guide prior to the interview. It is perhaps not

insignificant that some of the most interesting and useful findings emerged from one such

interview. One could view this as either a potential limitation or, perhaps, a fortuitous

event.

A third and obvious limitation is the preliminary nature of the study in terms of an

evolving grounded theory. Additional interviews should be conducted to obtain further

definition of the properties and dimensions of the emerging categories.

Recommendations for Future Research

Based on the review of the literature, this study is the first to focus on deans'

perspectives on aging nurse faculty. The study builds on prior research, such as the study

of Hatcher et al. (2006) which looked at the importance of older nurses across a variety of

workplaces.

This study represents the beginning of theory development focused on deans'

reflections on extending the academic working life of aging nurse faculty. Future

research should include a continuation of this study. Findings from additional interviews

would be integrated with the findings from this study to complete selective coding,

concept development, emergence of the core variable, and generation of grounded theory.

Beyond extension of this study, recommendations for future research include studying the

perspectives of human resource professionals, policy makers, and aging workforce

specialists to understand the broader administrative and policy perspectives associated

with aging nurse faculty. A separate research study should be conducted with aging nurse

faculty members to understand their perspectives about extending their own academic

working lives. Further studies should use data sets made available by nursing education and special interest organizations to understand the needs of faculty at different career stages. Annual surveys must seek the information necessary to provide a thorough analysis of aging nurse faculty trends. One dean recommended seeking funding through the U.S. Department of Education to support research focused on this topic. Finally, as we complete studies that help to build on our understanding of aging nurse faculty issues and challenges, translational research could strengthen outcomes and enhance nursing education practice.

Summary

This research study provides an account of deans' reflections related to extending the academic working life of aging nurse faculty. Through the interview process, we learned that deans, baccalaureate nursing programs, and aging nurse faculty members all play an important part in extending the academic working life. The interviews are rich with illustration and provide details that help readers understand the challenges faced by and benefits to be gained by retaining valued aging nurse faculty members.

Because they serve as strong leaders, role models, champions, and policy influencers, deans are critical to extending the academic working life of aging nurse faculty members. With decisive and flexible leadership which is both encouraging and supportive, deans can and do influence the length of the working life of aging nurse faculty. They choose to participate in policy at the federal, state, local, and institutional levels in order to strengthen the programs they lead. Likewise, they interact with nurse education associations and organizations, which are in a position to impact continued

142

academic employment of aging nurse faculty across the nation. Through the lens of their own future retirement, they offer us a unique and personal perspective on the concerns of aging nurse faculty.

Aging nurse faculty members play a major role in ensuring their continued employment, should they need or choose to remain in the workforce. If they keep knowledge, skills, and teaching modalities current, they remain valuable to baccalaureate nursing programs. Failure to adapt and keep current presents additional challenges to the program and the aging nurse faculty member as stakeholder incongruence develops. The mismatch between program needs and the aging nurse faculty member's skills and abilities intensifies and becomes problematic. Re-adjustment requires baccalaureate nursing programs and aging nurse faculty to make changes aimed at restoring congruence and strengthening the baccalaureate nursing program.

Extending the working life of aging nurse faculty must be a joint undertaking on the part of all parties if opportunity and success are to be the outcomes. The lessons to be learned are that in the face of ongoing change, the willingness and ability to adapt are critical for deans, nursing programs, and aging nurse faculty alike. Ongoing re-adjustment is critical if the changes necessary to cause baccalaureate nursing programs to thrive are to be made. Only in this way will the educational mission and goals of the organization and the profession continue to be met. In order to extend the academic working life of aging nurse faculty we must subscribe to a baccalaureate culture of re-adjustment in concert with ongoing change.

Appendix A. Participation Invitation Letter for Deans and Administrators

Dear Dean or Administrator:

I am a doctoral candidate pursuing a PhD in Nursing at George Mason University in Fairfax, Virginia. My dissertation, funded in part by the Epsilon Zeta Chapter of Sigma Theta Tau International, focuses on perceptions of deans and chief executives regarding extending the work life of aging nurse faculty. It is my hope that you will agree to participate in the study.

As you know, the supply of registered nurses in the United States is in serious danger. The rising age and pending shortage of nurse educators has been cited by healthcare professionals and policy makers as a key concern related to the shortfall of nurses. There is a shortage of scholarly research related to aging nurse faculty. This study will increase what is known about perceptions of deans and chief administrators regarding employment and utilization of aging nurse faculty, and will help to inform about issues surrounding "extending the work life" within baccalaureate nursing programs.

Participation is threefold, including completion of an informed consent form, a short survey, and an interview, about 1 to 1½ hours in length. The interview will be conducted in person, if possible, or secondarily by telephone, at your convenience. The interview will be audio taped to facilitate data analysis. Short follow-up contact by phone or e-mail may be necessary to clarify survey responses and interview data.

Your participation is voluntary, confidentiality will be maintained, and there are no foreseeable risks for participating in this research. Findings will be communicated in summary form with no identification of person or institution. A brief summary of the findings will be provided to study participants, if desired, and a $20 bookstore gift card will be provided to thank you for your participation.

Given the nature of your job, I realize that demands on your time are high. Your participation in this timely research project would be greatly appreciated.

I will call or email, in follow-up, to request an appointment. If you have any questions or would like to set-up an appointment, please do not hesitate to contact me at -----@----.--- or 703-xxx-xxxx (cell).

Best regards,

Nancy L. Falk
George Mason University

Appendix B. Deans and Chief Administrators Questionnaire

Extending the Work Life of Aging Nurse Faculty

Please fill in the information below. Place an x in the most appropriate space or provide the information that is requested. Be sure to answer all that apply to you.

Personal Information

1.   Your age: _____

2.   Gender: Female _____   Male _____

3.   Ethnicity: ____Caucasian ____ African American ____ Asian ____ Hispanic
         _____Native American ____Other

4.   # of years of employment at the institution: _____

5.   Current job title: _____

6.   # of years of employment in your current position _____

7.   What human resource management responsibilities do you have for attracting, retaining, developing, and promoting nurse faculty _____
     _____
     _____

Program Information

8.   Type of institution:

     Private _____Public   _____ Other_____(Please specify)

9.   Academic health center: Yes____ No____

     a.   _____   Total number of students at the college/university
     b.   _____   Total number of students in baccalaureate nursing program
     c.   _____   Total number of students in all nursing programs

10. Please check the nursing programs offered at your institution:

     _____   Associate
     _____   Baccalaureate
     _____   Master's
     _____   Doctoral

Appendix C. Interview Guide

Establish rapport. Summarize purpose of study. Provide background information related to nurse and faculty shortage.

Topics that form focus of interview:

- Problems and challenges inherent to your baccalaureate program related to aging of the nurse faculty.

- Effect of continued employment of aging nurse faculty on ability to meet your baccalaureate program goals.

- Organizational and human resource factors that have facilitated complicated, or hindered employment of aging nurse faculty members within your baccalaureate nursing program.

- Specific experiences in which you or your institution had a difficult decision to make about continuing to employ or not employ an aging faculty member.

- Personal factors that have facilitated, complicated, or hindered decisions by aging faculty members' to continue working in academia, seek employment outside of academia, or retire

- The meaning of the phrase, *extending the work life,* as it relates to retention of aging nurse faculty within faculty roles at your institution and other academic institutions

- Suggestions regarding how baccalaureate nursing programs can successfully extend the work life of faculty

- Thoughts related to your vision regarding extending your own work life at the end of your career

Appendix D. Review of Transcripts Communication

Dear (fill in name of participant):

Thank you for taking the time to participate in the research study. Your audiotaped interviews and transcript have been reviewed. Enclosed is a summary of what was communicated in the interview. As soon as possible, please review the summary of your thoughts related to extending the work life of aging nurse faculty and let me know by phone (703-xxx-xxxx) or e-mail (-----@----.---) if there are any deletions or additions that would enhance the accuracy. Your feedback and study participation are greatly appreciated.

Sincerely,

Nancy L. Falk
George Mason University

Appendix E. Thank You for Your Participation Letter

Dear (fill in name of participant):

Thank you for taking the time to participate in the recent study on *Extending the Work Life in Aging Nurse Faculty.* Your participation is greatly appreciated. Enclosed is a summary of the study findings. It is my hope that the findings will be useful as you consider future issues surrounding the nurse faculty shortage.

Continued best wishes,

Nancy L. Falk
George Mason University

Appendix F. Human Subjects Review Board Approval

GEORGE MASON UNIVERSITY

Office of Research Subject Protections

Research I Building, 4400 University Drive, MS 4C6, Fairfax, Virginia 22030
Phone: 703-993-4121; Fax: 703-993-9590

TO: Jeanne Sorrell, College of Health and Human Services

FROM: Sandra M. Sanford, RN, MSN, CIP
          Director, Office of Research Subject Protections

PROTOCOL NO.: 5402   Research Category: Doctoral Dissertation

TITLE: Extending the Work Life of Aging Nurse Faculty

DATE: July 18, 2007

Cc: Nancy Falk

On 7/18/2007, the George Mason University Human Subjects Review Board (GMU HSRB)
reviewed and approved the above-cited protocol following expedited review procedures.

Please note the following:

1. A copy of the final approved consent document is attached. You must use this copy with
   the HSRB stamp of approval for your research. Please keep copies of the signed consent
   forms used for this research for three years after the completion of the research.
2. **Any modification to your research (including the protocol, consent, advertisements,
   instruments, etc.) must be submitted to the Office of Research Subject Protections
   for review and approval prior to implementation.**
3. Any adverse events or unanticipated problems involving risks to subjects including
   problems involving confidentiality of the data identifying the participants must be
   reported to Office of Research Subject Protections and reviewed by the HSRB.

The anniversary date of this study is 7/17/2008. **You may not collect data beyond that date
without GMU HSRB approval.** A continuing review form must be completed and submitted to
the Office of Research Subject Protections 30 days prior to the anniversary date or upon
completion of the project. A copy of the continuing review form is attached. In addition, prior
to that date, the Office of Research Subject Protections will send you a reminder regarding
continuing review procedures.

Appendix G. Informed Consent Form

TITLE OF STUDY: Extending the Work Life of Aging Nurse Faculty

RESEARCH PROCEDURES: This research is being conducted to study extending the work life of aging nurse faculty. If you agree to participate, you will be asked to complete a short survey and an interview that will take 1-1½ hours total.

RISKS: There are no foreseeable risks for participating in this research.

BENEFITS: There are no benefits to you as a participant other than to further research in the area of extending the work life of aging nurse faculty

CONFIDENTIALITY: The data in this study will be confidential. Your name, position, or institution will not be included on the surveys or transcripts. An identification number will be assigned to the demographic survey to allow for contact if follow-up is needed to clarify interview data or to ask further questions. Only the researcher will have access to the identification key. Your comments will be shared with other study participants to identify common themes and they may also be used in discussions, publications, and other professional activities. Your name will not be revealed.

PARTICIPATION: Your participation is voluntary, and you may withdraw from the study at any time and for any reason. If you decide not to participate or if you withdraw from the study, there is no penalty or loss of benefits to which you are otherwise entitled. There are no costs to you or any other party.

CONTACT: Nancy L. Falk, doctoral candidate at George Mason University is conducting the research. She may be reached at 703-xxx-xxxx for questions or to report a research-related problem. Her faculty advisor is Dr. Jeanne Sorrell at 703-xxx-xxxx. You may contact the George Mason University Office of Research Subject Protections at 703-xxx-xxxx if you have questions or comments regarding your rights as a research participant. This research has been reviewed according to George Mason University procedures governing your participation in this research.

CONSENT: I have read this form and agree to participate in this study.

AUDIOTAPING: Place check here to grant permission to audiotape the interview _____

_____
Name
_____
Date of Signature

REFERENCES

REFERENCES

American Association of Retired Persons. (2006). *AARP best employers for workers over 50 program.* Retrieved June 1, 2007, from http://www.aarp.org/money/ careers/employerresourcecenter/bestemployers/a2004-07-23-whatisbe.html

Adams, L. (2007). Nursing academic administration: Who will take on the challenge? *Journal of Professional Nursing, 23*(5), 309-315.

Age Discrimination in Employment Act, Pub. L. No. 90-202 (1967). Retrieved May 4, 2007, from http://www.eeoc.gov/abouteeoc/35th/thelaw/adea67.html

Alfred, R. L. (2006). *Managing the big picture in colleges and universities: From tactics to strategy.* Westport, CT: Praeger.

American Association of Colleges of Nursing. (2003, May). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply.* Retrieved July 3, 2006, from http://www.aacn.nche.edu/Publications/WhitePapers/FacultyShortages.htm

American Association of Colleges of Nursing. (2005a). *Accelerated programs: The fast-track to careers in nursing.* Retrieved May 11, 2007, from http://www.aacn.nche.edu/Publications/issues/Aug02.htm

American Association of Colleges of Nursing. (2005b). *Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply.* Washington, DC: Author.

American Association of Colleges of Nursing. (2006). *2005-2006 salaries of instructional and administrative nursing faculty in baccalaureate and graduate programs in nursing.* Washington, DC: Author.

American Association of Colleges of Nursing. (2007). *Revision of the essentials of baccalaureate education for professional nursing practice.* Washington, DC: Author.

American Heritage Dictionary of the English Language (4th ed.) (2000). Boston, MA: Houghton Mifflin Company.

Arias, E. (2007). *United States life tables, 2003*. Atlanta, GA: Centers for Disease Control and Prevention.

Ashenfelter, O., & Card, D. (2002). Did the elimination of mandatory retirement affect faculty retirement? *The American Economic Review, 92*(4), 957-980.

Association of Academic Health Centers. (2007). *About AAHC*. Retrieved February 2, 2008, from http://www.aahcdc.org/about/

Baker, D. W., Sudano, J. J., Durazo-Arvizu, R., Feinglass, J., Witt, W. P., & Thompson, J. (2006). Health insurance coverage and the risk of decline in overall health and death among the near elderly, 1992-2002. *Medical Care, 44*(3), 277-282.

Bartel, A. P., & Sicherman, N. (1993). Technological change and retirement decisions of older workers. *Journal of Labor Economics, 11*(1), 162-183.

Bennis, W. (1997). *Managing people is like herding cats: Warren Bennis on leadership.* Provo, UT: Covey Leadership Center.

Berberet, J. (1999). The professoriate and institutional citizenship: Toward a scholarship of service. *Liberal Education, 85*(4), 32.

Berberet, J., Brown, B. E., Bland, C. J., Risbey, K. R., & Trotman, C.-A. (2005). Planning for the generational turnover of the faculty: Faculty perceptions and institutional practices. In R. L. Clark & J. Ma (Eds.), *Recruitment, retention and retirement in higher education* (pp. 80-100). Cheltenham, United Kingdom: Edward Elgar.

Berlin, L. E., & Sechrist, K. R. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. *Nursing Outlook, 50*(2), 50-56.

Blackburn, R. T., & Lawrence, J. H. (1986). Aging and the quality of faculty job performance. *Review of Educational Research, 56*(3), 265-290.

Bland, C. J., & Bergquist, W. H. (1997). *The vitality of senior faculty members: Snow on the roof, fire in the furnace* (No. 1878380796). Washington, DC: The George Washington University, Graduate School of Education and Human Development.

Bound, J., Schoenbaum, M., Stinebrickner, T. R., & Waidmann, T. (1999). The dynamic effects of health on the labor force transitions of older workers. *Labour Economics, 6*(2), 179-202.

Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate.* Princeton, NJ: Carnegie Foundation for the Advancement of Teaching.

Brown, S. K. (2005). *Attitudes of individuals 50 and older toward phased retirement.* Washington, DC: AARP.

Buchmueller, T. C., & Ohri, S. (2006). *Health insurance take-up by the near elderly* (Working Paper). Cambridge, MA: National Bureau of Economic Research.

Buckwalter, K. C. (2001). What's a nice girl like you doing in a place like that? The role of a nurse in the office of the provost. *Nursing Administration Quarterly, 25*(4), 74-78.

Burtless, G., & Quinn, J. F. (2002). *Is working longer the answer for an aging workforce?* Chestnut Hill, MA: Center for Retirement Research at Boston College.

Cahill, K., Giandrea, M., & Quinn, J. (2006). Retirement patterns from career employment. *The Gerontologist, 46*(4), 514-523.

Calvo, E. (2006). *Does working longer make people healthier and happier?* Unpublished manuscript, Center for Retirement Research at Boston College.

Carnegie Foundation for the Advancement of Teaching, The. (2005). *Carnegie Classification of institutions of higher education.* Retrieved June, 2007, from http://www.carnegiefoundation.org/classifications/index.asp

Cataldi, E. F., Fahimi, M., & Bradburn, E. M. (2005). *2004 National Study of Post Secondary Faculty report on faculty and instructional staff in fall 2003* (No. NSOPF:04). Washington, DC: National Center for Educational Statistics.

Centre for Research Into the Older Workforce. (2004, April). *Are Older Workers Different?* (Briefing Paper 1). Retrieved from http://niace.org.uk/crow/publications.htm

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* London: Sage Publications.

Chen, Y.-P., & Scott, J. C. (2006). *Phased retirement: Who opts for it and toward what end?* Washington, DC: AARP Public Policy Institute.

Clark, R. L. (2005). Changing faculty demographics and the need for new policies. In R. L. Clark & J. Ma (Eds.), *Recruitment, retention, and retirement in higher education: Building and managing the faculty of the future* (pp. 1-22). Cheltenham, United Kingdom: Edward Elgar.

Clark, R. L., & Ma, J. (Eds.). (2005). *Recruitment, retention, and retirement in higher education: Building and managing the faculty of the future*. Cheltenham, United Kingdom: Edward Elgar.

Delong, D. (2004). *Lost knowledge: Confronting the threat of an aging workforce*. New York: Oxford University Press.

Dohm, A., & Shniper, L. (2007). Occupational employment projections to 2016. *Monthly Labor Review*, 86-125.

Dorfman, L. T. (2000). Still working after age 70: Older professors in academe. *Educational Gerontology, 26*(8), 695-713.

El-Khawas, E. (1991). *Senior faculty in academe: Active, committed to the teaching role* (Research Briefs Vol. 2, No. 5). Washington, DC: American Council on Education, Division of Policy Analysis and Research.

Elder, G. H., Jr., Johnson, M. K., & Crosnoe, R. (2004). The emergence and development of life course theory. In *Handbook of the life course* (pp. 3-19). New York: Kluwer Academic/Plenum Publishers.

Falk, N. L., & Chong, E. S. (2008). Beyond the bedside: Nurses, a critical force in the macroallocation of resources. *OJIN: The Online Journal of Issues in Nursing, 13*(1).

Fang, D., & Wisniewski, S. W. (2006). *Special survey of AACN membership on vacant faculty positions for academic year 2006-2007* (Presentation). Washington, DC: American Association of Colleges of Nursing.

Fang, D., Wisniewski, S. W., & Bednash, G. D. (2007a). *2006-2007 enrollment and graduations in baccalaureate and graduate programs in nursing* (No. 06-07-01). Washington, DC: American Association of Colleges of Nursing.

Fang, D., Wisniewski, S. W., & Bednash, G. D. (2007b). *2006-2007 salaries of deans in baccalaureate and graduate programs in nursing* (No. 06-07-02). Washington, DC: American Association of Colleges of Nursing.

Feinsod, R., Davenport, T., & Arthurs, R. (2005). *The business case for workers age 50+* Washington, DC: AARP.

Fong, C. M. (1993). A longitudinal study of the relationships between overload, social support, and burnout among nursing educators. *Journal of Nursing Education, 32*(1), 24-29.

Freeman, R. E. (1984). *Strategic management: A stakeholder approach*. Boston: Pitman.

Freeman, R. E., Harrison, J. S., & Wicks, A. C. (2007). *Managing for stakeholders: Survival, reputation, and success.* New Haven: Yale University Press.

Friedrich, D. D. (2001). *Successful aging: Integrating contemporary ideas, research findings, and intervention strategies.* Springfield, IL: Charles C. Thomas.

Fronstin, P. (1999). Retirement patterns and employee benefits: Do benefits matter? *The Gerontologist, 39*(1), 37-47.

Gansneder, B. M., Harper, E. P., & Baldwin, R. G. (2001). Who are the full-time non-tenure-track faculty? In R. G. Baldwin & J. L. Chronister (Eds.), *Teaching without tenure: Policies and practices for a new era* (pp. 77-113). Baltimore: Johns Hopkins University Press.

Gappa, J. M., Austin, A. E., & Trice, A. G. (2007). *Rethinking faculty work: Higher education's strategic imperative* (1st ed.). San Francisco: Jossey-Bass.

Ghent, L. S., Allen, S. G., & Clark, R. L. (2001). The impact of a new phased retirement option on faculty retirement decisions. *Research on Aging, 23*(6), 671-693.

Glaser, B. G. (1992). *Emergence vs. forcing: Basics of grounded theory analysis.* Mill Valley, CA: Sociology Press.

Glaser, B. G. (1994). *More grounded theory methodology: A reader.* Mill Valley, CA: Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* Chicago: Aldine Publishing Company.

Gmelch, W. H., & Burns, J. S. (1994). Sources of stress for academic department chairpersons. *Journal of Educational Administration, 32*(1), 79.

Gormley, D. K. (2003). Factors affecting job satisfaction in nurse faculty: A meta-analysis. *Journal of Nursing Education, 42*(4), 174-178.

Greller, M. M. (2006). Hours invested in professional development during late career as a function of career motivation and satisfaction. *Career Development International, 11*(6), 544-559.

Hatcher, B. J., Bleich, M. R., Connolly, C., Davis, K., O'Neill Hewlett, P., & Stokley Hill, K. (2006). *Wisdom at work: The importance of the older and experienced nurse in the workplace.* Princeton, NJ: Robert Wood Johnson Foundation.

Health Resources and Services Administration. (2006). *The registered nurse population: Findings from the March 2004 National Sample Survey of Registered Nurses.* Rockville, MD: Author.

Heinrich, J. (2001). *Nursing workforce: Multiple factors create nurse recruitment and retention problems.* Washington, DC: U.S. Government Accountability Office.

Heinz, W. R. (2001). Work and the life course: A cosmopolitan-local perspective. In V. W. Marshall, W. R. Heinz, H. Kruger & A. Verma (Eds.), *Restructuring work and the life course* (pp. 3-22). Toronto, Canada: University of Toronto Press.

Hicks, C. (1996). Nurse researcher: A study of a contradiction in terms? *Journal of Advanced Nursing, 24*(2), 357-363.

Horner, K. L., Rushton, J. P., & Vernon, P. A. (1986). Relation between aging and research productivity of academic psychologists. *Psychology and Aging, 1*(4), 319-324.

Human Resources and Services Administration. (2006). *The Registered Nurse population: National Sample Survey of Registered Nurses - March 2004* (Preliminary findings). Rockville, MD: Author.

Ilmarinen, J. (2005). *Towards a longer worklife: Ageing and the quality of worklife in the European Union.* Helsinki: Finnish Institute of Occupational Health, Ministry of Social Affairs and Health.

Johnson, R. W., Davidoff, A. J., & Perese, K. (2003). Health insurance costs and early retirement decisions. *Industrial and Labor Relations Review, 56*, 716-729.

Kim, H. (2006). Older women's health and its impact on wealth. *Journal of Women and Aging, 18*(1), 75-91.

Kinney, D. P., & Smith, S. P. (1992). Age and teaching performance. *The Journal of Higher Education, 63*(3), 282-302.

Kirshstein, R. J., Matheson, N., Jing, Z., & Zimbler, L. J. (1997). *1993 National Survey of Postsecondary Faculty instructional faculty and staff in higher education institutions: Fall 1987 and Fall 1992* (Report No. NCES-97-470). Washington, DC: U.S. Department of Education, National Center for Educational Statistics.

Kohli, M., Rein, M., Guillemard, A. M., & Van Gunsteren, H. (1991). *Time for retirement: Comparative studies of early exit from the labor force.*

157

Kowalski, S. D., Dalley, K., & Weigand, T. (2006). When will faculty retire?: Factors influencing retirement decisions of nurse educators. *Journal of Nursing Education, 45*(9), 349.

Lum, Y., & Lightfoot, E. (2003). The effect of health on retirement saving among older workers. *Social Work Research, 27*(1), 31.

Marshall, V. W., Heinz, W. R., Kruger, H., & Verma, A. (Eds.). (2001). *Restructuring work and the life course.* Toronto: University of Toronto Press.

Melland, H. I. (1996). Great researcher...good teacher? *Journal of Professional Nursing, 12*(1), 31-38.

Mermin, G. B. T., Johnson, R. W., & Murphy, D. (2006). *Why do boomers plan to work so long?* (Discussion Paper). Washington, DC: The Urban Institute.

Merriam-Webster Online. (2008). Retrieved from http://www.merriam-webster.com

Mitchell, R., K. , Agle, B., R. , & Wood, D., J. (1997). Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. *The Academy of Management Review, 22*(4), 853.

Moody, N. B. (1996). Nurse faculty job satisfaction: A national survey. *Journal of Professional Nursing, 12*(5), 277-288.

MSN Encarta. (2008). Retrieved from http://www.encarta.msn.com

Munnell, A. H., Sass, S. A., & Soto, M. (2006). *Employer attitudes towards older workers: Survey results* (Issue in Brief). Boston: Center for Retirement Research at Boston College.

National League for Nursing. (2005). Position statement: Transforming nursing education. *Nursing Education Perspectives, 26*, 195-197.

National Research Council. (1991). *Ending mandatory retirement for tenured faculty: The consequences for higher education* (Report to the U.S. Equal Employment Opportunity Commission, No. 0309044987). Washington, DC: National Academy Press.

Oermann, M. H. (1998). Work-related stress of clinical nursing faculty. *Journal of Nursing Education, 37*(7), 302-304.

Over, R. (1982). Does research productivity decline with age? *Higher Education, 11*(5), 511.

Over, R. (1988). Does scholarly impact decline with age? *Scientometrics, 13*(5-6), 215-223.

Over, R. (1989). Age and scholarly impact. *Psychology and Aging, 4*(2), 222-225.

Oxford English Dictionary (2nd ed.). (1989). Oxford, United Kingdom: Oxford University Press.

Phillipson, C., & Smith, A. (2005). *Extending the working life: A review of the research literature* (Research Report No. 299). Leeds, United Kingdom: Department for Work and Pensions.

Pitt-Catsouphes, M., Smyer, M., Matz-Costa, C., & Kane, K. (2007). *The national study report: Phase II of the National Study of Business Strategy and Workforce Development.* Boston: The Center on Aging and Work/Workplace Flexibility at Boston College.

Pol, L. G., Mueller, K. J., & Adidam, P. T. (2002). Racial and ethnic differences in health insurance for the near elderly. *Journal of Health Care for the Poor and Underserved, 13*(2), 229-240.

Polit, D. F., & Beck, C. T. (2004). *Nursing research: Principles and methods* (7th ed.). Philadelphia: Lippincott Williams & Wilkins.

Princeton, J. C., & Gaspar, T. M. (1991). First-line nurse administrators in academe: How are they prepared, what do they do, and will they stay in their jobs? *Journal of Professional Nursing, 7*(2), 79-87.

Purcell, P. J. (2000). Older workers: Employment and retirement trends. *Monthly Labor Review, 123*(10), 19-30.

Quinn, J., & Kozy, M. (1996). The role of bridge jobs in the retirement transition: Gender, race, and ethnicity. *The Gerontologist, 36*(3), 363-372.

Redmond, G. M. (1991). Life and career pathways of deans in nursing programs. *Journal of Professional Nursing, 7*, 228-238.

Rix, S. E. (2006). *Update on the aged 55+ worker: 2005* (Data Digest). Washington, DC: AARP Public Policy Institute.

Rogowski, J., & Karoly, L. (2000). Health insurance and retirement behavior: Evidence from the health and retirement survey. *Journal of Health Economics, 19*(4), 529-539.

Sandelowski, M., Davis, D. H., & Harris, B. G. (1989). Artful design: Writing the proposal for research in the naturalist paradigm. *Research in Nursing and Health, 12*(2), 77-84.

Smith, K., & Biley, F. (1997). Understanding grounded theory: Principles and evaluation. *Nurse Researcher, 4*(3), 17-30.

Social Security Administration. (2007). *Social Security history*. Retrieved May 4, 2007, from http://www.ssa.gov/history/history.html

Speziale, H. S., & Carpenter, D. R. (2003). *Qualitative research in nursing: Advancing the humanistic imperative* (3rd ed.). Philadelphia: Lippincott Williams & Wilkins.

Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2002). *The registered nurse population: Findings from the 2000 National Sample Survey of Registered Nurses.* Rockville, MD: U.S. Department of Health and Human Services, Health Resources and Service Administration.

Starck, P. L., Warner, A., & Kotarba, J. (1999). 21st-Century leadership in nursing education: The need for trifocals. *Journal of Professional Nursing, 15*(5), 265-269.

Strauss, A. L., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage Publications.

Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Title VIII - Nursing Workforce Development Programs: Hearings before the Subcommittee on Labor, Health and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. House of Representatives (2007, March 29) (testimony of Beverly Malone, CEO, National League for Nursing). Retrieved from http://www.nln.org/governmentaffairs/pdf/ceo_testimony.pdf

U.S. Department of Labor - Bureau of Labor Statistics. (2007). *Occupational outlook handbook: Registered nurses* (2008-2009 ed.). Washington, DC: Author.

U.S. Department of Labor-Employment and Training Administration. (2007). *About SCSEP*. Retrieved May 6, 2007, from http://www.doleta.gov/seniors/html_docs/AboutSCSEP.cfm

U.S. Government Accountability Office. (2001). *Older workers: Demographic trends pose challenges for employers and workers.* Washington, DC: Author.

U.S. Government Accountability Office. (2007a). *Engaging and retaining older workers* (No. GAO-07-438SP). Washington, DC: Author.

U.S. Government Accountability Office. (2007b). *Older workers: Some best practices and strategies for engaging and retaining older workers* (No. GAO-07-433T). Washington, DC: Author.

Weckerle, J. R., & Shultz, K. S. (1999). Influences on the bridge employment decision among older USA workers. *Journal of Occupational and Organizational Psychology, 72*(3), 317-329.

Williamson, J. B., & McNamara, T. K. (2001). *Why some workers remain in the labor force beyond the typical age of retirement?* (Working Paper No. CRR WP 2001-2009). Chestnut Hill, MA: Center for Retirement Research at Boston College.

Wolverton, M., Ackerman, R., & Holt, S. (2005). Preparing for leadership: What academic department chairs need to know. *Journal of Higher Education Policy and Management, 27*(2), 227-238.

Zhou, Y., & Volkwein, J. F. (2004). Examining the influences on faculty departure intentions: A comparison of tenured versus nontenured faculty at research universities using NSOPF-99. *Research in Higher Education, 45*(2), 139-176.

CURRICULUM VITAE

Nancy L. Falk received a Bachelor of Science in Nursing from Alfred University in Alfred, New York and a Master's in Business Administration with a focus on human resource management from the University at Buffalo-The State University of New York, School of Management.

She began her nursing career in medical and obstetrical nursing at the University of Rochester Medical Center-Strong Memorial Hospital. Upon MBA completion, she worked as a pioneer in the educational and business development aspects of medical informatics, introducing medical librarians, clinicians, and researchers to online research tools and technology. She was program manager for technology training at Experience Works, the largest grantee of the Older Americans Act funds that place lower income older workers into training and employment programs.

During doctoral studies, she was selected as a National Academy of Social Insurance Somers Aging and Long-Term Care Research Intern. Through this internship, she worked as a team member at the U.S. Government Accountability Office on a state veterans' nursing home project. As the John Heinz Senate Fellow in the office of U.S. Senator Jeff Bingaman of New Mexico, she worked on aging and healthcare policy issues and was instrumental in writing the draft of S1575 of the 109th Congress, the Nurse Faculty Education Act of 2005. She was selected as a Grantmakers in Aging Fellow. As the coordinator of Eldercare Services, a partnership between the College of Health and Human Services and the Human Resources and Payroll Department at George Mason University, she worked to design, build, and grow an eldercare resource and referral benefit for faculty and staff caring for aging family members.

Ms. Falk is a member of Sigma Theta Tau, the Gerontological Society of America, the Society for Human Resource Management, and other nursing, aging, and management organizations. She has published articles related to aging workers and allocation of resources and co-authored a book chapter on policy analysis. During doctoral studies, she was an invited speaker at the Hartford Scholars Policy Leadership Institute and the Washington Health Policy Institute.