

## ABSTRACT

Title of Dissertation:           GIVING UP THEIR PLACE IN THE WALLS: THE  
LIVED EXPERIENCE OF COMMUNITY COLLEGE  
NURSING FACULTY WHO LEAVE THE PROFESSION  
OF TEACHING

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Community college nursing faculty members are essential to the continuation and growth of the profession of nursing. Every loss of a nursing faculty member represents an even greater loss to the practice of nursing within the health care system. Previous research has documented the serious and inter-related shortage of both nursing professionals and nursing faculty. This phenomenological study explores the underlying themes leading to the decisions made by nursing educators to leave the practice of teaching, and presents strategies for preserving and strengthening the position of nursing faculty within the community college. The guiding question for this inquiry is: "What is the lived experience of community college nursing faculty who leave the profession of teaching?"

Text for this study comes from narrative sources such as reflective writings and one-on-one conversations with six former full-time community college nursing faculty members. In chapters two and three, I turn to the literature and am guided by the

phenomenological philosophers such as Heidegger, Gadamer, and Casey. Nursing leaders and their work provide me with grounding for the study and to help me to draw out the phenomenon for investigation. The six research activities of van Manen provide the methodological framework for the research. Chapter four is a meeting place for those who tell their stories. The nursing faculty members who offer up their stories journey with me as I explore the meanings of their experiences. These conversations help to unravel the experiences of being a teacher of nurses and offer a place for their voices to be heard. Several themes that were uncovered showed a lack of a welcoming into teaching, unrealistic workload expectations and work-family conflict. Using the metaphor of sheltering walls, the study explores the needs of nursing faculty members to find, claim and maintain an appropriate dwelling place in order to sustain professional growth and well-being.

Pedagogical insights serve as a challenge to nurse educators to fortify the bonds of community within nursing education programs. Program administrators and faculty alike must accept the responsibility to look beyond what is most apparent, communicating awareness of individual and common needs and strengths in order to continue to enrich the lives of their students and of each other.

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THE LIVED EXPERIENCE OF  
COMMUNITY COLLEGE NURSING FACULTY WHO LEAVE THE  
PROFESSION OF TEACHING

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## DEDICATION

I dedicate this dissertation to my family, my parents, though no longer with me, who encouraged me to reach for my stars, to my sister for always being there and to my daughter who has journeyed with me through this whole process.

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Whatever journey we take, it's with friendship and never-forget friends along life's highways.

As with many journeys, it is not where we are going but how we get there that is important. Life and all of its many special moments is best shared with others. I humbly offer my gratitude to so many who have walked with me on this dissertation journey.

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I truly am one of the lucky ones in teaching nurses. I have been encouraged and listened to as I completed my study and writing. Beth Batturs has been my listening ear; Claire Smith has been my sounding board; Colleen Floyd provided another pair of eyes;

and the nursing faculty, as well as others within my community college, have all been staunch supporters. To each of them I offer my sincere thanks.

When I consider how new understandings bring me to act in new and different ways, I must acknowledge the constant support of friends and colleagues. Those in Hermes Circle and the friends that I met with over the years have all added inspiration. The day that I decided to use Pink Floyd, and the words “not just a brick in the wall” was at a gathering of others. I am grateful for the friendships of Dr. Staley Collins and Joyce Costello, who listened to my concerns, heard my words, and offered tea whenever I needed it.

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I dedicate this dissertation to all of these wonderful people and to those who will help in the re-dwelling of nurse educators within the community college.

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## TABLE OF CONTENTS

CHAPTER ONE: TURNING TO THE PHENOMENON: THE FALL FROM THE WALLS	1
Why Speak of Walls	1
Fading Walls: A Weakened Structure	5
To Teach or Not to Teach	7
Losses From within the Walls	8
The Cracking Walls of Nursing Education	11
Cracks Caused by Market Forces	14
Powerful Cracks in the Walls	15
Cracks Carved from Policy	16
Cracks in the Mortar of Wholeness	21
Coming Face-To-Face with Walls	23
Making the Walls Their Own	25
Uncovering My Place within the Walls	27
The Walls as Barrier: Leading up to the Leaving	31
De-Valued Members of the Community	33
Turning to Walls as a Place to Begin: Phenomenological Footing	36
Lived Experience	37
Writing and Re-Writing: Encounters with Walls	38
 CHAPTER TWO: AN EXPLORATION INTO THE PHENOMENON OF THE WALLS OF NURSING EDUCATION	 40
Retracing our Roots	41
Theories Evolving	45
Toward the Sources	48
All About Teaching—Pass it On	51
Becoming a Teacher	53
Becoming a Teacher of Nurses	56
Good Mortar, Good Teacher: Bad Mortar, Bad Teacher	58
Building the Walls of Nursing Education	61
Caring Practice from within the Walls	64
The Walls Illuminated	67
The Shared Walls of Community in Nursing Education	68
Building Community	70
Learning to Listen as Part of Community	72
The Words of Faculty Who Leave the Community	76
Rocky Walls: A Threat to the Community	80
Running out of Time: Problems within the Community	83
Maintaining the Strength of the Walls	85
Challenges within the Walls	87
“Improving” Walls Are Strong Walls	89

CHAPTER THREE: THE PHILOSOPHICAL GROUNDING AND METHODOLOGY	91
The Writing on the Walls	91
Writing as the Essence of the Research	92
Describing the Phenomenon through the Art of Writing and Re-writing	93
Entering into Dialogue with Phenomenology	95
Hermeneutic Phenomenology	96
Questioning: On Opening the Phenomenon	98
The Existential Structure within Phenomenology	101
Making Peace with the “I”: Pre-Understandings	108
The Methodology of Phenomenology	109
The Turning	110
Investigating Experience as We Live It	110
Dwelling in the Life-World of the Teacher	111
Attending to the Other: Voices Residing in the Wall	113
Describing the Phenomenon: In the Words of the Poets	115
Misplaced Bricks: The Notion of Seeing is Believing	118
Reflecting on Themes Uncovered on the Journey	120
Balancing the Research: Introducing New Voices	121
Entering into the Place of the Conversations	123
Thematizing the Text	126
Re-Focus on the Conversation	127
 CHAPTER FOUR: CARVED MEMORIES IN THE WALLS OF NURSING EDUCATION	 129
The Journey Out from the Journey In	129
Maps Used for Entry: Cracking the Code	131
The Travelers: Beginning the Journey to the Walls	134
Invitation to Begin the Journey into Teaching	142
Being Invited	143
Detours on the Journey: Mixed Signals	146
Inside the Walls: Those Within	149
Journeying Alone: The Occasional Mentor	154
Searching for the Caring Path: Off Course	160
Enduring Walls of Nursing Education That Imprison	164
Becoming a Member of the Group	167
Finding a Voice Within the Walls: Becoming Visible	168
The Student Connection within the Walls	172
Stumbling Blocks on the Journey: Trouble within the Walls	174
Aging Bricks: My Way or the Highway	175
The Climate within the Walls: Stormy at Times	179
Timed Out: Treading the Path too Slowly	186
Poor Nurturing Practices Within the Walls of Nursing Education	188

Escape from Within the Walls: The Point of Departure	195
Leading Up to the Leaving: Signs Along the Way	195
Journeys End: Questions to Come	199
CHAPTER FIVE:	200
FROM DECONSTRUCTION TO RECONSTRUCTION: BUILDING PLACE FOR COMMUNITY COLLEGE NURSING FACULTY MEMBERS	
Looking Back	200
Deconstructing the Walls	200
Excavating the Walls: Inside Out	204
The Blueprint: Drawing upon the Past	209
Finding Self within the Wall	211
Building on Pedagogy and the Nursing Curriculum	214
Re-Innovation through Curricular Practice	216
A Constructive Effort: Gathering Together	220
A Model for the Future: A New Dwelling Place	222
Supporting Structures: Cornerstones for the Wall	223
Caring	224
Community	226
Collaboration	227
Competence as Concern-full Practice	228
Implementing Supportive Measures	231
APPENDIX A: An Invitation to Participate	235
APPENDIX B: Human Subjects Consent Form	236
REFERENCES	238

**CHAPTER ONE:  
TURNING TO THE PHENOMENON: THE FALL FROM THE WALLS**

**The Wall**

A wall's a place to call my own  
A place to rest upon.  
A place whose shadows let us hide,  
A place to stay alone.  
A wall is made of sturdy stone  
but those who sit and claim their space,  
they make the wall their very own.  
And when they leave, another comes  
And settles in to take their place.

Upon these walls, the strong have stood,  
And from them fell the weak.  
They've much to tell, if talk walls could  
And someone's there to hear them speak.  
(Karl & Parry, 2005)

**Why Speak of Walls**

I walk through the campus of my community college around short walls that encircle students' resting spaces and gaze at the higher walls of academic buildings. The walls of my community college remind me of the school walls of my childhood, walls that offered much more than the lessons to be learned. I was in a place that could be claimed by no one else, a place to call my own. Why speak of walls when I speak of nursing education? I use the metaphor of walls to address the ways in which my phenomenon might be brought forward, to shed light on the lived experience of community college nursing faculty members who leave teaching. Walls need not be made of stone and brick to offer a place to call our own. Walls may protect and surround, offering boundaries and shelter. Though strong at times, they may weaken from neglect and inattention. Such is my worry about the walls of nursing education. They offer a

place unique to the students and faculty who dwell within the walls. These walls of nursing education must not be neglected; they must be strengthened.

Nurse educators find themselves within a unique place in nursing. The profession of teaching nurses is grounded in nursing theory and symbolically forms the walls of nursing education. These walls surround and protect the profession of nursing. However, the walls of nursing education are beginning to weaken. They weaken as another community college nursing faculty member leaves the walls that once provided them with a place to call their own. The number of full-time faculty leaving the community college due to resignations is not easily captured, but the Southern Regional Education Board (SREB) study undertaken in 2001 notes that six percent of nursing faculty members who resigned had Master's Degrees in Nursing and of these, one-half returned to the clinical setting. Retirement was cited as a reason for only twenty-five percent of all resignations. This study also shows that the community college nursing faculty member primarily is educated at the Master's level, having a larger impact on these institutions, than on university schools of nursing. When full-time nursing faculty members leave the practice of teaching nurses, the nursing program loses experienced nurses who have learned to develop curricula, work closely with students in the clinical experience and work within a nursing team. They are not easily replaced.

A nursing faculty shortage survey was conducted by the National League for Nursing (The Nursing Faculty Shortage, 2004) asking deans and directors of schools of nursing to identify the shortage of nursing faculty members in their institution. The results, presented to the 108<sup>th</sup> Congress in 2004, identified a critical need for nursing faculty members in the community colleges due to faculty losses and a shortage of new

candidates. The NLN study, one of the most thorough papers published to date, charts the figures from all registered nurse education programs, including those within the community college. Individual states, such as Maryland (MD Commission on Crisis in Nursing, 2005), Pennsylvania (Pennsylvania Commission for Community Colleges, 2004) and California (Keating & Sechrist, 2001) have or are undertaking surveys to determine the extent of the nursing faculty shortage within registered nurse preparatory programs.

According to the NLN Nursing Faculty Shortage Study (2004), 20% of all schools of nursing indicated that they need additional faculty to maintain existing nursing programs, and to educate the numbers of students at present levels. Yordy's study (2005) finds that "There is substantial evidence at both the national and state levels that the current supply of faculty is inadequate and constitutes the limiting factor for the further enrollment increases necessary to meet future requirements" (p. 7).

The majority of vacancies are for those educators who are doctorally prepared, those most sought for employment within university schools of nursing. Community college nursing programs require educators to be prepared with a Master's Degree in Nursing. In Maryland only 20% of nursing faculty members within all nursing programs have an earned doctorate. The remaining 79% of nursing faculty members have an earned Master's degree (MD Commission Crisis in Nursing, 2005).

The shortages described in this, and other studies under review, reveal little more than numbers of losses, unanswered questions and untested temporary solutions. Does the continued loss of nursing faculty members alarm those within the profession of nursing? Are there gaps in the walls of nursing education, and who is paying attention to the

possibilities of the existence of these gaps? Will nursing confront the issues raised by these studies and delve further into understanding?

Understanding the lived experiences of community college nursing faculty who leave teaching will bring a renewed focus to the field of nursing education for those of us who remain. As a discipline, nursing education is a field that is still in its formative stages. In 2005, The NLN defined nursing education as a specialty area and an advanced practice role within professional nursing.

Although nursing education has existed for more than 150 years, academic nursing education as a specialty area of practice with a defined theoretical basis, body of knowledge and certification has been slow to develop. Preparation as nurse educators has occurred in graduate programs of nursing or education or through continuing education, mentoring, or experience. In order to further advance nursing education, new models of research-based nursing education must emerge. (Lindell, 2005, p. 5)

The NLN scope of practice (Lindell, 2005) also notes that nursing education is a “dynamic field experiencing the challenges of nursing faculty shortages, increasingly sophisticated technologies and the stimulation of a diverse student population” (p. 25). Hearing the words of those who have left may help us to recruit new educators and retain those colleagues already within the discipline of nursing education. Recruitment and retention of nurse educators is critical to further development of the discipline. What might nurse educators who leave reveal about the phenomenon through conversation beyond checked responses on a statistical survey? How might these nurse educators describe the experiences that led them away from the teaching of nurses? What meanings can be gleaned from their experiences that would inform more than figures found in studies recently reported in the literature?

The walls of nursing education are built upon the foundation of the practice of nursing. Within these walls are nursing faculty members, students, and curriculum. Nursing faculty members make up a critical part of the walls of nursing education. The voices of nursing faculty members maintain the integrity of the walls and ensure their strength. If walls could talk, they would tell the story of those who once laid claim to a community college nursing faculty position within the walls. When faculty are not given the opportunity to tell their stories as they leave teaching positions, the walls of nursing education become a barrier preventing others from hearing that which needs to be heard from within these walls. This creates instability in the profession at a time when support is most needed. If the walls of nursing education are to remain as the support that is needed for nursing faculty membership, then new pathways of communication must open. Can I, and others, facilitate the development of new networks of communication that need to be created? I turn to the question: **What is the lived experience of community college nursing faculty who leave the profession of teaching?** What impact does the loss of nursing faculty members have on the structure of nursing education? Are the walls that make up nursing education in danger of fading completely from sight?

### **Fading Walls: A Weakened Structure**

Strong walls are built upon sturdy foundations and must be constructed to maintain their strength in the midst of stress. The foundation of nursing has withstood stresses of shortages and health care changes, maintaining most of the foundational strength, but the walls may not always stand strong. Each unique part of the structure has interdependency upon the other. Stressors come from outside of the walls as well as from

within. Changes in health care, the community at large and new stakeholder demands are major external stressors. One crushing internal stressor is the current shortage of nurses and nursing faculty members due to faculty leaving, weakening the walls of nursing education. Both these internal and external stressors are causing more than cracks in the walls of nursing education. This study takes the reader inside the academy, where the condition of those walls can be examined by those who have lived in them for a time and then left.

The changes in health care reflect a need for more nurses to meet the increased acuity level and overall numbers of acute care patients. The word acuity is related to the degree of complexity of care needed by nursing staff when caring for patients. According to a 2001 report to the Health Resources and Services Administration (HRSA), “A demand-supply imbalance of as much as 800,000 RNs by 2020 has been projected” (Needleman, 2001, p. 5). A requirement for more RNs in acute care settings will increase the need for registered nurses, particularly in light of new patient to nurse ratios being suggested in the study. These challenges continue to compound already existing shortages. If we are failing to meet the needs of today’s RN staffing quotas, will there be an even greater need for more nursing faculty members than is already projected? Can we afford to lose even one nursing faculty member?

Registered nurses may be educated in the community college or the university. Both of these nursing programs prepare students to take the RN licensure exam. It is in these settings that a diminishing supply of nurses is educated to meet minimum safe standards within the profession of nursing. The SREB report notes that 46% of all registered nurses currently are educated at the community college (SREB, 2002). The

focus of this study is the unmet shortage within the profession of nursing rooted in the continuing loss of community college nursing faculty. What has caused these losses and who has the profession lost?

Understanding leads to interpretation (Heidegger (1953/1996). What is the experience of a full-time community college nursing faculty member? What experiences influence the decision to become a nursing faculty member and what experiences influence the decisions to leave? What does it mean to be lost to the profession of nursing? Can what is lost ever be recovered? I seek to uncover words that will lead to increased understanding of the meaning of these losses and the ways in which we might stem the tide of loss through understanding.

### **To Teach or Not to Teach**

Each year community college nursing faculty members receive letters from their directors of nursing, or department chairs, asking if they will return in the fall for another academic year. Sometimes, nursing faculty members decide not to continue to teach and return their contracts unsigned. It is this phenomenon, the decision not to return that calls to me. I watch nursing faculty members leave my community college each year, and each year I grow more concerned. What are the reasons given for their leaving? Community college nursing faculty members who respond to questions about their leaving say that they want to be able to use their advanced clinical expertise, and they want a better salary. In their role as a member of the community college nursing programs, full-time nursing faculty members share a classroom-teaching load and have an assigned clinical group. The faculty members who leave the community college nursing programs voice

dissatisfaction with nursing education at the community college. They do not reject the discipline of nursing, simply that of nursing education.

I am called to this phenomenon of community college nursing faculty members who have left the profession of teaching so that I may give voice to their experiences and find insights that can be shared with the larger profession. I use a hermeneutic phenomenological approach to enter into the act of reflection with them. The voices shared in the first three chapters are from preliminary conversations with nursing faculty members who have left teaching. Pseudonyms are used to protect their identity. Additional voices are invited as my study continues. Exploring the phenomenon will help the profession understand what lies at the core of the community college nursing faculty members' experience, and what can be done to strengthen it.

### **Losses from Within the Walls**

For me it is personal. There have been at least two nursing faculty members who have left my community college each year. Four of these educators left because of dissatisfaction with their jobs. One left for more advanced education; two nursing faculty members retired; and one left a full-time position to become a part-time faculty member. In addition, as community colleges try to hire replacement faculty they, time and again, face situations where at least one of the acceptable candidates will reject the offer. This past year, one qualified applicant who had accepted our college's offer, refused the position several weeks later when she was offered a significantly higher salary by a neighboring community college. College administration often is unable or unwilling to meet the salary demands of sought-after applicants. What does it say when the value

offered to nursing faculty membership is less than the value offered in other health care positions?

When I first began my search for understanding the phenomenon of nursing faculty members leaving the community college, I was torn between the loss of colleagues and my own feelings. The nursing program that means so much to me would lose some of its strength as less experienced faculty would take the place of those who leave. Was I alone with these feelings? We are weakening as we lose a part of our community with each faculty loss. Nursing faculty members work very closely together as a member of a teaching team. We share much more than offices and a teaching load. We also share a love for teaching the next generation of nurses. To share, means “to have in common” (Barnhart, 1995, p. 709). In our teaching we have so much in common; we are all part of something larger, our community. We are a part of the community of nurse educators who define the ways in which the future registered nurses are taught. But with each loss, our community is weakening.

When I speak of community within the community college, I wonder at the meaning. Is the word community bantered about in so many different ways that we lose sight of the real meaning of the word? There is much in the literature about community, including the derivation of the word. The word community can be traced back to the Latin word, *communitatem*, which means fellowship, having as its root meaning, companionship (Barnhart, 1995, p. 143). We, in nursing education, use the term community to mean a specific group of individuals sharing the same goals within the profession of nursing. But in our group do we share companionship or fellowship?

Although the concept of community is solidly imbedded within the nomenclature of these institutions, there has been relatively little scholarly appreciation of how

community colleges provide an important “sense of place” for millions throughout the United States...Community colleges ...have emerged as civic institutions whose breadth of mission and demographic scope are correctives to the social disintegration discussed by Robert Putnam (2000) and others. (Levinson, 2005, p. 5)

Nurse educators who select the community college as their “place to be” are aware of the implications for their life’s work. They are imbedded in an institution within their own sphere of recognition since many of these nurse educators have as their entry-level education, an Associate Degree in Nursing. They have chosen to be within an institution that places significance on social integration.

Community college nursing faculty members perpetuate and expand the practice of nursing within health care. We, who teach, offer the way into the profession of nursing. As I listen to the words of those who speak with honesty to me about their experiences, I realize that their loss to nursing education is also a loss to the profession of nursing. I am concerned because of the role that faculty play in the preservation of the profession of nursing. The loss is immeasurable; it echoes throughout the profession of nursing.

When community college nursing faculty members choose to leave a department, there are fond farewells and effusive goodbyes, but little concern surrounding why they are leaving. What are the reasons that faculty leave a community of educators who hold similar beliefs and values? Where are the voices of nursing faculty members who are lost to the profession of teaching? What can they tell us about nursing education? Community college nursing faculty members who have chosen to leave nursing education, create ever-widening cracks, and raise important issues about the teaching of nursing and the future of the nursing profession. It is up to those nursing faculty members who remain to

listen to these voices and to make meaning of their former colleagues' absence from the walls of nursing education. By calling attention to the loss of these voices, we can all begin to do something to change the environment that is contributing to these losses. Phenomenology has a pedagogic end—to make things better for those affected by the understandings uncovered (van Manen, 2003). Phenomenology, then, is my methodological guide behind the walls of nursing education.

### **The Cracking Walls of Nursing Education**

Each year the shortage of nurses becomes more dramatic and has become a turning point for the profession of nursing and nursing education. An American Hospital Association survey in 2001 found 126,000 vacant registered nursing positions nationwide, with a projected increase of 27% in the next decade (SREB, 2002). In Maryland, there is expected to be a shortage of 17,116 nurses by 2012. This shortage of nurses has gone beyond the bedside nursing shortage because these positions cannot be filled unless there are sufficient enrollments in the schools of nursing. In 2004, 1,850 qualified applicants were not admitted to nursing programs because of a lack of nursing faculty in the community colleges and university programs.

Many states currently are forming commissions on nursing to assess the problem and identify solutions to this shortage. In 2000, the legislature in the State of Maryland challenged nurses and other key health care players to solve some of the regions' nursing shortage issues. The Maryland Statewide Commission on the Crisis in Nursing (2005) concluded its work in May 2005 and released the final report reflecting information obtained from Maryland's nursing programs. In Maryland, there are 15 community colleges with an enrollment of 1,317 students, and eight university nursing programs with

812 students enrolled. Instead of the nation-wide average of 46% of all nursing students enrolled in the community college, the numbers have reached 61% in Maryland. The preliminary report finds:

More than half of the Maryland nursing programs that responded to a survey about applicant admissions cited lack of faculty as the primary reason for not accepting more students...Capacity at Maryland [nursing] programs is dependent upon available faculty, classroom space and clinical practice sites...The enrollment trends described above suggest that current enrollment reflects maximum capacity until additional faculty resources become available. (p. 18)

To address the nursing faculty shortages, several important recommendations were suggested. Noteworthy among the recommendations is the creation of new nursing scholarships and increased tuition aid. A Faculty Career Awareness booklet was published, a yearly faculty fair was initiated, and a nursing video was made to encourage new nurses to become nursing faculty members in Maryland. Another project was designed to reach veteran faculty in the workforce for the sole purpose of retaining those faculty members who teach in the community college or university nursing programs. The commission also was responsible for initiating and sponsoring a legislative bill within the Maryland House of Representatives creating The Commission on the Nursing Workforce. While these efforts are certainly a start, they are meager efforts that tinker on the surface of the problem. They lack the narrative voices from those who are no longer in the profession, and fail to address the problem holistically.

The SREB Council for Nursing (SREB, 2002) surveyed its 16 states and the District of Columbia to measure the state of nursing education in its region. Dr. Barbara Williams, chairwoman for the faculty shortage committee, notes that in states surveyed, there were 237 Master's Degree prepared nursing graduates in 2001 to fill 432 unfilled faculty positions. She also notes that part-time nursing faculty members, who may not

have the advanced practice credentials, will fill the rest of the positions normally given to full-time faculty, were they available. If new and qualified full-time nursing faculty members can be hired into these positions, many hours have to be found for mentoring. Precepting novice nurses is a legitimate use of nursing hours in an acute care agency, but precepting faculty is not valued in the same way in the community college. New grants are now available that can be accessed for the process of mentoring faculty, giving credibility to the fact that this problem does exist. These grants are being federally funded and must be renewed yearly with no assurance that the funds are more than temporary.

Mentoring now is being considered an active role within academic nursing education. In the past two years, grants have been made available through the state that will pay experienced faculty to mentor new faculty. This requires an additional source of experienced members who are available to work in the academic side as well as the clinical side of the faculty experience. There are still questions regarding the amount of time needed to mentor a new faculty member. Just how much is enough, and when is it too little? There also are questions remaining about the issue of retention of faculty versus recruitment of new faculty. Are we neglecting the growth of faculty who are already in the profession by offering more incentives to enter the field than to remain?

Two things are striking about the nursing faculty shortage studies. First, while they address the numbers of faculty needed for the profession, the numbers of students unable to enroll in nursing schools, and the numbers of faculty who will retire leaving unfilled positions, the studies do not address the situation specifically at community colleges. Second, they do not present the voices of the nurses who have left teaching. This absence illuminates the need for studies oriented toward listening-to former faculty

members. The personal stories of nursing faculty members might help to uncover more fully the nature of the experiences leading them away from teaching.

### **Cracks Caused by Market Forces**

Some community colleges ask nursing faculty members to comment on their reasons for leaving their positions; many do not even ask. Those who do ask often file the hastily written words in forgotten folders far away from questioning eyes. Chelsea, a former faculty member, never addressed her reasons for leaving the community college where I work because she was never asked to put pen to paper. She says that she left for financial reasons, as well as dissatisfaction with administration. She did not feel that her salary in academia was sufficient for meeting the expenses of college-age children.

Studies show that salary is a critical issue in the loss of nursing faculty members, and that those who remain in the field often have difficulty meeting the economic needs of their families. The findings from the American Association of Colleges of Nursing (AACN) study (2003) affirm that a nurse manager makes an average of \$25,000 more per year than a similarly qualified associate professor of nursing. As I surveyed the few exit interviews available to me, I found that out of five, two found the salary satisfactory, while the remaining three circled the response of poor salary on the survey. Chelsea, in addition to others, was never given the survey.

Several articles have been written addressing salary equity.

It is shameful what educators are paid. It reflects how little they are valued. I often hear nursing educators say what other nurses have been saying for years and what administrators and institutions having been taking advantage for years. "I do it because I love it, not because of the pay." Why not both? Someday, I will return to what I love most—teaching nurses. However, if salaries do not improve, I won't be teaching until I retire. At least I can afford to take post-master's courses in nursing. I just can't afford to teach. (Olsen, 2003, p. 31)

Despite the writings of authors like Olsen, there is little evidence that anyone is listening to the critical need for increased salaries. Nursing faculty salaries have not kept up with market changes. Larson's article (2002) concurs with these statements and cites additional facts showing even within community colleges the salaries of nurse educators are unequal. In Arkansas, nursing faculty members had the second lowest salary among college professors. Findings published in the AACN White Paper (2003) are that the median salary for a Nurse Practitioner (NP) is \$69,407 while the median salary for a nursing faculty member is \$49,546 (AACN, p. 4). Both positions require equal graduate school preparation. Salaries across campuses have improved, but inequities still exist.

We know that Chelsea made her decision to leave for a job that carried with it more power and greater financial security. What we don't know is whether these were the only factors. Why did she not feel compelled to speak? Her lack of words concerns me as an educator. Where was I, and others like myself, when she was leaving? Why didn't I ask? It is the absence of her words that compels me now to ask, what are the lived experiences of teaching that led her to make the decision to leave?

### **Powerful Cracks in the Wall**

Chelsea says that one of the primary reasons for her leaving was because she lacked support from those in a more powerful position. According to Barnhart (1995, p. 590) the word power is derived from the old French *poeir, pöer, pouvoir*, meaning to be able. As a nursing faculty member, nurse educators are able to influence the lives of students and patients, both directly and indirectly. Chelsea's supervisors overturned her decisions regarding nursing policy and curriculum, creating an unacceptable power struggle. As the director of the nursing program, it was well within her jurisdiction to

make these departmental decisions. When she had this power threatened and then revoked, she felt that her back was “against the wall,” a common response to a feeling of powerlessness. Power may be shared and come from having the knowledge to be highly respected, or it may be hierarchical. In business, even hospital business, power comes primarily from position. When faced with a difficult situation, Chelsea needed the support of those who made policy and did not feel she got it. As we listen to Chelsea’s words regarding the balance of power and her perception of powerlessness, it is evident that seeking to regain this power is important to Chelsea. In her new position Chelsea says, “I have the support of administration when I make difficult decisions, I know the Director of Nurses will back me up...it’s a good feeling.” Does this mean that powerlessness was just another one of the factors related to her leaving? How important to nursing faculty members is having support in policy decisions? How important is it to retention of nursing faculty members?

### **Cracks Carved From Policy**

In Maryland, a nursing faculty member is required by the State Board of Nursing to have an earned graduate degree in nursing. Title X of the Nurse Practice Act of Maryland (2004) states the following regarding the qualifications of faculty and clinical instructors:

#### A. Qualifications

##### 1. Nurse Faculty shall:

- Be currently licensed as a registered nurse in Maryland.
- Be academically and professionally qualified.
- Maintain expertise appropriate to their teaching responsibilities; and have the clinical experience necessary to function effectively and safely in their areas of teaching.

##### 2. Nurse faculty hired after the effective date of this chapter shall have a graduate degree in nursing. (p. 1577)

A community college nursing faculty member who is an Advanced Practice Nurse (APN) must possess a Master's degree as a Nurse Practitioner (NP) or as a Clinical Specialist (CS). Nurse Practitioners must maintain clinical practice to retain their professional credentials through licensure, but this is not required of clinical specialists. Maryland's requirement that all nursing faculty members maintain expertise in clinical practice means that teaching necessitates the responsibilities of a faculty position and additional hours spent in clinical practice. In days when so much is required in addition to home and family responsibilities, is this a realistic expectation, and is it one that is self-imposed?

Melissa, a nursing faculty member for two years and a preliminary conversant, left because she wanted to use her advanced practice degree in acute care nursing and in teaching. As a full-time faculty member, her teaching responsibilities did not give her time for her practice. For her, this meant making the choice of full-time or part-time teaching. Melissa has chosen to work with students in the clinical setting as a part-time faculty instructor. A part-time community college nursing faculty member is employed to work as a clinical instructor in acute care agencies with the students. Their responsibilities include attending nursing level meetings and two days of clinical guidance with nursing students. They may be paid at a part-time salary rate according to the community college salary practices, but they are not given benefits and are not required to attend any of the advising or committees that are required of full-time faculty. Most of our part-time nursing faculty members are paid at a special contract rate that allows for a higher salary than other community college departments. This incentive offers an opportunity for teaching experience and

flexibility in scheduling. For many of our clinical faculty, this affords more family time and a consistent schedule, an attractive alternative to other positions within the profession of nursing.

However, as an APN, the role of part-time nursing faculty members at the community college is very different than the role of Nurse Practitioner employed by an acute care agency or in private practice. Moving between different roles, one as a teacher of students and one as a caregiver of patients can be difficult. Gadamer refers to having an understanding of “transposing ourselves” (Gadamer, 1960/2002, p. 305). Having to understand the situation of another, as in understanding the student situation, requires an open-ness to their situation. This requires the same understanding when confronted with the care of patients. The horizon is different, but the transposition is the same. Melissa must view the “other” with individuality. Melissa wants the student nurses to understand the Fundamentals of patient care and is frustrated when they do not care for the patients with the understanding required.

I felt that my skills as a nurse practitioner were underutilized...There was a lack of communication within the department...I couldn't make the changes in the curriculum that I wanted so that students would be challenged in the nursing program.

Our being-in the world relates to who we are in relation to subjects or objects (Heidegger, 1953/1996). As a teacher, Melissa practices being-with student nurses; as a Nurse Practitioner, she practices being-with patients. What does being-with students mean? When we first enter into a teacher-student relationship, we as teachers, are alone with students. We are separate from them, but seek to bring them into our world of understanding; we seek to be-with them in our experiences with patients. They are

in our classrooms and assigned clinical rotations. We become aware of them through their sharing of experiences. It is our concern for the well being of the patients in our care and the concern for the well being of the students, also in our care, that drives us toward the mode of being-with others (Heidegger, 1953/1996). The challenge for the nurse educator is to become aware of their role, first as an educator, and know that it is separate from any other role that they assume. For Melissa, being-with the students takes on a different meaning than being-with the patients, and this awareness alone could help her deal with possibly unjustifiable frustrations. Only when concern for the students becomes authentic, can Melissa and other nurse educators experience a being-with.

Paterson and Zderad (1988) write that nursing faculty members may, because of their prior experience, enter into a being-with relationship with students. Students do not have prior experience, but can, with the help of their faculty, enter into a being-with relationship amongst faculty. The experience of being together in the clinical setting helps them to understand the experience of being-with patients. They cannot be-with patients without the openness and trust of the patient. What is this place where patients dwell, and how do nurse educators teach students to enter honestly into this place? How do nurse educators learn the ways of being-with the students? What if they do not learn these ways of teaching? Are they not frustrated by having to choose between teaching students and being-with patients?

Must Melissa choose to dwell with students or with patients? She is not in-between roles; she is unable to confront these different horizons, unable to transition quickly enough from one to the other. Although she is able to be-together-with both groups,

her dwelling is with one or the other. Must her dwelling takes sides? Her decision has taken her away from the classroom and connection with the larger nursing program curriculum, and it has deprived the nursing program of her contributions in these crucial areas. Where is Melissa?

In addition to salary, market forces include recommendations for increasing educational preparation for nursing faculty members. Olsen (2003) writes that nurse educators are being encouraged to get a Ph.D. and have as a minimum a graduate degree in nursing. Who, he asks, will pay for these degrees and help them recoup their costs? Currently, there are initiatives in many states that offer some tuition reimbursement and some grants, but these remain difficult to obtain. HR Bill 1099 (2005) has new legislation stating that loans to nursing faculty members will be forgiven if the nurse awarded the loan teaches in the State of Maryland. This is already having a positive effect upon our community college where we have two part-time faculty members beginning graduate school because of the new loans available. Without these loans/grants, they are not able to maintain financial independence and attend graduate classes. The outcome is that within four years, these nurses will be able to apply for a full-time position. However, this may not be soon enough for the needs of our program or others if we lose any more of our full-time faculty. In the meantime, cracks are being exposed in the integrity of the curriculum as nursing faculty members leave before their time. Finding the right mortar to repair these cracks may re-energize the practice.

## **Cracks in the Mortar of Wholeness**

Carly, a full-time nursing faculty member of two years, thought that teaching in a team meant being part of the whole faculty community. Community is considered by some to be a group whose members share common interests and mutual concerns. When Carly was teaching, she felt the faculty community was too busy to keep her informed or to allow her to share common interests and concerns. As previously referenced, community shares its etymological roots with both the Latin words *communitate*, meaning fellowship and *communis*, common (Barnhart 1995). Communing implies intimate communication (OED, 1989, III, p. 581, 576). Intimate, from the Latin *intimatus*, for inmost and close in friendship (OED, 1989, VII, p. 7), suggests close association developed over years. Was Carly's expectation of close, caring communication on the part of faculty colleagues unreasonable? Her words raise challenges for the nursing education profession. Do nursing faculty members value community, and how important is community when teaching nursing? Of the many studies within the discipline of sociology, Hillary's (1955) review of the literature on community and its defining dimensions, found that there are three consistent themes: social interaction between people, one or more shared ties, and an area context. All of these dimensions are present in nursing departments. If this is so, the challenge for nursing education is, how do we maintain community in community colleges?

Neal (1994) writes that in nursing, nurse educators create community structures to assist students to integrate knowledge. Nursing curriculum encourages "students to think in logical, rational patterns and to organize vast amounts of nursing knowledge" (p. 78). This community or social structure defines many of our nursing programs, but in its

rigidity, may stifle those within. I suggest that social structure also keeps an organization within stabilizing norms, but in doing so, has the capability of ignoring spontaneity. In his work on structure, Turner (1969) explores the connections between *communitas*, which is a communion of like individuals, and social structure. *Communitas* is a regenerative power that refreshes a group creating a needed balancing act between structure and playfulness.

Carly did not say what it is about community that is not there for her in nursing education, or even what was expected. Was there too much social structure and not enough *communitas* for Carly? Was she seeking to be thought of as adding value to the group—to be seen as an authentic being? Is authenticity present for nursing faculty? Carly could not find belonging and communing with her colleagues, so she left teaching for another position in nursing with more to offer.

Others who have left focus on the demands of being a faculty member in nursing and the ways in which these demands make balancing work and personal life difficult. Having a balanced life is essential if one is to have the personal resources needed to teach nursing, which involves so much more than the mechanical imparting of information. The personal and professional dimensions of teaching nursing are both rewarding and demanding: the nurturing of students, as well as the nurturing of self; the teaching of critical thinking; and the guiding of students as they learn how to nurture and care for patients. Yet without balance, there is the risk of burnout. Dorothy decided that the demands of teaching at the community college, combined with a long commute, made it impossible for her to continue as a nursing faculty member. She left, moved to another teaching position with fewer students, with fewer committees, and was closer to her

home. Initially, she had not felt that the length of her commute was a problem, but combined with all the other demands that were eventually placed on her, it prevented her from living a balanced and whole life. She left and placed herself within new walls in a new community college. She faced her problems within the walls and found that she could find her Self as a nurse educator elsewhere.

### **Coming Face-to-Face with Walls**

Community college nursing faculty who abandon the teaching profession once entered into nursing education with excitement and anticipation. Chelsea says simply, “I love to teach.” What do her words reveal? She found that even “loving” to teach wasn’t enough to keep her as a nursing faculty member in a community college setting.

Barnhart (1995) traces the roots of the word love to the twelfth century and the old English word *lufian*, as well as to the old German word *lubon*. The *Online Oxford English Dictionary* defines the word love as an intense feeling of deep affection, a deep attachment to someone or a great interest and pleasure in something. Does Chelsea mean that she has an intense feeling of deep satisfaction for the role of teaching? Is she relating to Gardner (1998) who writes about the need to work at being in love and to work at maintaining relationships? Chelsea realizes that she must work at her relationship with the students. She, then, receives a deep satisfaction from this relationship that she has forged with them. Does Melissa use the phrase “love to teach” too lightly? Are we all using these phrases that we “like to teach” or “love to teach” too lightly? Just what does a colloquialism lose when the words are spoken too frequently? What does this everydayness cover over?

Teaching is being involved with others in a state of reciprocity. Noddings (1984) writes that in the adult student-teacher relationship, there is a form of caring inclusion that is desirable to both student and teacher. Students see what the teacher projects, and interpret the projection using their own perceptive meanings. This does not always create the inclusion that was desired initially. The teacher views the subject matter from the eyes of an expert while also grasping the motivation of the student. The student remains in the cared-for relationship. “What the cared-for gives to the relation either in direct response to the one-caring or in personal delight or in happy growth before her eyes is genuine reciprocity” (p. 74). There is a spiritual connection in the caring-for of another. This connectiveness is communicated through the reciprocity contributing to the maintenance of the relation. We, who teach student nurses, care-for our students, but it is receptiveness in their state of being cared-about that we are able direct them toward learning.

Nurses, as providers of care, teach patients about their procedures, their medications and their disease processes. It is the teaching of patients, families and co-workers that gives Chelsea, and many other nurses, pleasure and great satisfaction. Nurses love to teach. Does teaching mean something different to a nurse who becomes an educator? Collins (2005) writes: “We continually become new in our experiences with our students. We renew our sense of possibility when we live within the profession of teaching” (p. 1). Her teaching in the community college started in the lab setting and progressed to the clinical setting. She constantly challenged her beliefs about the role of teaching. It wasn’t just for the love of teaching that she continued, but for the learning by students. She did achieve great satisfaction from the way that her students made sense of

what they needed to know. She is connecting with her students and helping them to connect with their patients. She shows evidence of this same reciprocity as she interacts with students and patients.

As teachers in an academic role, we teach the concepts of sharing with others to be able to provide comfort, security, and protection. How is it that we teach concepts that we are not always able to put into practice with our peers? Would more sharing of self with colleagues and students help reinforce our humanness with each other? What is it to become part of the walls of nursing education?

### **Making the Walls Their Own**

When nursing faculty identify themselves as teachers of nurses, they are grounded in the practice of nursing. They have a secure place with the students and the curriculum within the walls of nursing education. Their words offer much to those who would enter into the practice of nursing. Moran (2001), now a university professor in a nursing program, began her teaching career in the community college. She describes her entry into the profession of teaching nursing:

Over the course of several years, I was called into nursing education as a way to reach out to those who would enter the stream of the nursing profession....During sessions with students in the hospital setting, I sought to be a role model and to show a caring approach towards patients....I felt a tremendous burden to help shape future nurses to be caring practitioners that I valued so highly. And yet, there was great joy in seeing the beginning signs of competency and compassion. (p. 14)

Moran is aware of the changing needs of the nursing profession and has been challenged to continue to care and to reside with the patients and her students. She writes about struggles faced as she copes with the changing health care environment: “The tension of surviving in the rushing waters moved me forward in my professional journey” (p. 13).

For those who leave teaching there remains a trace of wistfulness in their voices as they describe why they wanted to teach in the first place. Chelsea, who left her position as a nursing faculty, says:

Because I like to teach, I love the students, I like to see their growth....I enjoy teaching, ... really and truly seeing the growth of the students, when that light bulb goes off, knowing that you make a difference and growing a nursing population, that's what we need to do.

Chelsea began teaching informally at the bedside, moving into a nurse manager role where she mentored new nursing staff. She left this role to become a member of a formal teaching team of nursing faculty at a community college.

Nursing faculty members want to be in institutions and departments that provide creative opportunities to develop curricula that will shape future nurses. They hold in high regard the ability to craft and revise curriculum that will influence the practice of nursing. The question, then becomes, what is the view of curriculum nurse educators bring with them? While Chelsea was part of the teaching team she was directly involved with crafting curriculum, something she valued greatly. It is this desire to be a part of the decision-making regarding curriculum that invites others to be a part of the profession of teaching nurses. How might competing perspectives be addressed more openly? In what way are nurse educators brought to the table of curriculum thinking?

The word to craft is from the old English *cræft*, which means to make skillfully (Barnhart, 1995, p. 169). To nursing faculty, skill is a demonstration of expertise. Curriculum needs to be attended to skillfully so that students receive the most current information and that learning is the ultimate outcome.

With the explicit acknowledgement that there can be no fixed or definable boundary between schooling and other lived experiences, we have been alerted to the need for detailed analysis and careful interpretation of the relations between

events of curriculum and what tends to be regarded as non-curricular. In this frame, the “path” of curriculum has been recast as a path laid while walking, rather than a prespecified route to be followed in pursuit of predetermined endpoints. (Sumara, as cited in Pinar, 1998, pp. 83-84)

If nurse educators believe that this is true, then the belief that there are constant changes within the health care arena that must be communicated to student nurses is also true.

While there is the predetermined endpoint of being successful on the state licensing boards, the path to reaching this goal constantly is being recast with changes in health care. Nursing faculty members attend to the curriculum and curriculum revision on a daily basis and take this role seriously. I personally have made a strong commitment to maintain up-to-date curriculum content by continuing to practice in a clinical setting and reviewing current literature for use in revisions. It is not an easy journey; there is much work involved in the practice of teaching. How different is this experience for each of us? My own path to becoming a part of the walls of nursing education offers the reader an opportunity to see nursing education in a different light.

### **Uncovering My Place Within the Walls**

How does my teaching experience differ from nursing faculty who leave? In trying to write about others who view the practice of nursing education differently, I must see myself first. Emotions cloud my vision. I enjoy the practice of teaching, but others are not as happy with their lives as teachers of nurses, and I must recognize these differences. Perhaps through introspection, I can lay open those parts of me that prevent me from openly accepting words spoken from those whose views differ from my own. There is a tension between what I believe to be true about nursing education, my pre-understandings, and the words that I hear from those who leave nursing.

Teaching is my passion; it has always called to me. Becoming a nurse was a shared experience with my mother, who had been a nurse, and many others that I knew as I grew into adulthood. We all shared a common human experience; we were all nurses. The role of the nurse as nurturer and teacher was one that I embraced.

Being a nurse educator gives me the opportunity to pass on my love of the profession of nursing. As part of the larger profession of nursing, I continue to grow through my teaching and learning experiences. In my basic nursing education, every member of the hospital staff taught me. I learned by doing in the technocratic way, and I learned from those with far more wisdom than I had. It was not enough to be skillful and organized; it was equally important to see beyond the words spoken by the patient. I learned early on to ask the more difficult questions so that I could speed the patient's recovery. The diploma that I received from my hospital training school came from years of learning from others. Giving back to those who had shared so much of themselves was expected of me. I became a staff nurse and began to teach others just as I had once been taught. I began by teaching nurses new to the profession of nursing, and during my years as a military nurse, I taught patient care to medical corpsmen. It seems that whenever I saw an opportunity to teach any population, I took it. Van Manen (2003) describes one of the four existential themes that are a part of any lived experience as lived human relation. He writes: "In a larger existential sense human beings have searched for this experience of the other, the communal, the social for a sense of purpose in life, meaningfulness, grounds for living, as in a religious experience of the absolute Other, God" (p. 105). I had found my sense of purpose, my searching for the experience with the other, through

the art of teaching. As I taught others, I became aware of their lived experiences and this enabled me to contribute even more to their learning.

I am a nurse who teaches. What is this lived experience of being a nurse educator? Van Manen (2003) describes a lived experience as one that has evoked reflection and discussion leading to interpretation. Nursing faculty often describe their lived experiences by first describing themselves through their being a nurse and an educator. We often are accepted into the profession of teaching because we are considered expert nurses with a desire to teach. I have many years of nursing experience at the bedside and an equal number of years teaching informally. I had both the expertise and the desire to teach.

While I was working to complete my Master's Degree in Gerontological Nursing, I sought a position where I felt that I could make a difference working with the elderly. I was offered a position as a nurse educator in an extended care facility where I was responsible for developing a curriculum to teach individuals to become nursing assistants and, I also developed family outreach classes. I was learning how to interact with each unique group of individuals, to converse with them. Gadamer (1960/2002) writes: "In conversing with another there is a process of understanding. Each person opens himself to the other, and truly accepts his point of view as valid" (p. 385). I was learning that before we teach, we must be aware of the other and offer what they need in conversation. In nursing, this is part of the process. We first assess, and from this assessment, develop a way in which to meet the needs of those who are in our care. In teaching, we follow the same path so that in our sharing of information, we are interacting in a way that considers those who we wish to reach.

I continued my teaching path as a clinical educator in an acute care agency. I kept this acute care educator role until I found a personal need for change. I had returned to the east coast just as the hospitals were downsizing their clinical educator positions, but the teaching experience in the hospital made me an excellent candidate for the more formal role within a community college. I sought, and was accepted, for a position as an academic nurse educator. Although my initial title was instructor of nurses, I was able to continue to my present role as an associate professor of nursing. I have occasionally become tired of the stresses of long clinical days, frustrating student problems and too many curriculum changes. However, I never tire of being told that as a nursing faculty member, I am making a difference. I have been able to find other avenues within my educator role to become re-infused when I am tired. I re-place myself within teaching, and renewed, I continue. Perhaps this renewal is what is missing from the lives of nurse educators who leave.

I have discovered a place for myself within the walls of nursing education, which offers me a sense of satisfaction and fulfillment. There are momentary times of frustration and disillusionment, but I have not lost my place and remain firmly within the walls. Finding a secure place within the walls of nursing education is a valued end to the new faculty experience and must be given a much higher priority. What about the community college nursing faculty members who have not found a secure place within the walls of nursing education? What is their lived experience? Why do some find their place when others do not?

## **The Walls as Barrier: Leading up to the Leaving**

I listen to the voices of nursing faculty say “I love to teach” as I watch the act of their leaving. I hear the words of those who held an esteemed place within the walls of nursing education and then choose to displace themselves. What do their voices say about this displacement? Casey writes that displacement “represents the loss of particular places in which lives were formerly at home” (Casey, 1993, p. 35). He also writes that with displacement, there is a failure to link up with places. A nursing faculty member is given an office as a place to occupy and a responsibility to teach nurses. Carly was assigned a shared place in a corner office partitioned by long gray walls. These walls opened up to, and closed off, the four educators who shared this place. Each dweller could remain as close or as distant as they chose, but this place where they dwell is unique to each faculty member.

In academia, the office is a place to work with students and other faculty. It is often an extension of our home, with photos, plants and other personal items. New faculty members see how offices reflect the personality of the occupant. One faculty member holds open house in her office by leaving the door open and having treats available to anyone. Other faculty members keep their doors closed and cover over the glass-viewing screen. These nursing faculty members occupy their space as if they are only visiting for a short while. What is it that brings a faculty member to dwell in her space? Is dwelling more than occupying a space? In an office space shared by others, we may choose to dwell together with other beings in the world (Heidegger, 1953/1996) or we may choose to occupy the space. The problem may be that when we are first assigned an office, there is little choice given. Frequently the new faculty member is given the

office of someone who has left teaching. Although the personal possessions of the former faculty member have been removed, there are always traces of the former occupants. These faculty members move out in a day and never really seem to have been there at all. Is the process of dwelling-in-a-place akin to making a lasting impression? When the dwelling place is lost to the occupant through leaving, what is it that the faculty member loses? Losing a dwelling place can be analogous to a group of individuals that have lost their homeland. In nursing education, faculty members who once dwelled in this place are displaced. If their presence has disappeared, does the essence of the nursing faculty member also disappear? In disappearing, are all traces of who they once were to the profession also missing?

When I was given my new office, I inherited framed posters of nursing and a file full of old course material. Even after four years in my office, I still share some of these mementos and I just recently have cleared out the old files. Am I now finally dwelling in this place that I frequent? What does this say about the ways in which we offer a new dwelling place to new nursing faculty members? What might we do differently?

Melissa is both a nursing faculty member, and an Advanced Nurse Practitioner. In advanced practice nursing, those with graduate education may become a nurse practitioner or a clinical specialist. The roles in the profession of nursing differ greatly, but in the academic setting, there is no difference. Nursing faculty members in the community college must have graduate degrees whatever their specialty in nursing. All are accepted equally into the practice of teaching. Melissa says that from the beginning she never felt that she was acknowledged for the special knowledge and skills that she brought to the department. Did her lack of acknowledgement mean that she was not

respected for her Nurse Practitioner credentials? Just what is this respect that she is missing? The word respect (Barnhart, 1995) from the Latin word *respectus* has several meanings, from looking back at and to take into account and consider. To Melissa, respect involved recognizing and using, in curricular design as well as in teaching, her Nurse Practitioner skills. She wanted to be seen for who she was and wanted the department to consider how her special qualities could add to the program. She didn't want to be just another brick in the wall; she wanted her personal place recognized by the community of faculty. She felt that her unique credentials gave students richer opportunities. Do we all feel that our unique qualifications should be celebrated within our nursing programs, and if they are not, can this be a reason for leaving?

As I think about how each of us wants to feel valued for our skills and contributions, and not merely for our degrees, I also realize that all nursing faculty members have additional specialty areas that are important to individual nursing programs that need to be valued and used. Each faculty member brings a uniqueness to their nursing program. It is up to those in nursing education to recognize the uniqueness and to re-turn value. This communicating to and with each other celebrates our individuality, and as we engage, improves the practice of nursing education. This kind of communication also offers the potential of retaining nurse educators with these valued qualities.

### **De-Valued Members of the Community**

Working in an academic nursing department within a community college involves critical decision-making related to curricula change in design and teaching methodology. Formal and informal discussions that result in curriculum modifications or the addition of

new ideas for effective pedagogy can be stimulating and renewing. If there are limited opportunities available in which to be a contributing member of the design team, a faculty member may feel undervalued and not needed on the team. Without opportunities for partnering, faculty members may not enter into the discussions and withdraw further from the community.

The demands of teaching and an often-inflexible nursing curriculum increasingly thwart productive and energizing discussions. “Work-preparatory programs should be seen as dynamic, not static...Our contribution as nurses, nurse educators and educationists toward the development of nursing education and practice should be both realistic and creative–forward thinking and not bound by traditions” (Orem, as cited in Renpenning & Taylor, 2003, p. 97).

The creativity and energy that nursing faculty members bring to their positions in academia needs to be tapped if programs are to be “dynamic” and “forward thinking.” To contribute to care is to give and receive jointly with others. It is from the Latin *contributus*, for bringing together, to add to or to collect (Barnhart, 1995, p. 1530). When in-care, a person opens up to new possibilities, heightens listening, and re-adapts to circumstances. Seeking contributions from each faculty member encourages positive interactions and adds significantly to each nursing education program. Berman (1994) directs our attention to what it means to be called to care in nursing:

Being called to care involves a rethinking of what it means to be in places and spaces where anxiety, dilemmas, and hurt abound. It means not so much revolutionizing nursing...as it does uncovering aspects of the profession that have been taken for granted, questioning what is historically grounded or tradition bounded and reconstructing perspectives on nursing. (p. 14)

Melissa felt that her expertise as a nurse practitioner was not tapped and that she never had the opportunity to be a part of the revolutionizing of the curriculum. The major changes within the curriculum occurred the summer that she left. Because of her leaving, her voice was not heard during this process. She says that she missed many opportunities to learn and to contribute. She wanted to be a key player in the new curriculum revision. It is unproductive to believe that any profession can be sustained without everyone being a part of the process. Melissa was not present for the process of “bringing together.” She missed the sharing that goes with being a part of the nursing team and never felt that her needs as a new faculty member were ever questioned. She says, with heightened emotion evident in her words:

I never really benefited from anybody saying that this would be a good way to teach this in the clinical area, or this would be a good way to teach this in the classroom area....It was just, “You are going to teach the MI lecture.”

Nobody ever said, “This might be a good way to teach it; have you ever thought about this?” or “I’ve used this strategy before and it was very effective.” One time when we were doing group sessions, Terry was the one who said, “I’ve used these group strategies from the years before and the students really enjoyed them” and I said that [I thought] that was a good idea. There was never much of that sharing.

When Melissa asks for faculty sharing of their teaching techniques, she highlights her need for faculty mentoring. To share can mean to experience or enjoy with others (Barnhart, 1995). Melissa wanted more experienced faculty to share their experiences, to give her help, to connect with her, and to communicate with her. Like Carly, she wanted to have a place to come to, to be part of the walls in nursing education. She wanted to have reverberating voices guide her potentiality. If she could only learn how to put her ear to the different walls and hear these guiding voices from within. Except on rare spontaneous occasions and planned end of the semester meetings, most of her colleagues

never had more than a few unplanned minutes to share experiences or to communicate ideas or teaching strategies. This is simply not enough for either. Both wanted to care, to be included, to be part of the dialogue within the walls of nursing education. Do other nursing faculty members respond to the lack of opportunities to share ideas in the same way?

I have learned to seek out others for their ideas when I need to hear their voices. This seeking out has given me renewed strength to try new techniques and add new content. For me, this is more than enough. I gain personally and professionally from my continued curiosity and desire to hear what others have to say. I find opportunities to dialogue whenever possible. What experiences, however minimal, are enough and when are they enough?

### **Turning to Walls as a Place to Begin: Phenomenological Footing**

Van Manen (2003) writes that a phenomenological study requires a deep understanding of the phenomenon. “But in the human sciences...one does not pursue research for the sake of research...To do research is always to question the way we experience the world in which we live as human beings....Then research is a caring act: we want to know that which is most essential to being” (pp. 1-5). He continues describing the process by charging me to understand that “Hermeneutic phenomenology is fundamentally a writing activity” (p. 7). A hermeneutic analysis of the conversations with those who have given up the teaching of nurses will help me to uncover the meanings and common patterns within their experiences. It is through interpretation of the conversations with them that I will come to an understanding of the experiences of nursing faculty members who have left teaching. I seek to understand their experiences so

that this loss of nursing faculty may lessen and pose less of a threat to the walls of nursing education.

### **Lived Experience**

Van Manen (2003) provides me the methodology that will help to make known the meaning of the phenomenon I have chosen to investigate. As the researcher I turn to the phenomenon and investigate it within the context of the lives that we know and live. Van Manen writes that reduced to its elemental methodological structure, hermeneutic phenomenological research may be seen as a dynamic interplay among six research activities:

1. Turning to a phenomenon, which seriously interests us and commits us to the world.
2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on the essential themes which characterize the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and oriented pedagogical relation to the phenomenon.
6. Balancing the research context by considering parts and whole. (van Manen, 2003, pp. 30-31)

In this study I engage community college nursing faculty in conversations regarding their lived experience leading to leaving. I use the six activities aforementioned as a framework to uncover the lived experience of community college nursing faculty who leave the teaching profession.

As I listen to these educators, in conversation, I uncover common experiences using hermeneutic methodology. Hermeneutics is a meticulous reflective approach to inquiry that entails depth and detail. I read the narrative text from the conversations to obtain a general understanding in the initial phase of the process. With each succeeding conversation, I clarify meaning through deeper analysis. An exploration of the common

themes, using the philosophers as my guides, leads me to interpretation of their words. Following the advice of van Manen, I begin the journey through writing.

### **Writing and Re-Writing: Encounters With Walls**

In chapter one, I begin my quest by raising questions about the loss of community college nursing faculty. I am troubled by not knowing. I begin my journey by revealing the walls as I see them. In revealing them, I begin to understand how I have become a part of these different walls and why I remain secure within my choosing to remain. As I walk around and see through the walls of nursing education with others, I notice cracks that I knew existed but could not always see. I, and others, explore these walls together. For the nurses who have left, there is always the possibility of a return to teaching. For the new nursing faculty who enter nursing education for the first time, there is knowledge in understanding that they can find their own secure place in the walls of nursing education. I began my journey into the lived experience of nursing faculty who leave their place in nursing education by listening to voices in preliminary conversations. The words that I heard as I watched nursing faculty leave, make me eager to understand this phenomenon more deeply.

In chapter two, I continued my exploration as I listened to community college nursing faculty members who have lost their footing in nursing education. I turn to the phenomenon that I have named and use the hermeneutic methodology as a way to enter into the experience through the voices of others found in direct experience, literature, and other sources. Understanding comes from relating conversations and dialogue that takes place among nurse educators as they recount their experiences of leaving community colleges.

I turn to philosophers in chapter three to guide my journey to revelation and to show me the way to open up the lived experiences that I encounter. This helps me on my voyage of discovery through the phenomenon of nursing faculty in community college settings who have left the practice of teaching nurses. Heidegger (1953/1996), Gadamer (1960/2002) and others such as Levin (1989) and van Manen (2003) provide direction for the way in which I explore the question.

Chapter four is a meeting place for those who tell their stories. The nursing faculty members who offer up their stories journey with me as I explore the meanings of their experiences. These conversations help to unravel the experiences of being a teacher of nurses and offer a place for their voices to at long last be heard.

Insights that arise from the reflective process of writing and re-writing are presented in the final chapter as pedagogical possibilities for what might be done to improve the teaching lives of community college nursing faculty. In our first poem about walls, Shirley and I write:

Upon these walls the strong have stood,  
And from them fell the weak.  
They've much to tell, if talk walls could  
And someone's there to hear them speak.  
(Karl & Parry, unpublished poem, 2005)

What can the walls tell us if they could but speak? What do the voices of community college nursing faculty who have left the profession of teaching have to say to those who are left behind and to those who will become nursing faculty? The next chapter begins that exploration.

**CHAPTER TWO:**  
**AN EXPLORATION INTO THE PHENOMENON OF THE WALLS OF  
NURSING EDUCATION**

From Wall to Wall

We Share Walls

Some are old and thick and made of stone  
Some are clear and thin for the sky to come in  
Stronghold, Barrier, Enclosure, Shield  
(Kuklin, 2002, pp. 1, 3, 4, 24)

*From Wall to Wall* is the title of a children's book that serves as a way to enter into my use of walls as a metaphor for the discipline of nursing education. Kuklin (2002) has a unique way of picturing each wall that she describes. Each page has a different photograph with a small descriptive caption beneath. Each wall is portrayed with its own strengths; together there is a sense of shared community and structure. Nursing faculty, as metaphorically a part of the walls of nursing education, are entities within the discipline of nursing. Chapter two is an awakening to the phenomenon of **the lived experience of community college nursing faculty who have left the profession of teaching** using the literature as my way of access.

In exploring the phenomenon of lost community college nursing faculty, I re-turn to the path that the nursing faculty members took as they entered the profession of teaching nurses. I use their voices as an opening into their lived experiences. It is these voices that guide me to their places within the walls of nursing education. While on the literal level there is no solid structure formed of bricks and mortar, nursing education has a structured framework and, as such, is built upon the foundation of the discipline of nursing. Nurse educators choose to become a part of these walls named nursing education

and place themselves within the walls that are built upon the foundation of nursing. Nurse educators teach a variety of course subjects such as nursing fundamentals or psychiatric nursing. These courses make up the curriculum within the discipline of nursing, much as the stones make up the walls. Kuklin's description of walls as "old and thick and made of stone" (2002, p. 3) evokes a mindful view of walls that have stood the test of time and remain in place for those who follow. But sometimes that thickness may have to be questioned as unchanging, whether it be educators themselves or the curriculum they teach. Those of us in nursing education view the walls from the historical eye of nursing leaders such as Florence Nightingale.

### **Retracing Our Roots**

Florence Nightingale (1820-1910) was among the great nurse educators who laid the foundation for the walls of nursing education. She was unique in her time as she advocated for a specific education for nurses, and is known as the founder of modern nursing. In one of her famous addresses to her probationers (student nurses), Nightingale writes:

To be a good nurse, one must be an improving woman; for stagnant waters sooner or later, and stagnant air, as we know ourselves, always grow corrupt and unfit for use. Is any one of us a *stagnant woman*?<sup>1</sup>

Florence Nightingale's "improving woman" is one who is persistent in learning and bettering herself. This thinking persists today, and to compare these words to a more current text, I turn to the Anne Arundel Community College (AACC) Department of Nursing Faculty Manual. This document is a guide for nursing faculty members

1. Address to the probationers (students) of the Nightingale Training School at St. Thomas's Hospital, London 1872. Florence Nightingale wrote many addresses to the students but never delivered any in person.

so they may learn the ways of making a “good nurse” in an associate degree program. A pivotal role of the associate degree nurse “is to practice within the legal and ethical framework of the profession of nursing and to maintain a commitment to professional growth and self-development” (AACCC, 2005, p. 36). We at the community college mandate that our nursing students practice within the legal and ethical framework of nursing. We are sustaining our foundational roots.

When Nightingale speaks of an “improving” woman, rather than being corrupt and unfit for use, these directives also imply that self-development and commitment to professional growth and development lead the nurse away from stagnation and toward improvement. But the word improvement itself might be questioned. Who defines improvement and for what ends? Improving is a word that comes from the Anglo-French *improwen*, which means to turn to profit, cultivate and make more valuable (Barnhart, 1995, p. 379). What recourse is open to the nurse for cultivation? Is cultivation the same as growth, or is it the act of growing? Does growth make a nurse more valuable to the profession, and can this value be measured? Nurses have ways to grow through continuing nursing education to keep them up-to-date. They may choose advanced clinical practice degrees as a way to redefine their practice models and to grow within the profession of nursing.

Each state’s Board of Nursing echoes the mandate to the keep up with current standards. The Nurse Practice Act of the Maryland Board of Nurses establishes the standard that “The RN shall acquire and maintain current knowledge and competency in nursing practice” (MD Nurse Practice Act, 2004, p. 1592-20-3). Documentation of competency and a current knowledge base in nursing practice is required in the state of

Maryland, but is not mandated for approval of RN licensure renewal. It states: “There must be satisfactory evidence of one thousand hours of active nursing practice within the five-years preceding the date of renewal” (p. 18). Is satisfactory evidence of clinical practice a determinant of an “improving woman” within the profession of nursing? What other standards might be applied, and how might these affect the practice of nurses? Nurse educators, as processors of the curriculum, and users and distributors of standards, need to voice their concerns about these flawed standards of license renewal. A challenge to those within nursing education is to determine what clinical practice or education is necessary to create an improving woman—a “good nurse.” What standards need to be established for the profession?

Nightingale set the stage for much of what is considered critical to the advancement of nursing. It is the educators who must adhere to the standards and practices of nursing so that the new graduates will continue in the rich traditions of the pioneers such as Florence Nightingale. The outcomes of nursing programs reflect the need for nurses to continue to grow. Most nursing programs ask graduates and their agency supervisors if they are maintaining and growing within the profession of nursing. In one example of assessing professional growth, an area community college Nursing Graduate Competency Follow-up survey (2005) asks nurse managers if the graduate demonstrates professional behavior. The Maryland Nurse Practice Act states that the RN graduate “Demonstrates accountability for maintaining the standards of professional practice to include holistic care across the settings, legal/ethical behaviors, and life-long learning in concert with the Maryland Nurse Practice Act” (p. 144). Once again, I see

evidence of the history of nursing and how our established standards of practice are still current today.

The survey uses quantitative measures to determine the progress of the graduate nurses with a community college education, toward maintaining the standards of nursing practice. Would narrative inquiry offer more insight into the actual caring practices of graduates? I wonder what we might hear about how the graduates are meeting the standards of nursing practice and what gaps remain if a place existed to hear their stories? Seeking a dialogue with nurses who teach and work with graduates of our nursing program, we keep an open invitation to nurse educators through our follow-up surveys. Is this enough to evaluate the outcomes and our graduates' professional actions? Would more of this insight impact the way educators teach nursing?

Nightingale was responsible for designing one of the first nurse training schools in England that was not on-the-job training. In her book *Notes on Nursing*, she outlines what is, to her, the essence of nursing education:

I use the word nursing for want of a better word. It has been limited to signify little more than the administration of medicines and the application of poultices....It has been said and written scores of times that every woman makes a good nurse. I believe, on the contrary, that the very elements of nursing are all but unknown....But the art of nursing ought to include such arrangements as alone make what I understand by nursing, possible....The most important practical lessons that can be given to nurses is to teach them what to observe and how to observe....All this is what ought to make part, and an essential part, of the training of every nurse. (Nightingale, 1860/1969, p. 105)

As a key figure in the transition of nursing education, Nightingale took the profession from hands-on training provided by hospital training schools to a more theoretical curriculum in an academic setting with a focus on outcomes. She believed that nurses should use their minds and abilities to note important data—the original basis of empirical

science. This approach, that encourages all kinds of inquiry, represented a critical advance in the understanding of nursing and helped establish the basis of modern nursing education. Nursing as a discipline, has continued to grow from the roots established by our historical leaders. We have added theories of nursing that have as their foundation the application of technical knowledge, as well as caring communication established within a nurse-patient relationship. Phenomenological studies offer opportunities to uncover the practices of nursing that are not able to be quantified. In listening to the words of the participants in this study, I attempt to uncover concealed practices within nursing education that might help us understand better why we continue to lose educators. I look first to the profession of nursing for answers through the nursing theorists.

### **Theories Evolving**

The walls of nursing education are built upon the foundation of the discipline of nursing. Nursing as a profession needs theorists to help define and re-define the discipline. As Nightingale suggests, many elements of nursing remain unknown within the profession. Organizations such as the American Nurses Association (ANA) and the National League for Nursing (NLN) have emphasized the need for one educational curriculum as a standard for practice. “Educational preparation is a major issue in nursing. The multiple educational preparations are confusing to employers, consumers of health care and nurses themselves” (Taylor, Lillis, & Lemone, 2001, p. 16). “Eventual agreement upon one model as a basis for education, practice, and research is essential if we are to develop a cumulative, cohesive body of knowledge” (p. 4). Is an agreement any closer to being a reality? Should there be one model? If there is no current model for

nursing, what is the impact on nursing education? Are the walls of nursing education still waiting to be exposed?

Early nursing theorists such as Dorothea Orem (1971) and Paterson and Zderad (1976), describe the general concepts of nursing curricular design and imply that nurse educators have an obligation to develop curriculum that introduces nursing as a discipline having its own knowledge base. Nurse educators turn to the defining words of the theorists and their concepts, as they work to strengthen the discipline through students. The theorists' words offer guidance. In describing the student nurse role, Orem notes that they are challenged to provide care for the whole person, introducing the term holistic nursing. The student nurse is helped to understand concepts of the "whole person," using Orem's theoretical frame of reference. Orem's theory relates nursing care to care of the patient in a variety of settings and experiences. She also places the patient in need of different levels of nursing care, either independent or partially dependent. In speaking of a concept of nursing, Orem says:

A valid general concept of nursing establishes the specific nature and characteristics of nursing as: (a) a field of human endeavor directed towards the achievement of specific types of results and (b) as organized, structured knowledge with a foundation in first principles arising from the nature of man and society... Work-preparatory programs should be seen as dynamic, not static. We have much in our heritage to overcome. (as cited in Renpenning & Taylor, 2003, p. 94)

Does Orem mean that we should move away from on-the-job training of the hospital-based programs of the nineteen-forties through the sixties? Are nursing programs in the community college dynamic? Do they retain the strengths of our nursing heritage, and do they extend beyond some of the more limited thinking? Are we, as nurse educators,

heeding the words of nursing theorists who are trying to conceptualize the profession of nursing education? Dare we voice disagreement?

Sound professional education has emerged in the twentieth century. Our contribution as nurses, nurse educators, and educationists toward the development of nursing education and practice should be both realistic and creative—forward thinking and not bound by traditions. (Orem, as cited in Renpenning & Taylor, 2003, p. 97)

Nursing theory is the grounding for nursing faculty and gives us a place from which to build and re-build curricula within the walls of nursing education. But there are competing values and ends in the different theoretical perspectives.

In Paterson and Zderad's classic theory of Humanistic Nursing (1976), nurse educators are challenged to look for a framework in which to teach nursing as a discipline. They seek an understanding of the nurse-patient relationship from the teaching-learning vantage of the nurse educator. The "humanistic nursing approach respects nursing experience as a source of wisdom. By describing and conceptualizing the phenomena experienced in nursing situations, nurses could contribute to the development of nursing as a discipline" (p. xi). It is the contention of Paterson and Zderad, that common experiences exist within nursing, and from the words of these experiences, there is further exploration and understanding. Humanistic nursing is one way in which to enter into the conversation about the discipline of nursing and its foundational structure.

Watson (1988) believes that a more human caring approach be used to develop a model for the new nurse—the "scholar-clinician."

My theory of human care begins with my view of personhood and human existence; that in itself becomes metaphysical. What is essential in human existence is that the human has transcended nature—yet remains a part of it. The human can go forward, through the use of the mind, to higher levels of

consciousness, by finding meaning and harmony in existence. (Watson, 1988, p. 45)

Watson's theory breaks free of the medical model because nursing is now free to do so. Although she is uncertain as to whether her theory or any other is prescriptive, she does acknowledge, "Perhaps the human values and moral ideas are prescriptive" (p. 51).

As a foundation for nursing education, is the lack of one accepted nursing theory a factor in the loss of nursing faculty? How better to answer these questions than by going to the sources within philosophy.

### **Toward the Sources**

I turn to phenomenology as a way of access to **understanding the lived experience of community college nursing faculty who have left the profession of teaching.** Van Manen (2003) writes that the research methodology is not the starting point of any investigation. I must begin the research by asking the questions that will lead me to an understanding of the phenomenon. The nurses who were once invited into the profession of teaching, leave. What is their experience of leaving? How do I come to understand the discrepancies between what was seen as a promise and the shadows of the realities of teaching novice nurses?

It is through the practice of Heidegger and other phenomenological philosophers that I come to take my first steps. Kleinman (2004) writes that nursing leaders such as Paterson and Zderad (1976) and Benner (1994) use the works of the phenomenologists as a way to enter into their discussion of nursing practice. More recently, I turn to other nurses (Diaconis, 2001; Moran, 2001; Neal, 1989; Packard, 2004; Slunt, 1989) who have used phenomenology as their way of understanding lived nursing practice. Slunt (1989) explores the meaning of becoming competent as experienced by nursing students. She

writes that nursing students require the guidance of nursing faculty as they learn to “be-with” the patients in a clinical setting. Nursing faculty members are considered expert practitioners, but unless they show these novices how they arrived at their clinical judgments they may leave the student faltering behind. Diaconis (2001) undertakes a study into the lived experiences of nurses who re-turn to the college setting to complete a baccalaureate degree in nursing. Moran (2001) writes of the lived experience of registered nurses as they work within the changing health care climate. These studies provide insight into other experiences within the discipline of nursing.

Neal (1989) seeks to uncover the essence of the student experience in a clinical nursing setting. Although it is a study directed to understanding the student experience, she writes of her role as a teacher of student nurses. She writes, “Thus the inquiry is moved towards ontology and the nature of being a teacher” (p. 25). How many nurse educators place themselves in the vulnerable position of self-disclosure? Is this a direction that we as seasoned nurse educators should take? Should we also pass this practice on to novice nurse educators, so that they also may enter into a pedagogical relationship with the profession of teaching? Neal (1989) writes about her struggle with retaining intuitive judgment in the midst of a prescriptive developmental mindset in her profession.

How can a teacher recognize the limits of these theories and move beyond the technical reality they impose on educational practice? ...Is nursing education balanced between ‘knowing’ and ‘being’? Does the emphasis on behavioral objectives and achieving minimum competencies so specifically direct our attention to cognitive ‘knowing’ that we no longer give enough attention to caring about the ‘knowing-being’ of our students. Is the education process a humanizing or de-humanizing experience for both teachers and students? (Neal, 1989, p. 9)

I read her study with excitement and dismay as I realize that I, as a nurse educator, could benefit from the words that she writes, but know that I have not immersed myself in such pedagogy. I also am aware that I have an obligation to share this knowing with other nursing faculty members. In this way, the studies that may impact the profession of teaching nurses will not go unread.

Kleinman (2004) writes that the goal of nurse researchers who select interpretive or hermeneutic methodology is to construct a text that is strong and powerful. This text gives insights into the phenomenon and associated meanings. A structure of the phenomenon is then established by the discovered essential meanings and their interrelationships. We can learn from these nurse researchers the power that phenomenology has to bring forth meaning from experiences. Benner (1994) writes that interpretive phenomenology has much to offer those who practice nursing.

Linda Caputi (2005) in *Teaching Nurses: The Art and Science*, opens the book with a chapter about the nursing faculty shortage. She speaks of the phenomenon from a different vantage point—one who is retiring from the profession. She recognizes a paucity of research around those faculty members who leave, as well as their replacements. She writes, “The problem is not only that there are faculty shortages” (p. 2), but that this shortage becomes more critical when we take into account that most teachers of nurses are not educated to be teachers of nurses. The shortage of experienced nurse educators becomes much more problematic. Caputi’s work is based upon quantitative methodology on faculty shortage through the use of surveys to offer solutions to the current problem. Her book is a comprehensive resource for the new educator-in-training by offering a complete guide to the process of teaching nurses. While a superb educator’s recipe book,

it does not address how to deal with the lack of advanced preparation before entering the teaching profession. It seems as if addressing the symptoms takes priority to addressing the root causes.

Unfortunately, like many other books on the shelf of nursing education departments, the voices of those who left the discipline of nursing education are missing, and those voices have much more to offer. Those of us experiencing the phenomenon from different vantage points may benefit from hearing from those who are leaving. Their stories may help us to work within the profession to re-frame and revise nursing education. Not everyone is up for the challenge. Teaching...Pass it on.

### **All About Teaching—Pass it on**

Nurses who wish to teach have experience at the bedside and a desire to share this experience with others. But what is this profession of teaching nurses? What can be learned from those who teach? Let me explore the words that are part of teaching. Barnhart (1995) notes that the word teacher was derived before 1300 from *techere* and formed from Middle English, *techen*, to teach, and in an earlier sense means that which shows or points out. If we follow this line of thought, we see that the word “show” is derived from the word *shewen*, which means to let be seen, put in sight. Just what is it that we are letting be seen? What are we as nursing teachers putting in sight? We let knowledge be seen. We offer this knowledge to the student and offer ways in which they can, in fact, see. What really is not being seen with regard to what teaching entails?

Teaching, particularly in nursing, often involves lecturing, being a lecturer. The word lecture is derived from the word *lector*, which means to read aloud. Faculty would deny this practice and say that they espouse the true meaning of the word “teacher;” they

show the way to the written word; they open the eyes of the learner; it is not their intent *to read* to the learner.

Currently, there is a trend toward evidence-based practice that requires students to present their input into the learning process through case presentations and increased dialogue. “Evidence based practice is a framework for clinical practice that incorporates the best available scientific evidence with the expertise of the clinician and the patient’s preferences and values to make decisions about health care” (Levin, 2006, p. 6). The model originally was proposed by a British physician, Dr. Cochrane, who was alarmed at the lack of critical appraisal and application of research in the care of patients. His original model was called systematic review. The name changed in 1990 to Evidence-Based Practice or EBP, to refer to the basic framework for looking at the evidence first and following the research to its logical end. There is currently a nursing movement toward the use of this framework and a journal entitled *Evidence-Based Nursing*.

Evidence-based nursing (EBN) opens the eyes of the student to a more interactive learning experience. Since the application of evidence-based practice into the classroom requires nursing faculty to learn new ways to apply this particular technique and adapt it for their own use, it also may mean that this will require a change in existing ways of teaching. Changes in teaching practices may not always be embraced by those more comfortable with the didactic methodology. Are there consequences when nursing faculty do not adapt to the use of new techniques or are unable to change, and how do we then pass new practices on to novice faculty members? Is passing-on the most desired way to teach?

Nursing faculty members also may resort to practices that they brought with them from other learning situations. Slunt (1989) writes that in the clinical setting, nursing faculty “In striving to promote a sense of inner control and independent decision making, may communicate alienation and distance by telling the student to ‘think for themselves’ when responding to questions” (p. 131). This practice may result in a failure to teach, which reaches to the student and the student learning process. And yet, how is it that this very important aspect of learning self-reliance gets neglected? We fail our students by creating situations in which they cannot learn. How can we create situations in which students *can* learn?

### **Becoming a Teacher**

Being adequately prepared to teach involves more than a desire to teach; it also involves an understanding of the principles of teaching. Louis Schmier (1995) writes about three principles of teaching. The first principle is that a teacher must help every person become the person that he or she is capable of becoming. The second principle is that teachers must apply emotional and spiritual components to education. The third principle is that teaching and learning are acts of human relationship.

I started to see that my purpose is to create an environment in which students address themselves honestly....As a teacher, I became interested in endowing students with a lifelong love of learning, creating a self-reliance, opening their hearts with the power of humility, helping them to learn how to learn, giving them a glimpse at the awe and wonder of learning and giving them a glimpse at the awe and wonder of their potential....My purpose is to nurture. I do not believe that there is anything more powerful in the classroom than a bond of trust and honest interaction among everyone in that classroom. (Schmier, 1995, pp. 21-22)

For Schmier, teaching is so much more than being a lecturer or a professor. Like Nightingale, he believes in the imperative of perpetual growth and change; Schmier

wishes to create an environment for learning. How and where do nurses create an environment for learning?

The clinical setting is the classroom environment of much of nursing education. Ferguson (1996) writes that clinical teaching is at the core of nursing education. The clinical educator must integrate theory and practice while providing an optimal learning environment. This learning environment encourages continued growth and positive change in students and is open to meaning and closed to prejudice. Gadamer (1960/2002) writes that to understand the existence of the student, we “must place ourselves in the other situation in order to understand it” (p. 303). Not only must the educator place herself in the situation of being a student, but also in the situation of being a teacher. A novice educator, although an experienced practitioner, must be shown the path to becoming situated in the world of nursing education. This understanding of the student’s lived experience will ground the clinical educator, providing a rich landscape for a positive teaching/learning experience. Do our nurse educators come with that preparation?

Raszewski (2005), a former faculty member, writes about her motivation in teaching students: “I enjoy mentoring nurses and teaching students. I enjoy their commitment, their enthusiasm for the profession...[I] love to see the light come on when they grasp a new concept” (p. 10). To her, the ideal role of the faculty is to mentor, to be a role model for student nurses who will become the next generation of registered nurses. Waiting for the light of understanding shows awareness on her part for their ability to learn. Raszewski is open to the students’ experiences; she is firmly situated in her role as

a clinical mentor for student nurses. Do nurse educators, themselves, receive that kind of mentoring?

Student nurses have a separate but equally important perception of the role of a nurse educator. For many it is a positive experience. One student writes a tribute to her mentor in the book, *The Heart of Nursing* (2002):

A Tribute to My Mentor

I was but a fledging nurse  
My nursing knowledge was limited, and not well versed  
Your standards were HIGH  
Your expectations were Great  
You inspired me to see, nursing was my fate.  
Education and wisdom, you provided.  
Mentoring and coaching...it never subsided  
As I reflect upon my achievements,  
it becomes evident to me,  
that because of YOU,  
I am a better ME!

(Brown as cited in Wendler, 2002, p. 88)

This tribute evokes the language of caring and nurturing by faculty who flourish as they hear the voices of their students. Their words call forth the language of caring, of being with another. Just recently a new student nurse sent me the following email, after what she describes as, a fairly harrowing clinical day:

I wanted to thank you for all your help yesterday at our clinical. We have all been stressed the last few weeks, and you brought a calm with you. You gave me some good tools to use to better manage my time. Today went so much more smoothly. I had my assessment and vitals done and my meds passed out (on time). I know I will continue to use the insight you gave me, and I look forward to seeing you in 2<sup>nd</sup> year. Thanks again!!

As I read this small token of gratitude from a student, I warmed again to the role of the nurse educator. I was with this student for only a few hours, but sharing my way of doing and being had meant much more. I had helped her pass some of the more technical

hurdles that all students must overcome before they evolve into a more supportive, thoughtful nurse role. I was present to listen to what she needed on a fairly harrowing clinical day. I passed on to her words of experience that had been given to me from my teachers. The technical and emotional exchanges are rooted in language such as “passing it on.” Our relationship is an example of the beneficial exchanges possible between student and teacher.

What words would the student rely upon if the faculty members were less experienced and had less to “pass on?” Do nurse educators who leave, not have these opportunities for real knowledge sharing, and nourishing words from their students as well as colleagues?

Teaching is like that. Given the freedom of the university classroom one of the most appealing, yet challenging aspects of teaching is that the instructor has the potential to structure and present the subject matter and interact with students in ways that are limited only by her/his imagination, commitment, and energy. While there are moments of academic ecstasy, you know it can get even better; that mystical unobtainable is what keeps us trying again and again....Teaching in many ways is like being in love. They tell us that those in love are taken to the highest peaks and to the dismal depths; those in love must work at and be dedicated to the relationship; and finally those in love must give more than they receive. (Gardner, 1998, p. 179)

When Gardner writes that the instructor has the potential to interact with students, limited only by the imagination, I see my colleagues planning a new strategy to teach difficult nursing concepts. Although not always received with the same enthusiasm that was generated by the nursing faculty, student interaction does occur and new concepts are learned, not just lectured about. How do we “pass that on” to newly hired educators?

### **Becoming a Teacher of Nurses**

During a preliminary conversation, Melissa, a former faculty member, says that she became a community college nursing faculty member to learn how to teach in a more

formal setting within nursing education. It seems ironic now as I listen to her conversation that she left because she did not know how to interact with the students in a teaching-learning mode. Instead, she needed to learn to interact in instructive ways to create the student interaction so essential for learning. What was Melissa thinking when she accepted the nursing faculty position? Did she get the impression during the interview that she would be taught how to teach? What was the college thinking when she was hired? Her clinical expertise and her Master's Degree in Nursing (MSN) met the criteria for a position in the nursing faculty. Her lack of experience in teaching was not considered as problematic. Perhaps the thinking was that new faculty members can learn the ways of the community college, and subsequently, the ways of teaching will follow.

Several years ago, administrators at my community college recognized the need for a college learning experience for newly hired full-time faculty members. They created the *Learning College*, which was intended to prepare new faculty for teaching in the community college. All new faculty members meet monthly for the first year of their community college teaching. They meet as a group to learn about the community college environment, to review the college performance standards, and to share common experiences and career ideas with each other. The *Learning College* prepares new faculty for the community college environment, but falls short of teaching new faculty members how to teach. Looking back, Melissa might admit that she was not ready for more than lecturing. She was not schooled in creating a teaching/learning environment. Who has the responsibility for making certain that she was ready? What is lost to the students when faculty members are hired without appropriate pedagogical preparation?

It is the responsibility of each department or school to orient the new faculty to individual faculty responsibilities. It is at this level that new faculty must enter into a conversation about their unique needs and desires as they begin to teach. It is at this point that a mentorship program must be implemented and where nursing faculty must dialogue. This dialogue often is placed in a lower priority position and may result in frustration that begins to grow with each new unexplained obligation. There is a belief that teaching a lecture component can be learned through exposure to essential elements of “lecturing,” and that clinical teaching is an extension of patient teaching. Since patient teaching is an expected practice within nursing, are all nurses experienced teachers? Melissa doesn’t think so; she never felt that she was taught how to teach.

Should there be a separate teaching degree for those who wish to become nursing faculty? Can the roles of the advanced nurse practitioner be combined with teaching, or should there be separate paths to practice? Who will decide who becomes the teacher—the graduate student or the graduate program? Currently, nine graduate credits in education are required for those who desire to teach in the educational setting. What additional considerations might we need to decide whether new faculty members will become successful teachers?

### **Good Mortar, Good Teacher: Bad Mortar, Bad Teacher**

Nursing faculty members aspire to become good teachers. What does this involve? Who are the good teachers? In nursing education, the nursing process is a prescription for organizing the clinical experience and identifying the patient problems. Nursing faculty members charge the students to follow through on what they see, and to seek to uncover even more than is already known. In this we demonstrate a catering to

the known and the unknown, so that the student can share in our delight as they discover and even recommend paths to healthy recovery for the patient. As I seek to understand the experiences of community college nursing faculty members who have left the profession of teaching, I ask what is it that they seek and never find about being good mortar, good teachers? The word mortar, which has as one meaning, cement, is derived from the Latin word “*mortarium*, which is a bowl for mixing and pounding” (Barnhart, 1995, p. 489). What are teachers holding together as they strive for the mortar to make meaning of ideas that are essential for student learning? What are the containers they use for this purpose? Other colleagues? The curriculum? The students themselves?

Cravens (1996) examined students’ perceptions of the characteristics of teaching excellence using a questionnaire to determine what students valued among a group of predetermined characteristics. Although this study did not target the nursing student, it was conducted in a college setting. It is telling in that there was no overall agreement among the students who responded to the questionnaire. From the initial questionnaire, a second was developed to further the study. Cravens begins the report by stating that teacher excellence was surveyed and not teacher effectiveness, so while a teacher may be perceived as excellent, it does not always follow that the same teacher facilitates learning. The author writes that there are certain behaviors and characteristics perceived by students as being associated with excellence in teaching. The top five characteristics of an excellent teacher are that the teacher uses relevant examples, has a clear emphasis on the facts, uses visual aids, uses humor in the presentation, and projects enthusiasm.

Nursing students often offer the same responses when they are asked what makes a nursing educator excellent. Students who have taken nursing classes have written on

evaluations that teachers are excellent because they clarify things that are hard to understand so that they can learn them, or that they are very enthusiastic and make them want to learn more about nursing. I wonder how many of us can say that we are an excellent teacher, and why? How is that new nurse educators are engaged in this practice? Are they only judged but not helped to learn what they might do differently?

It is interesting to note that quantitative scores are used by community colleges to identify excellence in teaching faculty throughout the disciplines, including nursing. Comments are requested but not always viewed by students as a valuable use of their time. In fact, fewer than 30% of all evaluations contain written comments. Cravens' report views teaching through a very technical lens as though this technique were the only way to view teaching. In the community college, nurse educators are retained and promoted based upon such technical evaluations as described. There are opportunities for the voices of peers to become a part of the promotion process, but students' voices and a yearly supervisory evaluation are deciding factors for contract renewal. Students' critical comments can create the balance or imbalance in this process. Despite negative evaluations, some faculty may be retained because of a belief that it often takes more than one semester to show promise as a clinical faculty and, honestly, occasionally because there is an insufficient pool of applicants from which to obtain replacements. There is a challenge to nursing faculty to view evaluations as constructive commentary rather than a popularity contest. The challenge also is to provide the means to assist nursing faculty members to improve their teaching.

Diekelmann (2001) explores the perceptions of nursing students as they write about experiences with clinical faculty. In one very negative narrative, students complain

that their voices are not heard when the ultimate power for decision-making is placed in the hands of a single faculty member. One student speaks of “a brilliant lecturer” who assessed rigidly and used her personal authority to interpret objectives oppressively (Diekelmann, 2001, p. 62). This teacher gathers her students into a course in an environment of fear, and makes it clear to colleagues that she alone has the correct answers. Unfortunately, this particular study reveals frequent narratives related to oppressive behavior by faculty. This behavior is not unnoticed by peers who find themselves powerless to change the behavior of the oppressive faculty member or intercede on the behalf of the oppressed students. What is it that is meant by an oppressive faculty member?

Oppression is a word borrowed from the original Latin word *opprimere*, which means to crush, or in another translation, to burden unjustly (Barnhart, 1995, p. 524). Is this the experience perceived by the students? Did they feel unjustly burdened? Nurse educators find themselves in a unique position of power-over students. Is there justice in this power-over, or is it used unjustly, as the word oppression implies? Freire (2006) writes that those who are oppressed, best understand the oppressor. Are the students the oppressed; is the teacher the oppressor? Were the students correct when they perceived the brilliant lecturer only in terms of the rigid behavior of the faculty member, and not in terms of what could be learned? What a disservice to both teacher and learner. Were the students powerless to learn? What does it take to empower students, and once empowered, will they be heard? Is the process of empowerment open to new nursing faculty? Is empowerment a critical part of what new faculty members seek and never find about being good mortar, good teacher?

## Building The Walls of Nursing Education

The advertisements in professional journals and circulars call out: Nursing education is an exciting field! Pass it on! Come teach with us; come share your nursing experience as we work to prepare future generations of nurses! Sharing the experiences of nurses who leave clinical settings to become nursing faculty members, only to be dissatisfied enough to again return to clinical settings, is one approach to take toward revealing the stories of why nursing faculty leave. There is information within their narratives about what transformed their initial enthusiasm for teaching and then what led them away. These trained professionals chose to answer the call to teach patient care and nurture novice nursing students. What is this call to practice teaching instead of advanced practice nursing or nursing management? What is it to be called? Berman (1994) writes:

A calling may be an awakening to a sense of purpose. A call involves hearing and reflecting upon experiences in one's history and deciding upon next steps....A call may be considered an evocation....Indeed, a call is a heightened response to our human restlessness. (p. 9)

A calling requires listening to an inner voice, reflecting upon experiences and making a decision. Heidegger (1953/1996) distinguishes this inner voice from the voice of the "they." It is a beckoning into becoming a part of what he calls *Dasein*, and being concerned with the very being of itself. This translates into being called to understand our most basic understanding of ourselves in terms of our existence. The word call is derived from Old High German *kallōn*, which means to talk much, to chatter. This derivation does not suit nursing's meaning of call very well, but as I seek further, I find that the word "calling" (Barnhart, 1995, p. 99) comes from an earlier meaning, a summons to a way of life. Are we as nurses summoned to a teaching way of life? Nurses often speak of

being called to be teachers, knowing they could be more, offer more. They feel as I do. This is a way to follow an inner voice. To what is one being summoned?

Possibly, nurses have a tendency to be nurturing which leads them to go beyond caring for a finite number of patients. As a result, they opt to give more care to their community by teaching the seedling nurses. The idea is that teaching care begets care. The roots of nurture and nurse are the same; they both come from the Latin *nutrire*, to nourish (OED, 1989, X, p. 561). To nurture means to nourish, to support and bring up to maturity. A second meaning is to train or educate (p. 608). Nurses think of the relationship of nurse educators to students in both ways, to nurture and to educate. By teaching students the medical techniques, and nurturing in them the other complex skills of being a caring nurse, teachers help to bring them into maturity. How are nursing faculty members themselves nurtured?

Nursing faculty continue a long line of nurturance. We gain our own knowledge of nursing practice through education. We encounter and learn from nursing faculty who want students to join them on a journey to enrichment within the practice of nursing. In turn, we give of ourselves to our students by sharing nursing knowledge and our expertise. We ask them to join us as we show them the door to the community of nurturance and caring within the walls of nursing. How are nursing faculty themselves nurtured?

Nursing faculty members act to influence or inspire student nurses, to instill in them the practice of nursing. There is an art and science to the profession of nursing that must be uncovered so that students may learn and become nurses. Community college nursing faculty members are charged with being able to combine clinical expertise and a

passion for teaching. They are responsible for preparing and mentoring current and future generations of nurses. According to *Nursesource* (2005), nurse educators play a pivotal role in strengthening the nursing workforce. They serve as role models, provide the leadership needed to implement evidence-based practice, and pave the way for those who will come later. Through their efforts, nurse educators create a new generation of nurses that ensures the continuance of the profession of nursing. Community college nursing faculty have the challenge of teaching many of the novice nurses who enter the profession and must continue to explore new avenues of teaching that will perpetuate the profession of nurse in a meaningful way. Who will show the way to these new avenues of teaching? In *Toward Curriculum for Being*, a group of teacher educators share their journey as they attempt to make meaning of their lives as teachers. They speak to “becoming” in their teaching.

A curriculum for being is based on the assumption that teachers are caring, self-motivated, and interested in providing settings for the enhancement of the persons whom they teach. Teaching then is not legislated but comes through the intensity and care of the conversations among persons striving to become more sensitive and knowing. (Berman, Hultgren, Lee, Rivkin & Roderick, 1991, p. 10)

Are nurse educators on the same journey as teacher educators creating a curriculum for being? Do they strive for this same fulfillment to enhance the knowledge of those who would be nurses?

Diaconis (2001) shares her experiences as a teacher of nurses: “In the classroom, we celebrate nursing, its professional values and practice of caring...each student contributes his/her own rich stories of nursing” (p. 14). She writes that it is this journey together, this sharing of stories that leads to an understanding of meaning. This is

teaching. However, excessive faculty losses are threatening the joys of teaching in that journeying together. The stories are lost before they are shared when faculty leave.

### **Caring Practice From Within the Walls**

The practice of caring is not limited to the profession of nursing. However, there is an abundance of examples exposing the caring for and by nursing faculty. Nursing often is called the caring profession mandated by the standards of nursing practice to teach the delivery of quality patient care. In 1965, The American Nurses Association defined nursing as an independent profession. “The essential components of professional nursing are care, cure, and coordination. The care aspect is more than ‘to take care of;’ it is ‘caring for’ and ‘caring about’...it is listening, evaluating, and intervening appropriately” (Taylor, Lillis & Lemone, 2001, p. 10). These concepts were expanded in 1995 when essential features of nursing practice were added. One of the four features is the “provision of a caring relationship that facilitates health and healing” (p. 10). Nursing faculty members are challenged to educate students in ways that provide for a caring relationship. And who cares for the nursing faculty? What caring components are missing for those who choose to leave?

The word care is derived from the old English word *karōn*, meaning to lament, and from *ga-karōn*, to be concerned about (Barnhart, 1995). “To be concerned about” is reflected in the way in which teachers respond to their students and the way that they instruct students to respond to their patients and others. Nursing faculty view all aspects of the potential caregiver as relevant and worthy of commentary. Even the most basic of our nursing documentation is the nursing care plan. Heidegger (1953/1996) uses the word care or *sorge*, as a way of being-in-the-world. “Beings” matter, and through recognition

of their existence, we show concern and therefore we “care.” Nurse educators care-for and care-about their students. How are nurse educators “being-in-the-world,” and demonstrating care in the ways of Heidegger? Are they receiving that kind of care in response?

Blustein (1991) agrees with Taylor, Lillis, and Lemone that there are differences between “caring-about,” “caring-for,” and “caring-that.” Most nursing faculty members are concerned with caring-about their students. This is viewed in a positive light and is seen as an interest-in and a being-moved-by them. It is one role of faculty to instill in students the value of caring and the effect that it has on endowing their lives with meaning. Blustein concurs and writes that there is a relationship between caring and self-knowledge:

As a rule, the self-knowledge that is gained through caring will make a greater difference in the life of the one who cares, and will matter more to that person, when the self is centrally identified with the object of its caring rather than just peripherally so. (p. 54)

The nurses who I have encountered attest to the positive effect of patients who they care about, as being a life-changing event, and one major reason why they stay in nursing. They say that they gain important information about themselves when caring for others.

Examples of this effect on the self and others are found in books such as *Being Called to Care*. Slunt (1994) writes that there is a journeying forth with caring and nurturing going hand-in-hand with technical knowledge. Is this not the best of nursing practice? Nurses and nurse educators often act as translators of care in their nursing practice. In an illustrative article in the *Heart of Nursing* (2002) one young nurse writes the following:

I have learned how patients value competency and skill and knowledge and how much they rely on nurses to help untangle the jargon. I have also learned that all the technical skill in the world is not enough if I do not deliver it with love, compassion and always with creativity... There is a place in my heart where I remember each and every one and I have a unique legacy from each of them that spurs me onward. I am a better nurse because of them. I am a better person because of them. (Wendler, 2002, pp. 97-98)

There is a renewed emphasis in the writings about the art and science of nursing.

It is in caring that we see the artful practice by nurses and their nurse educators. Blustein (1991) writes that caring can be life sustaining, and reflections by nurses allow us to take control of our caring practices and to make expressive decisions on our own. Care can steady our lives and center them. Who teaches the nursing faculty the practices of caring for themselves? What happens when nursing faculty members do not receive any care?

### **The Walls Illuminated**

Van Manen (2003) explains that throwing light on the practice of writing and teaching can be illustrated by the voice of Diogenes in Nietzsche who said, "Whoever is searching for the human being must first find the lantern" (p. 4). In this reference to the philosopher Diogenes, the metaphorical search was for a human being. When the townspeople said that they were human beings, he said that he was looking for *real* human beings. What does he mean by "real?" Diogenes' demonstration was meant to show that "A human being is not something you automatically *are*; it is something you must try to be" (van Manen, 2003, p. 5). Diogenes needed to throw some light on the matter so that he might better reflect upon the fullness of the lived life. When I write of the walls of nursing education and nursing faculty being part of the walls, it is difficult to see what lies within the walls. I, too, must shed light upon the phenomenon. My desire is to discover the reality of the walls in nursing education and the occupants within.

In his 1924 lecture on time, Heidegger (1924/1992) references Einstein as he writes that there is no absolute space; it exists only by way of the bodies and energies contained within it. In a certain sense, the same can be said of nurse educators. They do not exist as independent entities; their existence depends upon the students and upon the body of knowledge that makes up nursing. Who are these nurses who seek to define themselves by a teaching profession that has yet to fully define itself? As I do, they often describe their being in terms of their identity, as a nurse first and an educator second. The majority of us have been accepted into the profession of teaching because we are considered expert nurses with a desire to teach. Are we fully defined ourselves?

As I seek to throw light on the question of leaving the walls of nursing education in community colleges, of first becoming a nurse educator and then changing direction, I turn to phenomenology. The phenomenological methodology used in this study acknowledges that being immersed in faculty experiences is a way of being in the world, an attempt to understand lived experience. We try to name this experience, in that we are becoming a part of the experience and becoming one with the other.

I seek to open up this experience using the words of those who have left. Their leaving is a falling-away-from. As I move more deeply into this phenomenon, questions continue to surface. Gadamer (1960/2002) informs us:

A question places what is being questioned in perspective. When a question arises, it breaks open the being of the object, as it were. Discourse that is intended to reveal something requires that that thing be broken open by the question.  
(p. 363)

I seek to understand the concerns of the nurse educators who have left teaching by listening to their voices and reflecting upon their meaning. In the words of those conversations, I find their space in the walls of nursing education and illuminate the gaps

that remain after they leave. The question that continues to draw me in is: **What is the lived experience of community college nursing faculty who have left the profession of teaching?**

### **The Shared Walls of Community in Nursing Education**

We share walls

Some are old and thick and made of stone  
Some are clear and thin for the sky to come in  
Fortress-barricade-rampart fence  
A wall can separate a very large space  
We share walls

Walls can hold back nature, or provide a resting spot  
One does the hootchy-kootchy and walks about the place  
There are walls to keep you in. There are walls to keep you out  
There's a wall of silence and a place to shout  
Walls can hold our future and honor friends from our past  
Stronghold-barrier-enclosure-shield  
We share walls.  
(Kuklin, 2002, pp. 1-13)

I return to community in this study in its fullest sense to reach deeper into the richness of the metaphor of shared walls. Nursing faculty belong to a community of professionals who choose teaching as a way to continue the traditions of nursing. In this we share the walls. When we speak of the walls of community, we speak of coming together with others to pursue common goals, of creating a community of nursing faculty. Nursing faculty share a vision for nurses of the future as they struggle with the changes in health care and nursing care. The future lies within our present conversation about the positionality of each faculty member within the greater institution.

Community college nursing faculty members belong to a community within nursing education and within the greater community of the nursing profession. Membership in each separate community requires knowledge and acceptance of the rules

of governance. The discipline of nursing, as the greater community, is governed by accrediting bodies such as the Maryland Board of Nursing, which requires specific curriculum content within each school of nursing. Programs must show evidence of specific content within their curriculum that includes the nursing process, preventative health, spiritual components of health illness, and ethical/legal aspects of nursing (Nurse Practice Act, 2004, p. 1582). Nursing organizations such as the American Nurses Association (ANA) have set standards for nursing practice. These standards include the primary roles of the nurse as a member within the discipline of nursing and as a manager of care. Being part of the community of nursing education means adhering to the NLN's established standards for nurse educators within the discipline of nursing. Shared nursing knowledge and beliefs enable nursing faculty to maintain membership within a community.

Bowden (1997) writes that caring in nursing communities is governed by a responsibility of one to respond to the needs of another. Those who care about each other honor each other and seek to share in collective triumphs and difficulties. They take the time to see each other, to be with each other. These words resonate with me as I consider the key aspects of team teaching that I now share with colleagues. This sharing is one of the reasons that I continue to teach in spite of occasional tensions caused by my own misgivings about the profession. Team teaching, an integral part of the overall structure of many nursing programs, is grounded in participatory decision-making. Nursing faculty reinforce this decision-making by focusing on creating experiences that immerse students in the lives of others, connecting them to and becoming part of their community. In this way, they both teach and enact care.

## **Building Community**

Community also requires contact with shared practice. Nursing faculty members share in open meetings, learning institutes, and hurried photocopying interactions. We meet in office entrances and at mailbox closets seeking to share ideas and concerns. In this we also exhibit a community sense of purpose. However, Chelsea makes the following comments when asked how well she feels that we communicate within the field of nursing:

I think sometimes that there are issues within a school itself...communication between different levels...animosity from one year to the next. Between two year programs and four year programs, there is finger-pointing...The communication within the nursing field of faculty is poor. I think that a lot of people that are making decisions nationally don't look at all aspects of nursing education. They only look at what is right in front of them.

As I hear these words, I nod in agreement because I also wonder at the lack of “looking at what is right in front of them.” Still, some of Chelsea’s words ring true. There is a need to have more structured sharing of our practice so that as we hear one another, we validate our uniqueness and embrace our ideas. Levin connects here with Chelsea. “A better, more developed competence in listening could significantly improve the infrastructure of the life-worlds that are necessary conditions for rational consensus, legitimation, equity and justice” (Levin, 1989, p. 3). When Chelsea experiences the animosity between others, she is certain that we are not listening competently. How are new nursing faculty taught the ways of competence in listening? Of what are they capable?

The dialogue which is radically necessary to revolution corresponds to another radical need: that of women and men as beings who can not be humanly apart from communication, for they are essentially communicative creatures. To impede communication is to reduce men to the status of “things”—this is not for revolutionaries. (Freire, 2006, p. 128)

Is Chelsea asking for a revolution or just making a plea for dialogue among the nursing profession? Perhaps it will take a revolution of sorts to bring about the change she desires. We are communicative creatures, how we communicate effectively is the challenge.

We do try to meet the goals of a community of educators. Meaningful contact enriches each of us and gives back to those within the community a sense of belonging and membership. The possibilities are endless. We are not just speaking at one another but in fact to one another, with one another. This being-with the other is just one element of a nurse's way into community.

A vital commitment of the international nursing honor society, Sigma Theta Tau (2005) is to aspire to create a global community of nurses who lead in using scholarship, knowledge, and technology to improve the health of the world's people. Those who feel themselves part of a community of nursing faculty speak of being in a place that allows them to develop curriculum, to read and to exchange ideas and thoughts. "Where we are—the place that we occupy, however briefly—has everything to do with what and who we are, and finally, that we are" (Casey, 1993, p. xiii). Casey writes further that living as if we were in a new place, we become anchored and oriented. When we speak of our place in the community college, we speak of our oneness, our identity. When we further name ourselves as community college nursing faculty, we identify our boundaries and even perhaps our place in the walls of nursing. By being placed in our community, we as community college nursing faculty come together both professionally and personally. Nursing faculty members are not separate from the walls. They are a critical part of the walls that embrace students and nursing curriculum.

## **Learning to Listen as Part of Community**

Melissa, a nursing faculty member who left teaching, describes in a preliminary conversation, how she could not practice acute care nursing and teach full-time simultaneously. As I listen, I find my mind wandering along her path of conversation. I know that I want to hear her words, but I seem to be easily distracted. It is essential that we listen closely and really hear the voices of our former colleagues. I suggest again that the larger question is how might nursing faculty members develop a better capacity for listening.

Levin (1989) speaks of the four stages of self-development in the listening self. The first stage is one of primordial attunement. We instinctively listen. The words come to us and the sounds bring enjoyment. Babies use all of their being to listen; they move their heads and shake as if the sound they hear is so full of life. There is a feeling that is evoked as the speaker experiences, through memory, the stage of minimal listening. There is a reality that can be felt by the listener and experienced by the one who speaks. Nurses use primordial listening when they respond to an experience through their senses, through memories. As nurses, we are taught to act, not to just listen in Code Blue emergencies. We instinctively listen for the blips on a cardiac monitor and react to their absence. Responding to the primordial must be followed by a higher level of listening if we are to hear more than words without meaning. It is the responsibility of the nurse educator to move the student nurse past the ability of minimal listening to more in-depth listening. How do nurse educators learn this ability to listen to each other?

The second stage of listening, according to Levin (1989), is everyday listening, which extends into adulthood. In this stage there is a more formal structure to listening,

and it becomes personal. As we go through the stages of development and are transformed by them, we begin to use listening in everyday experiences. Levin writes that in this stage, our listening enables us to meet the normal demands of interpersonal living. As nurse educators, we listen as students receive report from the staff nurses during their assigned clinical experiences. We instinctively listen for key parts of the report that we, as experienced nurses, know should be there. We then ask the students if they heard these same key words. As we communicate with the students, we share this ability of learning how to listen for information that is personal and will help the student-patient relationship. Who is listening to the nurse educators in this way, who will allow for their self development?

The third stage, skillfully developed listening, involves listening as a practice of compassion. This practice deepens our capacity to appreciate affectively. Levin (1989) highlights the importance of this stage, as he writes: “It is a development which must take place, if our capacity for hearing is to be fulfilled in the good life of a just and democratic society” (p. 48). As nurse educators, we enter into a relationship with students so that they will be able to communicate openly, and in trusting us, listen attentively. Neal (1994) writes about students learning to have a connection with the beautiful. Her students had shared so much in their clinical experiences that they had achieved openness, and an honesty that brought them truly together. Neal had given them an opportunity to learn through a caring, negotiated conversation. What they learned was the possibility for change and for extending the range of what is possible. In the third stage of listening, students are awakened. What does it take to awaken the nursing community to be receptive to the voices of nurse educators?

Students in Packard's (2004) study were awakened to being-with the teacher in the *listening space* that was created for them. "Listening begins to uncover some of what is experienced, but not ordinarily brought forward for gazing...What brings one to a way of listening as giving?" (pp. 32-33). For these students it is the presence of each, sharing of themselves through listening attentively, which is a giving response. Is this "just listening" or is there much more to this? Do we expend the same energy when we "just listen" to fellow nursing faculty?

Levin (1989) borrows the term "hearkening" from Heidegger to name the fourth stage of listening. Hearkening requires a disciplined practice to let go and let be. It is far beyond what most of us practice as we listen. Individuals who hearken learn a different way of focusing and attending to the speaker. They enjoy "an authentically ontological relationship to and an existentially meaningful understanding of, the Being of beings" (p. 49). Nursing faculty often have meaningful relationships with their students and patients. There is more to the art and science of nursing than the technical. There also must be an awareness of the needs of the patient that goes deeper than the technical assessment skills. The student nurse must be made aware that this ability to be attentive to the hidden needs of the patient can be learned. They must be able to forge a relationship that establishes trust and open communication between the nurse and the patient. Nurses are in the unique position to open a discourse with their patients as a way of entering into the lived experiences of the patient. Van Manen (2003) suggests that how one is present to another is more important than what one does. It is the nurse educator who is the conduit through which students learn about this ability to be present in a more mindful way. While nurse educators are required to teach listening in this way, who is

listening to them? Would there be as many nurse educators leaving the profession in community colleges if they were “hearkened” to in this way?

A valued end of nurse educators is to develop methodology designed to educate nursing students about communication and an awareness of self and others so as to be able to reach patients who may not be open to dialogue. Are all nursing faculty able to teach this concept in a way that reaches the ears of the nursing students and reflected in their learning practice? What is the role of seasoned nursing faculty members as they work with the novice nursing faculty members to meet their learning needs? What is the role of faculty colleagues to meet the listening needs of their own?

### **The Words of Faculty Who Leave the Community**

I understand that I must listen to the words of those nurses who were accepted into the profession of teaching, and then left. I wish to explore their moving away from the teaching of nurses. What does it mean to leave the profession of teaching nurses? Barnhart (1995) traces the roots of the word leave, from the word *leaven*, which means to leave alone. *Leaven* is also a substance such as yeast used to bring about fermentation or change in dough to produce nourishment. If we leave faculty alone, what kind of fermentation takes place? Do faculty leave with a bitter taste in their mouths? The meaning of the word *leaven* changed in later years to mean to go away, but it can also mean to remain or bequeath. What is that causes some faculty to leave and others to remain? When they choose not to remain, what is it that nursing faculty bequeath as they leave? If the bequest is unspoken words, then the silence is deafening. I cannot hear unspoken words or unasked questions.

Van Manen (2003) writes that conversation leads to interpretation. Conversation begins very informally but, as individuals become involved in the subject, the conversation transforms itself. “A true conversation comes into being...Every time a view is expressed, one can see interpretation as an answer to a question that the object, the topic or the notion of the conversation asks of the persons who share the conversational relation” (p. 98). From this collaboration in conversation, we can interpret meaning and then come to understanding.

It is Gadamer (1960/2002) who opens up the analysis of conversation as questioning and testing. He sees dialogue as a way of preserving an “orientation to openness...To conduct a dialogue requires first of all that partners do not talk at cross purposes...The first condition of the art of conversation is ensuring that the other person is with us” (p. 367). It is critical that the person in conversation with another, openly consider the weight of the other’s opinion. This art form of conversation is not known to everyone, but we are all capable of learning how to speak to one another, to dialogue in a meaningful way. How can we teach new nursing faculty the ways of conversation if they are excluded at any time? How can we include them, so new nursing faculty are openly listened to in conversation? Is their opinion accepted with the full weight due? When they voice dissent and leave, if there is no conversation about the leaving, how can it be said that they are heard?

Hearing the voices of the community college educators who have left, and understanding what they are saying, are possible roads to a transformation of a different kind. It can, perhaps, prevent the loss of even more faculty members. These are the

voices that must resonate throughout the profession to stop the losses and strengthen the walls of nursing education.

As a Nurse Practitioner, Melissa really enjoyed the teaching role, but left to return to clinical practice after only two years. She wanted to be able to practice and to teach. “I just liked to teach...the perfect job would be to be a Cardiac NP (Nurse Practitioner) and to teach Anne Arundel’s cardiac lecture. Why couldn’t that happen? What possibilities exist for faculty so that they can have the best of both worlds? The seeds of possible solutions are in the issues raised by those who have left the profession. Some agencies are, in fact, using new grants to pay the difference between the faculty salary and the staff RN salary. Is this a model that can be adapted to the academic setting for nurses like Melissa who wish to practice and to teach?”

Moran (2001) speaks of her nursing experience and those who are not always heard:

I think about the nurses who remain silenced by administrators and struggle to cry out about their frustration and pain. Realizing that I have not always been able to listen deeply sensitizes me to the plight of managers who have become deaf to the voices of their staff. (p. 19)

Did Moran (2001) really mean managers really do not hear their staff, or is there a deeper meaning? Many managers also are being managed, by policy and by the needs of the hospital community. A hospital or agency, much like the community college, requires maintaining a certain level of occupancy, and a certain level of staffing. As hospitals fail to acquire or retain nursing staff, they still must maintain this level of occupancy to assure an adequate budget. This dilemma causes nurse managers to decide on their priorities selectively. Keeping the agency afloat takes more priority than the whys of staffing shortages. For many managers, turning a deaf ear has become the normal

behavior. To challenge this behavior requires listening deeply, which can lead to an awareness of the nurse manager's dilemma. Listening deeply opens the listener to the possibility of understanding.

In the community college, nursing directors do not maintain a pool of nurse educators for temporary staffing. Nursing faculty must have more than an RN to teach and are not as readily available as those nurses who offer temporary staffing for hospitals. With increasing patient acuity in acute care agencies, newer standards are limiting the number of students on an assigned floor with one clinical instructor. Schools of nursing must listen to the demands by the agencies that are used for the practicum of the nursing curriculum. The end result is that more and more nursing faculty members are required in nursing programs to meet clinical requirements. In the telemetry floor at an area acute care agency, only six nurses may be assigned to that floor with one instructor. Without additional nursing faculty, directors of nursing programs may have to consider limiting enrollment to the nursing program.

Community college administrators, aware of the problems caused by lack of full-time faculty, support the use of part-time faculty as substitutes for clinical instruction. In many community colleges there is an equal percentage of part-time faculty to full-time faculty. Community college administrators are aware that there is a shortage of qualified nurses and know that they have the ability to educate more registered nurses to fill this need. What they don't always hear is that in supporting the need for increased enrollments they must also analyze the effects on the nursing program. I suggest that this causes tension between the college to increase their enrollments and the needs of the nursing program to maintain a quality program. Much like the acute care agency that is

mandated to keep the agency afloat, community colleges rely on full-time enrollments (FTEs) as a way of demonstrating their success in the local community. Is an increase in enrollments in nursing programs an effective measure of success? What other quality measures may be used? In what ways are nursing education faculty factored into this criterion for success?

Chelsea says that as a full-time faculty member and then nursing director, she didn't feel heard by the administration. Why wasn't she heard? What can her words tell us about the effect on faculty of not being listened to nor responded to by administration? In her case, the effect was so strong that it was enough of a factor to induce her to leave. Further, just what and who is administration? The word comes from the Latin *ad* and *ministrare*, meaning both to manage and to serve (OED, 1989, I, p. 162). Can one both manage and serve at the same time? Is Chelsea telling us that both are essential to effective administration? Manage comes from the Latin word *manus* for hand and translates both as to handle or direct and also as to deal with or treat carefully (OED, 1989, IX, p. 292). The origin of the word to "serve" is the Latin *servire*, meaning to be a servant or slave; to serve. The more modern understanding of serve—to gratify, minister to, meet the needs of—dates from the late 14<sup>th</sup> century (OED, 1989, XV, p. 29).

Administration must not only direct and "use carefully," but must also meet the needs of those in its charge. If the voices of faculty are left unheard, as Chelsea felt hers was, then those who administer the nursing program are not meeting the needs of all the constituents, only some. Chelsea experienced selective listening on administration's part and an unwillingness to deal effectively with faculty grievances. If administration had listened carefully to all participants, this conflict might have been viewed through a

different lens and the outcome might have been different. As it is, Chelsea is lost to the profession of teaching our nurses, and her loss from within the walls of nursing education is still felt by the faculty left behind. Why was no one listening when there was so much at stake? What potential richness in the program was never tapped because of her departure? How many years had to pass before her words would finally be heard?

### **Rocky Walls: A Threat to the Community**

The loss of faculty members on an ongoing basis takes an enormous toll on those who are left to carry on the nursing program. It is the faculty who are the framers for the nursing program; it is the curriculum that is the foundation. The foundation cannot sustain a program without a structure, nor can the structure stand without a strong foundation. We who are the nursing faculty are the support and the frame for our program, and as we lose faculty, the walls come tumbling down. Those of us who remain standing are left to keep the program intact, but we are weakened with each loss, and even as we add new faculty, we are not yet strong enough to fill in missing parts of the wall. How is it that nursing faculty members lose so much when they lose a peer? What part of our authentic self is also lost? Is the loss more accentuated because of the threat to our belonging, our oneness in the team, to our closeness within the walls? Is this what makes us so vulnerable? Our being is related to our teaching and our nursing, and as such, reaches far beyond today into the tomorrows of those who we touch and we teach. We cannot afford the loss of one person with so much at stake.

The nursing faculty members who remain are charged with the responsibility of continuing to provide for the program, even as they struggle with feelings of loss both personally and professionally. These emotions echo through the small community of

faculty members and disturb the harmony of the nursing program. What is the cost of this disputed harmony? When asked how she felt about the loss of another faculty colleague, Terry, a full-time nursing faculty member, shares the following: “The truth is that I do feel angry and concerned that the changes that we made will also be lost. All of our work may be in jeopardy.”

The educators who build and maintain the walls of nursing education are being lured elsewhere. Each one’s exodus from academia weakens the walls of nursing education and threatens the future of the nursing profession. Olsen (2003), a nurse educator who left teaching, writes:

The nursing shortage has affected nursing education. The shortage is occurring at a time when we most need dynamic, visionary nurse educators who are graduate prepared. It is happening when entry-level nursing students are older and more diverse, resulting in more varied and creative learning environments. Moreover, it is taking place when we are in desperate need of dramatically increasing student enrollment in nursing programs. (p. 31)

The shortage of nursing faculty in the Associate Degree nursing programs is more than just a present day crisis. It has overwhelming effects for the profession of nursing in the twenty-first century. Placing plaster over the cracks in the existing structure cannot work forever. We must consider the problem from multiple perspectives. Our gaze must focus on a wide range of topics, from the curriculum and education of new nurses at the graduate level, to the recruitment and retention of both nursing faculty and students. At the same time, we must work on maintaining standards. To know what the problems are, and to deal effectively with them, we must hear from those nursing faculty members who have left. Their words, and the solutions that are in the articulation of their concerns, will help to strengthen the position of those who will enter the profession in the years to come. I must return to the place where they dwell as teachers.

## **Running out of Time: Problems Within the Community**

Oh dear, oh dear,  
I shall be too late.  
(The voice of the White Rabbit, Carroll, 1865/1992, p. 12)

Time underlies another example of the difficult conditions of working in an academic nursing department. The issue of a nursing faculty member's teaching load, the required contact hours per semester for a faculty member, is a charged and difficult (one could say, "loaded") question. Like the white rabbit in Alice in Wonderland, nursing faculty sometimes feel as if there isn't enough time to fit it all in. The demanding nature of nursing faculty schedules is not viewed as a deciding factor that prompts nursing faculty to leave education. But it is in the words of the nursing faculty who have departed from academia that I begin to understand that time is problematic.

Carly, another full-time faculty member who left the community college, shares the following in a preliminary conversation. She says that she felt like she was "booked all over." She had committees, clinical, lectures, and family, all demanding her time. Time is not easily carved up when you are a faculty member. Nursing faculty must constantly revise curriculum because of the ever-changing health care delivery system, and when this requirement is added to the heavy demands of long clinical days and additional committee meetings, nursing faculty members say they feel overwhelmed.

The clinical day is stimulating and exhausting at the same time. Each day is different from the rest, and is characterized by stressors difficult to explain to the non-nurse educator. The patients are real; they are not in a lab or part of a computer program. The nursing faculty member guides the students through every aspect of nursing care, analyzes student behavior and remediates through care-full attending to each experience

and thoughtful follow-up. Faculty members are responsible for the safety of the nursing students and the patients within their charge. For many nursing faculty members, the constant stress of days that continue past the normal eight-hour day are too intense. They are asked to give too much.

Time is a subject of a lecture by Heidegger (1924/1989) in which he takes to task our meaning of time and relates it directly to *Dasein*. *Dasein*, according to Heidegger, is that entity which is characterized by being-in-the-world. “Time is not a ‘what,’ but a ‘how:”

*Dasein* reckons with and asks after the ‘how much’ of time, and is therefore never alongside time in its authenticity. Asking in this way about the ‘when’ ‘and’ ‘how much,’ *Dasein* loses its time. How do things stand with this asking as an asking that loses time? Where does the time go? Precisely that *Dasein* which reckons with time and lives with its watch in its hand—this *Dasein* that reckons with time constantly says ‘I have no time.’ Does it not thereby betray itself, in so far as it itself is, after all, time? Losing time and acquiring a clock for this purpose? Does not the uncanniness of *Dasein* irrupt [sic] here? (p. 15)

Is this time, which Carly and others seek so desperately to find more of, self-imposed as a way of their own being as faculty? Is Carly looking at the past ways of measuring time as a way to be in the present? Is she alone in determining that there isn’t enough time? Has she been told that she does not give enough time to her lecture preparation, or has she concluded that she does not fulfill some predetermined requirement?

Other nursing faculty will certainly agree that there never seems to be enough time to meet all of the requirements of being a teacher of nurses. Time, is something that is at a premium for nursing faculty. But when we view time through another lens, and see it as relative to the past and the present, perhaps we can expose new paths to teaching others that do not create a climate of always being out of time, where time is treated as a commodity. Time, when viewed through an even different lens, belongs to the individual.

How we respond to the timely or untimely demands of nursing education is based initially on who introduces us and how we are introduced to the discipline. How do we begin to protect the walls of nursing education and the faculty within and strengthen the walls of nursing education?

### **Maintaining the Strength of the Walls**

What happens when walls do not protect? How do the people inside react when the walls are no longer effective strongholds or shields? Chelsea and other newer faculty felt strongly that the department's curriculum had not kept up with the advances in health and nursing care that had occurred in the previous two decades. They saw a critical need for change in the curriculum. Chelsea, with her longtime management experience, wanted the department to foster a professional atmosphere where growth could occur and change could be instituted. She was not unaware that there were risks attached to this undertaking. In trying to effect change within the nursing curriculum, there were bound to be difficult student and faculty situations. Shared power with administration and the profession of nursing education could only result in a much stronger program. For how many nursing faculty—especially those who coordinate special programs or who would like to work for change—is the inaction of those charged with maintaining the wall a factor in their leaving the teaching profession?

In nursing education, there are two levels of administration that are encountered. The first is academic administration, and the second is administration of those agencies that offer the practice settings for the students. These agencies have specific guidelines that protect the safety of the patients and of the students. For the most part, these guidelines originate out of the JACHO guidelines for care of patients within the acute

care agency. While they seek to offer opportunities for the nursing student, they must ensure the rights of the patients, their families, and individual staff members. Their motivation for offering clinical placement is not entirely altruistic because they often recruit new nurses from those who have had clinical placement within their agencies. In addition, students often spend more time with patients, freeing some of the overload from an already overworked staff. Nursing faculty view nurses on assigned units as role models for the students, but do not always see the excellence in nursing that they seek.

Moran (2001) writes that some of the responsibility for the behavior and effectiveness of the staff nurse belongs to the administration of the agency. It is their responsibility to be involved in the continuing education and mentoring of their nurses. It is their responsibility to maintain the standards set for registered nurses and the excellence in the delivery of health care to their patients. Moran (2001) writes:

A sense of anger and resentment filled me as I viewed administration as the oppressor. They were destroying my sense of being, my understanding of what it was to be a nurse. I began to develop a “we versus them” attitude that I found difficult to hide from students. Internally, I started to blame administration for the poor role models with whom my students worked. The situation increasingly worsened and I began to fear for the safety of the patients and my students. I never thought that I would encourage patients to complain to administration, but all that changed as I sought to find some way to get help for my colleagues who were drowning. I was called to advocate for those around me. (p. 81)

Moran was able to become an advocate for those in nursing who needed a voice. She had the ability to facilitate change, but it was the administration that needed to effect these changes for the nurses.

Nursing faculty are confronted by similar situations and are offered the opportunity to speak for those who cannot or do not have the direction to speak for themselves. For some faculty, this additional stressor is too much. The walls of nursing

education need to be strengthened in the eyes of those who witness the nursing faculty. Recognized competency on the part of faculty, nursing staff, and students will strengthen the foundation of the profession of nursing and the walls of nursing education. Is there a public perception of the image of nurses, and is it a positive one? How can we in the community of nurse educators open the eyes of the “public” to the dimensions of the profession of nursing and foster an accurate picture of who we are? Is this a singular role of the nurse educator, or does it belong more appropriately in the hands of all those in the profession? As it is, nurse educators are taking on more roles with less support from those within the profession of nursing. Who will help to take on some of these additional supporting roles to allow more time for the teaching of nurses? Who will help to define the profession of teaching so that teachers can attend to the students of nursing and stay within the discipline? Who will attend to the “being” of the nurse educators? Who will hear their call?

### **Challenges within the Walls**

Berman (1994b) writes that nursing faculty need to be sustained within their organization so that they may be enhanced by their milieu and boundaries may be extended. It is the challenge of those within the hierarchy of education to assist faculty to be able to maintain their call to care.

Thus persons need to relate not only to individuals but also to larger organizations, bureaucracies, and institutions in which they live and work...Structure may be seen as imposed rather than culturally and personally constructed...How can nurses maintain their own self-worth when the structures within which they work make them unduly vulnerable to pain?

At the same time, how can they bond and band with others to change conditions that are oppressive, unfair, or inappropriate? Clearly institutions can be instruments of healing... Keeping records of improvements in the workplace may be heartening to all. Learning to live in an imperfect world with imperfect structures is important. (p. 166)

Berman (1994b) continues the discourse with curriculum and speaks to the rituals that are important in nursing programs. She writes that these rituals provide structure and organization. However, within the context of rituals, faculty and students must take into account their history, while at the same time recognize that different practices may be called forth depending upon the times or situations. It is up to those within an organization to move away from those rituals that have outlived their usefulness. Faculty such as Chelsea and others do not feel that they were being allowed to remove customary practices in the nursing program that are no longer relevant.

One way of evaluating student performance in the clinical site has been to ask that students prepare paperwork such as care plans prior to their clinical experience. Faculty have in the past taken this paperwork home, adding to already long clinical days. A faculty decision was made to eliminate much of the required paperwork and to determine that the student had completed the requirements without taking it home. Faculty would select their own method for ensuring that students had completed their care plans and required forms informally. Taking home student papers for review was a practice that had outlived its usefulness. Even though this new practice was positive for students and faculty, some nursing faculty members were reluctant to stop the practice of “at home” review. This led to student dissension and new faculty confusion. What needed to be done was to persuade more senior nursing faculty that a newer evaluation method would be substituted so that student learning would remain an outcome of clinical experiences. What has since occurred is the requirement of student journals, particularly in the psychiatric settings. Journaling is an opportunity for the student to reflect upon their experiences in the patient care setting and to open this experience to the nursing faculty

member as an invitation into their lived experience. Nursing faculty must be aware that some of the older practices within nursing education need review and are not always inappropriate for the time and the place. Nurse educators need to maintain the strength of their own programs within the discipline of nursing. The nursing profession needs to make improvements to the walls of nursing education to prevent nurse educators from leaving.

### **“Improving” Walls are Strong Walls**

When nurses enter the walls of nursing education, the walls are changed by their contributions, much the same as Florence Nightingale’s “improving” nurse. Walls erected with promise and vision—walls, like nurses, who are “improving” in Nightingale’s words—are strong and show evidence of new building. But when these walls lose those who showed promise, they weaken. When faculty do not feel that their contributions are given all of the credit that they deserve, they feel unfulfilled and are not able to show their promise. What is promise? The OED (1989, XII, p. 614) notes its connection to expectation; a promise is a ground for expectation, usually of success, improvement, or excellence. Bringing nurses into academic nursing departments is the basis for a department’s reasonable expectation of improvement, excellence, and success. Is this expectation problematic? Should new nursing faculty members have a reasonable expectation to be successful in their new role?

It is essential that we listen carefully and respond to the difficulties of working in nursing departments voiced by those nursing faculty who have left. In their words and the issues they raise lie the seeds of new growth and answers to the dilemmas that they describe. Throughout this chapter, I search for meaning in the words of nursing faculty

who have left the community college. The teachers who traveled with me on my preliminary journey into understanding help keep me on the path. My pre-understandings create diversions. My companions help me open up the path to my dissertation journey to understand the phenomenon of community college nursing faculty who leave teaching. Within the literature responding to the nursing faculty shortage, I find reports that offer statistics and questions. More of the current literature is offering some of the words that I need to hear. More often than not, though, reports are concerned with nursing education as a whole, without seeing the need to separate out the voices of those from within the community college nursing programs. Again, I must return to the walls of nursing education. It is from here and to here that I must journey. I leave my own nursing faculty community walls and continue to journey with the new voices that I encounter. With the addition of new voices, I find my way to an understanding of the phenomenon.

In chapter three I address the grounding for phenomenology that gives me the methodology to pursue my question: **What is the lived experiences of community college nursing faculty who leave the profession of teaching?**

### **CHAPTER THREE: THE PHILOSOPHICAL GROUNDING AND METHODOLOGY**

As I search to find a way into understanding, I need more than my traveling companions. I need a way to understand how I must place myself. In chapter one, I focused on the path that I took to my phenomenon and introduced the concept of hermeneutic phenomenology as my methodological orientation. In chapter two, as I explore the phenomenon, I listen to the words of community college nursing faculty who have left the profession of teaching as they present their narratives. Their words open up the question: What is the live experience of community college nursing faculty who have left the profession of teaching? In this chapter, I delve into the philosophical grounding for phenomenology, and provide a description of the methodology for the study and how I will carry it out.

#### **The Writing on the Walls**

The bright red and yellow words that are scrawled across the walls of nearby bridges, underpasses, and buildings call to those who see them. The letters are large and drawn with flair; the colors used are bright and vibrant. Some are scrawled with language intending to offend; others are written simply for another. What draws the writers to this form of communication graffiti with the world? Many members of my community view this writing as a travesty and a destruction of public space, often demanding that the paintings or words be removed. Others regard it as street art and a symbol of our times, a time when everyone is permitted to have a voice. This form of writing gains attention and is a way to place the writer in a specific place, in a specific time. Not many voice their frustration in this very public way, certainly not nurse educators. Community college nursing faculty members, who have suffered in silence, desire to have their words out in

the open. Can words written on a page be as eloquent as ones written on walls? Where is the nursing faculty members' writing on the wall?

### **Writing as the Essence of the Research**

As I begin the process of putting in writing the words of those nurses who have left the profession of teaching, I reflect on the essence of the writing process through van Manen's (2003) description:

In phenomenological human science, writing does not merely enter into the research process as a final step or stage...human science research is a form of writing...Language is the only way by which we can bring pedagogic experience into a symbolic form that creates by its very discursive nature a conversational relation. (p. 111)

Van Manen acknowledges that at some point all researchers must write about their process and their findings. This report is considered critical to the research process. It is from this report that others are informed about the study and made to understand what the researcher is trying to communicate. To do phenomenological inquiry, however, is to engage in the writing process throughout; writing *is* the methodology of meaning making.

In the human sciences the text is prominently displayed. Van Manen (2003) recalls the words of philosophers such as Sartre who proclaimed as he was losing his eyesight, that his thought process was repressed because the activity of writing had become impossible. He felt that in that statement, Sartre had given us a most succinct definition of his method. "To write is to measure the depth of things...Writing teaches us what we know...as we commit ourselves to paper, we see ourselves mirrored in the text. Now the text confronts us" (van Manen, 2003, p. 126). Van Manen's words resound in my head as I begin to understand that as I write I reflect upon the words of those with

whom I engage. The text both distances me from the conversant and brings me closer as the words allow me to see the significance of the experience.

### **Describing the Phenomenon through the Art of Writing and Rewriting**

What, then, is the methodology that I must use to transform the voices into meaningful text? When I first began to speak to colleagues about their experiences with leaving, I recorded their voices so that I might be able to hear them again. On one occasion, I met with Melissa in a large cafeteria with very few patrons. I should have planned on a better place that was absolutely free of distractions, but we managed to sit away from most of the noises so that I could be in a “listening-to” state. As she spoke, I remember thinking that we need more dialogue with each other. Why couldn’t we have spoken like this before she left? It wasn’t even a long discussion, but the words trouble me. How much of the responsibility of saying these words and asking these questions before they leave belongs to the faculty who no longer teach? More unanswered questions—more words to reflect upon. I have since taken her words and have woven them into my narrative. Without reflection, her words are mere responses to questions.

Van Manen (2003) suggests that to fix our thoughts, we must write. He says that as we write we give body to thought and that writing brings the internal to the surface. It is not Melissa’s words that trouble me, but the meaning that I seem to know is there but cannot find. From her short conversation, I recognize that I only have scratched the surface of her experience. I should have asked less and listened more. I need to enter deeper into her experience. The words that I write on the page as I transcribe the narrative do not tell me the story. Van Manen writes that “The words are the thing. And yet, it is to

our words, that we must apply all our phenomenological skill and talents, because it is in and through the words that the shining through (the invisible) becomes visible”

(van Manen, 2003, p. 130). To write is to show something of the lifeworld; to rewrite is to expose even more, says van Manen (2003):

To be able to do justice to the fullness and the ambiguity of the experience of the life-world, writing may turn into a complex process of rewriting (re-thinking, Re-flecting, re-cognizing). Rather, the process of writing and rewriting (including revising or editing) is more reminiscent of the artistic activity of creating an art object that has to be approached again and again, now here and then there, going back and forth between the parts and the whole in order to arrive at a finely crafted piece that often reflects the personal “signature” of the author. (p. 131)

Each time I listen to the words of those with whom I spoke in my preliminary conversations and write down their thoughts, I find that I hear the words in a different way. I reflect on new meaning, deepening my understanding of their lived experiences, and write again as I plunge myself headlong into the process. The words act as a beacon, calling to me to rewrite. But what about nurses who do not write? What becomes of their words?

Benner (1994) writes that our everyday nursing experiences are taken for granted and because of this, are often unnoticed. The researcher may break down these experiences and get flashes of insight but must remember that the “everyday lived world can never be made completely explicit” (p. 58). We must connect with the person, her identity, and from that extract lived experience in the world. It is through voices of others that this can happen, and so the process begins. I write and I rewrite my way into an understanding of the phenomenon that I seek to know. I am challenged to enter deeper into the phenomenon. I have named the phenomenon, but it will take the words of others to help me into the interpretation. I turn next to the philosophers.

## **Entering into Dialogue with Phenomenology**

The voice that I have chosen to guide most of my phenomenological renderings is Heidegger (1953/1996) who describes the concept of phenomenology as coming from the Greek word *phainomenon*, which means to show itself. It is this self-showing that makes itself known to others. Phenomenology combines the two terms, *phenomenon* and *logos*. The word *phenomenon* means a self-showing, an experience that has a distinctive way in which it can be encountered. The Greek word *Logos* means “speech, word, and reason which is the controlling principle in the universe” (Webster, 2001, p. 684). Heidegger says:

Phenomenology is ‘to the things themselves’...Phenomenology is the way of access to and the demonstrative manner of determination of, what is to become the theme of ontology....The methodological meaning of phenomenological description is interpretation. (pp. 30-33)

It is through the lived experiences of nursing faculty members who have left teaching that I am able to enter into their experiences, and through interpretation, find meaning. I must encounter the words of nursing faculty members in a way that they have not been encountered before. It is my challenge to open up their words in this new way, to see them as they should be seen and hear them as they should be heard.

Edmund Husserl (1950/1970) gives us the focus for phenomenology: To enter into the phenomenon is to be immersed. “Evidence is, in an extremely broad sense, an experiencing of something that is, and is thus: it is precisely a mental seeing of something itself” (p. 12). It is the task of phenomenology to investigate the way in which something to be collected looks in the collecting. Phenomenology draws upon reflection. Husserl advises the researcher to use reduction as a way to enter into the consciousness, to reveal the purity. The act of reduction involves concentrating upon consciousness and

eliminating any attention to particulars by bracketing them out. While bracketing needs to be attempted, it is never completely possible. This is where philosophers after Husserl part company from him.

Phenomenology is a matter of describing, not explaining (Merleau-Ponty, 1945/2005). “Phenomenology, as a disclosure of the world, rests on itself, or rather provides its own foundation” (p. xxiii). It is this disclosure of the experience, the very nature of the experience or its essence, which is our effective involvement in the world. To understand the experiences of nurse educators as they leave teaching is to unveil the essence of what it means to be a nurse educator and what it means to leave.

Gadamer (1960/2002) writes that phenomenology is concerned with the life-world and the exposure of “I and Thou.” Gadamer helps us understand the application and concern with understanding texts. There needs to be a careful exploration of the role of language, the nature of questioning and the significance of pre-understandings in the development of human understanding. Culture as well as communal sense, when viewed historically, are guiding concepts within the humanist tradition. What is in question is not a behavior or a procedure, but rather what has yet to come into being. Gadamer continued his work with phenomenology as he studied with Heidegger. The path led them to hermeneutic phenomenology. It is through the use of hermeneutic phenomenology that I find a way to understand my phenomenon.

### **Hermeneutic Phenomenology**

Heidegger and Gadamer bring phenomenology together with hermeneutics, to form philosophic hermeneutics, the art of interpretation or understanding.

Phenomenology is the way of access, and phenomenology becomes hermeneutical when

its method is taken to be interpretive. Every form of human awareness has the potential for interpretation, and by way of being is already interpretive. To Gadamer (1960/2002), hermeneutics is central to the practice of philosophy itself. "I have therefore retained the term 'hermeneutics' (which the early Heidegger used) not in the sense of methodology but as a theory of the real experience that thinking is" (Gadamer, p. xxxvi). Language is best expressed through speech, which leads to shared understanding. In interpretation, there is a rediscovery. This rediscovery is of "something that was not absolutely unknown, but whose meaning had become alien and inaccessible" (p.174). Gadamer writes that since the early theories of hermeneutics (theological and philological), there is a basic premise that "To understand, means to come to an understanding with each other" (p. 180). Indirectly, there is a reference to truth that lies hidden and must be brought to light. In conversation, to truly understand not only the individual but what he says, there must be an openness to the other. By making the lived experiences of nursing faculty members the subject of study, I attempt, through conversation and narrative, to access the phenomenon.

Heidegger shows me that through hermeneutic phenomenology I analyze text in terms of patterns that emerge from conversation. These patterns may be expressed in the relationship among themes. Emergent themes when identified are challenged, supported, or overcome and then recycled as they are interpreted. The cycling is never-ending as more of the interpretive thinking is subject to philosophic renderings. The researcher seeks to reveal hidden interpretations and bring them to light. It is often what is not said that must be uncovered. In the study of nurse educators, there is still much to be

uncovered as voices are unsilenced. It is the challenge of this study to interpret their words through an event of disclosure.

Van Manen (2003) writes that hermeneutic phenomenology is a human science that studies persons:

What first of all characterizes phenomenological research is that it always begins in the life-world. ...it is the curriculum of being and becoming...it is fundamentally a writing activity...it encourages a certain attentive awareness to the details and seemingly trivial dimensions of our everyday educational lives. It makes us thoughtfully aware of the consequential in the inconsequential, the significant in the taken-for-granted. Phenomenological descriptions, if done well, are compelling and insightful.

Phenomenology aims at gaining a deeper understanding of the nature or meaning of our everyday experiences...phenomenological reflection is not introspective but retrospective. Reflection on lived experience is always recollective; it is reflection on experience that is already passed or lived through. (pp. 9-10)

As I write, I begin to reflect upon the recollections of those who live the experiences that I seek to understand. I struggle with the mandate that I must thoughtfully be aware of the dimensions of everyday experiences. I question my co-participants about their connections with their daily life-worlds so that their words will reflect their true experiences. Through my questioning, I seek to get to the essence of their meaning.

### **Questioning: On Opening the Phenomenon**

Melissa never used the words undervalue, but she did say that she felt her Nurse Practitioner role was not seen as value-added to the nursing department. She felt unrecognized for her accomplishments. Her description of being unrecognized can come to mean much more than undervalued. Was she not seen? Who did she want to be seen by? To begin this process of understanding, I question the taken for granted.

Every questioning is a seeking. Every seeking takes its direction beforehand from what is sought. Questioning is a knowing search for beings in their that-ness and their what-ness. The knowing search can become an investigation as the revealing determination of what the questions aim at. (Heidegger, 1953/1996, pp. 3-4)

I search for ways in which to understand the experiences of community college nursing faculty members who leave the profession of teaching. I must question these experiences to understand their being-ness. Heidegger (1953/1996) writes that I must get to the essence of nursing faculty experiences by entering into a relationship with them. I must recover their words and recollections and bring them forward into the present. I must be open to the discussion and recognize my own pre-understandings of the phenomenon through my own nurse educator role. This is very challenging to me because I have very different experiences than those who leave teaching. I still teach. But together in conversation we arrive at new understandings.

Gadamer (1960/2002) advises that I must open up the possibilities and remove myself. "If a prejudice becomes questionable in view of what another person or text says to us, this does not mean that it is simply set aside and the text or the other person accepted as valid in its place" (p. 299). When he speaks of prejudices, he is speaking of the pre-understanding that we bring to an experience. The fact that I am in an academic nurse educator position brings certain possibilities to the act of questioning. If I am not care-full, I may taint the conversation and ask questions that will bias the responses. This is challenging to me because I often hear what I want to hear and not always what is being said. Gadamer (1960/2002) describes the way to the act of purposeful questioning. He draws upon the words of Socrates when he writes that it is more difficult to ask the questions than to find the answers.

The essence of the question is to have sense. Now sense involves a sense of direction. Hence the sense of the direction is the only direction from which the answer can be given if it is to make particular sense. When a question arises, it breaks open the being of the object, as it were. Hence the logos that explicates this opened-up being is an answer. Its sense lies in the direction of the question....Discourse that is intended to reveal something requires that the thing be broken open by the question. (Gadamer, 1960/2002, pp. 362-363)

Discussions with nursing faculty members about their everyday experiences give me the opportunity to understand their human-ness, and ultimately to interpret the meanings of their nursing faculty experience. Van Manen (2003) provides the methodology that informs my work in coming to understand the lived experiences of those nursing faculty members whose voices have been silenced. Research is a caring act that must be carried out with the intention of coming to know what is essential to being a nurse educator.

The researcher must be open to meaning, recognize pre-understandings and be prepared to revise preconceptions. All understanding is self-understanding, leading to sharing of common meanings. I seek to find my way into the lived experiences of nurses who have left the profession of teaching through the help of van Manen (2003). As I speak with my conversants, I orient myself to the phenomenon. I locate their experiential descriptions, thoughtful and strong, and gain insight into the phenomenon that I seek to know. Their lived experience recollections form the basis for my interpretation. Van Manen offers me suggestions for producing a lived-experience description. I must ask that my co-participants describe their experiences as they lived them, not why they felt they lived them. I must ask that they focus on a specific incident or a vivid example. I must attend to evocative memories such as smells or feelings. The way in which I question will open up the question to possible new horizons.

Gadamer (1960/2002) speaks of the openness of the question and writes that it is bounded by the horizon of the question. “A horizon is not a rigid boundary but moves with one and invites one to advance further” (p. 245). Every question has a finite beginning and end, based upon our history with the situation at hand. In seeking the horizons, we must apply historical consciousness. Through conversation we attempt to reach understanding as we recognize the historical horizons brought into play. I need to know the other person’s standpoint and ideas; I need to learn to look beyond what is close at hand to acquire a horizon. Gadamer reminds me that projecting a historical horizon is only one step to understanding. There must also be a horizon of the present as well. When asking nurse educators about their experiences with teaching and what brought them to leave, I am asking questions based upon my historical horizons of the teaching situation. Questions are designed to bring out responses already within the nurse educators’ lived experiences within the teaching profession.

### **The Existential Structure Within Phenomenology**

For van Manen (2003), life-world guides are a way to reflect upon the study of the phenomenon. He writes that we find the grounding of our experiences in a fundamental thematic structure. Thematizing is done through recovering embodied themes. The themes uncovered provide order to our writing. As a researcher, I know there is much to be interpreted in the narratives of nurse educators who have experienced teaching. The themes that emerge are the structures of the experience, the building blocks of the phenomenon. In reflecting upon the phenomenon of nurse educators leaving community college teaching, I look further and further into the meaning of leaving. In every experience there is something that calls one deeper into the experience. I am challenged

to recover the themes that are tightly woven within the narrative as I look for a way to ground the experiences.

I am guided by van Manen (2003), who shows me the way to use existential principles so that I might ground the experiences of my phenomenon. “Four existential principles of lived body, lived space, lived time and lived relation to the other can be differentiated but not separated” (p. 105). One of the most fundamental aspects of the life world is spatiality, that is to say the positionality or placement of the experience. There is an implied separateness of one place from another. Barnhart (1996) notes that the word spatial comes from the Latin *spatium* meaning occupying space or relating to space. Heidegger (1953/1996) refers to the spatiality of *Dasein*. Our belonging in the world is relative to our region. Thus, the space can be looked at in the way in which it is viewed.

The profession of nursing education has its boundaries, the limits of the profession. That others can view it differently is due in part to the belief in infinite boundaries of education. Heidegger writes that we must move the being-in-space in relation to the phenomenon. In the “direction of clarifying the possibilities...Space can only be understood by going back to the world” (Heidegger, 1953/1996, p. 105). The walls of nursing education offer a place where teachers experience boundaries of their profession. The buildings where learning takes place, the meeting spaces where sharing among colleagues takes place, the pedagogical beliefs and curricular constraints, are all in the world of teachers. Unless you are a teacher of nurses, it is difficult to understand the boundaries of this space, but this experience can and must be shared to continue to reform traditions of nursing.

Casey (1993) refers to spatiality as a spatial framework. He writes that within this framework, bodies belong to places, and that it also must be considered that places belong to bodies. The relationship to place is reciprocal. Nurses who teach are not defined by where they physically teach, but *that* they teach. However, the pervasive discontent with where they teach is affecting their teaching. If there is nowhere left to teach, will the “good” teachers remain?

Nursing faculty members occupy a very specific place in the walls of nursing education. It helps to define them and gives meaning to their selfhood and identity. No one else in health care occupies that same space; there are separate spaces in health care for the clinical educators, for the managers, for the patients and many other members of the health care team. Each one identifies self through one’s own space. There is no directionality to the space, only the knowledge that it is there because of a certain interaction within it. Casey’s writing leads me to believe that when nursing faculty vacate their space, new faculty who enter occupy an altogether different space. For each space there is a memory of the space where they are or have been. This spatial memory remains unoccupied by the new faculty entering and creates a honeycomb effect, most certainly causing tension within the walls. Displacement is the naming of this tension. There is an imagined transposition, and from this can be created a feeling of despair and desolation, affecting the walls of nursing education and those within.

Van Manen (2003) writes that lived space is felt space:

Phenomenologically it appears that the structure of the ...experience asks for a certain space experience....So it appears that lived space is a category for inquiring into the ways we experience the affairs of our day to day experience; in addition it helps us uncover more fundamental meaning dimensions of lived life. (p. 103)

We are connected by a feeling with the space that we occupy (van Manen, 2003). There is loneliness away from home, restfulness when hiking a trail and a familiar belonging in place that brings us joy. Just as nurses feel that patients who have cards and flowers in their room are seen to have a supportive family, so also do faculty feel that those who hang awards and personalize their offices are seen as belonging to the college and nursing program. In this space that we occupy, there is a feeling of belonging for some of us, but not all. Is it that some new nursing faculty members must be formally invited in, before they can enter into a new space and belong? Who is responsible for opening the space, for the formal invitation? Who defines the role that is to become the being of the new faculty?

When new nursing faculty members enter into teaching, they enter into a new experience, a new role. As they experience the world of teaching, they experience the I-It as well as the I-Thou. "Our students teach us, our works form us" (Buber, 1970, p. 67). It is Buber who writes that as nurse educators experience the world and are objectified, there is an I-It experience. When nursing faculty members are not seen and not heard, the experience of teaching is an I-It. When recognized as unique beings through instructive possibilities, there is a subjective relationship that exists, an I-Thou. When treated with respect, and truly heard and cared-for, reciprocity prevails. Our place and experience of it is a fundamental element in our becoming.

Heidegger (1953/1996) claims that *Dasein's* being is best shown through the existential of temporality. The temporal belongs both to the pre-philosophical and to the philosophical. Beings in time are made visible in their temporal character. In Johnson's (2000) explanation about Heidegger, he says that temporality should not be understood as

a sense of chronology; rather it is the movement of *Dasein's* becoming. As we move forward toward our future, and become who we are, we become aware of our presence. Merleau-Ponty (1945/2005) writes that all of our experiences arrange themselves in terms of before and after. We see temporality in terms of time and the way in which we gain access to its concrete structure. "Time is therefore, not a real process, not an actual succession that I am content to record. It arises from my relation to things" (p. 478).

Lindeman (2000) projects that the future of nursing education, and therefore the future of nurse educators, is rapidly changing. Nursing faculty members are charged to "Give up notions of control and predictability and learn to enjoy change and ambiguity" (p. 8). Gadamer (1960/2002) reminds me that in understanding the role of the teacher in nursing, I must take into account the temporal distance that we, in nursing education, have traveled. If nursing faculty members can learn to enjoy the change within nursing, without discounting the great strides that we have already made, then we will have made the necessary transitions to the future. Do seasoned nursing faculty members communicate this history to novice faculty so that they may take part in the processes needed for the future? When teachers of nurses do not see evidence of their part in the past and the future, they may become disillusioned with the process. When time is always lived outside the body and treated as a commodity to control, is it any wonder that the soul of inner time for the nurse educator is lost?

Van Manen (2003) refers to the lived body as the existential of corporeality. We are always in our body within the world. When we meet people, we meet them first through what we see as their body. Our gaze can transform the perceived appearance of the other when we offer ourselves with a smile or a frown. Corporeality is a way of

experiencing the world through the body, through our senses. Merleau-Ponty (1945/2005) refers to it as a fusion of body and soul. He argues that the way of corporeality of the body is different than the Cartesian notion that views the body as a machine driven by mechanical ability. Benner (1994) describes the notion of corporeality in terms of health and illness. She writes, “Nursing...seeks to help the patient reclaim that sense of embodiment that allows for their taken-for-granted, unconscious transactions with the world” (p. 52). Moran (2001) uses the word embodiment to refer to an aspect of experiencing the world. We experience the world through feeling, taste, touch, and all of the senses, through all the ways in which we experience the world.

When a nurse feels the clammy skin of a perspiring patient, the patient feels the coolness of the nurse’s hand and experiences a different perception of the touch. How does the speaker exhibit nonverbal clues with her speaking? Do we touch each other as we talk? Is there a communion of the physical-corporeal being in this world of nursing, particularly as we nurse the profession? I reflect upon this being in the world as a nurse and a teacher. There is a conscious decision, on the part of the nurse, to be present with the patient, to share in the reality of their health and illness. When Collins (2005) speaks of her teaching experience, she describes the physical and emotional efforts that it takes to be with the student. She is viscerally attentive to the student behavior in the patient care setting. The heart rate quickens in response to an unexpected student-patient encounter. Collins experiences a constant visceral response to non-verbal cues or even journal entries that show evidence that the student may or may not understand what she is trying to teach. She says that she may smile with pleasure or sigh with disappointment when she reads their words or sees their stumbling efforts. Collins makes a conscious

decision to be with the students, to be present with them in their learning. This is where she finds a connection. When nurse educators leave the teaching of students do they sever connections? Is there a corporeal release? What do nurse educators experience as they leave the profession of teaching? Who is attending to their visceral signs?

It is van Manen (2003) who addresses the theme of lived human relation. This is the relationship that we maintain with others in shared interpersonal space. When we meet, we see through their corporeality and develop a conversational relation. He writes:

In a larger existential sense human beings have searched for this experience of the other, the communal, the social for a sense of purpose in life, meaningfulness, grounds for living, as in a religious experience of the absolute Other, God.  
(p. 105)

Relationships are viewed in terms of where they are located (Heidegger, 1953/1996). He uses the phrases “being-with” and “being-along-side.” It is one’s relation with another that can interfere with the authentic self. Gadamer (1960/2002) uses the term to mean coming together, of communicating together. Nurse educators come together in a variety of physical ways when they interact with students. They are being-with the student authentically and peripherally. Guiding students through new learning experiences is very positive for faculty. Are nurse educators as authentic with each other as they are with students? When we come together in teams, do we see each other authentically; do we get to know one another? Is that what nursing faculty members want, and when it is not apparent, is that why they leave?

The new NLN guidelines for the role of the nurse educator (2005b) show nursing faculty what they must do to teach students, but it falls short of helping the nurse educator become a teacher of student nurses. There is much more to becoming a nurse educator than following written guidelines that define process. The relationship of the

seasoned nursing faculty member to the novice nursing faculty member needs much more scrutiny. Beginning there will help to establish communication with each other that is so critical to retaining those who would leave and engaging those who will come after.

### **Making Peace with the “I”: Pre-understandings**

Throughout the study, I have wrestled with my own tensions. My own feelings and experiences as a nurse educator sometimes bias my listening. When I hear others speak about the lack of community, or lost opportunity to learn to teach within the community college as a nursing faculty member, I know that I don't share the experiences in the same way. I am a part of the community of academic nurse educators. Although, I did not always feel that I was a part of my teaching community, I have worked hard to become a part of the membership and toward belonging. Initially, I was frustrated with the belief that although I was an experienced nurse clinician, I was not an excellent teacher. Through more experience and advanced learning I felt more prepared, and this led to my feelings of success as a teacher. It was my decision to return to the educational setting to learn to become a better educator. This path is not the same path that others have chosen. At the same time, I must make peace with that part of me that is shuttered. The window needs to be open to the “thou” of the other.

Gadamer (1960/2002), refers to an “I-Thou” relationship as historical consciousness. I must be aware of the otherness of the other. I have a historical reference to the words of nursing faculty members because I am a teacher of nurses. A history together implies a sharing of experiences and a knowing of the meaning of another's words. Barnhart (1996) traces the word historical from the old French word *histoire*,

which means a story, a legend, or from the Latin word *historiā*, which means a learning or knowing by inquiry or narrative. This, then, becomes a record of the narrative.

When I think of the historicity of being with others who teach, I am reminded of what I feel as new faculty re-place those who have left. Faculty may come to a new position with good memories of teaching, at another place, in another time, or may come with no experience, only excited anticipation. There is tradition in nursing education that brings with it strengths and weaknesses. The words of those who leave the profession of teaching help me to understand that there is more to the leaving than the words originally offer. Some new faculty members leave frustrated at the slowness of the changes; others like me ride out the storm, waiting for the tide of change that will come. There is always a new dawn. It is being a part of this history and being an equal partner to the reform that keeps many nursing faculty within the walls of nursing education. What is it in the recent nursing history that contributes to the loss of nursing faculty? By returning to the roots of nursing, and examining my historicity and pre-understandings, I use the methodology of phenomenology as my guide to recover the depth of meaning that I am seeking.

### **The Methodology of Phenomenology**

Lived experience is the starting point and end point of phenomenological research. The aim of phenomenology is to transform the lived experience into a textual expression of its essence—in such a way that the effect of the text is at once a reflective re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own lived experience...lived experiences gain hermeneutic significance as we (reflectively) gather them by giving memory to them....The eventual aim of phenomenological human science is concentrated upon re-achieving a direct and primitive contact with the world. (van Manen, 2003, p. 40)

## **The Turning**

In chapter one, I offer readers a glimpse into the methodology that I use in this study. I turn to van Manen (2003) and re-turn to the lived experience. When we take on the new role of teacher, we enter into it with enthusiasm and with an understanding that although we have experience as a nurse, we lack the experience of the teacher. For some, this new role adds to an existing life-world that is difficult to embrace, leading them away.

Reduced to its elemental methodological structure, hermeneutic phenomenological research may be seen as a dynamic interplay among six research activities (van Manen, 2003). Turning to the phenomenon was my first step in this study. Each year community college nursing faculty members receive letters from their directors of nursing, or department chairs, asking if they will return in the fall for another academic year. In schools of nursing, one or two nursing faculty members decide not to continue to teach and return their contracts unsigned. It is this phenomenon, the decision not to return that calls to me. I watch nursing faculty leave my community college each year, and each year I grow more concerned. I am concerned about the reasons given for their leaving. As in nursing, I must now turn to the phenomenon itself. I seek to investigate **the lived experience of community college nursing faculty who have left the profession of teaching.**

## **Investigating Experience as We Live It**

Am I any closer to my phenomenon, to uncovering the voices of those who speak to me about their leaving? I begin my search by listening to the words of those who no longer teach nurses. What is the meaning of the words used by nursing faculty when they

say that there wasn't enough support, a sense of belonging or even the lack of a chance to practice clinically as well as teach? There are certainly other professions that are limiting, that have minimal support for change or have restrictions on practice. But when nursing faculty members voice these words, they are shared in relation to their being as nursing faculty. How much of what they say is relative only to their here and now? What is the historical consciousness of their present dwelling place?

Van Manen (2003) describes lived experience as the study of a phenomenon that has evoked reflection and discussion leading to interpretation. The memory that is relived through reflection can evoke the lived experience in much the same way. Through this description, the reader must be led to wonder, to turn to the question. It is my intent to have the words of those who allow me into their world to resonate, to cause the reader to reflect, if only for a moment and to be transported into the life world of the teacher of nurses. Van Manen continues by stating that by delving into the phenomenon there is a deepening experience. It is more than reflection on an experience; it is entering into the experience of the other. When singers use the words "walk a mile in my shoes," they do not mean this literally, but they mean that in order to understand an experience, you need to be transported to the place of the other and dwell there. Who is the other and how do we dwell in the place of the other?

### **Dwelling in the Life-World of the Teacher**

In phenomenology we find ourselves in the experiences of the other. First we must place the word "other" in terms of personhood and location in time and space. The person is already situated in the world; there is a relationship of the person to the world (Heidegger, 1953/1996). It is in this relationship that we encounter the "other." "But what

more is there to point out in being-in-the-world, beyond the essential relations of being together with the world (taking care of things), being-with (concern) and being one's self (who)?" (Heidegger, 1953/1996, pp. 123-124)

In all things, there is a relationship. When I speak to the nurse educators who leave the place of nursing education, I attempt a "being-with" relationship. But where does this being-with take place? How can I enter into a dwelling place that is unfamiliar? Can it be that they can occupy a space that I understand, as I listen to their words of remembrance? Do they move in and out of this space as they speak of dwelling within the walls of nursing education in the past tense? This past tense creates a tension within me as I wonder where they are now if time and place are not measurable. In which direction must I look for meaning? I wonder how I can enter into their lifeworlds, if their being-in-the-world is so different from mine? Heidegger (1953/1996) cautions me that in "fearing about," I may be also "fearing for" (p. 133). I must not be afraid of the words that describe the un-dwelling of their place in my world. I must encounter the nurse educators in their own way.

Casey (1993) helps me further investigate the dwelling-place of the teacher. He credits Heidegger with his emphasis on the importance of dwelling places, but continues the discourse in relationship with significant places. Casey writes: "To exist at all as a (material or mental) object or as (an experienced or observed) event is to have a place—to *be implaced*, however minimally or imperfectly or temporarily" (p. 13). Nurse educators are therefore, *implaced* in the discipline. Those who leave, exist temporarily in the place of the educator, even though they are gone, but they also suffer "displacement."

## **Attending to the Other: Voices Residing in the Walls**

As I reflect on the voices of nursing faculty, I know that when we listen to others we do not always hear what they are saying. We often hear what it is that we believe that they are saying, or what we want to hear. We interpret their voices in agreement or in opposition with our own voice. We hear, but we are not listening. The word listen comes from the word *lunen*, meaning to pay attention, try to hear...also the Old German word *lūstrēn*, which means to attend (Barnhart, 1995, p. 437). When we attend to someone we pay attention to him or her. We give them our entire attention as if in the military when we stand straight and offer our complete posture toward the speaker. When we attend to a speaker, we offer the listening pose taught to nurses in their theory on therapeutic communication. We face the speaker, sitting in a relaxed open way with our eyes focused on them. In this we are open to their voice. We show this in our posture, our openness, in our attitude that invites meaningful conversation. We are listening.

Preparing for listening is an equally important part of the “listening-for;” it presents an openness to the field as a whole (Levin, 1989, p. 83). There are four stages of self-development in the listening self, as described in the previous chapter, each subsequent stage requiring more intent concentration by the listener. The initial stage is one of instinctive listening. Words come to us and we enjoy the sounds. The second stage of listening is everyday listening. Our ability to listen is based upon our own personal experiences. We are now able to meet the demands of interpersonal living.

In the third stage of listening, the “listening-for” we fine-tune our perception of the experience. When nurses listen to a patient’s heartbeat through a stethoscope, the nurse listens with an undistracted ear. Just as listening through a stethoscope is a learned

behavior, listening earnestly must become a learned behavior, or more importantly a way of being. Paging overhead, the constant noise of the room television(s) or even the roommate, can sidetrack nurses. It is in this stage of listening that most nurses and nursing faculty reside. The fourth stage is named “hearkening”, borrowed from Heidegger’s term of that name (Levin, 1989). In this stage a disciplined practice is required to let go and let be. Individuals who “hearken” to others have an authentic way of focusing and attending to the speaker.

Listening can be cooperative and competitive. In this I suggest that nurses apply the feminist tradition of cooperation, as they listen to patients in a health care setting, thoughtfully hearing the patient. It can be another matter when listening to a colleague. Nursing faculty members may find the words in competition to their own thoughts, restricting an open listening to the words of the other. We must be attentive; we must stay with the other (Levin, 1989). In order to listen, we must use an authentic greeting. We must show our self to the other and be responsive.

Before Dorothy left our nursing program to teach in another program, she said that she often felt that no one listened to her; she felt voiceless. When Carly left to go back to being a clinical specialist, she said almost the same thing. “No one hears me!!” What, then, is the answer that I must give them? You must make yourself heard. Can this be the answer, or will they still feel unheard? I only know that as I learn to listen, I cannot help but feel anguish for those times when I know that I have not truly heard students or faculty.

Being heard can be a liberating experience, much as the man in the dungeon who receives a message tapped back feels free:

Nothing can be more effective in driving people crazy than not listening to their efforts to communicate distress. Moreover, since we human beings are essentially social, and our sense of ourselves is constituted through our interactions with others, not being heard by others diminishes our capacity to hear ourselves, and may sometimes so deprive us of the possibility of listening to ourselves that it even becomes difficult for us to know our real needs and concerns: in sum, to know ourselves and form an authentic personal or collective identity. (Levin, 1989, p. 106)

It is the responsibility of the other to hear the voices of those who are speaking. It is listening when the other who is speaking has communicated the need to be heard openly and accurately. Are those who say that they are not being heard, really asking to be heard? A few words from an unknown song float through my consciousness, "Can anyone hear me; is anyone there?" Who else can we hear from? Who else can we listen to? Nurse educators are responsible for maintaining a current curriculum that will prepare future registered nurses. This process is based upon a collaborative effort on the part of each nursing faculty member. We say that our community college uses the team approach in the design and implementation of the nursing program, but the fact remains that all faculty do not report that they are always heard in the same way. If one of us is not heard, what does this say? Does it say that they are right to feel that their words do not make a difference? In what other ways can nurse educators have their say? How do those who leave describe the loss of voice? May someone else speak for them?

### **Describing the Phenomenon: In the Words of the Poets**

The Mending Wall

Something there is that doesn't love a wall  
That sends the frozen-ground-swell under it,  
And spills the upper boulders in the sun;  
And makes gaps even two can pass abreast.  
(Frost, 1967, p. 47)

The words of Frost's poem call to me. I return to the metaphor of walls as a place to start. The words, "Something there is that doesn't love a wall," have a ring of genuineness about them. They conjure up a picture of a living entity. I feel the invitation of the wall and picture in my mind the gaping boulders staggering across a crystal landscape. I reflect on the sturdiness of a wall able to withstand the frozen ground swells and the test of time. The discipline of nursing is rocked by the sameness of ground swells and stands still. Nursing education remains within its walls, even with the widening gaps made by changes in health care and theory.

Frost (1967) suggests that poems make a figure. "It begins in delight and ends in wisdom. The figure is the same for love....It begins in delight, it inclines to the impulse, it assumes direction with the first line laid down, it runs the course of lucky direction and ends in a clarification of life...in a momentary stay against confusion" (p. vi). He writes that artists snatch things from a previous order and space them in a new order. A poem "can never lose its sense of a meaning that once unfolded by surprise as it went" (p. viii).

Poetry is used as a way to express the words that might otherwise go unspoken. I am drawn to the words of Bachelard (1958/1994), who calls on readers to be open to imagination; we must be receptive to the significance of the verse. He asserts that poetry transports us and transforms us. The imagery of walls conjures up an image of a place where a being can be on top, behind, or even as a child crawls between stones, within:

A metaphor gives concrete substance to an impression that is difficult to express...it is an ephemeral expression....In fact the image, which is the pure product of the imagination, is a phenomenon of being; it is one of the specific phenomena of the speaking creature. (Bachelard, 1958, p. 74)

I turn to Bachelard's words as I conjure up images and wonder if they might simply be a reflection of a metaphor. Walls have the concreteness of a metaphor, but need the

imagination of the reader to uncover their denouement. The metaphor of walls helps the reader to see nursing education through a different lens. It is through imagination and the words of the poets that I hope to bring an understanding to the experiences voiced by community college nursing faculty who leave teaching.

For Merleau-Ponty (1962/1989), phenomenology is a matter of describing. It helps us see the bond between human beings and the world. Furthermore, phenomenology focuses on the background of our experience, moving us forward. Poetry allows us a way to interpret the essences, using language and perception. Poetry uses heightened description to open up the phenomenon to meaning. In poetry resides the essence of language. In using the words of the poets, as they speak of walls, I am able to have the reader enter into the phenomenon in a new way. They may now see the walls of nursing education, surrounding the students, and their teachers, protecting them and giving them a more corporeal form, rather than walls being seen as exclusionary.

In a radio address on Art and the World of Perception in 1944, Merleau-Ponty (1948/2002) says that there are expectations and understandings that a reader brings to their reading of a poem. I hope that the readers of my study will have similar understandings of poetic imagery invoked. When using the words of Frost, I intend for the reader to conjure up a mental image of a wall with groundswells, spilling boulders about the landscape. The fact that I use the analogy to create a picture of a structured nursing education program may or may not be apparent to the reader, but as I unfold the imagery, I suggest that readers will be open to the possibilities. This poem and others will help the reader to discover the perceptions of the walls of nursing education in the world, and the relationship of the nurse educator to these walls. “In the poem, as in the perceived

object, form cannot be separated from content; what is being presented cannot be separated from the way in which it presents itself to the gaze” (Merleau-Ponty, 1948/2002, p. 101).

Using the poets to help me conjure up images that offer a perception of the world will forge a bond between others and the world. Poetry is a remembrance full of language and perception. Descriptions of imagery from the poets awaken some of the same images in those who are filled with similar questions and concerns. While the poets offer me a new lens in which to view the questioning, it is through the eyes and ears of nursing faculty who have left that I must understand.

### **Misplaced Bricks: the Notion of Seeing is Believing**

Phenomenology does not study the actualizing of a pre-existing reason or the conditions for the possibility of a world. Rather, as the word itself indicates, phenomenology studies the appearance of being to consciousness and reflecting upon its meaning. Reflection upon the meaning can only come about through an “awareness of itself as well as of its results” (Merleau-Ponty, 1945/2005, p. 72). Phenomenology helps us see the bond between human beings and the world. There is a focus on the background of our experience.

When we ask nurses to become nursing faculty, we offer a perception of nursing education that we view as reality. We, as those who will mentor new faculty, offer a job description of tasks, committees and demands. We also offer the opportunity to develop the next generation of nurses. Chelsea says that with her prior experience as a teacher practitioner, she was prepared for the role of a full-time nursing faculty member. She never thought that she was not prepared for her new role; however, there were a lot of

additional uncompensated hours. Her prior experience as a clinical educator and clinician had been a new role that was never totally successful. The agency felt that she was better utilized as a manager and let the educator part of the role disappear. She had been trying to mesh two worlds, one of acute care and one of the university faculty member. Even though she felt that she was fully aware of the faculty role, she was not as informed as she thought herself to be. When asked what she would tell any candidates for a full-time nursing faculty position, she says:

See if there isn't something out there that they could do part time in the hospital and part time as faculty because...for those who really love the clinical end and want to teach, sometimes you need to do it that way...so you don't get frustrated and...you can still keep your clinical expertise as well as teach. I think that if you are trying to do it as full-time faculty at some point you are back to, how do I keep that extra day of clinical in there? For the schools, why can't they just give them an extra clinical day...as load?

Chelsea's words are not encouraging for those of us who seek to encourage others into the profession. We, the nurses who teach, should pause for a moment and reflect upon her words since she is trying to help us see the profession through the eyes of someone who loves teaching nurses, but does not love the ways in which we teach. How much of what we offer has been reflected upon by those who already are nursing faculty? Are we truly at a place as teachers of nurses where we are honest with each other and with those who would be teachers?

When a nurse educator speaks of being part of a special community of nurse educators, and at the same time excluded, is there a disconnect, or only the appearance of one? Are nurse educators unwilling or unable to connect to the "other" in the community of nursing faculty? Do they fear the loss of family and home connectedness? What are

they seeing as their options? When we close our eyes to the appearance of the “what-is” of an experience, are we also closing our eyes to the possibilities?

How much of the consciousness of nursing education has been subjected to being in the world? Heidegger writes that “What something is, as it is, we call its essence or nature” (1971, p. 17). What is the nature of nursing education? Nursing education arises from among other things, a long tradition of lecture, demonstration, and testing (Diekelmann, 2003). However, as health care undergoes its current revolution, these traditions are no longer sufficient to maintain the discipline of nursing. New pedagogies are being offered as a way in which to define and transform nursing education. But in a world undergoing construction can we in the profession of teaching nurses offer a true description to those who enter into the profession? Are we truly saying that what you see is what you get?

### **Reflecting on Themes Uncovered on the Journey**

As I seek to recover the imbedded memories of those who left their mark upon the walls, I turn again to van Manen (2003). He reminds me that I must maintain a strong orientation through pedagogy. I reflect upon the words of those who initially engaged me in the phenomenon of their leaving. Parts of my mis-understandings are a reflection of my inability to construct and then de-construct the experiences of the teacher who leaves. Are there connections and inter-connections that I have not opened my eyes to the possibilities of existence? The path that I take with others helps me to move forward.

During my initial exploration with nursing faculty who I knew personally, I began to identify basic themes that emerged from their recollection of events that led to their leaving. When I conversed with others about the experiences that influenced their

leaving, they voiced the need for curriculum change within the program. Tasks that were required of faculty during a time of great curriculum change were considered “a waste of time.” The time wasted learning about equipment that was hardly ever used could better be spent revising the curriculum. One participant stood with her head cocked to one side as if to make a significant point. There was no gesturing, and her words were spoken with care as if she had spent a great deal of time reflecting on her dissatisfaction with nursing education.

What is the theme of the anecdotal statement: “What people don’t appreciate is the time spent preparing for clinical and lecture?” Carly felt she was not compensated adequately through salary for the hours that it takes to prepare for lecture and clinical. For that matter, she does not feel that her work is valued. Are there others who agree with these words? Have I really uncovered an experience, or have I just begun to strip away the layers of meaning?

My early conversants have all been women, but the conversations about leaving the position of nursing faculty are not gender-biased. Olsen (2003) speaks to his experiences as a nursing faculty member who left the profession of teaching. Although men are not more than a small minority within nursing education, they also have a voice that needs to be heard.

### **Balancing the Research: Introducing New Voices**

I began my search for willing study participants by advertising informally through email and word of mouth, and then placed an advertisement in an area nursing journal. I sought participants without regard for gender, age, or ethnicity and those who had not left the teaching profession through retirement or to take part-time teaching positions. There

were no men who answered my inquiry for participation in my study, and coincidentally, none of my participants had begun nursing as a second career. All had chosen to be nurses from their early years.

From the more than twenty responses in the initial journal advertisement, I selected six conversants who had been teaching full-time in a community college nursing program for at least two years and who were no longer teaching. I excluded those nurse educators that I had worked with, those who had moved from one teaching program to another, and those who had only part-time teaching contracts in the community college. I stopped the search once I had six suitable candidates. Having the knowledge that I could have had more conversants supported a personal belief that my study was needed.

The conversants that answered my inquiry were women of different ages; two were in their thirties; two in their forties; and two in their fifties. Five of my participants were Caucasian and the sixth was African-American. Half of these women had received a graduate degree in nursing prior to their initial teaching experience; the others were enrolled in graduate school when they were offered teaching positions. Each of my participants was invited on the path to nursing education in a different way and in a different time period in their lives. Several participants had seen advertisements in an area nursing journal or newspaper, and several others were invited by colleagues already teaching in the community college.

My participants were from Maryland and Virginia and all expressed a desire to share their experiences so that others might learn from their words. I engaged each participant in a series of three sixty-minute audio-taped conversations which were

transcribed by a professional transcriber. The names of my participants have been changed to protect their anonymity.

My guiding question for this phenomenological study is: **What is the lived experiences of community college nursing faculty who have left the practice of teaching nurses?**

### **Entering into the Place of the Conversations.**

My initial contact with the participants in my study was when they answered my request for volunteers (see Appendix A). I contacted each volunteer who met the criteria through phone or email and sent them a copy of the consent form. When I began the study, I asked each conversant where we should meet so that meeting times could be arranged at a time and a place that was mutually agreed upon by the conversant and the researcher. At the first meeting, the participants were asked to sign the written consent form (see Appendix B). I followed up the initial contact requesting a date and time for the first conversation.

I met with each of the participants over the course of a year and began the conversations with a few questions to open up their experiences. I had sent the questions ahead of time to the conversants. Several of the questions were:

- What was your experience as a full-time community college nursing faculty member?
- What was your initial image of the role of the nurse educator, and was this image very different from the reality of the role that you experienced?
- In what ways did the teaching role influence your decision to leave?
- Was the community college environment conducive to your growth as a nursing faculty member, if not, was this an influence in your decision to leave?

In addition to meeting with me for these conversations, I also asked that each participant write a brief one-two page narrative that described in their own words what

the experience of teaching in a community college was like and what influenced their leaving. Several wrote this narrative as if to another, and several wrote it as if to take the place of an exit interview. I occasionally used these written words when they clarified a comment that had been made during the conversations. The written words of my conversants words were compelling, and often contained messages that they had not used in the conversations. I wondered if this were because they had been given more time to think through their responses than was given during a conversational meeting. I find that it is a different experience, putting into writing, words that you may not think through during an open conversation. I also used email as a way to communicate with my participants when I was setting up the next appointment and if I needed additional information particularly after the final conversations.

Since my conversants were no longer teaching, none of the conversations took place in a faculty office. I spoke with each of my conversants in settings that were comfortable and familiar. Only once did I venture into a community college setting for a conversation and only because it was a convenient meeting place. The community college where we met resonated with ghostly feelings of remembrance for both of us, since I, too, had a history of teaching in that community college. For me the memories were bittersweet; for her they remained unnamed. This place was where I first entered academia, and experienced curriculum work for the first time. I had grown as an educator here. For my conversant, the process of leaving teaching in this college was still a fresh memory. She glanced around at the familiar walls of the small conference room, sighing in remembrance and then, as if she could shake off the feelings of disappointment, began to tell her story. When asked if we should find another place to

she says “Being here [within these community college walls] actually helps me to remember.” When speaking with another conversant, one conversation took place in a lab setting within the hospital where she had once taught. This place was familiar to the conversant and she selected it because she had access to the area. We met there only once, but it was not as quiet and private as I had hoped, so we found other places to speak together for the next conversations. The places where we met became important to me because I needed a quiet room where the conversants could focus on the conversation and not be distracted by phones or visitors.

After each conversation, I sat alone and composed my narrative, reflecting upon the conversation that had just taken place. Initially, I only wrote a few notes to my self but by the second and third conversation, I had begun to realize just how important the actual process of the conversation had become. It became important to me to remember if the conversant was distracted or distressed by the conversation. My notes became more elaborate with each conversation. I wrote comments about facial expressions that I had noticed, and about thoughts that had occurred to me as they spoke. My initial reflections set the grounding for some of my thematizing. I emailed my thank you to each conversant and set up the date for our next meeting. The meetings usually occurred about 2 to 3 months apart, occasionally longer depending upon individual schedules. In response to my first email thanking one conversant, she responded: “Actually, I feel like I should thank you...I feel like I’ve been in therapy.” Another wrote “Glad to be of help. Our talk brought up a lot of negative emotions that I thought I gotten past.”

I used text from the first conversation to help me to understand and clarify what each participant was saying. The subsequent conversations contained deeper

transcriptions that conveyed more of their experiences and less recriminating comments. My conversants were offering more of themselves, and I was profoundly grateful to each of them. I was hearing what I wanted to hear, their experiences as teachers of nurses in the community college.

### **Thematizing the Text**

Themes are stars that make up the universes of meaning we live through. By the light of these themes we can navigate and explore such universes. Themes have phenomenological power when they allow us to proceed with phenomenological descriptions. (van Manen, 2003, p. 90)

Although I used a professional transcriptionist for most of the tapes, I listened to each conversation many times over, checked for accuracy in the transcriptions and listened for intonations that might call forth meaning. I focused on the text that spoke to the question of the lived experience of the nurse educator in the community college. I then grouped text that seemed to speak to the same issues. In the grouping and re-grouping, I sought common themes and connections to each of the nurse educators. The metaphor of the walls of nursing education was still a force, but a new metaphor of a journey to become a part of these walls began to show itself. More themes were revealed as I listened to the text. I needed constantly to re-focus on the question of the lived experience of these travelers on the journey.

Van Manen (2003) writes that the concept of theme “may be considered simply a means to get at the notion we are addressing. Theme gives control and order to our research and writing” (p. 79). A theme, then, is an experience of focus, of meaning. It is also a form of capturing the phenomenon. There are several methods of identifying the themes within a conversation. The wholistic approach is one in which the text is attended to in its entirety. Using the selective reading approach means identifying the statement or

phrases that are particularly revealing about the experience. And the third method of thematizing that was identified by van Manen (2003) is the line by line approach.

I was not very comfortable with using the wholistic approach because the conversations, although centered on the lived experience of being a nurse educator, did not reveal one central theme. At times as I reflected on the conversations as a whole, I was caught up in the concerns voiced by the participants and the frustrations that I heard. I did not feel that this was sufficient as a way to uncover the overall experience of being an educator. Instead, what was revealed was the experience of talking about having been an educator.

I also was not comfortable with the line-by-line approach, during which I needed to identify each sentence and uncover the meaning. It was through the use of the selective approach that I was most comfortable and which seemed to me to be the best method in my quest for meaning. As I read the text, phrases seemed to stand out. These sentences or parts of sentences could be clumped together with comments from each conversant to reveal an overriding theme. With each subsequent conversation, I would identify a potential theme to my participant and follow up during the next conversation with an attempt to interpret the significance. Although I did not have my participants read any of my text, I kept them informed of the process so that they could assist through collaboration.

### **Re-Focus on the Conversation**

The preliminary conversations that I had with nursing faculty members in the community college setting had given me focus for my new conversations. I continued the

dialogue to re-focus on the lived experience of the conversants that I added. I have moved forward as a way to find the horizon for the question.

In chapter four, I uncover themes that emerged from conversations with those who have left nurse educator positions in community colleges. I sought to learn of the experiences of faculty related to leaving. The conversations from the nursing faculty members have served as text for my interpretation. Each theme that was revealed needed to be focused upon, and the meaning interpreted. “This determination and explication of meaning then is the more difficult task of phenomenological reflection...Ultimately, the project of phenomenological reflection and explication is to effect a more direct contact with the experiences as lived” (van Manen, 2003, pp. 77-78).

In the final chapter, I show what I have learned from this questioning and interpretation. How can my understanding of their experiences help me to appreciate their leaving? What insights can I bring to the profession of teaching nurses at the community college so that others might benefit from the uncovering of this phenomenon? I seek to learn from those who have left so that I may help to strengthen and protect the walls of nursing education. I seek to address any pedagogical implications that may come from this study. Can this loss of nursing faculty be stopped and new nursing faculty be mentored in such a way as to ensure the stability of the profession for the future? As Gadamer writes, in order to have answers, I must know the questions. My beginning question is: **What is the lived experience of community college nursing faculty who have left the profession of teaching?** It is my desire that the questioning will continue as others seek to follow this study with more questions and more understanding.

## CHAPTER FOUR: CARVED MEMORIES IN THE WALLS OF NURSING EDUCATION

Carved into the walls are memories  
Of days gone by, of journeys long since taken  
Lamenting the loss, embracing the future  
Step by step to a new place  
Never forgetting all that has gone before  
(Karl, 2007, unpublished poem)

### **The Journey Out from the Journey In**

Walls exist in many shapes and sizes for different reasons. As I continue to use the metaphor of walls as a way to place nurse educators, I find that I must consider the ways in which the community college nursing programs are a part of these walls. Each nursing program carves out their own unique setting based upon those who would enter. The programs in the community college offer an opportunity to become a registered nurse (RN) to a population that might not otherwise become a nurse. The traditional student in the community college often re-returns to the college setting after many years and seeks a flexible nursing program. “Place is concrete and at one with action and thought” (Casey, 1993, p. xiii). So it is with the walls of the community college, at once a concrete building, but at one with students and educators who enter to become a part of the world of nursing.

Walls do not just appear on the horizon; they are intentionally formed and remain in place as long as they are cared for and maintained. They exist as a way to show evidence of boundaries, of landscape, and of passage. In nursing education, those who belong, care for these walls so that all those shielded within might experience their strength and sense of purpose. Becoming a part of these walls for new nursing educators, involves discovering that they do exist, and finding a way to enter. Entering into any

space involves a journey. As I listen to my participants, I reflect upon the stories of their journeys into and away from being a community college nursing faculty member, so that I might share the interpretation of experiences with others who might listen. Using the interpretive lens of phenomenology grounded in the lived experiences of these nursing faculty members, I extend my metaphor to that of a journey to display the idea of movement that this phenomenon involves; my participants' journey to a place within the walls of nursing education. The word journey is derived from the Old French word *journée*, which means passage through life or a day's work (Barnhart, 1995, p. 407). For these participants, it is a troubling, stormy passage as they wind their way through the ways of being a community college nursing faculty member. The road that my participants took spanned more than a few years of teaching, had more than its share of twists and turns, and eventually led them away from nursing education.

The words that they use to describe their journey, engage, and at the same time, trouble me. In their words, I hear some of the joys of teaching as well as the frustrations and disappointments. Each different voice that I hear echoes with a collective sigh that resonates with me. I, too, share many of the experiences of my participants as a community college faculty member. Although all my participants have traveled similar roads, each tells a unique story of a path interwoven with distinct twists and turns, each leading toward that moment of departure from her place within the walls of nursing education. Each voice enriches and guides me to a better understanding of the **lived experience of community college nursing faculty who leave the profession of teaching.**

Levin (1989) reminds me of the importance of listening. “This listening-to is a concentrated attention, silent, patient, willing to take the time to listen carefully” (p. 84). As I review the tapes made during the conversations, I keep my listening ear carefully tuned. I pay close attention to the words that help me unlock the intricacies of their journey. I must remember that this is not my journey as I seek to make meaning of their lived experiences.

To be aware of the structure of one’s own experiences of a phenomenon may provide the researcher with clues for orienting oneself to the phenomenon...that one’s own experiences are the possible experiences of others and also that the experiences of others are the possible experiences of oneself. (van Manen, 2003, pp. 57-58)

No matter how many steps I have taken in common with my participants, and how deep my understanding becomes of the decision making process that each has followed, I remain within the walls of nursing education. I remain personally and professionally committed to teaching. In this chapter I venture far outside of my own lived experience to reveal the paths traveled by my participants on their journey to becoming and being nurse educators in a community college. To begin, I must follow their way into nursing education, using maps that they used.

### **Maps Used for Entry: Cracking the Code**

As I journey with my participants through their lives as teachers of nurses, I find that I must crack the code of meaning concealed within their words. I become a decoder as I invite each participant to tell her story. What is a decoder and what codes are there to decipher in the language of others? Codes are often found within maps detailing the path to be taken on a journey. What maps inform the new nursing faculty member in a community college? Are they as easily followed as maps used on the roadways?

Much as a map or a compass informs the traveler of the way in which one must go in which to reach a final destination, community colleges provide new educators with a faculty manual to use as their map. Not all maps inform in the same way. Some offer a narrow vision of the road to be traveled; others open up the roadway to a much larger perspective. When travelers select a specific map to be used, it is usually because they are intent upon traveling a specific distance for a specific purpose. Is it incumbent upon new faculty members to decide how far and in which direction they must travel, or must there be a guide to help them? When my travelers embarked upon their journey to be community college nursing faculty, not all had a clear expectation of the road that they would travel and where it would take them. Each knew that they had been selected to be a community college nursing faculty member; a few had experienced being a teacher of nurses before, and had prior knowledge of what to expect. In several instances, this prior knowledge was not helpful; in reality, this prior knowledge made the current teaching position more difficult.

As nursing faculty members in a community college, we share a common nurse educator language, yet individual life experiences imbue that language with idiosyncratic meanings unique to each individual. I wonder about the meanings I extract from their words. Do they hold the same meaning for me as they do for others? It is this discovery and interpretation of meaning that I seek. “One of the greatest achievements of modern art and philosophy has been to allow us to rediscover the world in which we live, yet are always prone to forget” (Merleau-Ponty, 1948/2004, p. 39). “We must rediscover a way of looking at...[whatever we focus upon] respect [ing] their autonomy and their original richness” (p. 101). What is it about teaching at the community college that I must open up

through language and text? I am challenged to re-discover the world in which I live in. One traveler says that working in the community college nursing program was an “eye opener,” and she questions, “What have I gotten myself into?” From the old German word *eyen*, meaning to make visible or to observe (Barnhart, 1995, p. 267), eye opening for this traveler, showed troublesome aspects, now made visible to her, in the community college. Opening up her experiences as she began her teaching life, offers a way into experience that had been covered over for some time.

Van Manen (2003) reminds me that I must deconstruct the memories offered up by each of my travelers, as I follow the path of their journey: “Virtually every word that we utter derives from some image, thereby betraying its metaphoric genesis” (p. 49). I follow their narratives through interpretation to an end that holds open all sorts of possibilities. A traveler’s voiced memories of the teaching experience offer me a way to see the path more clearly. There is a code to break in the journey we take together.

I return to the significance of the word code, which is derived from the Latin *codex* a dialect variant of *caudex* [meaning] tree trunk, a block of wood split into tablets for writing (Barnard, 1995, p. 16). The meaning of the word *caudex* evolved into a system of secret writing. What is the secret language shared by those who have left community college teaching? Using the hermeneutic process, I attempt to uncover what the codes keep secret. I must be attentive to the words that I hear in order to come to an understanding of the “unique meaning and significance of the descriptions of the phenomenon given” (Kleinman, 2004, p. 8). As I read and reread their transcribed words, I find that the words reveal themselves in ways that surprise me. I am reminded by

Hayakawa (1940/1990) that I personally am affected by the words that I hear. There is an extensional and intensional meaning to words.

The extensional meaning of an utterance is something that cannot be expressed in words because it is what the word stands for...it is the territory rather than the map...it is the denotation of the word...the intensional meaning of a word or expression is that which is suggested (connoted) inside one's head...if they start no notions in our heads then the words are meaningless noises, like foreign languages that we do not understand. (pp. 36-37)

I hear words that I have spoken to others, but as I listen to their "sayings," I realize our meanings are not the same. This is not a secret language discovered within some ancient walls, but there is new meaning to be found in the experiences these words convey. The journey here begins with an invitation to become a nursing faculty member in a community college, to become a traveler on the road to the walls of nursing education.

### **The Travelers: Beginning the Journey to the Walls**

As I introduce the travelers who I journey with throughout this study, I am mindful that I, at times, also address them as conversants. Barnhart's (1995) root meaning of the word conversant comes from the Latin word *conversārī*, to associate with; to converse is also to dwell with (p. 159). In phenomenology, I dwell with each traveler on her journey. We become close associates, close companions. We share more than words as we speak together.

Conversation is a process of coming to an understanding. Thus it belongs to every true conversation that each person opens himself to the other, truly accepts his point of view as valid and transposes himself to the other to such an extent that he understands not the particular individual but what he says. What is to be grasped is the substantive rightness of his opinion, so that we can be at one with each other on the subject. (Gadamer, 1960/2002, p. 385)

I invite the reader to join me on the journey with each of my traveling companions.

For the purpose of confidentiality, each of my travelers has been given a pseudonym.

**Bonnie** has been a practicing member of the nursing profession for more than twenty years. As a Caucasian woman in her forties, she represents the majority of nurse educators. Her initial entry as a nurse began after she completed a Bachelor of Science Degree in Nursing (BSN). She practiced as a staff nurse and later moved to a community nursing position. During those years, she returned to the educational setting to complete a Master of Science Degree in Nursing (MSN) and continued to work in supervisory positions in the community. She says of her entry into teaching, “I had a nursing faculty [member] at my nursing school that was my mentor. When I thought of teaching, I remembered her” (Bonnie).

I started in education in staff development when I worked in a community setting. I enjoyed teaching. It was really nice to see the students learning and growing and I wanted to help people grow and so when I saw the ad [for the position] I thought let’s give it a try. It’s something I’ve always wanted to do even out of nursing school. That’s what really brought me in, [to teaching] because I like to help people. I’ve been a preceptor since I started nursing. (Bonnie)

In her position as a preceptor for new nurses, she was familiar with the ways in which novice nurses and more senior nurses interact. It is the role of the more senior nurse to orient new recently employed nurses to work in patient care. Preceptors must work alongside the novice nurse so that they may learn the ways of the agency and the appropriate policies. The preceptor nurse shares the same patient assignment, giving the new nurse the ability to care for patients along side a senior nurse. Bonnie also knew how to prepare a staff development class that included a lecture component and the evaluations to be given after teaching. Although not certain that she would be selected for the position, or that she possessed the ability to teach, she simply thought, “Why not?” Bonnie was so excited when she began to teach. She wanted to learn so much in her new role. “My perception was that it was hard work; that it was a little less salary ...but I

wasn't immune [to hard work]" (Bonnie). When Bonnie interviewed for the position, she gave what she refers to as "a pretty untechno...transparency presentation." She was very impressed with what was being offered in a more technological way of being a nurse educator, and wished to learn these new ways. "I saw it as a challenge...I saw [learning new technology] as an opportunity...it made my job [at the community college] a lot easier. It makes it a lot easier in my current job" (Bonnie). Bonnie taught for three years in the community college and talked with me just months after leaving. She has since returned to her former life in a nursing management position in the community.

**Janet's** almost forty years of nursing practice has included many roles in nursing: at the bedside, in nursing management, in acute care teaching as a clinical specialist, and in the teaching of student nurses in both the community college and the university. She has a long history in nursing and in nursing education. Janet, also a Caucasian woman, is in her late fifties. She began teaching student nurses in a hospital diploma program within two years after graduating from university with a Bachelor of Science degree in Nursing (BSN). As a new educator, she was fortunate to receive excellent guidance in the form of continuing education lectures designed to assist the novice in the practice of teaching.

It got me very interested and I really thought that my life was going to be a life in academia...so I went and got my Master's Degree in Nursing (MSN), because I knew it would be important...in those days that was pretty much the terminal degree in nursing...there were no doctorates in nursing...[initially] I taught for one year in the community college. (Janet)

Although she has returned several times to the practice of teaching nurses, she also enjoys the clinical practice of acute care nursing. During the in-between years, Janet once again returned to the university, this time to earn a Doctorate in Nursing (Ph.D.). Janet has taught in three different community colleges and a university, always teaching nurses.

Janet refers to herself as “the gatekeeper to the profession” and has gladly escorted students through this gate after they have demonstrated the highest standards.

I spoke with Janet less than a year after the two-year funding for the community college teaching position expired. We conversed in a comfortable, relaxing office where she works with clients in the community. Unlike the anonymity of the community college setting that she had selected to belong to, this space lays claim to her interest in books and art, with a small private sitting area nearby. Janet chose to resign from the community college when the grant ended, and return to a practice in the community. Rather than take a different position in the nursing department, for which she had to reapply, “I was going to have to interview for my own job again [in the nursing department] and make a presentation...after the damaging experience [at the community college]...[The faculty position that she held] was awful...it was at this [later] part of my career. I do not have to do it anymore.”

**Sharon**, a senior nursing faculty member, had more than forty years in nursing when she accepted her most recent teaching position in an area community college. Much like Janet, she also is a Caucasian woman in her late fifties. Sharon began her nursing career outside of the United States, where she received her initial BSN. After graduation, she began teaching in a program similar to the associate degree programs in the United States.

I loved academia. I loved being mentally challenged and I loved nursing...I had a choice of travel with friends or to join a community college...I didn't have a lot of nursing experience but I applied anyway...and they chose me which blew my mind at the time...I don't know why they chose me...and I really loved it...so I was hooked on academia...I could make a difference and I could make a contribution to students by exciting them about things that I was excited about.  
(Sharon)

Sharon moved to the United States and continued her community college teaching experience. After receiving a Doctorate in Nursing, she began teaching in a university setting. As with the other participants, Sharon always has maintained one foot in clinical practice along with her faculty position. When she accepted this latest community college teaching position she was prepared for it to be a place where she could continue to teach until retirement.

I went in...very positively thinking that this would be my last position. I would stay here for ten years. And I could hook up with, in terms of research, with the people at the four-year schools. I am well connected...I would be able to blend into a position that would work very well...I went in very positively. (Sharon)

As a seasoned faculty member, she wanted to become a respected asset to the program. Sharon worked for the community college as a full-time faculty member for two years and spoke with me only months after leaving the position. She and I spoke in a very personal office space away from academia. From the first conversation to the last, Sharon spoke of her personal role as a nurse and educator. She had no difficulty articulating words that described the inappropriate behaviors that she had witnessed in nursing education, and the experiences that she encountered. She no longer wishes to teach nurses in a setting that was both discouraging and disrespectful. “At this point in time, I am not planning on seeking another teaching position. Rather, I am looking at service positions in case management and direct care” (Sharon).

**Gerry** had been practicing as a nurse for over a decade when a colleague approached her to accept a part-time clinical teaching position with student nurses. As a Caucasian nurse educator in her thirties, she is younger than most nurse educators and represents the infusion of new blood in the practice of teaching nurses.

I was working on my MSN in nursing education...I was very nervous and I thought 'Why does she [faculty interviewer] think that I can teach somebody?...I went over there and started teaching clinical [part-time position] and actually loved teaching the students new things, watching the students grow and interact with the clientele. I did that for two and a half years and eventually got into teaching part-time in the skills lab at the college...Then a full-time faculty position became available so I applied...I was almost finished with my MSN...not really thinking that I would get the job, but I did. (Gerry)

Gerry completed her graduate degree in nursing education as she began teaching. Not satisfied with this degree, she continued her education toward another graduate degree in nursing, this time as a CRNP (Certified Registered Nurse Practitioner). Gerry felt that her MSN in nursing education did not prepare her for the clinical portion of a teaching position. "I thought that I needed more clinical skills to stay ahead of the students" (Gerry). She taught for five years in the community college and then decided that her family life might be less stressful if she practiced in a private clinical setting, as opposed to academia. I spoke with Gerry two years after she had resigned her teaching position. Gerry writes in her reflections that she is certain that she made the right move away from teaching student nurses.

**Kate** began her nursing experience more than twenty years ago. She began her career in nursing working in acute care, developing her love of teaching as she precepted new nursing graduates in a teaching hospital. As an African-American in her forties, Kate's path to nursing education had started even earlier while attending the university to earn her BSN. Her mentor, "a really strong educator" in the university, initially influenced Kate.

I just loved the idea of giving back...Another educator said, "Why don't you go back to school, you love teaching"...The options [in graduate school] were to get a Master's Degree in nursing education or a master's in administration or to be a Nurse Practitioner...Now I really liked bedside nursing and I didn't want to be a Nurse Practitioner...so I took [the] nursing education [program]. (Kate)

While in the process of working toward her MSN, Kate began teaching nursing as an adjunct clinical faculty in the community college. She then accepted a full-time nursing faculty position in the same community college.

I taught nursing at the community college for a total of eight years (six years full-time, 2 years part-time clinical). [Because of my clinical experience], I taught the senior students in Medical Surgical II. It was truly an eye-opening, wonderful experience. (Kate)

When I spoke with Kate, she had left her teaching experience six years ago, but since her memories of teaching remain vivid, she was able to tell her story as if she had only just left. The conversations with Kate were held in an open, airy conference room in her office area. Each time we spoke, I reflected on the difference between an open conference area and a nurse educator's office. There was no office desk cluttered with books and papers, no family photos such as those present in the office of colleagues. Still, Kate seemed at home in this shared space, as if she could feel welcome in whichever setting she chose. Kate looked very comfortable sitting at the table, encircled by bookcases and wall paintings that are a part of the agency in which Kate now resides. She spoke quietly and slowly, reflecting on her answers before she spoke, but confident in her words. No longer teaching nurses, Kate works in administration where she believes that she can make a more significant difference in the lives of nurses.

**Theresa** began her teaching after working for more than twenty years in staff nursing and administration. Much like Gerry, Theresa is also Caucasian and in her thirties. She began her journey into nursing education when a friend told her about a teaching position in the nursing skills lab at an area community college.

The call to be an educator seemed to be a perfect fit in an effort to advance my career. Having worked briefly in a management role it became evident to me that

I was not management material. Working in an educational role seemed to be a perfect fit, the ability to use my advanced nursing degree, yet not too removed from the bedside. (Theresa)

Her years of clinical practice made her the ideal candidate for a skills lab position that would allow her to teach while gaining more flexibility with her busy family schedule.

I went into the role with great excitement. Coordinating a skills lab seemed to be the perfect fit after years of critical care experience. The schedule of a faculty member versus a hospital nurse was most appealing. No weekends, holidays and a long summer break definitely seemed the ideal job. (Theresa)

She initially was hired for the skills lab position, but when a full-time faculty member left suddenly, she was asked to assume a very different full-time position. Instead of working in the lab, she was now lecturing and had been assigned a clinical group. Although unprepared for the role, she was assured that this new position would offer even more flexibility. “In hindsight, I’m not sure that the fact that the job was more than I anticipated had much to do with, if any, the interview process” (Theresa). She knew about the position of a lab instructor and during the initial interview, for that position, felt that faculty had answered all of her questions regarding that role. But once she agreed to the new position, she never had the same open questioning period that might have revealed more. She only knew that she was needed. Initially, that seemed to be enough. “Overall, I found teaching to be one of the most challenging and rewarding positions that I have ever had” (Theresa).

I spoke to Theresa within a few months of leaving her community college teaching position that she had held for just two years. She has taken a clinical specialist

position in acute care where she works with nursing staff, often teaching; Theresa no longer teaches student nurses.

My traveling companions on this journey have a desire to share their experiences with the reader so that lessons learned can be opened up to others. Their voices invite me into their experience as nurse educators in the community college. Each traveler accepted the open invitation to teach, but found that the path to becoming a nursing faculty member in the community college was not as easily traveled as they had anticipated. There were impasses that became overwhelming as they assumed their new role.

### **Invitation To Begin the Journey into Teaching**

I'm Just a Nurse

I'm just a nurse. I'm just a professor of nursing  
who educates future generations of nurses...

Wouldn't you like to be just a nurse, too?  
(Gordon, as cited in Buresh, 2006, p. 277)

What does it mean to be “just” a nurse or “just” a professor of nursing? Barnhart (1995) traces the word “just” from the Old French word *juste*, which means upright or equitable. When the word “just” is used as an adverb, the word means exactly, barely or only (p. 409). Gordon (2006) uses a “tongue in cheek” rendering of the profound significance of what it means to teach.

However, when nurses refer to themselves as “just a nurse,” they diminish both themselves and their work. This phrase, uttered unthinkingly, grates on some nurses to the extent that they want to distance themselves from the very word *nurse*. Suzanne Gordon wondered what would happen if this phrase were “spun” so that it illuminated the richness and importance of nursing. (Buresh, 2006, p. 276)

The words “just a professor of nurses” actually conveys a profound responsibility and influence toward others; the meaning of the words must be spun so that all might

recognize the importance of nurses who educate. For Kate and Bonnie, the importance of their teacher-mentors is illuminated. Each fondly recalls being mentored by nursing instructors who guided them toward becoming a teacher of nurses. Brown (as cited in Wendler, 2002) speaks warmly of the nurse educator who inspired her with wisdom and education, showing her that nursing was her “role to be.” There is so much more to this role, this professor of nurses who educates future generations of nurses. Those who teach are the ones to “illuminate the richness and importance of nursing” (Buresh, 2006, p. 276). Nurse educators guide others in nursing, beginning with an invitation to learn, and later, an invitation to become “just a professor of nurses.”

### **Being Invited**

Being invited to be “just a professor of nurses” for Theresa, seemed to be a “perfect fit.” How can this be? What is a position that is “perfect?” Is it one that we have always desired? Is it one that offers us an image of ourselves that we can only imagine? For Theresa, accepting the position to teach fulfilled a desire to become more in nursing. For me, teaching, at first in a long-term care facility, offered a unique opportunity. I was not seeking a way out of the bedside nursing care; instead, I was seeking to share my years of bedside nursing with others so that patients could receive the best possible care. I applied for the position in staff development, not certain that I could be the shining example that I imagined, but I was hopeful. Reality and my imagined role frequently clashed, but like many others who have taught before, and after me, I never lost the initial excitement of being invited to teach. When I accepted that first invitation, I began a journey that has taken me into different ways of teaching, some more uncomfortable than others, but I have never felt that I am diminished. As with Theresa, it is a “perfect fit.”

Theresa began her path to nursing education while still employed in an acute care setting. She was invited by a colleague to apply for a part-time nursing faculty position, teaching students in their clinical experiences. For her, being invited by another within the profession of nurse educators was encouraging and complimentary. She was able to fulfill a desire to do more within nursing. She did not wish to lose her role as a bedside nurse, but she loved teaching students and new nursing graduates. In the part-time educator role, she felt she had the best of both worlds, being a professor of nurses and a bedside nurse. Occasionally, having one foot in the world of nursing education and one foot in bedside nursing, she felt conflicted. She felt loyalty to both, and yet the in-between was not enough. Theresa stepped out of the combined role into the full-time teaching role, into her “perfect fit.” She felt that her skills and the position that she was accepting were a “good match.” Theresa accepted the invitation to teach.

What is the experience of being invited to become a nursing faculty member? Barnhart (1995) traces the word invite from the original Latin *invītāre* meaning to treat, and be pleasant toward (p. 398). What is the expectation when an invitation is offered? We, who are nursing faculty members, certainly are pleasant to others who teach students and nursing in any capacity. We treat them well, because we see in them the professional, caring behaviors that we are charged to instill in our nursing students. When a new nursing faculty member enters a community college, we welcome them; we are pleasant toward them. Is this all that is required of an invitation to teach, that we, in the nursing department be pleasant to them? Is there more to an invitation to teach? When I am invited to join an organization, there is an expectation that I will learn the ways of the organization, that I will accept the goals of that organization and embrace them as my

own. Is this not the same with those who are invited to become teachers of nursing? Is there a shared responsibility between those who already have membership and those invited to join, to take a journey together?

Simply saying “yes” to “The Invitation,” feeling the pull of the heart or the quickening of the blood that urges movement forward, is not the same thing as actually making the journey...Before we begin this journey together, you have a right to know what motivates me...the most truthful answer to this is the simplest: because I have to...And I know that this does not mean working endlessly, accomplishing the most. It means...being awake and aware of each moment as it unfolds. (Dreamer, 1999, p. 9)

The invitation comes with responsibility to be with the world. For nurse educators, the responsibility is to be with the students, to enter into a relationship with them, to teach them. Making the journey involves knowing what is expected, knowing the intent of the journey into teaching. Offering the invitation comes with an obligation to accompany new nurse educators on this journey. There is a shared responsibility. When Theresa began teaching, she did expect a little more than orientation. “I was kind of numb, I didn’t know what to expect...so my expectations were a little diminished” (Theresa). Her invitation was pleasant but she shouldered most of the responsibility as she journeyed alone.

How and what nurses discover about teaching nurses in a community college setting is a very different experience for each seeker. Kate was invited on the journey to become a nurse educator when she was encouraged by her mentor to continue her education so that she could learn the ways of teaching. She enjoyed teaching at the staff nurse level, but wanted to teach at a more formal level, away from the bedside, in a college setting. Her invitation came from others who saw her ability to share of herself. The invitation is only the first step on the journey to nursing education. Are nurses who

embark on the journey to becoming a nurse educator, aware of the road that they will travel and that detours might be ahead of them?

### **Detours on the Journey: Mixed Signals**

Taking the road to becoming a nurse educator begins with the invitation and a welcome to the walls of nursing education. Nurses who are invited to enter into the role of teachers are welcomed openly at faculty and college meetings. They are applauded for the expertise that they bring to the community college, and together with others who teach, they begin to belong. When Casey (1993) writes of how we are together with others, he suggests that the primary concern is “how I co-mingle and communicate with [others] and even who we shall become together” (p. 23). It is this “who we shall become together” that draws many nurses to the field of nursing education. It offers them promise, but is the promise kept to them? We say to ourselves, we can teach one person at a time, but as a community of nursing faculty members we can reach so many more. With such lofty ambitions come expectations of what should be, that is “who we shall become together.”

New faculty members, like my conversants, view their role as nurse educators through a somewhat hazy lens, expecting their colleagues to offer a way to open their path and free it of detours and mixed signals. When I use the word detour, I mean that there is not always a clear path to becoming a nurse educator, a path that runs in only one direction and is free of obstacles. It is not always apparent to a new faculty member that there is one direction in which to go to become a nurse educator. Full-time nursing faculty members are expected to “meet the faculty code regarding teaching expectations, college and community service, professional growth, and meeting deadlines” (AACC

Faculty Manual, 2005, p. 270). Using words such as these does not inform the new faculty member of the how-to, only the what. Other pages do identify the how-to, describing in detail what must be accomplished. On one such page is written, “Faculty members maintain six office hours per week and meet periodically with students to review their clinical and academic progress” (AACC Faculty Manual, 2005, p. 273). This directive is much more instructive in that a new faculty member is aware that her calendar must include a specified number of office hours each week. Nursing faculty members are given a copy of the faculty manual with the additional expectation that this manual will be a reference guide to the policies and procedures within the nursing department. How it is used is independent of the department purview.

Our nursing department is now regularly using this manual in the mentoring process. Even seasoned faculty members are finding the information enclosed within the pages helpful. As I think of the positive aspects of a guide, such as the nursing faculty manual, I am reminded that there is inconsistency in the ways that manuals and other guides are applied. These inconsistencies may become small detours. A detour may be thought of as a turning aside from the original thought or path, which is the meaning of the original Old French word, *destourner* (Barnhart, 1995, p. 201). To turn aside does not necessarily mean that the new faculty member is off the path, merely being rerouted temporarily by someone or something. However with enough small detours, getting back on the path can become a challenge.

When Bonnie was accepted for a nursing faculty position in her community college, she was delighted. She had worked with faculty in previous roles in nursing and was confident that because she was selected to teach, she would be able to meet the

expectations. Bonnie knew that becoming a nursing faculty member in the community college would require new learning experiences and perhaps some changes in her lifestyle. “My perception was that it was hard work, that it was a little less salary ...but I wasn’t immune to hard work” (Bonnie). When Bonnie says that she “wasn’t immune to hard work,” I hear her say that she is not afraid of the effort that might be necessary to meet the goals of her new position. She anticipated that there would be challenges, but she was up to the task. I often hear nurses say that they have always worked hard and that hard work is not a problem. Bonnie says that the hours that she had to put in were many more than she anticipated. “To prepare new classes that you have never taught before...the amount of work was a lot but I didn’t feel it until the last year when we changed our curriculum, that’s when it really hit me” (Bonnie). Being welcomed into a community of nurse educators is not always sufficient to ensure success. What does the welcome reveal as well as conceal?

How we are together with others is part of our placement. “They weren’t letting anybody in...no, no it was a little clique” (Sharon). Is this a mixed signal in the welcome? What is this clique that Sharon is speaking about? The word clique is derived from the Old French word *cliquer* meaning to fit together, to agree, and to harmonize (Barnhart, 1995, p. 131). All of these meanings represent a welcome, but Sharon never experienced the co-mingling together or welcome; instead she experienced displacement, a feeling that she was never able to move beyond her status as an outsider. What welcoming signs were hidden as she entered the community college to teach in their evening-weekend program? Her position was outside of the typical daytime teaching program, so Sharon did not meet with others throughout the day. She was at the

community college when the majority of the nursing faculty had left for the day. She was not together with most of the faculty, only those like herself who were teaching in the alternative evening program. Were her landmarks obscured?

Casey (1993) suggests that we need landmarks so that we may find our way. What landmarks are there to help new faculty find their way into or around paths that may be concealed by nursing faculty members who seek to keep others out? For Sharon, the block to membership in the “clique” might well have been the hours that she was assigned at the community college. Is the lesson here that we occasionally have to make adjustments in our faculty schedules to make certain that no one is left out of the group?

### **Inside the Walls: Those Within**

When nursing faculty members enter into the practice of teaching student nurses, they are informed about the lecture and clinical components of the curriculum. Within the clinical component of the nursing program, all nursing faculty are considered equal; they are assigned the same number of students in similar agencies, with the identical clinical objectives. In planned meetings often held weekly, the nursing faculty team, shares experiences, discusses the forms used and plans for the future. The similarities between of the role of the full-time faculty and part-time faculty end there.

Full-time nursing faculty members are responsible for curriculum development, advising, and committee work. Maintaining clinical competency is a challenge for full-time faculty members who try to fit this into an already filled schedule. Gerry expresses the concern that her clinical experience was not sufficient to make her feel comfortable in the sub-acute setting. “I thought that I needed more clinical skills to stay ahead of the students” (Gerry). Even though she was already overwhelmed with her new teaching

position, she took a part-time position in acute care and began working on her education to become a nurse practitioner. Her commitment to becoming competent in both clinical and teaching was personal, and although difficult, one which she demanded of herself. As a part-time faculty member in an earlier career arena, she had always maintained her clinical practice. In fact, it was because of her clinical expertise that she was invited to become a full-time nursing faculty member. Surely it was not different now. Her role change from part-time or adjunct faculty member to full-time nursing faculty member had changed her perception of her clinical ability. “No one on the faculty voiced a concern about my clinical ability...I needed to feel one step ahead of the students” (Gerry).

Theresa had spent most of her years working in critical care units. When she moved from a part-time clinical position working with students in critical care to working with students in a medical-surgical unit and long term care, she felt unsure of her ability. Working with one to two critically ill patients is very different than working with multiple patients in a less critical area. When a staff nurse moves from one clinical area to another there is typically an opportunity to become oriented to the new area with another nurse. In her role as a new nurse educator, it was recommended that Theresa meet with the nurses and orient herself to the new clinical units. Theresa used a written guide offered by a fellow nursing faculty member, but no arrangements had been made for a one-on-one experience.

But I think the perception was since I had twenty years of experience in other areas, that med-surg would be ok...as I recall, I had no orientation, I e-mailed the manager, made an appointment drove down there, met with her briefly...she showed me around briefly and that was my orientation...no, I never had any orientation. (Theresa)

This self-orientation is a common practice for full-time and part-time faculty members. The difference is that, as with Theresa, the part-time faculty members have clinical groups on units where they are most familiar. Full-time faculty members may not be so fortunate and, thus, feel ill prepared for the new experiences. What should the new faculty member expect in terms of an orientation to lecture and to clinical practice? Are we, as those within, expecting too much?

I handled a teaching team that consisted of adjuncts who never taught before, and that's what they wanted to hire. Now the adjuncts were fine as people, they were great, but did they know the game? No, did half the problems occur because they did not know the game? Absolutely....You know, a seasoned nursing faculty would have handled this [explosive situation] differently and it would not have come down to this. (Sharon)

Sharon was the only member of the nursing team in the new program that had teaching experience and credentials higher than a BSN. Her inexperienced team of new nursing faculty members was limited in their ability to diffuse difficult interpersonal student interactions. The lack of experience with students—not knowing the game, in a clinical setting, can create a troubling environment for learning.

In Janet's community college there were four times as many adjunct faculty members as full-time nursing faculty. It is during the clinical experience that most part-time faculty interact with nursing students. If they are novice clinical faculty members, they rely on written faculty requirement manuals and discussions in weekly faculty meetings. Janet is concerned that is simply not enough. The overall design of the equal role for faculty members with different educational experiences can be challenging to manage. Adjunct nursing faculty members have years of clinical practice in nursing, but little or no educational theory related to teaching adult learners.

The opposite may be true of full-time nursing faculty. Many have years of educational theory but limited clinical experience. This can make for a difference in the learning experience for students.

I think that in some ways nursing, selecting the academic model over the medical model has been a mistake because there were faculty who, one I remember proudly saying that she couldn't find her way over to the hospital and that was fine with her...[I saw] a real disconnect and disrespect for the practice of nursing. (Janet)

Janet views the faculty member who “could not find her way over to the hospital” as a nurse educator who did not see the role of clinical education as significant within the overall learning environment of the nursing program. For her, the knowledge that some teachers of nurses do not value the need to maintain clinical competency is troublesome. This was clearly a problem for Janet who sees this as disrespectful to those who value the clinical component of the nursing curriculum. Clinical education is a core principle in nursing education.

It therefore falls upon the shoulders of the clinical educator to integrate theory and practice, provide an optimum learning environment, develop relationships characterized by positive regard for the individual, and structure learning experiences which facilitate the acquisition of the clinical skills of nursing. (Ferguson, 1996, p. 836)

What does integrating theory into practice mean for all nursing faculty members? How can theory be integrated into practice if the faculty member does not have the knowledge of theory and practice? Is this possible if those who teach the lecture component are not open to current practice found within the clinical setting? Why isn't the integration of theory into practice a priority for all faculty members? Where is the respect for the clinical component of the nursing curriculum and those who remain current in practice?

Seeking nurses who have demonstrated expertise in the acute care and community settings is a recognized method of recruiting those who will teach novice nurses in the clinical arena. In the community college, the clinical experience is a valued learning tool and those who possess current expertise are respected members of the nursing program. But neither expertise in the clinical arena or the lecture arena comes without gaining new knowledge in each. Full-time nursing faculty members must have one foot firmly grounded in theory and the other grounded in clinical practice. Is there tension when the full-time nursing faculty member cannot meet all expectations—“be everything,” in the nursing program?

Full-time nursing faculty members are usually the only members of the nursing team that teach the theory. Bonnie found that she was teaching from lecture material taught previously by part-time faculty, but this is not the typical nursing department way. For many full-time nursing faculty members, integrating theory into clinical practice may well place them in-between. Learning how to integrate the theory into practice is a challenge for novice nursing faculty members who have been recruited for their clinical expertise. Their need is different; it is in learning the ways of teaching lecture. The new full-time faculty members also experience the in-between.

The absence of information about teaching was mysterious, but after a while I stopped wondering how or when I was going to learn what to do... Besides in the back of my head there was what my professor had said about my being a good teacher and, right next to it, the knowledge that I was good at talking in class. (Tompkins, 1996, p. 86)

Clinical educators do not have to “talk in class” but they must be aware of “what is talked about in class” if they are to keep up with the needs of the students. Tompkins’ experience is much the same as many novice faculty members in nursing. There wasn’t

much being said about the way to accomplish the teaching of nurses or any other student for that matter. “The lack of systematic investigation in this area is somewhat surprising in view of the fact that clinical experiences are considered to be an integral and necessary component of nursing education” (Ferguson, 1996, p. 836). How we teach the practice of teaching nurses is the challenge that currently is faced within nursing programs. Nurse educators must accept the challenge, but not necessarily alone.

### **Journeying Alone: The Occasional Mentor**

Mentoring is a two-way circular dance that provides opportunities for us to experience both giving and receiving each other’s gifts without limitations and fears. If limits and fears are placed upon either the giving or receiving of this gift, the process comes to a halt. (Huang & Lynch, 1995, p. XII)

In ancient Greece, *Odysseus* asked his friend *Mentor* to watch over his precious son *Telemachus* as he traversed the world in search of new learning and experiences. *Mentor* guided and advised his young charge offering wisdom learned from his own personal experiences. In nursing we use the words precepting and mentoring to mean how we work with others in a unique relationship.

I did meet with the faculty [members] that were my [team] partners on a weekly basis to discuss things and at that time it was always a twenty-twenty hindsight. The next time this comes up, you should be doing this and no we don’t do it that way, this is how you are supposed to do it...Yeah, now you tell me. (Gerry)

Unfortunately for Gerry, any guidance that she was given was after her experiences had occurred. This was not helpful in the way in which *Mentor* guided his young charge. What does the absence of mentoring do to nursing faculty members? There is much more to mentoring than offering guidance as an after thought.

Precepting as well as mentoring is based on an essential inequality, where one person (teacher, preceptor, and mentor) has something to teach that the other,

more junior person wants to learn. Although rooted in unequal power, all parties to these relationships may achieve personal and/or professional gains through them. (Barnum, 1997, as cited in Flynn, p. 1)

It is this personal and professional gain within the relationship that equalizes the roles of those participants. The power becomes shared. Vance (1998) writes that the nature of the mentor relationship can be traced through several theorists. “Erikson’s stage of generativity is manifested by the human need to reach out to others, to provide guidance and nurturance” (p. 7). Generativity implies an acceptance of responsibility for passing on knowledge and wisdom to others. This responsibility for passing on knowledge of the nursing program usually is entrusted to more seasoned nursing faculty members. Some nursing programs also offer a formal mentoring program, separate from the more formal college orientation.

I did have a mentor the first full year...I probably used her more the first semester. Second semester I used her a bit and then she was available for consult...but yes they had a mentoring program and she was wonderful. (Bonnie)

Bonnie also learned by observation. She was afforded an opportunity to improve her own teaching practice by sitting in with other nursing faculty members as they lectured to student nurses. During her second year Bonnie was assigned a peer partner from a discipline other than nursing. Peer partners help each other with curriculum development or individual learning. For Bonnie this part of the experience was a very positive entrance into the role of a new nursing faculty member. Bonnie did gain from the assigned faculty members, but hers was not a mentoring relationship, it was a teaching and learning experience. The true mentoring relationship does not usually result from an assignment.

They occur simultaneously, on a basis of some personal spark, when a work situation brings two people together in a superior-subordinate relationship... A mentor is personally invested in the success of the protégé....In essence a

mentorship is more about the person than about what is taught. (Barnum, as cited in Flynn, 1997, p. 3)

Acute care agencies assign new practicing nurses to a preceptor to learn the ways of working in the agency. According to Barnum (1997), precepting is carried on in a one-to-one relationship. The preceptor is responsible for orienting the novice nurse to the forms, the policies and the activities of daily care. The agency offers the preceptor experience until the novice staff nurse is ready to assume the responsibilities of the staff nurse in the agency. The relationship in precepting is generally short term, extending the agency prearranged time for the novice who does not feel prepared to work alone in the practice setting.

In the community college, nursing programs have a manual that outlines expected faculty responsibilities with orientation guidelines. Do faculty members think that they are mentoring when they guide new faculty members through the procedure manual? Occasionally, a senior nursing faculty member may assist with learning the ways of teaching. This individual may or may not be a part of the teaching team that works together within a specific area of practice of the nursing program. Practicing nursing faculty members say that although their own faculty load prevents them from spending multiple hours with new faculty members, they do offer guidance whenever asked. The time required to offer a word of guidance to a new faculty member need not be overwhelming to staff. The follow-up could be a few words of acknowledgement of their belonging to the community or encouragement after a long day.

Theresa experienced neither mentoring nor precepting when she began to teach in the community college nursing program. There wasn't even a teaching-learning experience. What is the absence of a mentoring experience like for the new educator?

I didn't start when the students started. I started about two weeks later because of my [prior] commitments. I don't know if that was a detriment or not but it seemed as if things are moving along and then I just came in ...It was difficult for the faculty to spend a lot of time with me...A little advance preparation 2 days prior would have helped. I could have worked on it over the weekend...I rarely got any prior knowledge...but the day-to-day responsibilities I did not feel as if I had a lot of notice. So I always was waiting for the next shoe to drop. (Theresa)

The lack of communication from other nursing faculty members kept Theresa in an anxious state of tension, a state of not knowing or trusting what was to come. Instead, Theresa felt that she frequently was left waiting for "the next shoe to drop." This can't be a good experience. Barnhart (1995) traces the word tension from the Latin word *tēnsiōmen*, meaning a struggle or conflict (p. 802). When the only certainty is that something is going to happen, the tension can be difficult to manage. Having the knowledge of what a nursing faculty member should experience would decrease the struggle inside.

For Theresa, a strong mentor might have helped her through the period of transition to becoming a nursing faculty member. "Mentors play a key part in our transformation. Their purpose...is to remind us that we can, indeed, survive the terror of the coming journey...by moving through and not around our fear" (Vance, 1992, p. 11). Instead Theresa was faced with the unforeseen, time after time, rarely "having any prior knowledge" of what is expected. "What is feared has the character of being threatening...as something threatening, what is harmful is not yet near enough to be dealt with, but it is coming near" (Heidegger, 1953/1996, p. 132). For Theresa being faced with the unforeseen, with her concerns about those aspects of teaching that she could not even begin to visualize, was threatening to her inner self. This lack of knowing what was to be was not close enough to be dealt with, but the threat was always coming nearer.

Theresa lived in this fearful state because there was no one who would offer the knowledge that would have led to understanding. The challenge is to reach understanding about that which creates this fear. Vance (1992) refers to the mentor as the keeper of the key to understanding. Was her fearful state visible to other faculty members? Where was Theresa's mentor?

Many community colleges have established learning centers as part of the mentoring/learning process. Orientation to academia is essential to assisting new full and part-time faculty into their transition from clinical specialists in their field to a role of guiding others toward learning. In nursing, there are two components to the curriculum. Directed lab involves the hands-on application of the theory, either in a simulated laboratory setting or an actual clinical site. The second component is the lecture component that consists of classroom hours where the content is taught using multiple teaching techniques. For the new faculty member, these practices may be remembered as a way of learning, or may be new applications of material that have been shared by others.

In Janet's community college they had established a learning center to support faculty members through curriculum development opportunities, and advice on teaching techniques.

We had a woman who was the head of the teaching center. This was supposed to support faculty in their roles, teaching us how to use Power Point and all the new technologies and content... Well, instead of being a support to faculty, [what is was] the faculty was now being told now you have to jump this hoop... because this is what we want. Everyone has objectives, everyone has this way. (Janet)

Although the learning center was established to aid the faculty members, for Janet, this teaching center did not offer the support for which she had hoped. Janet sees this as

“jumping through hoops,” and it has a negative connotation. It is challenging to learn the ways of teaching when the presentation creates more tension than it relieves. Learning centers such as the one created at Janet’s community college were designed to assist, not to create a disturbing environment. How novice-nursing faculty members learn to endure and remain within their teaching positions when they are not offered opportunities to excel and demonstrate competence, becomes problematic. In order to become competent, that is to have knowledge of what is expected, means that we need to strive together to make connections.

At critical times a focus on performance assumes priority attention in nursing, and a person is judged competent by an ability to meet a certain expected standard...It is through a nurse’s knowledge and acts of doing that being is expressed and self is shared with others...Do nurses and teachers understand competence as grounded in “being together” or “being present” with persons? (Slunt, 1994, p. 110)

Ferguson (1996) has listened to clinical instructors and finds that many say that they experience the same lack of connectiveness or belonging.

I still don’t feel part of the team...I can say with all honesty that when I first started this job nearly two years ago I was given minimal guidance...You’re isolated when you are an educator. I didn’t belong anywhere. I was a floater kind of thing. I really wasn’t part of their team. I didn’t belong anywhere. (p. 838)

Each day nurse educators are faced with dilemmas in their classroom and clinical experiences that call upon their competence and education to resolve. Without making connections with others, is it asking the unattainable for new educators to prepare for the unexpected? This tension between the known and the unknown creates a climate of contradiction. The unknown drives the fearful reaction that Theresa voices. Theresa needed to become part of a caring team of nurse educators and that didn’t seem to be happening.

## Searching for the Caring Path: Off Course

Nursing is viewed from a caring, transcultural perspective. Caring behaviors must be studied as an essential theoretical framework for practice... The nurse educator, by being an exemplar can develop a caring posture. (Sheston, as cited in Leninger, 1990, p. 112)

Although these words are applied to the nurse-student relationship, they ring true to me with the nurse-educator relationship as well. Caring for each other in nursing is not limited to the nurse-student relationship. In nursing, as in nursing education, Berman (1994) reminds me that “Being called to care is a profound way of being in the world... It involves interpersonal relationships based on a thorough knowing of self so that one is confident enough to reach out to others” (p. 169).

I had been hired into this role that I did not interview for but they, [administration] felt like I was capable of doing that [teaching]... so I had a surge of self-esteem... wow, they really did pick me... [however] I did expect more than orientation... So my expectations were a little diminished... I remember feeling anxious and a little frustrated. (Theresa)

What is it that she did expect? I wonder why she was feeling anxious and a little frustrated. What is the experience of being accepted into a position that offers the chance to do something that you desire but leaves something to be desired? The caring in any profession is based upon interaction with others, reaching out to others. What if a new educator does not possess the ability to reach out to others? Is there no one out there to do the reaching? It could have been a very different experience if someone had been caring enough to reach out to Theresa.

Pellicer (1999) offers the following anecdote related to being in a new situation with someone who should have been there for the individual. “I trusted you to lead me, but you didn’t care enough to maintain close contact with me. You went on your merry way without so much as a backward glance to see if I was following or if I needed your

help” (p. 12). As with Theresa, this individual was frustrated with a seeming lack of a caring response. In any new situation, there should be a level of care and concern on the part of those in an organization for those who enter into the organization. I wonder if this is true. Is there an “implied contract” (Pellicer, 1999) between the new member of the organization and those within the organization that offers this care and concern? An agreement or conversation might have short-circuited this seeming lack of caring concern.

Siler (2001) reports that new nursing faculty members feel that they need some sort of feedback.

[Novice nursing faculty] would love having someone sit in on their classes and give them pointers...The importance of evaluation for novice faculty cannot be underestimated. In their desire to know how they are doing and lacking any other indicators, they [novice faculty members] often interpreted other things as positive feedback. Some felt that being entrusted with a full teaching load or an additional assignment was a sign of confidence in their ability. Others assumed that they were doing fine because no one mentioned any problems. (p. 9)

Theresa acknowledges she had guidelines to follow, but she felt that this guidance was not enough for her. She never expressed these needs, but says that someone must have heard her, since a year later, she was included in a team revising these same guidelines to make them more helpful for the next new nursing faculty member. The faculty revamped the entire clinical experience and streamlined the clinical objectives in that year. She also acknowledges, “If I had a question I would put it away and make a pile and I’d go to colleagues...and they were helpful... I was a little frustrated with myself because I wanted to get it quicker” (Theresa). There are no written timelines for becoming an effective nurse educator in the community college. It was Theresa who was frustrated by her own desires to perform activities within the nursing education program in a timely manner. Where did Theresa get these expectations, and what might have helped her as

she learned the ways of teaching nurses? What feedback might have helped Theresa with her expectation mismatch?

I was interpersonally aligned with faculty that I did not care for and just learned [how] to deal with those [faculty] and how to tactfully say, ‘You know, I did not like [the way] this was handled.’ (Gerry)

What does it mean to have to learn to “deal” with faculty? Barnhart’s (1995) derivation of the word deal is from the old English word *dōēl* which means to make a transaction, to bargain. To bargain may also mean to haggle or to borrow. When Gerry speaks of dealing with others, she is entering into a bargaining relationship. She seeks recognition from others in exchange for her words. There is a challenge for new faculty who seek recognition from others in exchange for a dialogue based upon their experiences. They offer new ways in which to look at what others perceive as an already successful nursing program. The others within the nursing faculty team first must be convinced that changes, however subtle, must be embraced. This is not an easy task for the new nursing faculty member and not the only challenge that must be “dealt” with.

When I became a new faculty member, I got classes that nobody else wanted. I didn’t realize it at first. [These were] classes that had been taught by part-time faculty as fill-in. I was fixing a lot of mess. (Bonnie)

Part of a full-time faculty member’s contract is to teach theory to nursing students.

Nursing faculty members elect to teach lecture content that they enjoy and have a vested interest in revising to meet changes in health care. For the seasoned faculty member it is a constant process as we read new literature and note the changes made in the clinical arena. For the novice, this process is very time-consuming. One new educator recently said that she had spent more than forty-hours preparing to for a three-hour lecture. Is it any wonder that giving away these well-researched lectures becomes problematic to the

seasoned lecturer? Because of their desire to teach content that they have given a lot of attention to, nursing faculty members reluctantly share these well-researched lectures to new faculty members as part of their contract. Instead, new faculty members may be assigned lectures taught by others who do not present the content from a pedagogical space. This can be disturbing.

Becoming a part of the community of nurse educators involves being included in the work of the teacher as quickly as possible, and as early as possible, but this practice is not always realistic. McKeachie (1999) writes that faculty should have an established timeline prior to their initial student contact, as far out as two months prior to teaching. Often, new nursing faculty members, such as Kate and Theresa, begin their ten-month contract year just two weeks before the start of the semester, offering them few ways in which to become included. Curriculum revision often is included in end of the year meetings, a practice that, by its timing, excludes newly hired nursing faculty members from participating. New nursing faculty members having been excluded from this one process, find it difficult to find inclusion in other ways. As nurses, they experience the team approach in health care delivery and seek the team process, even as they become teachers of nurses.

How do we foster the team process in nursing education? Buber (1957) believes in “a confirmation in life lived towards one another” (p. 31). The life of a nursing teacher, then, is one in which we live together and work with the other. The challenge is to confirm that the life of a teacher of nurses is lived toward one another, that they belong. Heidegger (1969/2002) says that, “The meaning of belonging is determined by the word together, that is by its unity” (p. 29). For collaborative actions intended to transform, a

collective community is required, shared in such a way as to construct caring corridors. These caring corridors help us to belong together and work together. Without them we remain isolated and the experience becomes troublesome.

### **Enduring Walls of Nursing Education That Imprison**

If

If you can keep your head when all about you  
Are losing theirs and blaming it on you;  
If you can trust yourself when all men doubt you,  
But make allowance for their doubting too;

If you can bear to hear the truth you've spoken  
Twisted by knaves to make a trap for fools,  
Or watch the things you gave your life to, broken,  
And stoop and build 'em up with wornout tools;  
(Rudyard Kipling, 1910, np)

What is it that compels a nurse educator to continue to teach when those around doubt their abilities and twist the truth?

I don't know why I stayed. It was just the first two years. But I stayed because I really wanted to, it was just terrible, it was really bad. And one angry, more senior faculty member never called me by my name. I'd say something and she'd say something like "give them to that girl." Finally I told her that I have a name and she said "well I am from down south and that's the way we use our terminology"...I said "No, it is not, it is very disrespectful"...Finally the [department t] Chair said "You are going to have to work with her or you need to leave." (Kate)

The disturbing behavior continued for another two years until the fractious faculty member retired and Kate was asked to become the course coordinator. She stayed because she now was allowed to be the master of her own fate. But everything came at a price. There were always more conflicts in the department, and the years took their toll. It became difficult to endure the unhealthy atmosphere. Kate adds that after teaching for more than seven years that "Maybe this was not what I really wanted to do. ... Well, I'll

keep this up until something else comes along.” It was these conflicting feelings that prompted her to search for a new community in which to pursue her nursing career. She was stifled and feeling trapped in a position that she once held very dear. Is being trapped the same as being imprisoned? I would argue that a nurse educator has many opportunities within health care and never need feel trapped. What is this experience like for others?

Foucault (1977/1995) writes that jurists feel that imprisonment should not be a penalty, rather a “holding the person and his body as security” (p. 118). Are we as educators holding new nursing faculty members in positions that are uncomfortable for them, holding their person as security? What can this mean to the nursing leadership in the community college? Holding a person for any reason implies an involuntary act. What words and acts would encourage the new educator to remain voluntarily?

No one seemed to take note of any of the words that Gerry offered when she saw a situation that might be improved, with a solution that she could see might be helpful. She never felt visible to the other nursing faculty team members; never felt that she was acknowledged for something she might offer. What does visibility offer a nursing faculty member? Is it the knowledge that we are a part of a greater whole and not simply “just” another nursing faculty member? When confronted by students who were saying that the theory that they were being taught was not current, Gerry got to the point of saying, “Well that may be what she told you but let me show you my resource and that is what we do now. So that is how I dealt with it rather than let it mentally drag me down.” Gerry never confronted any of the faculty members who were teaching from out of date resources. Would confrontation have removed her from this difficult situation? Instead,

she resorted to avoiding the issues. She had found a way to take her mind and body back, to deal with it better, so that she could tolerate the adversity she was facing from students and faculty, as a new faculty member. “Where I could tolerate it when they were coming back at me [with inappropriate remarks], and deal with it better” (Gerry). She wore out and stopped communicating to survive.

“All that is needed, then, is to place a supervisor in a central tower and to shut up in each cell a madman, a patient, a condemned man, a worker or a schoolboy” (Foucault, 1977/1995, p. 200). Where are the prison walls within the community college? For Gerry, the walls were created inwardly through her lack of voice. Teaching to students offers a voice, but being a part of a team transforming the ways of nursing offers even greater voice. Teaching opens the educational system to a wide audience of learners. Finding voice offers power and balance as novice faculty members struggle within the walls of nursing education. What acts on the part of the seasoned faculty members offer inclusion into the team of nurse educators? How is membership offered?

### **Becoming a Member of the Group**

Gerry says, “It is quite interesting that you have to do all this work and work so hard, but not as a group.” For her, the fact that she had to experience all of this work and yet not have to be part and parcel of the group process, was “interesting.” I wonder what she meant. Interesting is a contemplative adjective. It usually means that the practice is worthy of note or remarkable. Her comment does not seem to mean that she found the process of working hard, and alone, in any way worthy of note. It is clear that her expectations were something else. What word might Gerry have used if the

experience had been different? Might she have used the word “exhilarating” or even “powerful” as in being part of a dynamic group process?

When I think of groups, I think of having colleagues offer peer support, a new way of being-with students and words of empathy after a challenging day. To be a member of a group is to be part of an assemblage (Barnhart, 1995, p. 332). Gerry found that she was an individual working hard, not a member of a hard working group. This is not usually the way of most nursing departments. Most community college nursing departments use the team approach as a way to teach students in lecture and clinical. We share experiences and co-develop lecture content for each nursing course. Sharing power and information with each other, and even with students creates, as an end result, more powerful institutions of teaching and learning. As faculty members, we must invite others to contribute to this strengthening of the curriculum. The difficulty occurs when nursing faculty members, who are already in place, do not accept the new offerings. Empowering new nursing faculty members is a challenge. By listening to the voices of new nursing faculty members, by inviting them into the group, we enrich our program, we invite change or better yet re-visioning.

Nurses would be the first to say that change is the norm in nursing. Without change, we are not able to maintain our expertise in the face of constantly evolving health care. We in education rely upon new faculty, fresh from institutions of higher learning and areas of current clinical practice, to help us with evaluating and revising the curriculum. Is transforming the curriculum a form of power-over or power-with, for faculty?

Power, according to Barnhart (1995), is derived from the Anglo-French word *poër, puair*, to strengthen (p. 590). It would be correct to say that using the meaning of “to strengthen” makes it a power-with, not a power-over relation among nursing faculty members. “The power of the whole values the flow of new ideas, images and energy from all, nurturing mutual help networks that are both intimate and expansive. The sharing of knowledge and skills is viewed as healthy and desirable” (Wheeler, 1991, p. 9). As a nursing faculty member, I subscribe to the sharing of power, understanding that in pedagogical practice, this sharing is framed in terms of mutual benefit and obligation. Group members develop a stronger, more current curriculum. How do new faculty members find a voice to help them to gain this shared power in nursing education?

### **Finding a Voice Within the Walls: Becoming Visible**

I would think of how we could do things differently. I probably was not as verbal about it until the second year [as] that is my personality; to take things in and mull them about. (Theresa)

Theresa was barely able to keep herself together, let alone find a voice to add to the conversation. “In my first year of teaching, I spent all of my time trying to get oriented to my new position, I didn’t take part” (Theresa). Is it that the new faculty member needs to listen and then see before they become seen? Does the cloak of invisibility act as a way of protection for the novice? What is the gain from visibility? To be visible is to be seen (Barnhart, 1995, p. 863), therefore to be invisible is not to be seen. Was Theresa invisible? As part of a faculty team, she was asked to participate. Were the other members of the team mindfully aware of her presence? Were they being-with Theresa? Is this the way of new faculty? Are they so involved in the learning of a new way of being that it takes time for them to respond to issues and problems at hand? This

silence and lack of visibility was the way for Theresa. How do we offer visibility to the new faculty member, and when?

“[I] could not even think about change until the second year because I felt like the first year, I was like a deer in the headlights” (Theresa). For those of us who have experienced this look, it signals one of absolute confusion. It is a frozen moment or moments when the deer is unable to move. Theresa says that she was so startled by all that she needed to learn that she could not move forward; she could only do what she was asked. She never looked around at the problems that she knew existed. She merely stayed put.

What can it mean to be so rooted in place that you cannot move? For the new plant, the first goal is to become rooted so that it can remain in place and grow. To root is to fix or establish firmly (Barnhart, 1995, p. 670). Is this the same for new faculty? Was Theresa’s lack of patience and desire to learn everything immediately, the problem? Should she have tried to establish roots, and how is this done? Plants have a place prepared for them in the garden, and they are cared for and nurtured. How do we nurture new faculty, how do we prepare their placement?

In her second year of teaching, Theresa found a way to glance around and grow. She began to find her voice. She found the visibility of teaching. So she stayed, still invisible at times, but better able to deal with others and to have an open dialogue whenever she could.

I have learned that words are not only a vehicle through which we present ourselves and our work for subsequent judgment...self presentation is all important, leaving unexplored the potential for words to illuminate experience or to foster intimacy. In my professional life, I have been fortunate to learn that words can be a medium for interpersonal connection and understanding. Audre Lorde forcefully argues in *Sister Outsider*, “It is not the difference that

immobilizes us but the silence. And there are so many silences to be broken.”  
(Gumport, as cited in Neumann, 1997, p. 191)

Offering words to those that Gumport works with, helps them to enter into past experiences and become aware of how these experiences have shaped them. Only through sharing our experiences and reflecting upon them, can we encourage new nursing faculty to voice their concerns and share their experiences. Becoming visible is a reason to stay.

Each traveler had a different reason for staying. Janet says:

I took an \$11,000 pay cut for the privilege of working at this community college... It worked out okay for me because I didn't have to commute and last summer was the first summer off I have had since I was sixteen years old.

However, having a summer off, even with a salary cut, was not worth the responsibilities that she had teaching in an evening weekend program and still being expected to meet with committees during the day. With prior experience in the role, Janet was able to free herself from the custody of directives that more junior faculty members might find binding. She was able to rationalize her desire for more free time over a higher discretionary income level.

For Sharon, the reason to stay was related directly to the knowledge that she had accepted the contract and felt a personal obligation to continue.

In this case, I would say that I recognized that to finish out the contract, I would, I didn't want to leave the program hanging...I knew it was a two and a half-year scenario and that was it. I realized that to fuel my engines I was going to need to be stimulated and challenged in some way and if I couldn't participate in the decision making processes at the department level, then, because I liked that too. But I would participate in the decision-making processes at the college level. I mean it fueled my engines to be valued by my peers...which was not happening within the department except for the one or two who had worked closely with me.  
(Sharon)

Sharon recognized her need to complete the contract that she signed on for but also recognized that she needed to do it on her terms. “Needing to fuel her engines” was her recognition of her self-sense of empowerment that she had developed to help her through many challenging situations. Sharon had established very successful coping mechanisms. She had been an educator long enough to know that her role as the educator was to create a dialogue between the teacher, the curriculum and the student. For her the relationship between nursing faculty members who did not value her contributions and her-self was not always a pleasant experience, but her more important responsibility was as teacher to student nurses. “Dialogue is offered as a way to fulfill shared desires for understanding, even if differences of opinion and power remain” (Ellsworth, 1997, p. 48). For Sharon, being valued by the larger community within the college was reason enough to stay, if only temporarily. She knew that even without dialogue with her colleagues in the nursing department, there was more to her membership in the community college. With her prior experience and her years of teaching, she was safeguarded by the knowledge that there is an exit strategy, there is always a way out.

“I was outwardly smiling and my insides are sometimes in knots...I always felt like I had this little pit in my stomach [that] I did not know what was coming next...apprehensive, I guess” (Theresa). Does having experience help us withstand the rigors of nursing education? Theresa says that she felt that she could always hold on to her professional behavior so that students were not aware that she was apprehensive and unsure of herself. As she received positive student evaluations, she began to relax more. With experience was the recognition that she was becoming a capable teacher of nurses.

You’d like to say mentoring but really it wasn’t, it was more evaluating, supervising and so that’s your 3 and 4 [years] getting better ..Better, much better,

right. I am relaxing more. I can, because I had high blood pressure at the beginning and then it really got to a point where it was really getting bad. My health was getting worse but I was more organized... so I could at least on the weekends I could [relax]...before that when I was new faculty I had no life. It was like everything, I had books in every room, you know. Everywhere I went it was nursing...and then finally about year 3 or 4 on the weekends I could plan things. I could go to dinner and not feel guilty. (Kate)

It took Kate years before she was able to recognize that there was more to life than her teaching of nurses, but the time did finally arrive. Kate says that she still believes in giving nurses the opportunity to teach at the community college. She tells others that it might not be a “bed of roses” but it’s a great position. The challenge to finding balance in the practice of nursing is to recognize the connection between that the nursing faculty member and the student nurse.

### **The Student Connection Within the Walls**

It was the student interaction that made it more difficult to leave...made me more committed to staying than anything else...[however] after the first graduation I realized that I needed to step back and not get so emotionally tied with students...[I learned] on the second class...you guys are great ...you have been successful...when you see a student grow from the moment they come into the class to become a graduate nurse this work was well worth while. (Gerry)

Gerry recognizes that one of the more positive aspects of being a community college nurse educator is the student. She was torn between wanting to be everything to them and letting them go. It was hard to let go of her initial students and begin again with a new group of novices. When she realized that she could step back and still enjoy their success, she felt freer to begin with another group. But it was the student interactions that caused her the most satisfaction. Students held the keys to her satisfaction in the practice of teaching.

Bonnie concedes that not all students create problems for the nursing faculty.

There are nursing students that you watch as they grow and blossom. They thank you for being supportive. “Pinning and graduation ceremonies are very satisfying...The rewards are precious but sometimes not enough” (Bonnie).

One of my former students called me to say that she had passed her NCLEX [licensing] board exam and she thanked me for helping her accomplish this. I was happy for her but it tore at my heart, because this is why we teach. ...I am tough but fair on students and most appreciate that [behavior]. (Bonnie)

Bonnie enjoyed the student interactions and felt that this really made all the difference for her when she first began teaching; it just wasn't enough to keep her in teaching. Hearing from a student after she had resigned from her teaching position reminded Bonnie sadly of some of the very positive moments. For Bonnie knowing that her teaching had been appreciated had helped her endure some of her more difficult days. “I would like to return to teaching student nurses, but it would have to be under different circumstances” (Bonnie).

“Nursing faculty are the gatekeepers of the nursing profession” (Janet). Nursing faculty members make certain that the novice nurse has received the benefit of the best nursing practices from the most dedicated faculty.

Even on graduation day, they [nursing students] could finally understand that nursing is a serious profession where you shape and change individual lives daily. I know that I indeed made a difference in their lives. (Kate)

There is a great deal of satisfaction in knowing that you are part of a process greater than anything you have ever known.

Seeing the ‘light bulb’ go off when a student grasped a concept was most rewarding. Watching the students evolve from a first year student through the program was equally as rewarding. Being able to lend a supportive ear to those students who seemed to be traumatized by the workload of the curriculum offered some satisfaction as well. (Theresa)

Theresa enjoys the satisfaction of teaching new nursing students. It is often the satisfaction of watching students succeed that is enough to satisfy the professional self. Can we make the achievements of the students enough of an incentive to keep nursing faculty within nursing education? If the satisfaction of student success is not sufficient motivation, what exclusionary practices can be brought forward by those who have left the practice of teaching nurses?

### **Stumbling Blocks on the Journey: Trouble Within the Walls**

What are the concerns of my travelers as they speak of their daily experiences within the walls of nursing education? Since nursing faculty members embrace the concepts of caring practice, it seems incredulous that this practice often is restricted to the nurse-patient relationship and not the nurse educator-nurse educator relationship.

“One faculty member who had been [teaching in the community college] there since 1974, was very burnt out, ready to retire and still teaching” (Janet). Learning from those who were “burnt out and ready to retire” does not offer the way to learn best practices.

Use of the phrase “best practice in nursing” has become increasingly popular over the last few years. At the same time, a clear and consistently used definition of what “best practice” really constitutes remains unavailable to many practicing nurses. In many cases, “best practice” refers to nursing practices that are based on the “best evidence” available from nursing research. The goal of “best practices” is to apply the most recent, relevant, and helpful nursing interventions, based on research, in real-life practice. (University of Iowa, 2006, p. 1)

Learning the “best practices” comes through maintaining current knowledge in nursing. Being unable to keep current may result in burn out, which is seen as a symptom of exhaustion and dissatisfaction within a particular field. Much as a candle burning out leaves those who were once in the light, in the dark, in nursing education, shedding light

on the needs of the students and companion nurse educators requires openness to the experiences of others and to the imagination.

If teaching can be thought of as an address to others' consciousness, it may be a summons on the part of one incomplete person to another incomplete person to reach for wholeness. It may be a challenge to pose questions, to seek out explanations, to look for reasons, to construct meanings. It may be a provoking of dialogues within the classroom space. (Greene, 1995, p. 26)

What Janet was seeing was a nursing faculty member who was disengaging, going through the motions of being involved in the nursing program. She [the nursing faculty member] was an actor on stage who long ago had learned the lines needed to teach, showing no further desire to add more to the role. Interacting with students and other nursing faculty requires an authentic attending to the needs of the other. In Janet's perception, this was not always apparent in faculty. When there were only five full-time nursing faculty members for almost one hundred and fifty students in the combined day and evening programs, each nursing faculty member has a great deal of responsibility. Authenticity and caring actions do not seem possible when even one of these nursing faculty members has "had it with this place." It takes the entire faculty team to teach in the community college nursing program. Being a part of an incomplete team is a stumbling block.

### **Aging Bricks: My Way or the Highway**

There is power in understanding. There are helpful ways in which to frame the mores of teaching nursing students in the community college. No one educator must be allowed to say that they have the only way to reach the path. "She had this kind [of], you'll do it my way or the highway" (Janet). Janet says that she used to joke that those in leadership positions in the nursing program gave little evidence of caring behaviors

toward others. There did not appear to be helpful, open communication between faculty members within that community college setting.

There is a need for open dialogue to foster action-reflection, which is essential for all human beings to feel significant (Freire, 1970/1993). Open dialogue benefits all of us within the practice of teaching, particularly new nursing faculty. Seasoned faculty must be open to, and initiate dialogue, with those who are entering into a new world that is often very foreign to them. If dialogue is absent, then those being denied must act, if they are able. As I see it, those being denied are not always aware of knowing how to dialogue with those further up the ladder.

Dialogue is the encounter between men, [sic] mediated by the world, in order to name the world. Hence dialogue cannot occur between those who name the world and those who do not wish this naming—between those who deny others the right to speak their word and those whose right to speak has been denied. Those who have been denied their primordial right to speak their word must first reclaim this right and prevent the continuation of this dehumanizing aggression. (Freire, 1970/1993, p. 88)

“The first two years were very stressful; I was not mentored at all—‘she’s got a masters degree, she should know what she is doing’” (Kate). When Kate began to teach in her new position in the community college, she did not experience open dialogue so that she could learn to name her new practice. She was denied the right to ask questions, but she first needed to learn how to reclaim the right to speak.

It was a personality conflict—‘the old guard versus the new guard’...I came into this position using creative teaching strategies to encourage critical thinking: transparencies (in early 1995) to all power point presentations (1998-2001). The faculty was still reading from yellow paper notes, role-playing, case studies, games and puzzles. Instead of encouraging my new, creative teaching style, it was stressed that the type of students we had could only learn by the rote teaching method (memorization) not critical thinking strategies—we had to spoon feed them, or they “couldn’t get it.” (Kate)

The “old guard” was not willing, or perhaps unable to engage in meaningful

dialogue about curriculum, or it seems anything, with Kate. All that she was experiencing was overwhelming criticism on the part of the more senior faculty. Kate's enthusiasm toward her new teaching experience and creative energies was being ignored and even challenged. What does this say about her entrance into the community college nursing education process? How much open dialogue should a novice faculty member experience, and who should decide?

My biggest frustration was by nature of personality. They [the senior faculty members] were not as nurturing as I feel like myself and my skills lab person. I do not think it is age... We are younger but I don't think that was it. I felt like sometimes these students were expected to be perfect from the day that they came in [to the nursing program]. (Theresa)

Theresa had been in clinical settings as a part-time nursing faculty member and had enjoyed the experiences with students. When she began teaching full-time, she was working with first year student nurses, who were less experienced than the students she had previously taught in clinical. She understood that it was her role to guide these students into learning. She wasn't prepared for the troubling behavior of the more senior nursing faculty members.

How can novice student nurses be expected to be "perfect?" Just what is "perfection?" The word perfect is derived from the Old French word *parfit*, which means fully formed, faultless and completed (Barnhart, 1995, p. 355). How can new students be expected to be faultless? There are established performance standards within community college nursing programs for student learning. Theresa felt that these standards were not equal for all students and that first year nursing students were not perfect or complete; they had much to learn. She did not see evidence that students were treated as if they still needed to learn.

I enjoyed the teaching but I will have to preface this with starting at the college. I would cry each day because of the staff that worked there with me. My two counterparts in the first level were pretty harsh and brutal to somebody new coming in and not very helpful but more reactive when I did something that was not appropriate, almost scolding me like a child. (Gerry)

How is it that nurse educators do not understand the experience of new faculty members who enter into our community college setting? Is the experience prefaced by the attitude of “them against us?”

It is the new faculty against the older faculty. The older faculty was still doing transparencies...still lecturing and I kept telling people, we have to get into technology. A lot of the older faculty members did not even know how to use the computers. They never turned it on. So you know, you could tell like I was getting these students from this class. I could tell who they had in clinical, because when they got to med surg two, they had to know “X” number of skills. They could not do half of the stuff and I could tell who their clinical instructor was because she was baby sitting them, you know. Because she could not do it, and she was not going to do it. She would tell about the good old days in nursing...[I asked the student] You were on a med surg unit and you have never done an NG (nasogastric) tube feeding? No. I don't understand this. (Janet)

For Janet, feeling that she had to re-teach nursing students who had not gotten the experiences that they needed to become competent practitioners was frustrating. Feeling that nursing faculty members were not obligated to pull their weight clinically as equal partners in the teaching role was troublesome. She felt that she was no longer considered a critical player in the community, leading her to question her most recent decision to return to the community college setting. The climate within the community college was not conducive to meeting her needs. Janet noticed that those who were setting the standards within the nursing department were not making the best choices. Who was leading the way in the community college, and why did it seem as if they were holding back?

## **The Climate within the Walls: Stormy at Times**

The community college atmosphere is one of “students-first”—advertising student success as a mission of the college. This is not inconsistent with the outcomes of many educational institutions. However, the critical difference in higher education is the open enrollment atmosphere in the community college. As such, students often enter community college when they might not be as prepared as they are for other institutions that selectively choose their student population. Janet is disturbed by the changes in the student population, especially their attitude toward faculty. She does admit that friends from other colleges agree that the students are equally less respectful and more demanding. The climate is not unique to her setting. Janet has this to say:

It’s like they want instant answers and you are on tap, they’ll email you on Saturday night, as if I check my email on Saturday night from the college...and they get bent out of shape that you have not been immediately of helpfulness to them. I don’t know but what the whole education system has changed and I am not at a point in my life where I want to deal with that anymore. (Janet)

She felt let down by administration within the community college. The administration did not seem to place a premium on maintaining the standards that she had experienced when she had taught at the community college many years before. Janet had always thought of the collegial atmosphere as “the academy.” It was the leadership in the nursing program that was creating an unequal teaching and learning environment. The standards that she remembered were no longer applicable to the new program that she was now a part of.

The administration had lost sight of the key role of faculty. Basically in terms of respect, faculty are at the bottom of the heap and people will say that privately. They just feel the king at the community college is the student evaluation and God forbid you should hold standards, because you will not be asked back. And people are afraid. (Janet)

It is this inconsistency in learning and teaching practice that concerns Janet. “In order to mold or shape people to enter a profession...you have got to hold the line [maintain the standards]. They [the other faculty] do not support holding the line” (Janet). The students did not have equal experiences in clinical or in lecture. The faculty members could not agree on standards across the curriculum and were unable or unwilling to communicate this to all members of the nursing faculty team.

Students feel that since there is a severe [nursing] shortage, we should do everything to get them through. I have a serious problem passing a student who I feel may one day hurt someone, shortage or not...I have been asked to do [this] on a couple of occasions. Students will even go the President of the college to protest an exam or a clinical failure. So now the instructor has to be flawless in showing the student’s weaknesses or they usually win...once again more work or aggravation for the faculty. (Bonnie)

More concerning to nursing faculty in the community college is that they may have little opportunity for change in their position within the nursing department. The position that they initially accepted may not be the best fit for them, or there may be personal reasons for a change. When Kate began experiencing health problems, she asked for a lighter load or to change into a position that involved fewer clinical hours. In many community college nursing programs, the initial nursing course is Fundamentals of Nursing. This course often is loaded with more classroom and laboratory hours, and fewer hours in the clinical setting. For Kate, a change to a less physically strenuous course would have been helpful, but she was informed by the leadership within the nursing department that there would be no changes.

The other faculty member had been teaching Fundamentals for the last ten years and she liked Fundamentals because she came to school at 8 a.m. and left at 1 p.m....The chair said ‘if I move her, she will quit’...The chair felt [since] she had her slots filled [there was no reason to change]. You know it didn’t make sense to

me...there is no changing [positions]. Once you are there [in a position] you are going to stay there. (Kate)

Kate hoped that the other nursing faculty members might be amenable to a change, however the chair refused. “I want to continue teaching but can I do lecture and not clinical? She said ‘no, full-time had to do both’ ...I said I will have to look for another opportunity” (Kate). Kate left her teaching position several months later. She waited for the semester break to leave the program so that she could deliver her lectures in order. Her last few months were not as positive. “It was as if I had abandoned them...they just kind of turned on me” (Kate). This made for a very difficult last semester for her. She recognized a poor attempt at trying to change her mind and encourage her to stay. Instead of recognizing that Kate was unable to find a balance for her self within the present teaching environment, other nursing faculty members acted as if she was the one at fault for destroying their current departmental stability. Kate was not alone in leaving when a change in a teaching assignment was not an acceptable alternative.

My girlfriend just quit. She was in Fundamentals and was a psych [iatric] nurse, and [when the] psych nursing [faculty] finally retired...she thought that they were going to move her up there. No. They hired someone else. She said ‘why didn’t they move me?’ I said there is no moving within. (Kate)

Kate says “once you are in a slot, you stay there.” In the community college, nursing faculty members often are selected for their grounding in a specific tradition, but not always. New nursing faculty members are invited to enter into a nursing program because of their place in the profession of nursing, not their place of familiarity. Kate and other newly recruited nursing faculty members have not been displaced; instead, they may have been wrongly placed. For Kate, being grounded in the traditions of acute care nursing

provided her with the placement that she needed to interact with others in familiar territory. Having to move outside of her comfort zone was dis-orienting.

Being disoriented is the experience of “being located in unfamiliar territory; while still able to realize that we are here in our world” (Casey, 1993, p. 53). Being “here” for Kate is to be located experientially and physically in the acute care setting. Her zone of familiarity is a placement of choice and one that provides her with a perceived “here.” This might be likened to the “tensional arc” that Casey refers to when “We become aware of our failure to understand another person from her point of view, which is to say, from a standpoint of her own somatocentric here” (p. 55). What is the consequence for the program if the point of view of a nursing faculty member is not understood? Where is the responsibility for leadership when inviting new nursing faculty members? What is the responsibility for the new nursing faculty member?

Effective leadership is in part determined by the organizational climate of the institution. For nursing faculty members, the expectation may be that since the school of nursing is comprised of nurses, the organizational climate is one of support, and yes, even nurturing. Expectation and perception of a supportive and nurturing organizational climate within nursing is a reflection of the perceived climate that many nurses see as students and experience when working with faculty in acute care settings. “The world of perception...seems at first sight to be one that we know best of all...one of the great achievements of modern art and philosophy has been to allow us to rediscover the world in which we live, yet which we are always prone to forget” (Merleau-Ponty, 1948/2004, p. 39). This may explain “the illusions of long and short-sightedness” (p. 41).

What exactly is the behavior within an organization that should be perceived? It may be short-sighted of new nursing faculty members to believe that what they have experienced is all that there is. If there are distinguishing characteristics of a nursing program, how do nursing faculty members come to understand these characteristics? When a nursing faculty member experiences the department behaviors in a long-or short-sighted way, they may adjust their perception of these behaviors, based upon a given incidence and a new experience. For each nursing faculty member, there is an individualized and occasionally modified perception of the organizational climate.

Tompkins (1996) relates an incident as a university professor when she was dissatisfied with the atmosphere within her academic setting. She found the organizational climate lacking; she needed to be part of a larger whole that shared a common purpose. When she moved on to another university position, she found a spirit of cooperation and a common purpose. She asks, "Why shouldn't the spirit of the institution be like that...summed up in the two rules that the director gave us at the beginning of the year: whatever you need to do to get your work done, do it; and help each other" (p. 183). Kate never experienced support from her department chair; she never experienced an atmosphere of sharing and acceptance. She saw herself in an environment in which there is little attention given to the individual needs of the faculty. It is a challenge to meet the unique needs of faculty members and their specific programs, while meeting the overall needs of the nursing department as well. It is up to those in leadership positions to provide for balance within their department. Nursing faculty members seek to belong in a supportive environment, one that adopts a basic belief in fairness and justice for all. They desire a place where they can grow, individually, and as

a collective. How might this fairness be recognized and assessed? Fairness and justice within nursing education are not limited to behavior within the organization, but also can be tied to codes of behavior considered vital to the practice of nursing.

*Ubuntu* translates as ‘born to belonging.’ It’s a simple notion: we are all born to belonging, and we know ourselves as humans in just and mutual relationship to one another. (Segrest, in Rowe, 2005, p. 15)

Nursing faculty members have a longing to be more than an individual within a community college setting. “It is a signaling toward a place that places one-self at the edge of one’s-self and leaning and tipping toward the ‘others’ to who you belong, or with whom you long to be-or those who are ‘you’” (Rowe, 2005, p. 17). In her work, Rowe explores the meaning of seeking to move be/longing from a politics of location, to a politics of relation. Moving away from the location of what it is to be a nursing faculty member in a community college, to what it means to be in a relationship with others opens up the question, to whom am I accountable? If be/longing is located in a place, then the faculty member is accountable to the administration or the leadership. If be/longing is in a relationship, then the accountability is to each other. Kate experiences a lack of a relationship, in location or with others; she does not be/long. By offering an alternative between what Kate saw as a lack of belonging and what the community college has to offer, new faculty members might be spared the challenges faced by Kate.

Acknowledging the individual faculty member’s strengths and locating ways in which these strengths can be used for the good of the department would certainly be a start. If there are other departmental concerns, communicating these needs through open dialogue is essential. Working with the nursing faculty members to redirect some of their

talents in a way that offers compensation and recognition for time spent, would be an acceptable alternative to the present method of assigning faculty without discussion.

Being and becoming a nursing faculty member also calls for recognition that the local community does not always have the power-over for all requirements within the nursing program. Though voluntary, community college nursing programs adhere to standards set by the state boards of nursing that oversee local credentialing and licensure, and the NLN that oversees national accreditation and sets standards of practice. The newly developed NLN recommendations for nursing faculty requirements state, “Competence as an educator can be established, recognized and expanded through Masters’ and/or Doctoral education” (Lindell, 2005, p. 13). As referenced earlier, the standards have been set by both of these external players. The fact that exceptions are being made is problematic.

It was revolting to observe the qualifications being lowered specifically to enable the administration to hire two people who were not qualified by education and experience for full-time faculty positions...But there are special deals for those who are liked by administration. (Janet)

Compromises made within the hiring practices at the community college fail to meet Janet’s perception of the high standards of “the academy” that she had revered; she perhaps feels compromised herself in being held to a higher standard than others. What happens to a nursing program that, on the one hand, accepts the recommendation of a governing source such as the NLN, and then ignores these recommendations? It is troubling when any part of an organization allows decision-making that devalues the expertise of an external governing body. For Janet, being within an organization that devalues standards, led her to the decision to leave teaching. The disconnect between her perceptions of teaching in a community college, and the reality of the many required

responsibilities creates a tension between what is and what might be. When trust is compromised can there ever be an ethics of professional commitment? And when the demands exceed a sense of belonging and being valued, is it no wonder faculty members leave?

### **Timed Out: Treading the Path Too Slowly**

The time involved in teaching is tremendous. At first it looks like a great job with great hours (10 months with summers off, fixed number of classes taught per semester, only two days of clinical). Sounds great, well, the reality is much different, I was spending approximately five hours preparing for a class that I had taught before and twice as much time preparing to teach new lecture content. (Bonnie)

Bonnie could never find enough hours in the day to complete all of the requirements for her teaching role. She constantly was seeking new ways to provoke students' thinking, to engage them in interaction, so that they, too, shared in the learning process. Needing to be assured that her lectures were related to current practice, she constantly revised the content and format. This was time-consuming and Bonnie was being consumed by time. Did she understand that being a teacher of nurses, being outside of her other nursing place, away from her own home place, would require such a reorienting of self? Having been in unfamiliar places in her past, she was aware of having to re-orient herself to other new learning situations. This time, what was different?

Heidegger refers to beings as "in time and taking time" (Heidegger, 1953/1996, p. 372). We as humans take "time." If we "take time," can we "lose time" and see it as a commodity? What is the consequence? Although concerned with the lack of time, Bonnie was fully engaged in the process of validating her position as teacher, and worked hard at

preparing learners with the most accurate content and most effective format. Where was the time to be “in time,” then, rather than racing against it?

I recall times when I have felt the overwhelming need to give students knowledge that is needed to become skillful and caring nurses that I wanted them to become. As I personally have grown in nursing education, I have come to know that it is the exchange of ideas between student-teacher and teacher-student that is the key to learning, not the time spent alone in preparing for the interaction. The challenge remains to use time wisely.

Administration did not understand that preparing for clinical, took more than one hour of preparation, and during the clinical day, you are chasing students and medications. The responsibilities of clinical are overwhelming; the students have two patients and you have six students; therefore you have 12 patients on day shift. Need I say more? The personal toil of teaching was also a great burden. It takes approximately (for me anyway) four hours to prepare for a one-hour lecture...The week was horrendous because I was playing catch-up. I was writing the lectures. Two steps ahead of the students...Up all night writing the lectures...So I am up half the night making transparencies. And going over lectures. For a two-hour lecture I was up maybe until 3 o'clock in the morning and the lecture was from maybe 10 a.m. to 12 p.m., or 9 a.m. to 11 a.m. Lecture was two hours and [I was] staying up all the night doing it. It was a wild week. (Kate)

Kate also expresses the experience of being overwhelmed. For her, the time that she used to prepare for lecture was extracting a personal toll. On top of feeling at a loss for time, the clinical experience was excessively demanding. What does it mean to be two steps ahead of the students? I was drawn to this statement because I have made the same comment myself as I worked with new nursing faculty. For me, it was meant as a way of reassurance, not as a way of demeaning the experience of the new faculty member. Now as I write these words, they seem hollow and pretentious, as if the students needed to be kept in a separate place, away from the teacher. What if nursing faculty members were

in-step with the students? What place would each occupy? Would each learn from the other? Could being-in-step with each other provide a more positive learning experience? Who has the responsibility for guiding faculty toward learning the ways of teaching so that they do not become timed out?

### **Poor Nurturing Practices Within the Walls of Nursing Education**

When nurses are invited to teach, there is a perception that the profession is a nurturing and caring place. Benner (1994) says this results in contradictory messages of caring in nursing education, and Dunlop agrees:

Thus in a very theoretical way, nursing sought to teach me to maintain both separation and linkage in my practice... Thus one achieves something like “caring” in its emergent sense as it is applied in the public world—a combination of closeness and distance that always runs the risk of tipping either way. (1994, p. 31)

With such contradictions, the ways of a nurturing and caring practice are not easily communicated between and among nurse educators. When Gerry began practicing as a nursing faculty member, she was asked to work in the nursing skills lab where she felt that her competence as a practitioner would be an asset to the program. Because she had never taught in a college setting, she had an expectation that others would share their knowledge with her. She hoped that she would receive assistance from those who had taught these same labs in previous semesters. Gerry needed the closeness of seasoned faculty members to guide her in her new position. Instead, she was distanced by their lack of involvement.

So when I started it was a disaster. The two full-time people did not even know where the equipment in the lab was... Supposedly they helped the other person as well but I do not know how much they helped. I mean it shows that they didn't really help. And you know when I went into my office from the other person who left the job, they said everything you need, will be in her filing cabinets. And there was nothing... No books, no layout of how she taught her labs. (Gerry)

Being in a cared-for situation, such as in a new nursing faculty position, brings with it an expectation that unexpressed needs are heard (Noddings, 2005). In Gerry's new work environment, there was an inferred need to be guided. Gerry never expressed this need in words because she was told, "everything you need, you will find." However, assistance from others and files that were offered as guiding documents, were in fact, absent of any direction. The lack of satisfaction from being cared-for resulted in the recognition that being in this new teaching position was not being-in a caring relationship. As I reflect on Gerry's experience, I am troubled when she says, "there was nothing." Where is the hoped for relationship with others? What is lost when Gerry discovered that she was not to be the recipient of words and ideas of those who had taught before?

What is being-without? I experience being-without when I rush to tell my father the news that I finally can see the light at the end of my personal journey through this dissertation. I reach for the phone and then withdraw my hand. There are others that I will tell, but I can only whisper the news to his memory. The eagerness that I had felt when I contemplated his reaction to the news is now gone. The emptiness fills me with sadness. Is this what Gerry feels, an emptiness, a loss? Gerry wished to be-with others in a relationship of mutual sharing and concern. In her vulnerability, she trusted the faculty members who said that there would be help as she began to teach. There is tension between knowing that being-with others comes with a responsibility to engage with others, and also wanting others to be engaged with us. To suggest that it was Gerry's responsibility alone to seek out others, is to see only the surface of the frustration that she was experiencing. Reaching beneath the surface opens the experience to what lies

beneath, the desire to be authentically responded to as we are called-to care in teaching at the community college. The lesson to be learned by nursing faculty members who invite new nurses to teach, is that they must respond in more caring-for ways. We should “respond to...dwell with...and share knowledge, information and insight” (Berman, 1994a, p. 14).

I started teaching in the LPN program in the summer...adding a lot of work. I was not really paying much attention, because I was truly enjoying what I was doing. I was giving the college a full 120% for them and family lagging behind (laugh), as we tend to do when we are getting established in our careers. (Gerry)

Moving past the earlier moments of disappointment, Gerry began to take pleasure in her teaching role. The enjoyment of working as a teacher of nurses gave her a sense of fulfillment. Even though she knew that it was time-consuming, in this enjoyment there was little attention given to the effect that her teaching commitment had on her family. Why had she not realized the toll that her teaching was taking on her family? To be fair to nursing education and her faculty team, Gerry did not have to be consumed by her teaching responsibilities; she herself says that it is in her nature to give more than is asked.

In addition to learning the ways of the lecture format, Gerry also was asked to work in clinical settings that were unfamiliar. For most of her nursing career, Gerry had worked in critical care and was not comfortable working in the community or medical surgical settings. “I actually started the nurse practitioner program the fourth year that I was teaching. I thought that I needed more clinical skills to stay ahead of the students, and because of the illness [acuity] level of the patients” (Gerry). Her own perception of being competent was challenged inwardly. How had Gerry reached the conclusion that

she lacked competence in the clinical setting? By her own account, she never heard any words from others but reached this conclusion on her own.

Becoming competent involves striving together, standing alongside, and becoming increasingly more self-confident as a person who is accepted and trusted...A “seasoned” or competent nurse is able to find hope, to continue to grow amid the anxiety and tension associated with loss, illness and concern for what may lie ahead. The process of becoming competent evolves as an upward spiral and is frequently shared with another Being. The movement is nourished and energized through giving and receiving. In the process of becoming competent, persons experience an awareness of union with another. Competence as knowing and doing is possible through a caring way of being. (Slunt, 1994, pp. 125-126)

Perhaps for Gerry, it was the lack of acceptance that pushed her into the path for more knowledge and recognition. Her teaching self had not been acknowledged, so she turned to her nursing self to receive the acceptance that she sought. Although still teaching nurses, she was now striving toward competence as a nurse practitioner, and by all accounts, enjoying this role as well. The first summer as a nurse practitioner and her fifth year as a nursing faculty member, she was offered a position outside of teaching. Initially refusing the offers, her curiosity was piqued. Later, during that summer, she made a counter offer for employment.

He said ok [to her offer]. I went home and while having dinner with my husband and the boys [told them of the offer]. That is the first time that my kids ever said anything about my work at the college. They said “Does it mean that you’ll be home and not working all night at the table?” For five years they never said a word about it...I was...I’ll take the [new] job. (Gerry)

Gerry pursued certification as a nurse practitioner, to give her an additional skill set within nursing education, but it led her directly away from the teaching of students. It also led her to recognize her need to share much more within her family structure.

“Women do not have to be reminded that mothering, and families, encourage us to develop caring relationships” (Greene, 1990, p. 54). In this capacity, as women we have

the tendency to care in the teaching of nursing. What happens when such caring is lost on the self of the nursing faculty member? Just as time must be shared among different groups, teaching responsibilities must also be shared within the life world of the teacher.

The most difficult aspect of the faculty position was my perception that the job was flexible...The difficulty for me was knowing that if I needed to be absent for sickness or family illness there was no back-up...having a strong work ethic prevented me from allowing myself to simply inform my colleagues that I could not work. The amount of time my spouse lost from his work added stress to our home life. (Theresa)

Theresa also experienced the challenges of sharing self with teaching, clinical and family. When she came to the realization that there was no back up, no one to replace her, when she needed to be home with her family, she found this unacceptable. "Work-family conflict refers to situations where the demands and responsibilities from work and family roles are incompatible in some respect" (Grzywacz, 2006, p. 414). The authors of this study identified two distinct problems within the work-family arena: the difference between work interference with family and family interference with work. Although not directly related to nursing educators, the study focused upon the staff nurses concerns with work-family conflict. It is clear from the participants' responses in this study, that having to choose between having time with their families and working may affect the decision to become a nurse or remain within the nursing profession. The study questions whether family-work conflicts in nursing are more episodic in nature or a chronic phenomenon. What also became clear during the study (Grzywacz, 2006) was that nurses reported that these work-family conflicts, whether episodic or chronic, contributed to poorer job satisfaction. "Nevertheless, the results clearly suggest that time is a finite resource that, when consumed by work, makes it difficult to satisfy family-related responsibilities" (Grzywacz, 2006, p. 423). Theresa had chosen to become a nursing

faculty member because she had been assured that the flexibility within her teaching position would allow her the time that she desired with her family. However, when her required schedule did not provide any flexibility when family interferences did occur, she made a choice to leave. The fact these conflicts were episodic made her decision to leave even more troublesome.

Curriculum issues also concerned Theresa as she began teaching in the community college.

My whole issue of clinical failures was probably the toughest for me...there was some subjectivity to it. I questioned the fairness [in evaluations]. I wanted to see them more in black and white...these were the issues that I struggled with...I had to kind of sit back and listen...I think [because of] my lack of clinical or teaching experience. (Theresa)

Theresa viewed some of the current program policies as problematic, but was unable or unwilling to enter into a discussion with her team. She was in a bystander role, not a participating role. Her struggle was not understood by others; she remained silent.

Greene (1990) writes that in education, there is a need for “shared reflection...and open-ended efforts to provoke diverse people to find their own voices” (p. 34). Theresa did not experience moments of shared reflection, and she withdrew—suffering in silence. “I really could not contribute to the nursing education program because I lacked the expertise that is needed to be a contributing member of the community” (Theresa). What would have been the consequences if she had spoken out against the perceived inequalities in the nursing program? Theresa doesn’t know because she never did.

Theresa is not alone in her perception that her contributions were not accepted in her community college nursing program. One new nursing faculty member responds to a query by Heinrich (2006): “I live in the margins of nursing education. I live in shock at

what I witness and experience in the academic culture. Practice was a safer place to be” (p. 2). For that educator, passion was changed into disbelief. Still another writes, “A level of toxicity from a few [nursing] faculty members called into question my decision to follow my passion, that of becoming, and now being a nurse educator and nursing education researcher” (p. 2). Heinrich refers to the concept of unacceptable practice by nursing faculty members as “joy stealing.” Her response to this behavior is to confront the behavior through open dialogue and awareness: “Passivity is not the most effective response [to joy-stealing games]” (p. 3).

The oppressed suffer from duality which has established itself in their innermost being. They discover that without freedom they cannot exist authentically. Yet, although they desire authentic existence they fear it. The choices lie...between being spectators or being actors...between speaking out or being silent. (Freire, 2006, p. 48)

When Theresa internally questioned the fairness of actions within the nursing program and did nothing about these actions, she was acting as if she were oppressed. In her lack of action, she was conforming to practices that she disagreed with, instead of transforming policies that she perceived were unjust, or at most, unfair. What could the more seasoned nursing faculty members have offered that would have made the oppressive environment more freeing for Theresa?

I think the perception was [that] since I had 20 years of experience in other areas, that med-surg [medical surgical nursing care] would be okay...I was oriented to the community site and that was the best orientation that I ever had...The first semester I was also in a nursing home that I had never been to either, so I went down there on Sunday, oriented myself and made the assignment. (Theresa)

Both Gerry and Theresa had multiple years of being a nurse in different settings but did not feel that their years of clinical experience in a critical care setting equated to

experience in the community or the medical surgical floor setting. When nursing faculty members feel as if their lives are out of balance, they may seek a point of departure.

### **Escape From Within the Walls: The Point of Departure**

What happens when nursing faculty members understand that placement within the walls of nursing education may result in their loss of freedom from family, from open dialogue, from their dreams of being able to be a significant change agent within the profession of nursing? For nursing faculty members in the community college, the decision to leave has been percolating; the decision still to be made is when. What steps may be taken to retain nursing faculty members who are having a difficult time within the program and do not always communicate their difficulties? For some, it is only a matter of time, but for others, there still is time to open the dialogue. What are the warning signs that might alert leadership to the knowledge that nursing faculty in the community college may be ready to leave?

### **Leading Up to The Leaving: Signs Along the Way**

Bonnie agreed to work during the summer semester believing that she would receive a lighter load and still be able to recharge her batteries before the beginning of the fall semester. Most full-time nursing faculty members have a ten-month salary contract, and many use the summer months to maintain their clinical expertise, supplement their salary and enjoy needed quality family time.

I honestly think that it was just assumed that I would help out in the summer...I am willing to help out but I'd rather not do it...I think I wasn't strong enough in my saying that I don't want to do full-time. I said it once in a meeting and they [the coordinator] said oh well the clinical is not that much because it is a preceptorship (the students work with an assigned nurse at an acute care agency. Faculty are responsible for seeing that students meet the goals of their experience, but are not required to be there at all times)...So they didn't think that the clinical

component made it full-time but it really was. I was tired...I didn't even want to go in to see the students even occasionally. (Bonnie)

Bonnie was not able to make certain that she had her summer hours to reenergize her teaching self. She had no time before the fall semester began to rest and focus on herself, instead of her teaching load. Having just completed an overwhelming spring semester teaching lecture and clinical, as well as being a part of a team developing a completely revised nursing curriculum, Bonnie was too tired to take on any more.

Not being heard as she asked to teach a lighter load in the summer was evidence to her that her welfare was entirely up to her. Those in administration responsible for assigning teaching responsibilities would keep asking for more hours without regard for personal needs. Bonnie adds that having to completely revise the curriculum during the semester also took its toll. "I think we bit off more than we could chew...we lost three, three [nursing] faculty members that year" (Bonnie).

Academic burnout, an emotional phenomenon associated with high achievement in the academic role, is experienced across all disciplines. It involves feelings of exhaustion, cynicism, and ineffectiveness. The high academic consequences of burnout are accompanied by declines in mental and physical health, weakening of interpersonal relationships, and ultimately, deterioration in teaching performance. (Talbot, 2000, p. 359)

What is it like to remain unheard, to feel so overwhelmed that the price being asked is too high a price to pay? In the literature, this being overwhelmed and unable to continue in the present environment is called "burnout." A recent study in Canada (Sarmiento, 2004) tested Kantor's theoretical model specifying relationships among structural empowerment, burnout and work satisfaction. The authors found that "College nurse educators' perceptions of formal and informal power in the workplace are

positively related to their perceptions of workplace empowerment” (p. 137). For Bonnie, the fact that she felt unable to limit her own hours during the summer suggests that she felt a lack of personal power. She was experiencing “depersonalization,” a term coined by Maslach (1996) to mean an indifference to helping students learn and grow. Bonnie says, “I didn’t want to go in and see the students even occasionally.” The consequence to the community college was Bonnie’s resignation from her teaching position.

Kate struggled with similar burn-out symptoms.

I think that I was burnt out...I felt like I was being overworked. I wanted the place to be successful, at the same time I thought everyone should be pulling his or her weight...and then I started to feel like I was not appreciated. You know how you get that, like you know, “why am I killing myself?” I am staying here from 8 o’clock in the morning until 6 o’clock at night. She’s coming in at 8 a.m. and leaving at 12 noon. Something is wrong with this picture, you know. That started playing in the back of my mind...I started making arrangements and plans.  
(Kate)

Although Kate never expressed indifference with the students, she did feel overworked and undervalued. How was it that other nursing faculty members were able to “get the job done” in a shorter amount of time? “I think in the faculty role, the doers are asked more” (Kate). She seems so sure that there is an unequal distribution of power and work. Using Kantor’s model, Kate should be able to “mobilize the resources of job-related empowerment and access support” (Sarmiento, 2004, p. 135). Instead, Kate was unable to delegate any of her workload because there was never anyone around. Not everyone stayed long hours at the community college, and it seemed to her that not everyone was “pulling their own weight.” Kate resented not being valued for her willingness to step in whenever needed. This repeated devaluation of her efforts became the tipping point for Kate. It ended in her resignation. But even as she left, she thought of others and left her room in order. She wanted others to benefit from her hard work so “they wouldn’t have

to start from scratch.” New nursing faculty members should not have to endure the rigors and disappointments that Kate had to overcome as she developed her teaching expertise.

It was time.

Theresa decided that it was time to leave too:

It feels real. I feel a sense of relief when I made the decision [to leave] because I struggled from February to when I made the decision... Was I giving this [teaching] enough time. Was I not giving this enough time with the things that I felt needed to be changed, would they change? For a long time, I lost sleep so what I feel now is relief that I made the decision. Some anxiety over, “is it the right decision?”... There were things about teaching that I loved. I will miss the students completely... I would not have left teaching for an administrative position... flexibility [in my schedule] was the main reason that I left and took this position... I got my first note that said we will miss you, you gave us new insight.” (Theresa)

Being able to exit her teaching role and enter a new world in nursing gave her a sense of relief, but not without a price. Leaving the teaching position that Theresa had entered with passion and excitement, had not been made without entering into a prolonged period of self-doubt and crisis of identity. She had given so much of herself as a full-time nursing faculty member, that she was having difficulty in relinquishing the role. What is it to leave? To leave, means to go away, and it means to go away alone (Barnhart, 1995, p. 426). When Theresa entered the program, she was sought after, even located while on vacation. She was welcomed, although alone; she was initially embraced into a community structure. She should not have remained alone. For Theresa, having knowledge that she never fully belonged made the departure easier.

One recent study on predicting leaving among nurses, Shaio (2007) concludes that “Nurses with a longer work tenure were found to be less likely to consider leaving their job... and that the most important predictors for leaving a position were increased work

load and stress” (p. 13). The study also notes that feelings of preparedness helped the nurses remain in their professional setting, while concerns for personal safety and ethical considerations within the work environment resulted in an increased number of nurses leaving. It is the responsibility of the nursing programs in community colleges to make certain that the journeys of nursing faculty members should not end outside of the walls of nursing education.

### **Journey’s End: Questions to Come**

In this chapter, I journey with my companions as they re-live their experience as nursing faculty members in the community college. As I reflect upon these experiences and my interpretations, I return to my original concerns about the nursing faculty members who teach and then leave the community college. How can my journey help inform those who are in a position to change faculty recruitment and mentoring practices? How might current nursing faculty members find their own voice toward self-development and feelings of significance? How might I, as a senior nursing faculty member in the community college setting, use this understanding in my work with all nursing faculty members? While I must assist those new nursing faculty members who need to learn the ways of teaching, I cannot neglect those who currently practice. What have I learned as I journeyed into the walls of nursing education, and how can I communicate this to those who need to hear the voices of those long silenced? In chapter five, I offer pedagogical insights that might help retain nurse educators in community colleges.

## **CHAPTER FIVE: FROM DECONSTRUCTION TO RECONSTRUCTION: BUILDING PLACE FOR COMMUNITY COLLEGE NURSING FACULTY MEMBERS**

### **Looking Back**

As soon as we try to think of the essence of constructive building in terms of letting-dwell, we come to know more clearly what that process of making consists in by which building is accomplished...For building brings forth the fourfold hither into a thing. (Heidegger, 1971, p. 157)

As a phenomenological researcher, I look back at what has been uncovered throughout this research process. I begin this last chapter thoughtfully. Can I find a way to dwell-with the words of my travelers, and the memories that they have rekindled? With their help, can I lay bare the walls of nursing education to expose the place of nursing faculty members in community colleges? Through a look back, I may be able to bring-forth into view the essence of dwelling as a nursing faculty member in the community college. Reflecting upon what I have uncovered, I find myself wondering if nursing faculty members have yet to discover their own dwelling place within community colleges. In conversation, I ask myself “Where is the place for nursing faculty members in the community college?”

### **Deconstructing the Walls**

How might we respond to the concerns brought forward by the conversants and others? What conversations might be had? What words would be said? When I first turned to the question, I was troubled by the loss of nursing faculty members who had so much to offer. Community college nursing faculty members teach nursing students within a community college nursing setting. Community college nursing faculty members have a different place, but they teach students who will sit for the same RN NCLEX exam as those nursing faculty members who teach in baccalaureate programs. The courses are not

the same, and the focus is perhaps different. They have the same desires but may not have the same preparation to teach. Is this a disservice to them? Does a master's prepared nurse educator offer less to a student nurse? When the community colleges began to offer nursing education programs, the intention was to move the students away from the traditional diploma hospital training programs and offer an alternative to individuals who were not able to be educated in a university setting. Did this engender a new kind of nurse? What happens to nursing faculty members in the community college when they teach in a college setting without adequate preparation? I must open the phenomenon to a shared social meaning. I must find a way to see more deeply into the lived experience of the community college nursing faculty members and move forward.

“Deconstruction reveals a well-ordered procedure, a step-by-step type of argumentation based on an acute awareness of level distinctions, a marked thoroughness and regularity” (Sallis, 1987, p. 3). Drawing upon the notion of deconstruction, I examine the placement of nursing faculty members in community colleges within the discipline of nursing education. Associate degree nursing within the community college has a unique history:

This program, designed by Mildred Montag and studied as part of a five-year research project, removed the educative process from the service situation—the hospital—where education was too often the by-product and placed it in a college setting where service became the by-product. Instead of a fragmented curriculum, so often found in diploma [nursing] programs, watered-down doctor's lectures, the AD curriculum was developed around broad area nursing courses with carefully selected learning experiences in the clinical setting. (SREB, 1984, p. 12)

Community college nursing programs initially were designed to meet the need for more qualified bedside, technical nurses. The junior college, an already established post high school technical and vocational setting would draw its students from an underutilized,

older, more minority pool of candidates. Nursing faculty members would be hired to prepare these nursing students for their new roles. These nurse educators were provided on-site learning opportunities and consultation as they learned ways to educate students in the associate degree curriculum. Challenges that emerged were to design an educationally sound two-year nursing program and to promote acceptance of the graduates by the employers. In the original model, associate degree and baccalaureate degree nursing functions were to be differentiated. Nursing faculty members in the community college primarily were concerned with curriculum and the placement of the student as a graduate nurse; university nursing faculty members were concerned with the education of a professional nurse.

When I began nursing in a diploma program, my tutors—they were so named—taught me in blocks of educational time. They entered my world, taught me, and left. They had a very distinctive place in the nursing program. They were respected for their place as teachers of nurses. They did not enter into the clinical arena—that part of the training was left to nurses and physicians. In university nursing programs, professors belong to an elite group of educators with an established place. Nursing faculty members are selected for their expertise in specific areas of nursing and their doctoral preparation. It is their “place” to prepare the professional nurse. In the community college, the place of nursing faculty members is not so easily named.

We graduate the majority of RNs; our [nursing] students receive better board [NCLEX] scores and are more actively recruited by hospitals. Still, I feel that as a nursing faculty member in a community college, I am not respected by university nursing faculty members. I come to conferences like this one [national nursing faculty conference] to replenish my ego, to see how much we do [community college nursing faculty members] in creating innovative nursing programs using evidence-based practice. (Mary Kay, personal communication)

Where is Mary Kay's dwelling place? It is not with the hospital "tutor" or the university professor; is it somewhere in-between?

The dwelling place of nursing faculty members is framed by the overall structure of the community college. Nursing faculty members reside as members within the community college, and prepare students to enter the world of work in a technical sense. When there is no current work-place distinction between graduates from a community college, a hospital training program and university nursing program, is it no wonder that there is confusion as to where community college nursing faculty members dwell?

Heidegger (1971) reminds me of the words he so carefully selects as he looks to the meaning of dwelling. "To dwell" is to stay in a place, to be a neighbor. But it also means to care, to cultivate, and to set free. "Building as dwelling unfolds into the building that cultivates growing things and the building that erects buildings" (Heidegger, 1971, p. 146). To dwell as a nurse educator is to cultivate nursing as a profession, to grow within the profession and to care for others as nurses. In chapter five I offer ways to craft changes within nursing education through pedagogical and caring practice, so that a dwelling place may be constructed for nursing faculty members in community colleges. In truly dwelling, there is freedom to teach and guide others in new ways, so that learning becomes an experience of growth, more than simply evidence of accomplishment. Faculty members require growth opportunities themselves.

In this chapter, I go beyond my question, and offer insights into the phenomenon of being-with nursing faculty members as they experience teaching and leaving. What is the hope for nursing faculty members in the community college? It is not my desire to see the walls of nursing education torn down, with a new structure built; rather, the walls as

they exist might be transformed into a new dwelling. I consider how understanding might bring me and the profession to act in new and different ways, the ultimate purpose for phenomenology.

### **Excavating the Wall: Inside Out**

When I began the process of looking at the dwelling place of nursing faculty members in a community college, I returned to the words of my participants. The words of my conversants have shown me that they had not found a specific dwelling place in the community college. Even as I sought evidence in the literature, there was a scarcity of research about the phenomenon of nursing faculty members who have left teaching positions in the community college. In Siler's (2001) phenomenological study on the experience of being a novice faculty member, there is one reference to the DeYoung and Bliss (1995) article on the preparation of advanced nurse practitioners who desire to become educators. Also referenced is the mentoring article by Gengrich and Pappas (1997), but I find little else on the experiences of becoming or living as a nursing faculty member in the community college. In Siler's study, the voices were those from university novice nursing faculty members, and they reveal four common themes about being a nurse educator: expectation, learning the game, being mentored and fitting in. My conversants used phrases such as, "not being let in," "Too many expectations," and "it was always twenty-twenty hindsight...from others," similar to the descriptions in Siler's (2001) study.

In my search to understand, I seek the transformation of

lived experience into a textual expression of its essence—in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own lived experience. (van Manen, 2003, p. 36)

I have listened attentively to my travelers, and in so doing, have been swept along on the journey with them. I discover that to dwell in nursing education is more than being located within a community college. To dwell as a nursing faculty member means to find a sense of place that offers community and meaning. To teach nursing is to accept a responsibility for passing along to others all that is nursing. This passing along to others in community college nursing programs is not done in seclusion. The walls of nursing education are meant to foster community, with all the rights and passages of any community. Belonging-to requires more than being-within; it also asks that its members be-a-part of and in doing so, share in the act of building and maintaining the community.

As we invite others into our community, it is essential that they understand the part they play in the nursing program. Their invitation to join the faculty in the community college requires an RSVP that includes an agreement to be accountable to themselves, to the students and to their team members. It is not a one-sided agreement that the new faculty members be only at the receiving end in their new nursing faculty member positions. These new community college nursing faculty members have so much to offer and must be prepared to step in and share with others, even if only in a questioning way. This is the belonging-to and being a part of the act of building and maintaining community.

In chapter four, I followed the themes emanating from the phenomenological questions I asked of my travelers: What is it to be a nursing faculty member in a community college? What is it that called you to teaching student nurses in a community college? “I went to Hopkins and said [I] really like teaching. I really like it” (Kate). Kate began teaching clinical, and after enjoying the experience, began working toward a

graduate degree in nursing so that she might become a full-time nursing faculty member. When a position became open in a nearby community college, Kate was elated when she was invited to join their nursing program.

I began to uncover more of what it is to be a nursing faculty member in a community college. I hear from Theresa that it is “a supportive, challenging nurturing calling.” In accepting the call to become a teacher of nursing, Theresa applied for an available full-time teaching position in a community college. Applying for the position partly filled a yearning to teach others and partly filled a need to become a part of a respected position within the nursing profession. Theresa also was aware that “there were no university nursing programs within a reasonable driving distance,” and the advertisement for a position in the community college offered a new and different challenge from the nursing position that she was holding. Perhaps this is the call to care through teaching. Subsequently, the experience of teaching became the most challenging position that she had ever accepted, but Theresa became disheartened when she received little feedback from within the nursing program. Theresa experienced a disconnect between what was, and what might have been. Over and over in my study, the importance of feedback was echoed in words used by my travelers; the lack of feedback became an obstacle.

Sharon had taught in the community college as a nursing faculty member and in the university. “It turned out that the associate degree [community college] program had a full time position starting in January, where I would have had to wait until September to join the four-year school.” At the time the position became vacant, she was employed in

two different part-time nursing clinical positions. “Financially, it would be much better to take this full time position [in the community college].”

I went in very positively– thinking that this would be the last position. I would stay here for 10 years. And that I could hook up with, in terms of research, with the people at the four-year schools [university]. I am well connected with them and I would be able to...blend a position that would work very, very well.  
(Sharon)

Although Sharon believed that there were differences in the nursing programs at the community college and the university, she accepted the community college nursing faculty position and intended to develop her own dwelling place. She was distressed to learn that her research interests and her credentials were not considered to be an asset in teaching at her community college, and in fact, experienced a lack of collegiality. In the end, she left teaching.

Kate experienced the tension between being called to teaching and then losing the call. She saw her role as a nursing faculty member as “an opportunity to shape and change individual lives.” When she perceived that her teaching life lacked the opportunity to try new and creative ways of teaching, and held few rewards for her time and energy, she felt disappointed in her choice of a life career. Each conversant used different words to describe her call to teaching, her call to care for others in a teaching way.

I had a desire to teach, I love to teach and I applied for an opening at the community college and was amazed that they “allowed” me to teach before I finished my master’s degree. I just thought what do you think I can teach and why? But you know it ended up being a great revelation ...this could really be my niche. (Gerry)

Gerry believed that it was her role as a nursing faculty member in the community college to act as a guide. She was there to make sure that they followed the theory in the clinical

setting and that they did not make a mistake. “That’s what I thought initially and then as I got into it even more ...finding that I need to be better prepared about disease process, procedures ... because they did need more direction than I was initially told” (Gerry). This lack of information did not prepare Gerry for her new role in the clinical setting and resulted in her sense of frustration at the inadequate preparation as a teacher of nurses.

For Theresa the experience was heart stopping, “[I] could not even think about change until the second year because I felt like the first year, I was like a deer in the headlights.” When Bonnie started to speak of her lived experiences, she spoke of being overwhelmed and unsupported. “When I became a new faculty member, I got classes that nobody else wanted. I didn’t realize it at first...I was fixing a lot of mess” (Bonnie). Janet had a different experience; she looked to the community college to provide a community. She found that although the learning center was established to aid the faculty members, the teaching center in the community college did not offer the support for which she had hoped. Future research must consider the place of the learner in the learning centers and how to connect more fully with the faculty members within the community college. The focus of the learning center must be returned to the learner.

Community also means becoming and being-with. But as with the others, Sharon never found acceptance. She never belonged. “They weren’t letting anybody in...no, no it was a little clique” (Sharon). The welcoming signs that had been put in place when Sharon became a nursing faculty member were no longer visible. It is up to nursing departments to find a way to clear the path from potential stumbling blocks in the community college. To my disappointment, my travelers have all re-located themselves away from being nursing faculty members in the community college.

## **The Blueprint: Drawing Upon the Past**

The past is not only that which happened but also that which could have happened but did not. (Gallagher, as cited in Breathnach, 1998, p. 50)

When faced with proposed changes within nursing education, there is an expectation that this change is not only necessary, but will build a stronger, better discipline of nursing education. At the same time, such change is often resisted. As nurse educators, we have knowledge of what has come before, and in seeking change we look to nursing theorists and role models within the profession to re-create the path of nursing education. As with all re-creation, it is wise to pull out the blueprints that were followed previously, and carefully study the existing conditions in order to decide what must be altered and what must be preserved. These blueprints reveal the path used by leaders held in esteem, and while they may no longer be as valued as before, past practices should not be dismantled in haste.

Although nursing education has existed for more than 150 years, academic nursing education as a specialty area of practice, with a defined theoretical basis, ... has been slow to develop...The precedent of relying on tradition and past practices must be replaced with proposed changes emanating from “evidence that substantiates the science of nursing education and provides the foundation for best educational practices. (NLN, 2005, p. 5)

There are current practices within nursing education that when closely scrutinized are found to be forward-thinking. Beginning again does not mean that all things must be new, only that all things should be seen through a new lens and re-placed when they do require a new blueprint.

Many schools of nursing, inspired by the NLN position papers...are moving toward excellence by undertaking substantive reform...They are beginning to base their approaches to teaching and learning on research rather than on anecdotal evidence or tradition. And they are questioning the sacred cows and taken-for-granted assumptions about the nature of schooling, teaching, and learning. We applaud such efforts and encourage all faculty to work together to

develop and implement innovative pedagogies, strive for excellence and build an inclusive science of nursing education. (Ironsides, 2006, p. 120)

In such an exciting climate of vision and change, nursing faculty members have the opportunity to lead this reform. It will take all the members, present and future, to sustain the momentum. Change does not come easily. Listening to those who have a vision is a start.

With new models of nursing education being developed, the profession must be more response-able to them. Who is listening to Noddings (2005) and Watson (1988) as they write of caring practices within teaching and learning? As a seasoned faculty member, it my responsibility to seek out practices that show evidence of philosophical grounding in the literature and in practice. It is my responsibility to guide others to new ways of thinking and to challenge nursing educational perceptions that have gone unchallenged.

Perhaps after reading this study, others will take the initiative to explore concerns within their own community college nursing programs. More research needs to be done and more voices need to be heard. Future directions for professional research should include looking into what is named in a healthful work environment within the community college for nursing faculty members and reflect a looking into the landmarks that nursing programs in the community college use as way to invite nurses into the practice of teaching and concealed practices that must be revealed.

What might we do differently to make the lived experience of the community college nursing faculty member a positive experience for all? We might start by looking at the ways in which we come together as members of a community who value and

respect each other. I begin the healing journey reflecting on my own path through this interpretive process.

### **Finding Self within the Wall**

As I find myself moving in and out of the walls of nursing education during the study, I come to an understanding that I had not thought possible. I am able to be empathetic and caring, even as I remain open to the possibilities. I entered into the study by turning to a phenomenon that seriously commits me to the world. I turned to this study when I experienced the loss of colleagues that I enjoyed as friends, as members of a small community of like-minded individuals. We are nurse educators, as Jane wisely says: “We are the gatekeepers to the [nursing] profession.” I am personally energized by her words.

I ask myself if hearing words such as these is one of the reasons that I stay as a teacher in the community college. I was welcomed into a teaching position in a community college many years ago, but I remember that as a new nursing faculty member I experienced an environment of sharing experiences and being appreciated for what I brought to the teaching/learning experience. I was not immediately a “gatekeeper to the profession,” but I was offered the tools to learn the way. This was not the way, nor the environment, that my conversants experienced.

I experience tension between my own knowing and the lived experience of my travelers. Tension has been used as a verb to describe a sense of nervous strain. The word was first recorded before 1763 (Barnhart, 1995, p. 802). I am a teacher of nurses in the community college, and I have found a place for my abilities. I have gained strength through new curriculum knowledge that I have been able use in my teaching. I have maintained my clinical competence in the nursing settings as I have worked in acute care

agencies; and I have learned so much through the mentoring of new nursing faculty members. The words that my participants used have shown me that there are nursing faculty members who do not share my positive experiences. There is a straining of my own heart; in the realization, in the knowing, my caring personality aches and suffers. How have I excused my rushed behavior when a new faculty member asks me to sit in on her lecture, and I find a way to put this off and placate her through words that should be encouraging but sound hollow? “I know that you will be fine” is not a helpful response in the way of a truly caring person. Like others in nursing faculty positions, I must find ways to be present with others, even if only for a portion of the time that they need.

Maintaining a strong pedagogical orientation helps me to balance the knowing with the possibilities. “Reduced to its elemental methodological structure, hermeneutic phenomenological research may be seen as a dynamic interplay among six research activities” (van Manen, 2003, p. 30).

Transcendence... [which] gives to each person the power to start over, to begin anew and transform the world...The “trans” can be translated as over/across which has more to do with a relationship...rather than a separation...as that implied by “above” or “beyond.” (Hwu, as cited in Pinar, 1998, p. xvii)

Indeed, as I come across the experiences of my travelers, I go beyond their words to begin anew and transform the world, as I know it. I reflect on where I dwell as a nursing faculty member within the community college and begin to understand why I am so troubled. I teach with others, who like myself, enjoy the challenges of teaching within a community college. But I also have been stung by words from university colleagues who ask, “Why are you still teaching in a community college? You have so much more to offer.” If I had a secure dwelling place, would these words bother me as much as other words had bothered Mary Kay?

Did I begin the process of becoming more by reaching for my PhD? Am I seeking validation that I as a community college nursing faculty member have a respected place in nursing education, that I have the right to take my place in nursing education as much as any other nursing faculty member? My journey to understanding has taken me through doubts of my own ability, of my place in nursing education, into a new dwelling place where I am secure. I ask that other nursing faculty members follow in my footsteps and open themselves to a new dwelling place in the community college.

During my years in this study, I have experienced being both a learner and a teacher. I have learned to look deeper into the practices that I have seen with new faculty, to “mine the meaning of their experiences” (van Manen, 2003, p. 38). I have taught for almost eighteen years as a nursing faculty member in a community college. I hope that I have learned enough, asked enough questions and reflected enough upon experiences. During this personal journey through phenomenology, I have become aware of my strengths. I am excited about the possibilities; I am engaged in the teaching-learning process. In my excitement to share, I come to the realization that I have so much to add to the conversation about the nursing faculty experience in the community college, and to develop ways of connection and community that benefit both new and seasoned nursing faculty members.

As I have been mentored and gained professionally and personally, I offer others the best attributes of a mentor that I have experienced: a guide, a listening ear, an expert resource, a colleague, a member of the community and above all, a nurturing soul. As a guide, the mentor offers a path to follow, but does not insist that it must be followed. The learner needs to discover his or her own way. The mentor as a nurturer will offer a

helping hand when stumbling blocks create a fall, and then move out of the path so that a new way can be discovered. There is still much more research needed on the experience of being a mentor in a community college nursing program, but as with everything that needs to be known, “Those interested in mentoring research need to identify those programs that have been successful and understand why” (Luna, 1995, p. v). In finding the importance of just one small part of my dwelling as a nursing faculty member, I am freed by my transcendence. As I reflect on my own concerns, I begin to envision a dwelling place for nursing faculty members in the community college. I begin to envision the pedagogical possibilities.

### **Building on Pedagogy and the Nursing Curriculum**

The word pedagogy comes from the Greek word *paidagōgíā* which means education, and from the word *paidagōgós* meaning teacher (Barnhart, 1995, p. 550). To educate is to do more than inform; in nursing it means also to have an ongoing conversation between and among faculty and students about the changes in the health care system and the responsibilities of caring.

Atwell-Vasey (1998) offers a feminist view of teaching that was designed to inform the schoolteacher, but it has relevance to the nursing faculty member in a nurturing profession.

A teacher would be re-envisioned and would re-envision herself or himself as someone who provides the opportunity...to bring drives, passion and intention to symbolic form...to provide settings in which attraction to language takes place... [to] encourage negotiation as part of any intersubjective and constructive process... [and finally to] see the value of making visible to students her or his own worldly, political and literary interests. (pp.151-152)

Though the profession of nursing is predominantly female, men who enter into the practice of teaching nurses do not openly reject the feminist perspective within the profession of nursing. They might not even see adequate evidence of this way of being. Yet, the masculine perspective is evident in the leadership within the profession of nursing and in nursing education. This suggests the possibility for future exploration into the teaching of nurses using a critical lens and from a feminist perspective. It suggests the transformation from the use of patriarchal power “which emphasizes programs, goals or policies that achieve the desired results”... to the feminist alternative which “emphasizes a fresh perspective and freedom from rigid schedules...goals are used as tools but are less important than the process” (Wheeler, 1991, p. 8).

The feminist perspective opens the world of the student to new learning opportunities through the practices of the nursing faculty member. It is incumbent on the nursing faculty member to offer ways to open the practice of nursing to students, so that they may see the possibilities and become contributing members of the profession. The knowledge that they receive gives the nursing student the capability to make critical choices, and thoughtful recommendations as advocates in health care. Nursing faculty members are the ones to show the way of re-envisioning, so that they may teach nursing students and each other. Each nursing faculty member in the community college must discover ways in which to advocate for the profession.

Seeking to find new ways of teaching also means knowing what is to be taught. I return to the nursing theorists. In the caring curriculum, “Curriculum is defined as those transactions and interactions that take place between students and teachers and among students with the intent that learning will take place” (Bevis, 2000b, p. 72). It is not

always the content that must be learned and re-learned. What must be learned is the heart of teaching itself, for nursing faculty members within the community college. Curriculum and education must foster “a sense of agency, a sense of responsibility and accountability and a sense of connection” (p. xi).

### **Re-innovation through Curricular Practice**

In reminding us of the Latin root of “curriculum”—that is, of *currere* to run—Pinar has helped to unsettle the once-persuasive and unfortunately...still predominant emphasis on the components of curriculum (e.g. texts, learning objectives...). With *currere*, Pinar has prompted us to be attentive to the complex, ever-revolving relations between individual and world and, as well, to the importance of autobiography, phenomenology, and hermeneutics for informing our thinking about curriculum. (Sumara, as cited in Pinar, 1998, p. 83)

I turn to the curriculum theorists to help me unearth ways of teaching nursing.

Rather than thinking of curriculum as already existing, curriculum should be seen as a “path laid while walking” (Pinar, 1998, p. 84). Nursing curriculum changes as health care adapts to the changes in society, but the emphasis on the basic components of curriculum in nursing education remains. What the components of curriculum are depends upon the theorist of the time. Through the literature I find the curriculum, but the dwelling place for community college nursing faculty remains hidden from sight. I look into what might be offered as curriculum as a way to enter into the place where those who will teach the curriculum reside.

Curriculum discussions by Orem in the 1970s centered on the need for nursing practice to be questioned by young nurses to avoid “stagnation and deterioration of nursing effectiveness” (Orem, 1971, p. 7). Experienced nurses were expected to contribute their techniques of effective practice to the developing body of nursing knowledge. The application of nursing research into the curriculum was one of the

hallmarks of the early years. Most theorists identified those concepts of practice that should be included, such as the nursing process and nursing research. Nursing leaders left it to the schools of nursing to make the decisions about how much content needed to be added and in what order. There was little said about those who would communicate what was being taught. The role of the nursing faculty member in the community college was simply to see to it that the curriculum was taught and the students were successful on their examinations.

Curriculum also means to remain current; there is an expectation for those who teach to be current. In order to maintain the running of a career or a course, those within the profession of nursing have a responsibility to remain up to date, and within the practice, offer this knowledge to the students. For some, maintaining clinical expertise is an essential component of staying current within the profession. Not all nursing faculty experience a need to work in a clinical setting, but for Mary, this was important. “I actually started the nurse practitioner program about the fourth year teaching. Because I thought I needed more clinical skills to stay ahead of the students and because of the illness of the patients” (Mary).

How nursing faculty members apply the practice of nursing also must reflect a resolute desire to share their current practice with others in a teaching-learning environment. Although there are always individual teaching styles based upon the experiences of the educator, students are entitled to currency, no matter who the teacher. “The kinds of learning that matter for our schools and colleges represent traditions of knowledge in action. These traditions are dynamic and changing, acquired through participation, and oriented toward present and future rather than past” (Applebee, 1996,

p. 20). Having conversations that matter are a legitimate use of time and should be presented to the student as a way of being-with. Students and faculty should be invited to participate in the debate about what is to be taught and how it is to be learned. And not least, nursing faculty members should be invited into conversations regarding their own teaching practice.

In 2003, Diekelmann and colleagues presented a conversation recalling the curriculum revolution that had begun in nursing education in the 1990s. It was at that time that the presenters had worked to develop “Narrative Pedagogy as the first nursing pedagogy from nursing research for nursing education” (Diekelmann, 2003, p. p. 70). The conversation takes place between an Elder Scholar, a Sage and a Scholar about concernful practices:

[Elder Scholar] In Narrative Pedagogy, we have identified concernful practices...that point to common experiences for us to ponder. [Scholar] In conventional pedagogy, the role of the teacher is to facilitate learning and motivate learners...[Sage] by inviting the students to learn. [Scholar] True. In Narrative Pedagogy, which is a phenomenological pedagogy, teaching is viewed as bringing one another to learning. With this approach, the teacher seeks to make the course compelling by inviting students to join the teacher in learning. (Diekelmann, 2003, p. 73)

Through Narrative Pedagogy, the students and the teachers learn together. The teachers “engender community” through caring. They employ “questioning as a way to make meaning and to make visible” (p. 73). As in the feminist perspective opened up by Wheeler (1991), Narrative Pedagogy employs “gathering as a way of bringing in and calling forth” (p. 73). Using new ways of teaching and learning might offer the profession a student nurse who will meet the needs of the twenty-first century. How nursing faculty members begin to meet the needs of students through their teaching practice requires an understanding of the curriculum, and best practice.

The most important activity for teachers is planning for their teaching (Greive, 1984). This comment, though dated, remains true today. Nursing faculty members seek out new methods of teaching-learning to meet the overall needs of the student. The reforms in nursing education that began in the 1990s are in evidence in many schools of nursing.

The nursing curriculum reforms clearly demonstrate the major changes that faculty made to create a learner-centered curriculum...Professors clearly articulated higher expectations for student learning and then designed learning experiences that directly addressed these outcomes...Instructors tried new assessment techniques...Students often reported greater confidence in their own abilities as well as stronger preparation for their new positions in the workplace. (Jones, 2002, pp. 49-50)

Nursing courses in the community college have been established with planned broad course objectives and more narrowly focused class objectives. Nursing faculty members, no matter what their educational preparation, are challenged to develop and demonstrate understanding and professional behaviors. Only through open dialogue can the teacher-learner relationship offer the best possible ways to prepare the student for the life-work in the profession of nursing. The curriculum must be flexible enough to allow for new learning experiences that can be adapted to the changing health care environment. All faculty members must be given the opportunity to grow within nursing so that they gain the confidence to offer this new learning to each other and to the student learner. Each member of the nursing program must value her accomplishments and celebrate differences. Sharing how they have experienced new learning situations with the students is one way of being recognized as a valued member of the community.

Other implications for further research relate to clinical teaching methodology of individual nursing faculty members. The challenge is to provide current perspectives in

the teaching-learning experience for the student, knowing that clinical nursing faculty members have different starting points from which they begin. The responsibility lies with the administration in nursing departments to communicate the best practices to all nursing faculty members within the community college nursing program.

### **A Constructive Effort: Gathering Together**

In the community college, the curriculum often is taught using a team approach. The role of the team coordinator is to maintain the curriculum flow and oversee the directed lab experiences with assistance from other nursing faculty members. The team coordinator generally is selected from a pool of veteran faculty members and may remain in the position for many years. Team members remain connected informally through conversation, and more formally, through faculty team meetings. These meetings often are scheduled weekly and may extend for long periods of time. Bonnie speaks wearily of her encounters with time-consuming meetings. “I think of meetings from my previous life as an hour or hour and a half. These were two to three hours because I guess they were covering a lot of content. [They] were longer than I anticipated” (Bonnie).

Faculty team meetings are a requirement of the nursing department and often are perceived as a valuable tool for exchange of information and dialogue. New faculty members are welcomed as a part of the team, but occasionally remark that they do not participate because of their lack of knowledge of the process of teaching. “So I would think of how we could do things differently. I probably was not as verbal about it until the second year” (Theresa).

Meetings are essential to maintain communication between team members. The community college nurse coordinator meetings, such as the ones that were a source of

discomfort to Theresa and Bonnie, could be restructured using the feminist process of gathering together (Wheeler & Chinn, 1991). These gatherings have few similarities to the traditional team coordinating meetings, and they offer a way of engagement that reflects different valued ends. What is encouraged is a more open process, facilitating reflection and active participation from all members. An individual named the convener takes over the weekly meeting in place of the team coordinator. This convener is a faculty member who volunteers for the role each week, removing the hierarchical chain that is in existence today. The convener is responsible for making certain that the agenda is adhered to and that group process is shared, so that all members have a voice. The agenda is produced at the previous gathering, and for nurse educators, issues such as student behaviors, conflicts within the curriculum, and attending to the process of teaching the students in the same way, would become weekly agenda items.

During gatherings, another role within the group belongs to a rotating chair. This individual attends to a specific topic on the agenda and accepts the rights and responsibilities for leadership and decision-making. When a decision on the agenda item has been reached, a member raises her hand in a signal of respect and is introduced as the next chair by the one who has just finished speaking. Using the process of a gathering, instead of the more traditional coordinator controlled meeting, offers a way to share leadership and develop members in a more democratic way.

Although it may seem cumbersome initially, Wheeler and Chinn (1991) advise that the process of the “gathering” results in more active listening, open dialogue and calmer less frantic meetings. Time limitations are adhered to, as well as the movement of members within the gathering. If a faculty member needs to leave the gathering early, this

must be noted in the introductory moments of the meeting by the convener. Agenda items that will be discussed by this faculty member are moved up in the agenda so that they may be attended to before the member leaves. The process of “gathering” offers a way to involve all faculty members in open conversation regarding the curriculum, and might even result in shorter, more productive exchanges. Long meetings such as the ones experienced by Bonnie might better become a relic of the past. Looking to the future, I begin to find a way to move beyond what has been taught. I offer a way of taking all that has been shown, and through a cohesive model place nursing faculty members in the community college in their own dwelling within the walls of nursing education.

### **A Model for the Future: A New Dwelling Place**

Our schools need individuals who want to be faculty...who want to work with students as their primary “clients”...who know how to and will design and implement effective curricula...who know how to and will be contributing members of the academic community...who accept that their primary responsibility is as a teacher, and their clinical responsibilities are secondary...who are excited about and dedicated to their role...and who can and will encourage other nurses to pursue such a career. (Valiga, *The Nursing Faculty Shortage*, 2004, p. 1)

It is not simply enough to want nursing faculty members. It is more important to know who they will be and where they will dwell when they become nursing faculty members in the community college. From my travelers, I have learned what has been missing in naming their place. From their themes I have located four major components needed to become a nursing faculty member in a community college. Although not unique to teaching, it is to community college nursing faculty members that I address a new way of being. Though others may argue that these principles exist within the present community college nursing programs, they are not present throughout. I offer this model as a framework to be used in every community college nursing program.

## **Supporting Structure: Cornerstones for the Wall**

In many ways I still miss teaching—I miss the students on the first day, anticipating that they are always there, the look on their faces when the light bulb goes off and they finally get it; the look when they have passed the final examination—and life has just begun for them. (Kate)

My conversations with others uncovered large blocks of disappointment within the profession of teaching nurses in the community college. Without the words of my conversants, I had been seeing the nursing faculty shortage through a clouded lens, a haze of what is not yet present. The words of my conversants helped me to discover a way to present what could be. Community college nursing programs can be hope-full.

This model grew out of a desire to build a new dwelling place for community college nursing faculty members. This way of being came from the interpretation of the words of my conversants. By not being able to be in a different way, and reflecting upon their experiences as well as my knowing of the practices and the possibilities, I was able to find a new way. In building this model, I turn to others as a way of support. I heed the words of Bevis and Watson (2000) as they show me the way to caring in the curriculum. I pay attention to Slunt (1994) as she speaks of becoming competent. Offering up the words of Noddings (1984), I am reminded of being-cared-for in practice, and Bowden (1997) shows me what community could be to nursing faculty members in the community college. I use the metaphor of the wall to construct a new way of being a nursing faculty member in a community college. I construct a dwelling place with four cornerstones: caring, community, collaboration, and competence as concern-full practice. At the center of this model is the community college nursing faculty member who gives and receives of each of these cornerstone principles. Our future calls to us. Together we respond to being and becoming caring nursing faculty members in a community college.

In this new dwelling place of created community, we enjoy a collaborative environment with opportunities for competency.

**Caring** is a way to experience the practice of teaching others. It is challenging to be reminded that the object of the technical is at its heart, the human experience. Hultgren (1994) offers a new way of seeing practice.

When practice is reduced to applied science or technology, persons are treated as objects; their humanity is denied as they become things determined by natural forces. When applied science replaces practice, practice then degenerates into technique...To understand the technological rather than to control it, we would have to develop a new relationship to it. (pp. 23-24)

Nursing faculty members in a community college might heed this caring way of being as they connect with students, patients, and peers. Teaching nursing faculty members the ways of developing new relationships with technology involves understanding and applying the principles of nurturing and caring, using a different lens. More study will give way to a greater understanding of how nursing faculty members might equally embrace the art and science of nursing.

It is not enough to know the ways of caring, either through contact with the patient or the student. Teaching the human experience is responding to the call to caring practices in a meaningful way. "Over time, I began to see how caring and nurturing were being neglected in education and how that presence could be disclosed more directly through dialogue, reflective writing and our being together" (Neal, 1994, p. 130). Offering opportunities for conversation between teacher and student, and teacher and teacher, leads to understanding of nursing practice in a more meaningful way.

It is a concern within the practice of teaching that nursing faculty members may fail to respond to each other within the human experience. We look to a caring way of

being that might be strengthened through our responses to each other. I look back at words used by Gerry, “I enjoyed the teaching but I will have to preface this with starting at the college. I would cry each day because of the staff that worked there with me.” Where were the caring practices in the community college that had invited Gerry to become a member of their nursing team? Nursing faculty members do not always respond to each other using caring practices. Perhaps reading these words again will help remind nursing faculty members in the community college to look into their own practices.

When Theresa decided to leave the practice of teaching, she received an email from another faculty member saying, “We appreciate your calmness...your ability to discuss issues with such tact”... “It was great feedback; it would have been nice if I had heard that along the way” (Theresa). Feedback is a sharing of self that Slunt (1994) has so eloquently explained. We must direct our attention to implementing the practice of sharing of self, of offering feedback to one another.

Communicating this knowledge of the relationship between our knowing and our practice is critical. This is done through conversation. “An ethic of care is needs-based. When I am one-caring in a situation, I am attentive—listen to whatever needs are expressed—and if possible, I try to respond positively” (Noddings, 2005, p. 1). Being attentive is not always possible, but the practice of being attentive needs to be cultivated through listening to the other and letting the other have voice. As the study has unfolded, in my work setting we have embraced the ways of responding positively. In our end of year nursing department meeting, we try something new. We pause to share our success stories and are recharged for the coming year.

**Community** is a way of being-with another as a community college nursing faculty member. I am not alone in comparing my days as a nurse educator to being in a whirlwind that constantly spins me toward a center and then flings me outward. This description of a day in the life of a nursing faculty member is reminiscent of Dorothy as she traveled to Oz in the book, *Wizard of Oz*. In searching to find her way home, Dorothy finds her-self (Ogle, 2007). Can this way of self-searching become a way to inform new nursing faculty members of the ways of “being-with” each other and “being-with” the students? It is gratifying and affirming to hear students who say, “Thank you making me think...for sharing your knowledge with me...I learned so much.”

When I share my personal teaching experiences with new nursing faculty members, I also am inviting them to share their experiences so that I may learn from them. “In my first year of teaching, I spent all of my time trying to get oriented to my new position, I didn’t take part” (Theresa). There was no allowance made for her voice; no one asked for her words. Working with new faculty means more than accepting them into the position; it means allowing them to have an equal voice in the conversation of teaching nursing, of holding membership in the community. “In opening ourselves to others, and especially to others in need, we *are* opening to Being” (Levin, 1989, p. 97). In being open to others, I see opportunities for nursing faculty members to share with each other, revealing caring and compassion.

Having a voice implies visibility. There is much to be said, and in this sharing, the effects of a whirlwind are diminished into calm. Buresh (2006) writes that it is the nurse who remains voiceless in the world of today. Nurses do not share their stories to anyone other than themselves. They have somehow been taught to resist taking credit for their

accomplishments. “The problem with this notion is that ‘nursing’ cannot become visible while the individual nurses remain anonymous. ‘Nursing’ cannot speak. It is a category. It has no voice if individual nurses don’t give it one” (Buresh, 2006, p. 28). These same words apply to nursing faculty members. They must speak to each other so that their individual anonymity may add to the strength of the collective community. This strength is then passed to the student, and the profession is strengthened. Removing the barriers of silence is the task of seasoned faculty. Opening the conversation to all is a mandate, not a preferred action.

This placement, this belonging-to a community, is important to each member within the teaching-learning environment. “Where we are—the place that we occupy, however briefly—has everything to do with what and who we are, and finally, that we are” (Casey, 1993, p. xiii). Students and teachers are offered an opportunity to celebrate their place of learning. Recognition of the uniqueness of this place brings us closer to an openness that encourages open dialogue and, more importantly, learning.

We as nurse educators must first find our place before we can teach others to find their place. We can share the journey so that we may find ourselves together and in that togetherness, find ourselves. We can re-create a space to belong.

Good developmental relationships (mentorships) promote socialization, learning, career advancement, psychological adjustment and preparation for leadership. Compared to nonmentored individuals, those with mentors tend to be more satisfied with their careers, enjoy more promotions and higher income, report greater commitment to the organization or profession, and are more likely to mentor others in turn. (Johnson, 2007, p. 4)

Within this space **collaboration** may begin. Collaboration is to be bonded together with another, to work with another. What has been learned about teachers’ sense of significance, and how is it influenced by teacher-teacher relationships in self-

development? In Heidegger's (1953/1996) conversation about "belonging-together," concerns related to being recognized for contributions would be seen as a way of responding to the other. Being empowered from the moment of invitation into the practice of teaching requires sharing by and with others already within the practice of teaching.

As I revisited themes in chapter four, I heard Gerry say, "It is quite interesting that you have to do all this work and work so hard, but not as a group." She was missing the concept of collaboration. I heard her words of disappointment, of mixed signals, remaining voiceless, feeling left out and overwhelmed. Being collaborative can be challenging. It means respecting the voices of others and allowing a place for all ideas to become a part of the curricular process. We have much to offer each other and must collaborate more in the ways that we practice teaching and learning. We must be encouraged to concentrate on cooperation instead of competitiveness. In doing so, we strengthen the nursing program and gain from the strength of the program, an increase in self-strength. Collaboration encourages the individual to grow intellectually within the discipline, and in that growth become a better teacher within the community college nursing program.

**Competence as concern-full practice** offers nursing faculty members a way to self recognize what they have to offer as teachers of nurses in the community college. Through the process of sharing what might be named as competence, we offer a way to guide those new and seasoned nursing faculty members. Competence emerges from preparation and a comfort through knowing practice. Seasoned nursing faculty members missed opportunities for preparing the conversants in my study.

Competence in practice also means that we in the practice of teaching nurses must follow what has been brought forward as evidence of good practice. Using the “Scope of Practice for Academic Nurse Educators” (Lindell, 2005), nursing faculty members in the community college must accept and recognize their place within the community college academic setting. Much like others in teaching, nursing faculty members in the community college must adhere to practices that are grounded in research. As with other disciplines who suffer from a shortage of qualified teachers, we must listen to the words of experts.

As long as...systems are permitted to hire under-prepared teachers through the mechanism of emergency certificates and their equivalent...[community college nursing programs] ...will have reduced incentives to maintain standards by preventing the advancement of the marginally qualified to licensure...absent a real incentive to recruit the qualified through salary and improved conditions of practice, rather than being allowed to redefine the available as qualified. (Darling-Hammond, 2006, p. 21)

Although written in reference to teacher preparation programs, community college nursing programs have not always recognized the qualifications that are needed to set standards for competence in educational preparation and nursing practice.

“Professional competence is usually defined as ability adequate for a specific purpose, or achievement of specific behaviors and outcomes” (Slunt, 1994, p. 109). What should the standards be for competence as a nursing faculty member in the community college? Having met the standards of educational preparation and attained a certain level of expertise in clinical practice, can nursing faculty members be considered competent? I wonder if I asked the right questions in my study. Is there a tension between knowing that new faculty members are invited to teach because of their expertise in clinical practice and the realization that the breadth of expertise that is required is more than they have to

offer? I have always felt more secure in my teaching practices in the clinical arena when I have maintained my competency in practice. Although it can be challenging to find the time to work in an outside agency, for other nursing faculty members, as it is with me, doing so is an essential part of my practice.

For van Manen (2003), the meaning of competence is found in being or doing. “The *being present* quality is what allows one to be competent as a nurse and teacher” (p. 110). Sharing of ourselves and opening ourselves to new ways of being is an element of competence. More study needs to be directed toward naming competence for the nursing faculty member in the community college, and once stated, must be addressed by administration.

Teaching another about the practice of teaching opens the individual practice to scrutiny. In doing so, we reveal our way of teaching, and with this revelation, may find that a new practice might be a more effective way of offering new learning. We need to celebrate what each community college nursing faculty member brings to the table of teaching. In open acceptance of a new way of practice, all nursing faculty members will grow. Without being open to the shared learning that occurs in a mentoring relationship, insecurity may result in negative responses to any innovations in practice and lead to conflict, preventing honest dialogue. Relationships that lack mentoring need to be eliminated from the landscape. Finding our-self in practice and sharing this with others is never easy.

### **Implementing Supportive Measures**

If we are truly to “find a dwelling place” for nursing faculty members in the community college we must learn to listen to each other and learn from our stories. We

must consider the words of those who teach and nurture those who create a space for supporting all nursing faculty members in a community college.

The challenges of my nursing education career path were the salary and lack of support from the other faculty members in other disciplines; even though I did not go into the profession to make a large salary, the attitude of administration was that nursing faculty members were making too much money [compared to] other [non-nursing] faculty members. (Kate)

We can not afford to hear similar conversations from community college nursing faculty members who leave the profession. We must address the issues of salary so that compensation may become less of an issue than is perceived by others. The solution may be found by looking in a different direction. In the community college, release time may compensate for hours worked in maintaining competence. The cost would be minimal, and the reward would demonstrate to nursing faculty members that their effort to maintain competence is valued. We must address the issue of support within the community college. Nursing faculty members in the community college must have their own dwelling place, and this place must be given recognition. Each discipline within the community college might be celebrated for its own struggles and accomplishments. Nursing faculty members in the community college have different roles and responsibilities. They teach in different ways, and the clinical component sets them apart from most other non-nursing disciplines. They deserve recognition for their competence in particular.

We must re-turn to the voices of our experts within the practice of teaching and heed their advice. This study has opened up a much needed conversation about the lived experience of nursing faculty members in the community college. It is not just the “doing” of teaching; it is more significantly the “being” of teaching. Connecting theory to

practice and calling to others for more research is the challenge for the future. In exploring the lived world of my conversants, I am open to the possibilities of what could be, and I move forward with anticipation and joyfulness.

There is much to be learned from the voices of my travelers. I have tried to do justice with their words, though at times the meaning of their words has not always been visible to me. There is much more to do to illuminate and bring forth the concerns voiced by my travelers. “The need for dialogue suggests that not every class session should be directed or dominated by a specific learning objective. Many [classes] should be given to the development of trust and care, the search for connections among interests and aims the identification” (Noddings, 2005, pp. 157-158). If this is the trend in nursing education within the teaching-learning place, then it can be shown that the development of trust in a caring way begins with the teacher-teacher relationship first. Continual reflection on the ways in which to encourage this workplace development should help in balancing expressed and inferred needs.

In planning for this we are challenged to foster action and reflection by creating a caring environment; the stories will show the way. I am struck by the number of times I have heard stories of best practices and passed-them-on. Future directions include creating a forum for sharing these experiences. Community college nursing programs already have an association that publishes a journal oriented toward the practices of these nursing faculty members. N-OADN (National Organization for Associate Degree Nursing) has recently launched an online journal inviting manuscripts from community college nursing faculty members. Directors of nurses and the administration must find ways to encourage participation through writing and sharing best practice. As a

profession, we must embrace our stories, and nursing faculty members must reach out to each other through our professional literature. Rather than prescriptive writing, creating a dialogue through the website asking for responses to questions such as “What would you do?” would open the way for dialogue, ultimately defining success within our field.

Within our organization, we must define our place in nursing education. Establishing the valued ends of being a nursing faculty member in a community college, through research, is one place in which to start. Acknowledging and addressing the specific needs of nurses who teach in a community college “would allow a fuller perspective of those who make up the field and the diversity of experiences and relationships they encompass” (Nadler, 2007, p. 215). Am I addressing a larger policy issue when I ask if nursing faculty members in a community college are empowered to be in charge of their individual practice, their being, and their dwelling place? How secure or insecure we are in our community raises questions about vulnerability that need to be studied.

My interpretive journey has taken me through the lived experience of community college nursing faculty members who have left the practice of teaching. During this journey I have been given the opportunity to understand the lives of others through their experiences that have guided me. I have shared my experience of mentoring in nursing education and will continue to reflect upon practices that still need to be turned to in new ways. I urge all nursing faculty members to open a dialogue with each other in order to understand nursing faculty members’ dwelling place within the community college. To communicate the power of nursing, I challenge nurse educators to see beyond what is most apparent and to pass along this awareness to each other and to continue to enrich the lives of students and each other. “As we work together through what matters as nurse

educators—as persons who are preparing the way for future nurses— we bring our stories forward” (Packard, 2004, p. 259). I also challenge seasoned nursing faculty members to inform new nursing faculty members of “what they are getting into” [salary, workload] in ways that will open discussions and illuminate the ways of teaching in a community college nursing program.

In completing this study and opening the path for new conversations, I am mindful of the many paths that I have taken on this journey. In dwelling with the “other,” I offer ways of concern-full practice to those who will read my words. I am grateful for all that I have learned on this journey and offer these few words about teaching.

For the dawn of each poet  
each philosopher and king  
Begins with a Teacher  
And the wisdom they bring  
(Huff, n.d., 3<sup>rd</sup> stanza)

I am hopeful that teachers in nursing education will act in ways of wisdom that will prevent further losses, while also informing others who desire to become nursing faculty members. I return to my world of teaching nursing students and celebrate new ways of teaching and learning that I have envisioned.

APPENDIX A  
**An Invitation to Participate**

**Cherry A. Karl**  
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You are invited to participate in a research study that will explore the lived experience of community college nursing faculty who have left the practice of teaching nurses. This study is being conducted by Cherry A. Karl RN MSN, a doctoral candidate in the Department of Education, Policy and Leadership, University of Maryland, College, MD, under the direction of Dr. Francine Hultgren.

The purpose of this study is to explore and understand the experience of community college nursing faculty who have left the practice of teaching nurses. This research is interpretive in design. It is a search for meaning in the voices and experiences of those nursing faculty as it is truly lived.

Your participation will entail sharing your lived experiences through a series of three sixty minute privately taped conversations. Each taped conversation will be on a one-to-one basis and will be recorded to preserve the integrity and completeness of the conversation. The taped conversations will be transcribed in written form so that underlying themes may be uncovered and explored. All conversations, both written and tape-recorded will be kept in the strictest confidence. Your identity, and that of any persons mentioned by you, will remain protected.

As a participant in this study, you will be agreeing to meet with the researcher on three separate occasions over the next six months. Each meeting will last approximately 60 minutes. Meeting times will be arranged at a time and a place that is mutually agreed upon by the conversant and the researcher.

During this research study you are being asked to reflect upon what it has been like to leave a community college nursing faculty position. Also, you may be asked to write a short narrative of your experience. In turn, the researcher will share her interpretations of the themes that emerge from your shared dialogue for the purpose of reaching inter-subjective agreement about their meaning.

The experience and voice of each community college nursing faculty member who leaves the teaching of nursing is unique to each individual; however, there may be similarities that are common to all. By sharing your insights and experiences in this research study, you will be contributing to a re-evaluation of the profession of academic education and possible redesign of the process of becoming a nurse educator. Your voice with others in this study will open up the phenomenon and offer a more complete understanding of the nursing faculty members who leave teaching. Thank you so much. With your participation we can make a difference for future nursing faculty members and perhaps re-open a door for those who have left.

Sincerely,

Cherry A. Karl  
410-777-7238

APPENDIX B

**CONSENT FORM**

*Project Title*

Giving Up Their Place in the Wall: The Lived Experience of Community College Nursing Faculty Who Have Left the Profession of Teaching

**Why is this research being done?**

This study is an exploration into the lived experience of Community College Nursing Faculty who have left the profession of teaching nurses. I am inviting you to participate in this research study because you have been employed as a full-time nursing faculty member in a community college and you are no longer in that role. The purpose of this research project is to explore your lived experiences. I hope to understand what it is that led you away from teaching nurses at a community college. An interpretive methodology will be used to interpret conversations and reflections of nursing faculty and provide a basis for a fuller understanding of this worrisome new reality.

**What will I be asked to do?**

*Participation in the study will involve three individual conversations for 45-60 minutes and you will be asked to write a narrative reflection of your experience. The study will begin in the Spring of 2006 and continue into the Summer of 2006 . All conversations will be taped and transcribed. We will meet in mutually accepted locations. Participants will be asked to reflect on their experiences as a full-time nursing faculty member and their decisions to leave the teaching of nurses. Example questions will include:*

- What was your experience as a full-time community college nursing faculty member?
- What was your initial image of the role of the nurse educator?
- Was this image very different from the reality of the role that you experienced?
- In what ways did the teaching role influence your decision to leave?
- In what ways did student interactions influence your decision to leave?
- Was the community college environment conducive to your growth as a nursing faculty member, if not, was this an influence in your decision to leave?
- Describe your lived experiences that influenced your decision to leave the teaching role.

**What about confidentiality?**

This research project involves the making of audiotapes during our conversations. Transcriptions of the audiotapes will then be made of all taped conversations. The tapes and transcriptions will be used to help explore the themes of the conversations. I will keep your personal information confidential. To help in this process, all tapes and transcriptions will be kept in a locked file and coded. No actual names will be used when I write this research project. This information will be shared with other University of Maryland representatives for the purpose of the Dissertation process, but your identity will be protected. The narratives will be shared for the purpose of clarification only. All tapes will be destroyed at the completion of the study.

\_\_\_\_ I agree to participate in this study. I understand that the data I provide will be grouped with data others provide for reporting and presentation and that my name will not be used.

\_\_\_\_ I do not agree to participate in this study

*Project Title*

Giving Up Their Place in the Wall: The Lived Experience of Community College Nursing Faculty Who Have Left the Profession of Teaching

**What are the risks of this research?**

There are no known risks associated with participating in this research study.

**What are the benefits of this research?**

This research is designed to help the investigator learn more about the experiences of the full-time nursing faculty member who leaves teaching at the community college. It is the desire of this researcher to share this study with those in the nursing community to confront the challenges of the nursing faculty shortage.

**Do I have to be in this research? May I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose to not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or you stop participating at any time, you will not be penalized.

**What if I have Questions?**

This research is being conducted by Cherry A. Karl RN MSN, a doctoral candidate in the Department of Education, Policy and Leadership, University of Maryland, College, MD, under the direction of Dr. Francine Hultgren. If you have any questions about the study itself, contact Dr. Hultgren at: 3112A Benjamin Bldg, 301-405-4562 or [fh@umd.edu](mailto:fh@umd.edu) If you have questions about your rights as a research subject or wish to report a research-related incident, please contact Institutional Review Board Office, University of Maryland, College Park, MD 20742; [irb@deans.umd.edu](mailto:irb@deans.umd.edu); 301-405-0678. This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects

**Statement of Age of Subject and Consent**

Your signature indicates that: you are at least 18 years of age; the research has been explained to you; your questions have been fully answered ; and you freely and voluntarily choose to participate in this research project

**Signature and Date**

NAME OF SUBJECT \_\_\_\_\_

SIGNATURE OF SUBJECT \_\_\_\_\_

DATE \_\_\_\_\_

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