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**UNDERSTANDING THE EXPERIENCES OF ADJUNCT NURSING FACULTY
IN THE CURRICULUM DEVELOPMENT PROCESS: A QUALITATIVE CASE
STUDY**

by

Laurie Ann Colborn

A Dissertation

Submitted to the
Department of Educational Services and Leadership
College of Education
In partial fulfillment of the requirement
For the degree of
Doctor of Education
at
Rowan University
December 19, 2017

Dissertation Chair: Ane Turner Johnson, Ph.D.

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Dedications

I would like to dedicate this research to my first nursing role model, my mother who introduced me to the field I love. As a leader in your own right and a compassionate guide along my nursing journey, I thank you mom. I will never forget your words of wisdom “when the tears stop for our patients, it is time for us to move on”.

To my father whose untimely death pushed me forward to finish and get back into the clinical field; your loss changed us, but your love gave us strength.

For my big brother who always joked how driven I was and who has always been there when I needed him, thank you.

I also dedicate this research to all of my amazing participants who continue to change the world one student at a time. Without each one of you sharing your stories and experiences, none of this could have been possible.

Finally, I dedicate this dissertation and all the joy and pain that came with it to my husband. You are the one who continues to inspire me with your innate curiosity of the world, your on-going pursuit to absorb all knowledge, and your never ending goal to improve upon the average. Thank you for all you have done for me. Never stop driving me to self-improve on who I am and what I stand for, I love you.

Acknowledgments

To Dr. Ane Turner Johnson whose continual guidance, extreme patience, and multiple coffee chats helped me through some extenuating circumstances. Your knowledge, experience, and amazing sense of self continue to inspire me to explore this world with eyes wide open. Thank you just isn't enough!

For Dr. Kerrigan who shared her knowledge and time with me on multiple occasions and who reminded several years ago that I can become a great educator, thank you so much for your guidance and for your passion.

To Dr. Roberta Waite, from our first accidental encounter through our continued friendship and mentorship, my admiration, awe, and thanks are never ending.

To my dear mentor and friend, Dr. Debra Shearer whose on-going support, discussions, thoughts, and open invitation to text and call any time day or night brought me through this long but worthwhile adventure.

For Dr. Patricia Price whose mentoring and love for the profession continues to inspire the next generation of nurses to become as compassionate as you are.

For Erin who has patiently waited for me to finish so we can save the world, I promise to support you as you move forward in your own doctoral journey.

To all my tri-friends, especially Lisa and Patricia who were so patient when I had to miss some of the "fun" stuff in life for meetings, interviews, and writing.

Finally, to my classmates Kimberly, Liz, Violet, and especially Pam who kept me laughing and focused on the end goal. Never stop writing ladies.

Abstract

Laurie Ann Colborn

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THE CURRICULUM DEVELOPMENT PROCESS: A QUALITATIVE CASE**

STUDY

2017-2018

Dr. Ane Turner Johnson

Doctor of Education

This qualitative case study examines the experiences of adjunct nursing faculty within the curriculum development process at universities granting a bachelor's degree in nursing within the Philadelphia five-county region, and the state of New Jersey. Seven adjunct nursing faculty members participated in this study providing detailed input of their experiences in this process. Five themes were uncovered during analysis including: assembling a critical foundation, value added, incidental collaboration, a seat at the table, and trial by fire. These themes helped to provide a deeper understanding of the opportunities, rewards, and challenges experienced by these adjunct nursing faculty members in the curriculum development process. Recommendations for additional research are provided.

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Chapter 1

Introduction

According to the United States (U.S.) Nurses Workforce: Trends in Supply and Education report released by the Department of Labor Bureau of Labor Statistics in 2013, the growth in the number of newly licensed nurses continues to lag behind patient care demands, sustaining a global nursing shortage. The 2016-2017 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing, by the American Association of Colleges of Nursing (AACN) (2017a) attributes this shortage partially to the number of retiring nurses, but more so to an insufficient number of nurse educators available to teach a growing number of eligible nursing students (2017b). Their 2016-2017 report on Enrollments and Graduations in Baccalaureate and Graduate Programs in Nursing noted that due to the lack of nursing faculty, schools of nursing turned away just under 65,000 qualified nursing student applicants (AACN, 2017a). The current on-going nursing faculty shortfall can directly affect patient care by limiting the number of eligible nursing students that are able to enter and complete a program and transition from student to practitioner, continuing the direct patient care nursing shortage (AANC, 2017a, 2017b; Forbes, Hickey & White, 2010; Robert Wood Johnson Foundation, 2007).

The Center for Health Workforce Studies (2006) predicts that by the year 2020, the shortage of nurses may almost double. This prediction coincides with an influx of approximately 54 million baby boomers expected to begin accessing healthcare services around the same time that the nursing shortage is likely to double. The nursing shortage has grave implications which may affect patient safety and quality of care by undermining the number of nurses who can safely care for patients, potentially increasing

the likelihood of medical errors (Aiken, Clark, & Sloane, 2002; AACN, 2017b; MacPhee, Ellis & Sanchez, 2006).

To help decrease the current nursing shortage the profession must increase the supply of nurse educators that will then increase the number of student nurse slots available at schools throughout the country (AACN, 2017b). As those students then transition into the practitioner role upon graduation, there should be a causal effect of a decrease in the overall nursing shortage at the bedside (AACN, 2017b). However, without the adequate number of instructors, the number of student candidates cannot expand and the downward cycle of the nursing shortage will persist.

To assist with closing the instructor gap, many educational institutions have turned to adjunct nursing faculty to help fill empty positions (Creech, 2008; Fagan-Wilen, Springer, Ambrosino, & White, 2006). Adjunct nursing faculty members offer a unique set of skills that can add value to a nursing program. Often these clinicians are able to provide nursing students with current clinical techniques and expert practice-based knowledge that their academic colleagues may not have direct access to (Crookes, Crookes, & Walsh, 2013; McDonald, 2010; Mitchel & King-Jones, 2012; Santisteban & Egues, 2014; Zungolo, 2004). Practice-based clinicians may be involved in active research and may have access to new innovative trends in healthcare that their academic colleagues are not directly exposed to (Roberts & Glod, 2013; Tanner, 2010). These specialized adjunct faculty encounters and added skills can greatly enhance a student's experience and assist with the transfer of critical knowledge from the academic realm to that of clinical application (Benner, 1984; Billings & Halstead, 2012; Bloom, 1956).

A potential limitation that adjunct nursing faculty may encounter is their lack of experience and exposure to the nuances of academia. These shortcomings may include a misunderstanding of their role particularly as it relates to the development and application of curriculum in academia (Kalb, 2008; Zungolo, 2004). Lack of full time exposure in an institution may affect the perception of adjunct in understanding how various courses intersect and align with the overall mission of the school of nursing. This can directly affect student-learning outcomes between sequential courses as well as between classroom and clinical rotations (Billings & Halstead, 2012; Keating, 2015; Kezar, 2013).

To help schools assess and improve the teaching skills of their faculty the National League for Nursing (NLN) (2007) created a basic set of core competencies for nurse educators. These competencies help direct the minimum basic skill requirements that all nurse educators should possess to be successful in their academic role. A strong understanding of the role requirements can translate into a more successful teaching experience for both student and nurse educator that can then lead to better patient care outcomes when students transition into the practice setting (Billings & Halstead, 2012).

Healthcare Crisis: Supply and Demand

There is a direct correlation between patient longevity, advance medical technology and the increasing need for more nurses (Rich & Nugent, 2010). As individuals age, their health inevitably starts to decline in one form or another increasing their likelihood to engage with some aspect of the healthcare system. This touchpoint with the healthcare system can come in the form of technology and/or direct patient care. Technology often plays a role in the healthcare crisis by advancing and increasing the number of life-saving machines and monitors, thereby requiring a more educated and

tech-savvy practitioner to operate these devices, which often falls under the role of a nurse (Huston, 2013). The AACN (2017b) attributes some of the current nursing shortage to the advancing age of nurses and nurse educators that are ready to retire; an increase in utilization of services by an aging population; and the requirement of a highly technical healthcare team needed to run and interpret advancing medical equipment. The challenging aspects that have helped to create the nursing shortage put the safety of patients at risk by decreasing the number of licensed practitioners available to provide quality care to patients (Aiken et al. 2014). Noting this increased concern, the Institute of Medicine (2013) in a recent report looks to those same healthcare practitioners to find innovative solutions to ensure safe and quality care.

Replacing the aging clinical nursing workforce supply as the demand for healthcare increases has become challenging due to the overwhelming population of nurse educators that are nearing retirement age (AACN, 2017b; National Advisory Council on Nursing Education and Practice [NACNEP], 2010). Without nursing faculty to teach nursing students in this tumultuous and changing healthcare environment, a cyclic nursing shortage is destined to continue. According to the AACN (2017a), there are over 4700 nursing programs within the United States that currently train students looking to enter into the role of a registered nurse. The continuation of the nursing shortage helps to justify the need for more nurse educators to assist with the training of the future cadre of nurses. With the shortage of nurses in all specialties, schools continue to increase the number of adjunct faculty. The expectation is that these educators will be adequately prepared to train the students in the multiple disciplines required for a student to graduate and become a registered nurse.

The Path from Student to Registered Nurse

Nursing students can often have a misperception of what the field of nursing entails and the long and arduous but ultimately satisfying route one must take to become a nurse. Despite this, the numbers of student applications to schools of nursing continue to increase and become more competitive due to the limited number of student spots available, demonstrating their drive to become a nurse (AACN, 2017a; Robert Wood Johnson Foundation, 2007).

Nurses are expected to be preeminent clinicians in a variety of specialties, technological experts in the latest innovative medical devices, and culturally astute with the myriad of cultures presented to them through an ever-growing diverse population of patients. All of these skills are to be taught by omnipotent nursing faculty to often eager, yet somewhat naive student nurses, as they traverse through their undergraduate education in pursuit of their nursing degree.

Through these schools of nursing, students endure rigorous training and education in which they will gain the necessary knowledge and basic skill sets to become graduate nurses eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The NCLEX-RN is a standardized licensing examination that all graduate student nurses must take in order to be eligible for licensure (NCSBN, 2015). This exam is developed and maintained by the National Council of State Boards of Nursing (NCSBN, 2015).

A nurse's competence is validated by the license they obtain when they transition from a student nurse to the role of Registered Nurse (RN) through successful completion of the NCLEX-RN. Successfully passing this exam indicates that the student nurse has

learned and demonstrated that they have met all of the basic competencies set forth by the NCSBN. It is through the successful completion of the NCLEX-RN exam that healthcare consumers should be assured that the nurse attending to their needs is competent to provide safe, quality care (NCSBN, 2015). However, we must consider that passing an exam does not ensure that every student has acquired the knowledge and skills necessary to be an expert nurse (Talbot, 2013). Test taking abilities, knowledge retention and skill application can all affect licensing examination results and ultimately how a nurse practices (Billings & Halstead, 2012). In addition, variations in educational delivery due to differences in nursing faculty experience, knowledge, and vested- interest in the organizational mission, can also contribute to student experiences and outcomes (Billings & Halstead, 2012; Keating, 2015; Roueche, Roueche, & Milliron, 1996).

In the field of nursing, it is critical that students engage in their educational instruction to ensure they grasp the theoretical concepts being applied in the practice setting. In order to be competent in their professional role as a nurse and to ensure the safety of the patient, it is vitally important that nurse educators adequately transfer their own nursing knowledge from life experiences and the clinical field to the classroom and ultimately the student (Duhn, Karp, Oluwabusola, Edge, Ginsburg & VanDerKerkhof, 2012). This transfer of knowledge will help students establish a sufficient understanding of nursing theory for practical application. Without a clear understanding of theory, evidence-based practice leading to a continued cycle of improved patient care based on research may not occur, which can lead to poor medical outcomes and delayed clinical improvement (Mattila & Eriksson, 2007).

The Adjunct Faculty Dilemma

As the cost of healthcare increases, educating nursing students becomes one of the more effective strategies to close the gap in the nursing shortage and ultimately maintain patient safety (Starck, 2005). Consistently, educating nursing students' remains one of the more costly fields in higher education due to the need for educating in the classroom, lab, and clinical settings, all required to fulfill nursing accreditation standards as part of the AACN (2008b) (Horns & Turner, 2006). To help with some of the expense of educating nursing students, many educational organizations are converting, often through attrition, full-time faculty positions into adjunct faculty roles (Mitchell & King-Jones, 2012; Roberts & Glod, 2013).

Transitioning from expert clinician to faculty even in a part-time capacity comes with its own set of challenges including unfamiliarity with the rules and nuances of academia as well as a knowledge deficit related to curriculum design and delivery (Benner, 1984; Keating, 2015; McDonald, 2010). This deficit in knowledge related to the academic realm can often hamper a well-intentioned neophyte from maintaining their adjunct status, yet the continual nursing shortage cannot afford the loss of more nurse educators (Penn, Dodge-Wilson, & Rosseter, 2008). To support the novice educator, many schools have created tools and support programs such as adjunct mentoring and scaffolding models that facilitate the development of these new faculty members (Gilbert & Womak, 2012; Hagler, White, & Morris, 2011; Jacobson & Sherrod, 2012; McDonald, 2010). It is important that adjunct nurse faculty receive the tools and support needed to fulfil nursing faculty vacancies that will most likely continue to increase as more nurses move towards retirement (AACN, 2008a, 2017b).

The Nursing Curriculum

Curriculum within the field of nursing can be challenging for students to comprehend and equally challenging for any nurse educator to deliver, particularly for those without experience or who are not connected full-time to the institution. Often adjunct faculty do not have the opportunity to learn the details of how the curriculum was developed or the rationale behind why something is being taught within the classroom (Staykova, 2012). Understanding the complexity of curriculum development and its approval process as well as the relationship to core curriculum standards can be overwhelming. Yet, it is imperative that adjunct faculty understand and ultimately become involved in the curriculum development process so they can add their own distinct perspective as an expert clinician as well as incorporate into their teaching any changes or fine nuances tied to core standards on the NCLEX-RN exam (Poindexter, 2013).

It is essential for nurse educators to be able to facilitate the transfer of expert knowledge to the students in order to have confidence that their students are able to perform safely within the clinical setting (Benner, 1984). It is also important to look beyond task-oriented skills to assess a student's comprehension of the theoretical concepts and assess their ability to apply those concepts (Emory, 2014). Without being part of the curriculum development process, adjunct faculty may not recognize the importance of this step in working with students.

This basic concept of curriculum development and understanding its impact on students can be challenging to new nurse educators in any academic setting.

Understanding these challenges and opportunities in the development of curriculum can

influence how they interact with students in the delivery of the curriculum both in the classroom and in the clinical setting (Iwasiw, Goldenberg & Andrusyszyn, 2009). Student success hinges on collaboration between full-time and adjunct faculty members (Burn & Kawai, 2014). Students provided curriculum by ill-prepared nurse educators can be at a disadvantage by potentially missing core curriculum concepts that might not have been the focus of an adjunct lesson. In addition, those students that do pass the NCLEX-RN exam, but are still lacking full competency potentially due to poor instruction by unprepared or inexperienced nursing faculty may be placing patient safety at risk (Aiken et al., 2014).

To assist nurse educators, including adjunct faculty with the understanding of the basics of nursing education, the NLN created core competencies for nurse educators (NLN, 2007). Included in these core competencies are standards that state that all nurse educators should participate in the design of nursing curriculum (NLN, 2007). Encouraging participation in curriculum development can help adjunct faculty to grasp the nuances of the overall process, such as where the curriculum in one course may intersect with other courses, and how that information can lead to successful student comprehension and application (Keating, 2015; NLN, 2007).

Understanding the motivation behind making the transformation from practitioner to nurse educator can enlighten the field of nursing in regards to the support, skills, and tools needed by educators in order to assist them in assimilating to a potentially new specialty (Benner, 1984) or organization. In addition, increased awareness by experienced academics can offer novice educators additional resources to guide them to the most effective teaching techniques that can help their students. In turn, students who

study under the tutelage of these transformational educators will be in a better position to provide competent, evidenced-based safe nursing care upon graduation.

Problem Statement

In 2007, the Robert Wood Johnson Foundation in collaboration with the NLN, were quick to realize that the lack of an adequate supply of nurse educators was a primary cause for the global nursing shortage. The AACN (2017b) noted in early 2017 that the average age of nursing faculty was approximately 57.7 years old with a mean retirement age of 62.5 years. This leaves little time to train an entire cadre of new faculty who will be ready to teach the next generation of nurses, continuing the current nursing shortage cycle. A common solution that many nursing schools have turned to is the use of adjunct nursing faculty to supplement their declining numbers of nurse full-time educators (Horns & Turner, 2006; Mitchell & King-Jones, 2012; Roberts & Glod, 2013). Although a solution to supplement a faculty shortage, many adjuncts may have limited experience in the curriculum development process leaving them at a potential disadvantage when attempting to connect sequential classwork or apply classwork concepts to clinical situations (Creech, 2008; Gazza, & Shellenbarger, 2010). Ensuring that adjunct faculty members have experience and an understanding of curriculum development along with its alignment within a particular nursing program or institution can have a positive impact on the potential success of future nursing clinicians (Barth, 2003; Keating, 2015; Roueche et al., 1996).

Purpose of Study

The purpose of this qualitative descriptive case study was to gain an understanding of the experiences of adjunct nursing faculty in the curriculum

development process who teach at an institution that grants a bachelor's of science in nursing and is located within the local five-county Philadelphia region, or within the state of New Jersey. For the purpose of this study, adjunct nursing faculty were defined as nursing faculty members who do not hold a full time position or had recently transferred into full-time position no more than two years prior to the time of interview, as noted within the definition section of this paper.

A qualitative descriptive case study design examined this phenomenon through the lens of the Part-Time Faculty Integration Model (Merriam, 1998; Meyer, 2001; Miles, Huberman, & Saldaña, 2014; Stake, 2005; Roueche et al., 1996). First, the participant's worldview as it related to nursing curriculum, what they felt they brought to that curriculum, their self-described interactions with full-time faculty, and finally the stories that they shared related to their roles within the curriculum development process were reviewed. Participants were be asked to provide insight into their experiences using a graphic elicitation, which can evoke deep and valuable data that cannot always be acquired using interviews alone (Bagnoli, 2009; Guillemin, 2004; Harris & Guillemin, 2012). As a follow up to the drawing, interviews took place using open-ended semi-structured questions that helped to solicit valuable feedback from participants regarding their involvement and experiences with the curriculum development process (Merriam, 1998; Rossman & Rallis, 2012). Finally, a research journal was be kept throughout this entire process to capture reflective thoughts and insights into the data being collected, while offering an additional data point for discovery as part of the analysis (Janesick, 1999; Maxwell, 2013). Each of these data collection tools was used to answer the research questions that drove this scholarship.

Research Questions

This study was driven by one primary research question: How do adjunct nursing faculty describe their experiences within the context of the curriculum development process?

Sub-questions listed below guided the design of this study:

1. What beliefs, values, and attitudes do adjunct nursing faculty attribute to the importance of nursing curriculum?
2. How do adjunct nursing faculty describe their interactions with other members of the nursing education team in the academic settings in which they teach?
3. What stories can adjunct nursing faculty share related to their involvement in the curriculum development process?

Definitions

Adjunct faculty members are defined in this study as those faculty members who are considered part-time according to the description by the American Association of Colleges of Nursing (2014b). In addition, the definition of adjunct faculty also aligns with the Affordable Care Act (2017) standards that designate part-time employees as those that work less than thirty hours per week at a single institution and are not retained on a full-time basis.

Clinical experts are nurses who come from the clinical setting in which they have dealt primarily with patients or clients and/or specialize in an area unrelated to academia. Expert is being defined as a nurse with at least twenty-four months of clinical experience who has a holistic, autonomous, and proficient level of field practice (Benner, 1984).

Clinical rotations are defined as the sites or locations of clinical practicums outside of the traditional classroom setting that students experience as part of their nursing education. This experience usually takes place within a hospital, community or clinic setting.

Curriculum is defined as the essential information used to educate nursing students in order to meet core or minimal standards and educational outcomes that can be applied in the practical setting as defined by the American Association of Colleges of Nursing (2008).

Full-time nursing faculty are those academic members who are employed by a primary academic institution regardless of tenure status and are working at least thirty hours or more per week for that institution.

Theoretical Framework

Adjunct nursing faculty bring many talents and skills to the field of nursing education that can help provide students with the knowledge needed to become competent nursing professionals (Forbes et al., 2010; Santisteban & Egues, 2014; Schoening, 2013). Sometimes those critical clinical skills brought back into the classroom exclude direct exposure and understanding of the art of education, including the important role that curriculum development and design play in assisting students to meet critical learning outcomes (Barth, 2003; Billings & Halstead, 2012; Iwasiw et al., 2009; Keating, 2015). It was therefore imperative to understand what these adjunct nursing faculty members may have experienced within the curriculum development process at their teaching facilities. This exploration took place through the lens of the Part-Time Faculty Integration Model (PTFIM) developed by Roueche, Roueche, and

Milliron (1996). Their model provided an in-depth understanding of inclusivity within the context of complex relationships between full and part-time academics and their institutions in which they work. Their ground work provided a strong theoretical foundation on which to explore the experiences of adjunct nursing faculty and their experiences within the curriculum development process at their organizations.

The PTFIM explores the various avenues through which an organization and its members interact. First, this model examines the integration of the various participants from the perspective of the organization's overall culture. The authors describe this hierarchical viewpoint as the concerted strategies of the organization to include or exclude adjunct faculty in an array of aspects including socialization, communication, and organizational participation (Roueche et al., 1996).

As an example, excluding adjunct from the conversation of curriculum development whether actively or passively may have a negative effect on practice. Adjunct faculty could miss critical links between coursework that may build upon previous information shared within another class, or even from classroom to the student's clinical rotation. Adjunct nursing faculty excluded from the curriculum development process may not fully realize some of the core learning competencies required of their students or they may de-emphasize the importance of specific information ultimately affecting student-learning outcomes (Kezar & Maxey, 2013).

In addition to the cultural aspect, this theory also focuses on the specific characteristics that the individual adjunct faculty members bring with them to an organization, specifically their backgrounds including their own history, convictions and the premise for success (Roueche et al., 1996). Understanding a person's history and

perspective through their worldview, both in the graphic elicitation as well as interview, can illuminate how the participants in this study describe their experiences related to curriculum and the higher process (Bagnoli, 2009; Rossman & Rallis, 2012; Roueche et al., 1996; Rubin & Rubin, 2012).

Finally, examining this study through the lens of the PTFIM can facilitate an understanding of how inclusion or exclusion of these adjuncts as stakeholders in curriculum development can encourage either a positive or negative experience that may ultimately influence change regarding stakeholder input at the nursing policy, practice and research level (Policinski & Davidhizar, 1985; Roueche et al., 1996).

Significance of this Study

The continual nursing shortage and the resulting increase in use of adjunct nursing faculty necessitate a better understanding of their experiences in academia. Nursing education administrators experience a unique situation in which to leverage both the opportunities and the challenges that adjunct nursing faculty face when encountering the curriculum design process. The purpose of this work was to both inform nursing policy and practice as it relates to nursing education as well as add to the research by understanding curriculum design within the context of the adjunct nursing faculty experience and their roles. Understanding the influence that the increasing number of adjunct faculty have may also impact policy by providing a more inclusive and holistic approach to teaching as more schools of nursing continue to leverage adjunct faculty in order to fill current and future academic positions. Gaining insight into the participant's experiences will also offer further understanding of the curriculum development process as part of each institution's mission to increase the number of nurse faculty who meet the

NLN core competency standards for nurse educators (2007) while maintaining the rigor and standards of a quality nursing education for students under their charge (Aiken, Cheung & Olds, 2009).

Policy

Providing a quality nursing education to help ensure the delivery of safe patient care upon graduation should be a priority and primary function of every academic nursing program. It is imperative that every academic nursing institution understand and discuss with all stakeholders the connection between quality education and quality patient care. These discussions create a dialog with all nursing faculty members in order to understand what opportunities and challenges they are experiencing in order to assist them in preparing students to become competent practitioners. Part of this discussion should revolve around curriculum development as an important part of the nursing student's educational experience. Having adjunct faculty involved in this discussion and process is imperative to ensure that their voices have been heard and their concerns addressed.

Currently no standard policies dictate that nurse educators have to be full-time tenured professors in order to teach nursing students. Adjunct nursing faculty members can help to decrease the nurse educator shortage, but their inexperience within the academic setting may pose its own set of challenges that need to be addressed by policies that provide for structure and continuity in the classroom. Adjunct nursing faculty are commonplace now in most schools of nursing and they should be encouraged to convey their knowledge and experience while maintaining a clear understanding of the important role that they play in student development (Billings & Halstead, 2012). This study could

help to influence policy that would require that adjunct nursing faculty be included in some aspect of curriculum development to ensure that all educational stakeholders are aligned with the goals and mission of the institution's nursing program as well as evolving clinical practice standards (Billings & Halstead, 2012; Hagler et al., 2011; Iwasiw et al., 2009; Keating, 2015; Roueche et al., 1996).

Practice

From a practice perspective, this study may bring awareness of the adjunct's ability to teach holistically by leveraging their own clinical knowledge and field expertise that can add to the curriculum and student experience as well as to the overall nursing program (Crookes et al., 2013; Hagler et al., 2011; McDonald, 2010; Mitchel, & King-Jones, 2012; Santisteban & Egues, 2014; Zungolo, 2004). Additional support may also arise out of an understanding of the experiences of these adjunct educators that could directly assist in a needs assessment for them assisting with assimilation regarding educational nuances as well as the institutional culture (Horton, 2013; Roueche, Roueche, & Milliron, 1995). Tool kits for new transitioning adjunct nursing faculty could be created after understanding the needs that they may have based on their experiences related to curriculum development (Burn & Kawai, 2014). Gaining insight into adjunct nursing faculty experiences could also lead to additional tools to assess the educational skill sets of clinical nurses who orient new graduate nurses once in the clinical setting ultimately applying critical knowledge directly to practice (Bloom, 1956).

Research

There has been much research done on adjunct faculty needing assistance, tools and mentoring to assimilate from the practice setting into teaching (Hagler et al., 2011;

Fagan-Wilen et al., 2006; Policinski & Davidhizar, 1985) with a noted gap in research related to understanding the experiences of adjunct nursing faculty in the curriculum development process. Understanding their experiences in the curriculum development process will enlighten researchers to any potential gaps in program cohesiveness and could lead to further investigation on ways to be more inclusive within the confines of the overall role of an adjunct. Further research would additionally allow for new process development as well as a greater understanding on how inefficient knowledge transfer between different nursing classes, as well as between class and the clinical setting can affect student outcomes.

Delimitations

Quality research conducted in the best of situations with protocols put in place to cover a variety of experiences will still contain certain limitations. Researchers strive to collect an accurate account of what the participant shares as part of their experience within the context of a qualitative study that enhances the rigor and validity of that research (Creswell, 2014; Merriam, 1998; Miles et al., 2014; Rossman & Rallis, 2012; Rubin & Rubin, 2012).

Merriam (1998) elaborates on the importance of trustworthiness in a study established by employing specific standards that encompass the concepts of validity and reliability. To meet these standards this study ensured that the appropriate participants and measures were put into place that matched the study design of a descriptive case study that explored through detailed accounts the experiences of participants in the curriculum development process (Creswell, 2014; Merriam, 1998).

Study participants were chosen based on specific criteria including adjunct nurse educators teaching at an institution that provides a bachelor's degree in nursing. Diploma and licensed practical nursing programs were excluded due to the differences in curriculum and licensing requirements. Adjunct nursing faculty recently employed full-time with under two years of experience or those who worked at multiple institutions that added up to full-time hours were not prevented from participating in this study. In addition, participants were interviewed only about experiences teaching in the classroom setting. Adjunct nursing faculty members teaching strictly in a lab or clinical setting were excluded from this study. Different school missions or philosophies might have precipitated a different academic focus such as research versus social justice that could also alter the experiences of adjunct nursing faculty based on their own academic or philosophical background (Roueche et al., 1996), so a careful collection of demographic data and aligning the responses from participants in corresponding programs were reviewed to account for any possible differences in experience.

In addition, there may have been alternative explanations for the interpretations made from the collected data (Creswell, 2014; Miles et al., 2014). Participants may have reacted differently or changed behavior based on the questions asked within the interviews or they may feel the need to share what they think wants to be heard versus their actual experiences (Creswell, 2014; Krathwohl & Smith, 2005). Each of these issues was accounted for in the data collection and the analysis. Participants were assured that the purpose of this study was to hear their stories, accurately capture them, and share them as part of an over-arching theme. Member checking, a technique to ensure accuracy

by recounting with participants the captured data, was employed throughout this study (Creswell, 2014; Merriam, 1998; Rossman & Rallis, 2012; Saldaña, 2013).

Further, in order to ensure internal validity, I needed to reflect, review and share my person bias (Merriam, 1998). My experience as a perpetual nursing student has allowed me to experience phenomenal nurse educators whose lifetime goal was to impart knowledge on the eager minds of young student nurses. These personal experiences may bias my opinion that all adjunct nursing faculty members may want to be a part of the curriculum development process, when in fact they may not. An individual may not want to develop curriculum for a variety of reasons such as the flexibility that comes with teaching a single course or academic limitations related to the curriculum development. Others may want to participate but may have self-imposed limitations that prohibit their participation such as family obligations, financial needs, or time limitations. Through the use of a researcher journal I was able to reflect on my thoughts to ensure that the information captured was accurately and appropriately represented and that my bias did not alter the interpretation of the data (Janesick, 1999; Merriam, 1998).

Finally, it was important to develop compelling interview questions that elicited deep and meaningful stories from the participants without leading them in a specific direction (Charmaz, 2014; Maxwell, 2013; Merriam, 1998; Rossman & Rallis, 2012; Rubin & Rubin, 2012). Sharing the interview questions via critical peer review ensured that the questions did not inadvertently direct or guide the participants, but rather allowed them to provide stories they felt relevant (Creswell, 2014; Merriam, 1998; Rubin & Rubin, 2012). Participants were allowed time to answer specific questions at their own pace and were not rushed or led into the next question by the interviewer (Rubin &

Rubin, 2012). All of these techniques elicited data that helped to understand the experiences of these participants.

Study Organization

This study was comprised of five chapters leading off with chapter one which provides an overview of the research topic, the purpose of the study, the research questions that were investigated, the significance of this study within the field of nursing, and the delimitations within the context of this study. Chapter two consists of a literature review that demonstrated the gap in research for this specific topic as well as an overview of the conceptual framework that informed this descriptive qualitative case study. The methodology section comprises the third chapter and provides the details of design including the strategy of inquiry, participants and sampling technique, method of data collection including instruments to collect data, a review of how the data analysis took place, research validity, role of the researcher, and finally the ethical considerations of this research. Chapter four addresses the findings of this study and presents the information through the lens of a descriptive qualitative case study. The final chapter provides an interpretation of the data, noted conclusions, and opportunities for future research.

Chapter 2

Literature Review

Chapter one provided an in-depth understanding of the background of the issue being studied as well as the impact this issue may have on policy, practice and research. Chapter two provides a review and analysis of the relevant scholarship related to this topic with a culmination of the chapter ending in a conclusion and descriptive context of this study. This review demonstrated the need for this research and its purpose to understand how adjunct nursing faculty members described their experiences within the context of the curriculum development process.

This literature review explores the quality care issues related to the nursing shortage. Discussion focused in on a distinct aspect of the nursing shortage, specifically the insufficient number of qualified nurse educators available to educate the number of nursing students needed graduate and become competent healthcare professionals (AACN, 2017a; Robert Wood Johnson Foundation, 2007). Upon establishing the link between quality of care and the nursing shortage, this chapter focuses on the literature that examines the current trend of adjunct faculty used to fill open teaching positions within schools of nursing at higher educational institutions.

Additionally, this overview discussion expands to specifically focus on these adjunct nursing faculty members within the curriculum development process and their importance within this nursing space. The final section of the literature review then discusses the Part-Time Faculty Integration Model (Roueche et al., 1996) that grounded this topic of study. This chapter concludes with the context of this study and the rationale for focusing on participants within a specific geographic setting binding the study within

specific parameters to meet the design of a descriptive case study (Merriam, 1998; Miles et al., 2014).

Quality Care and the Nursing Shortage

As the healthcare system continues to transition from a paternalistic to a consumer driven model there is an increased awareness and interest in maintaining quality, yet affordable care (Aiken et al., 2002; IOM, 2013; Shaller et al., 2003). Maintaining safe, quality care has become more challenging due to an increase in the number of patients with complex chronic conditions and lower staff to patient ratios, courtesy of the global nursing shortage (McHugh, Kutney-Lee, Cimiotti, Sloane, & Aiken, 2011). The main issue of the nursing shortage is not a result of a lack of interest in the field of nursing, but rather an insufficient number of prepared nurse educators available to support the quantity of eligible nursing student candidates (AANC, 2017b; Center for Health Workforce Studies, 2006; Forbes et al., 2010; Robert Wood Johnson Foundation, 2007).

The shortage of nurse educators, in tandem with retiring baby boomers positioned to access the healthcare system in increasing numbers, has cultivated a nursing shortage that could potentially lead to quality of care issues (Aiken, et al, 2014; Rich & Nugent, 2010; Tourangeau, et al., 2007). Many bedside practitioners actively experiencing the nursing shortage hold a wide variety of field specialties and can impart valuable knowledge to students, thereby helping to increase the supply of student nurses prepared to become active practitioners (Fagan-Wilen et al., 2006; Forbes et al., 2010; Gappa & Leslie, 1993). The research suggests that despite the enthusiasm of novice nurse educators, transition from practice to education does not always guarantee success in the classroom or in student outcomes (Benner, 1984; Carlson, 2015; Jacobson & Sherrod,

2012; Keating, 2015; McDonald, 2010; Pompper, 2011). For adjunct faculty members this transition can be even more challenging especially as they attempt to balance increased academic demands with limited support (Carlson, 2015; Cooper & Booth, 2011; Forbes et al., 2010; Kezar & Sam, 2014; Pompper, 2011).

Trends in Higher Education: Adjunct Faculty

The trends in higher education continue to shift away from the use of full time faculty in lieu of part-time or adjunct faculty to help decrease costs while supporting the increase influx of students and flexible learning venues such as on-line or hybrid classes (Forbes et al., 2010; Lange, 2011; Pompper, 2011). Both Pennsylvania and New Jersey align with this transition from full to part-time faculty indicating that adjunct faculty are serving in a quarter to over half of the positions within this the local region being studied (Brill & Herzenberg, 2010; New Jersey Office of the Secretary of Higher Education, 2011). With this trending shift from full-time status, it is imperative that organizations understand the impact that the field expert to educator transition has on their faculty, students, and the organization as an entity.

Adjunct challenges. As these post-secondary educational institutions progress toward a part-time faculty field model where they continue to replace full-time positions through attrition and other means, schools must continue to ensure that the academic integrity of the curriculum and overall program are upheld (Cooper & Booth, 2011). This can be a challenging task because often the institutions are slow to recognize issues with adjunct faculty lacking a connection with an institution or organization (Gappa & Leslie, 1993; Kezar, 2013; Kezar & Sam, 2014; Roueche et al., 1996). Adjunct faculty members are often challenged to acclimate to a full time position role with similar accountabilities,

but with fewer hours, less compensation, and little support from the institution or their colleagues (Forbes et al., 2010; Gappa & Leslie, 1993; Sherter, 2013). These faculty members often make up a significant percentage of the staff in many higher educational settings yet are inadvertently left out of the important decision making process (Billings & Halstead, 2012; Forbes et al., 2010; Gazza & Shellenbarger, 2010; Kezar & Sam, 2014).

A survey conducted by the Coalition on the Academic Workforce (2012) found that there was minimal support by organizations to include adjunct faculty in any academic decisions, corroborating Schmidt's (2013) research as well that also noted exclusion of adjunct faculty from some of the decision-making processes. In addition to these findings, adjunct faculty when asked self-reported that issues such as low financial incentives, lack of benefits, and exclusion from decision making conversations were concerns that further isolated adjunct faculty within organizations (Carlson, 2015; Kezar & Maxey, 2013; Roueche et al., 1996).

Faculty left out of the "decision-making" conversations, including forums related to curriculum planning are at a disadvantage and may misalign with departmental policies and procedures as well as the overall mission of the program (Keating, 2015; Kezar & Maxey, 2013; Roueche et al., 1996), while inadvertently decreasing academic collaboration and fostering an unsupportive environment among its part-time members. Continually ignoring the voices of adjunct faculty by excluding them from important discussions and planning could eventually lead to disenchantment and loss of faculty retention, critical in this academic nursing shortage (Carlson, 2015).

Adjunct Nursing Faculty

Schools of nursing are consistently turning to adjunct nursing faculty as an inexpensive solution save money and fill retiring faculty positions within a chronic nursing education faculty shortage (Horns & Turner, 2006; Mitchell & King-Jones, 2012; Roberts & Glod, 2013). The global nursing shortage, in part a result of a nursing educator shortage has resulted in expansive opportunities for clinical experts to immerse themselves in the world of academia (AANC, 2014; Center for Health Workforce Studies, 2006; Forbes et al., 2010; Robert Wood Johnson Foundation, 2007). As noted earlier, it is crucial to have a motivated and enthusiastic expert practitioner who can extract critical details from their clinical practice and translate them for students in the classroom. The skill set of an expert clinician although critical from the knowledge aspect, does not always equate to that of an expert educator and must be learned (Benner, 1984). On the contrary, transitioning from a full time practitioner to a part-time educator can be cumbersome due to the additional learning required to master the nuances of teaching and education as a career (Carlson, 2015; Jacobson & Sherrod, 2012; Keating, 2015; McDonald, 2010; Mitchell & King-Jones, 2012; Pompper, 2011).

Much research has been done to address the transition of the expert clinical nurse into the role of novice nurse educator, noting the challenges that administrators, current faculty, and novice educators should be aware of in order to alleviate concerns expected with the transition into a new faculty role (Benner, 1984; Davis, Dearman, Schwab, & Kitchens, 1992; Poindexter, 2013; Policinski & Davidhizar, 1985; Roberts, & Glod, 2013). Few articles however address this from the aspect of the adjunct nurse faculty within the curriculum development process, leading to a gap in the research.

Detailed research has been done by Patricia Benner (1984) and others (Davis et al., 1992; Poindexter, 2013; Roberts, & Glod, 2013) offering both assessments and solutions to assist practitioners as they make the transition from clinical practitioner to full time novice nurse educator. Although many of the support mechanisms developed for these transitioning full-time practitioners can apply, part-time educators encounter a unique set of challenges. Often they experience a limited role as a stakeholder and decision maker within an institution particularly related to their role in curriculum development, something that can directly affect student outcomes (Gazza & Shellenbarger, 2010; Keating, 2015; Roueche et al., 1995).

Nursing Curriculum

Challenges exist beyond transitioning from practice to education especially as nurse educators are burdened to stay current with the latest techniques in patient care and ensure that this information is built into the curriculum for their students, all while abiding by specific nursing guidelines (Barth, 2003; Gazza & Shellenbarger, 2010; Keating, 2015; Poindexter, 2013; Schoening, 2013). With limited time and a plethora of information faculty are charged with disseminating crucial information to ensure that students possess the basic knowledge and skills required to pass their licensing exams and become competent practitioners (Billings & Halstead, 2012; Iwasiw et al., 2009; Keating, 2015). Having the right skills to develop, design and deliver the necessary curriculum to students is critical to a nurse educator's success as well as that of the student (Billings & Halstead, 2012; Keating, 2015; Hagler et al., 2011).

For adjunct nursing faculty this task can be overwhelming given that many adjunct are clinical field experts but do not have a background in curriculum

development nor an understanding of the process including the importance of core standards and how they impact licensure (Barth, 2003; Billings & Halstead, 2012; Forbes et al., 2010; Keating, 2015; Staykova, 2012). In addition, students taught by faculty who have not been a part of the curriculum development process may be at a disadvantage if those faculty members have missed subtle but critical variations in coursework or if they lack the program knowledge to provide congruency between the different classes (Burn & Kawai, 2014; Gazza & Shellenbarger, 2010; Hagler et al., 2011). To ensure that adjunct faculty have a clear understanding of the curriculum and its impact on student outcomes, programming and licensure, it is imperative that they be given the opportunity to collaborate in the discussions as well as be included in the overall process (Barth, 2003; Billings & Halstead, 2012; Gazza & Shellenbarger, 2010; Hagler et al., 2011; Iwasiw et al., 2009; Keating 2015; Poindexter, 2013).

As our transforming healthcare system consistently challenges nursing faculty to provide students with the most current curriculum, all educational stakeholders need to be part of the discussion (Billings & Halstead, 2012; Gazza & Shellenbarger, 2010; Hagler et al., 2011; Keating, 2015). Guttman, Parietti, Reineke, and Mahoney (2011) noted success in preparing expert clinical faculty to teach by providing an aspect of inclusion as part of a collaborative program developed with the Robert Wood Johnson Foundation. Inclusion in the discussion and ultimately the delivery of knowledge by the adjunct faculty to students will help to ensure that those students have the skills they need to deliver safe and competent patient care upon graduation (Billings & Halstead, 2012; Hagler et al., 2011; Keating, 2015). Elliott (2014) advocates that it is not just the conversation but also the commitment to teaching and inclusion in faculty development

that enhances the teaching experience for both educator and student, leading to overall enhanced success. This level of inclusion aligns with the Part-Time Faculty Integration Model that advocates for the inclusive aspects described above while building out additional concepts that the authors felt were imperative for meaningful faculty integration (Roueche et al., 1996). The next section of this paper will provide an overview of this model and its relatability to this study.

Faculty Integration: A Model to Follow

Roueche et al. (1996) developed an empirically based model that describes the importance of organizational identification and integration from the perspective of adjunct faculty based within the community college setting. Their concept evolved from noting a continual increase in the number of adjunct faculty teaching at higher educational institutions across the nation. This staffing increase coupled with multiple studies documenting the experiences of adjunct faculty describing a sense of estrangement from their organizations led them to continue with the research that would define their theory. Working with thirty self-identified community colleges that considered themselves exemplar in the integration of adjunct faculty, the authors were able to extrapolate consistent themes and concepts that ultimately led to the development of the Part-Time Faculty Integration Model (PTFIM).

Roueche's et al. (1996) conceptual model incorporates multiple ideas that touch on how an individual's beliefs, values and personal history interact with and are impacted by the socialization, communication, participation and decision-making extended to them from their specific organization to drive motivation and ultimately outcomes for both the individual as well as the organization as a whole. The integration model presented by

Roueche et al. (1996) discusses that individuals would bring with them to an organization their experience, history, beliefs and values that would help to drive the relationship between the individual and the organization. The PTFIM associates an individual's ability to communicate, socialize and participate with an organization as well as in a cyclic form incorporating the organization's similar ability to communicate, socialize, and participate back to that individual (Roueche et al., 1996).

Roueche et al. (1996) clarify that their model although meant to be read from left to right is cyclic in nature with constant fluidity and interaction between the individual and the organization, pulling in history and personal context as well as organizational culture which are all working simultaneously to impact a person and their organization's identity, motivation and outcomes. Their key concepts to determine whether those outcomes and identification are positive or negative for the individual and/or the organization are driven by multiple factors including historical experiences, current inclusion, communication and socialization by the organization and on the reciprocal side the individual. If any one of the aspects of the strategies within the model has a negative connotation, it has the ability to negatively influence another area of the model and so forth. The overlying concept of their theory demonstrates the importance of part-time faculty within institutions of higher education and the impact that they have on students and the organization through the continual looping interaction between organization and adjunct faculty member.

Roueche's et al. (1996) Part-Time Faculty Integration Model provides the foundation on which this study was founded in order to better understand the experiences of adjunct nursing faculty in the curriculum development process. Nurses often identify

closely with their clinical specialty and bring that role to their adjunct positions, which can add a challenge when making the transition into academia (Barth, 2003; Duffy, 2013). As current practitioners, adjunct nursing faculty are often hired for their expertise in specialty areas such as pediatrics or psychiatric nursing, yet these specialties do not usually prepare them for academia (Barth, 2003; Forbes et al., 2010). These adjunct nursing faculty bring with them a wealth of knowledge related to the current nuances in field practice that full time academics may not have the opportunity to experience (Crookes et al., 2013; Gazza & Shellenbarger, 2010; Jacobson & Sherrod, 2012; McDonald, 2010; Mitchel, & King-Jones, 2012; Santisteban & Egues, 2014; Zungolo, 2004). This knowledge and field expertise may enhance the practical and clinical learning experiences of students but it does not remediate the need for these practitioners to have a strong grasp of the curriculum that they are accountable for dispersing to their students (Giddens & Morton, 2010; Halstead, 2007). They cannot do this on their own and must have the support of their organizations in order to assimilate into the academic culture and support common goals and outcomes. As schools of nursing continue to hire adjunct faculty to fill open nursing education positions, they must strive to integrate adjunct faculty into the organization and its culture through open communication, socialization, participation and decision-making (Spaniel & Scott, 2013; Roueche et al., 1996). Lack of inclusiveness on either party will only solidify miscommunication and misunderstanding, which undermines the organization's goals, decreases retention of qualified faculty, affects student outcomes and ultimately adds to the continued nursing shortage (Roueche et al., 1996).

Roueche et al. (1996) initially developed their Part-Time Faculty Integration Model as a call to action for community colleges. They noted an increase in the use of these members in various roles throughout the organizations, yet also noted an exclusion from some important aspects because of their adjunct faculty roles (Roueche et al., 1995). In response to this information, the researchers created a practical model that provided community colleges with a framework that could be melded to a specific organizational structure while still being mindful of the individuals being impacted by the integrational changes. Roueche et al. (1996) were able to demonstrate the importance of integrating the increasing number of part-time faculty into the culture in order to facilitate long-term success of the organization's mission, the individual and ultimately the student.

The Part-Time Faculty Integration Model (Roueche et al., 1996) is applicable to adjunct nursing faculty members and their specific roles in the curriculum development process as they experience inclusion or exclusion within that process. By applying this theory, the researcher, adjunct faculty member and nursing administrators could further understand the important aspect that these faculty members play as part-time stakeholders in a student's academic success. This awareness may also help to further the development and inclusion of all faculty members in decisions that holistically affect a program's long-term success (Spaniel & Scott, 2013) in educating and graduating competent and safe nursing clinicians.

Conclusion of Review

The challenges of balancing a finite supply against an increased demand are not limited to the corporate domain but are also applicable within the realm of healthcare. Our current healthcare system has an acute nursing shortage which research has

established is primarily caused by an inadequate supply of qualified nurse educators (AACN, 2017b; Horns & Turner, 2006; Mitchell & King-Jones, 2012; Roberts & Glod, 2013). Without these nursing educators, many qualified nursing school candidates are turned away due to enrollment caps instituted by strict but necessary student to educator ratios (AACN, 2017b; Forbes et al., 2010). The literature reviewed demonstrated that without a sufficient supply of adequately trained nurses, the quality of healthcare can decrease while risk of morbidity and mortality can increase (Aiken et al, 2014; Carlson, 2015).

Building or expanding the supply of nurse educators is challenging due to inadequate policies and incentives, as well as an aging nurse educator workforce (Aiken, et al., 2009; Horns & Turner, 2006; Mitchell & King-Jones, 2012). To help quell the nursing education shortage, many academic institutions are turning to adjunct nursing faculty to fill the gap in the shortage of fulltime educators (Carlson, 2015; Forbes et al., 2010; Jacobson & Sherrod, 2012). Often adjunct faculty can help educational institutions replace open positions in the specialties of the practitioner specific curricula related to those areas that continue to have shortages (Fagan-Wilen et al., 2006; Forbes et al., 2010; Gappa & Leslie, 1993). This stopgap solution allows expert nursing practitioners to align their skill sets with the educational outcomes for the NCLEX-RN exam (Carlson, 2015; Jacobson & Sherrod, 2012).

Unfortunately, not all adjunct nursing faculty are experienced in the nuances of higher education, in particular many may be unaware of the aspect of curriculum design and development (Billings & Halstead, 2012; Iwasiw et al., 2009; Jacobson & Sherrod, 2012; Keating, 2015; Staykova, 2012). Even if adjuncts have a strong understanding of

“how” to teach, they are often excluded from discussions involving curriculum development, with those tasks often being entrusted to full time staff members, despite an expectation that all faculty understand and teach based on curriculum developed without their input (Carlson, 2015; Cooper & Booth, 2011; Keating, 2015; Pompper, 2011). Lack of inclusion of adjunct nursing faculty in these discussions could potentially lead to a misinterpretation of the curriculum, or its relation to other classes, ultimately affecting the student’s understanding of the coursework and their overall success (Billings & Halstead, 2012; Iwasiw et al., 2009; Keating, 2015).

Adjunct faculty considered outsiders or visitors by full time staff may have no real connection to their institution and they may find it difficult to identify with the world of academia (Roueche et al., 1996). Roueche, Roueche, and Milliron (1995) note that adjunct faculty members may feel excluded from the overall community and lack a social connection to other faculty members and the institution itself which may impact the quality of the program (Keating, 2015). Furthermore, a feeling of being detached from other faculty can have an impact on information shared between full time and adjunct staff leading to miscommunication surrounding educational nuances that may affect the overall program (Roueche et al., 1996; Staykova, 2012).

Context of the Study

According to Lesesne (2012), the trend to use adjunct faculty at institutions of higher learning will continue to increase as collegiate institutions work to curb uncontrolled healthcare and benefit costs. The increase in the use of adjunct faculty continues to affect many institutions especially those with nursing programs (Carlson, 2015; Jacobson & Sherrod, 2012; Kezar & Maxey, 2013). As the nursing shortage

persists, it will be critical for policy makers, practitioners and educational administrators alike to have a strong understanding of the needs of adjunct nurse educators (Aiken et al., 2009; Carlson, 2015). Gaining a better understanding of the experiences of the adjunct faculty as they become more infused in the school atmosphere and the curriculum development process could lead to more retention and less disruption in overall student outcomes. Hearing the experiences from a variety of participants versus limiting this study to a particular site location allowed for a broader sample and voices in understand the phenomenon being investigated.

The proposed region from which to draw participants for this case study includes the state of New Jersey and Chester, Delaware, Montgomery and Philadelphia counties in Pennsylvania. Pulling from this region will provide a large number of eligible participants due to a plethora of schools of nursing in the area. Based on the trends discussed earlier, these schools employ a large amount of adjunct nursing faculty from which to solicit participation. In addition, limiting the setting to specific schools alone could limit the number of available and eligible participants.

Adjunct nursing faculty recruited for this study will be limited to those employed on a part-time or adjunct basis at institutions that offer a bachelor's degree in nursing. Limiting the scope within this specific criterion would exclude diploma and license practical nursing (LPN) programs that offer a different terminal degree, curriculum process and for the LPN an entirely different licensing process (NLN, 2006). In addition to these noted differences, there are only a small number of organizations within this local area still offering this type of programming. Most institutions are choosing to change format and accreditation status to align with the Institute of Medicine's (IOM)

2010 recommendation that encourages 80% of the nursing work force to obtain a bachelor of nursing science degree by 2020 to align with other licensed professionals. In summation, the focus of this study will align with programs that are well positioned to meet the IOM's (2010) long-term goal of increasing the educational level of bedside nurses through the adjunct nursing faculty who educate them.

Chapter 3

Methodology

This chapter provides an overview of the procedures used in this qualitative descriptive case study starting with the purpose and guiding research questions that provide the framework for this study (Merriam, 1998). It continues by defining the approach used to map out how the research will be conducted to ensure rigor, while also providing a short section on the role of the researcher within this context. This chapter then culminates with a discussion on the ethical considerations employed throughout this study.

Purpose Statement

The purpose of this qualitative descriptive case study was to understand the experiences that adjunct nursing faculty encountered in relation to the curriculum development process in academic institutions in which they teach. This study examined how the beliefs, values, and attitudes of these participants, as well as their clinical nursing expertise relate to their involvement in this process. Gaining insight into the experiences of these academic practitioners provided a holistic understanding of the level of inclusivity that these practitioners encountered within this process and how their experiences provided them with opportunities, rewards, and challenges in the classrooms and institutions in which they taught.

Research Questions

The primary research question that guided this study was: How do adjunct nursing faculty describe their experiences within the context of the curriculum development process? The following sub-questions helped to lay the foundation for the design of the study:

1. What beliefs, values, and attitudes do adjunct nursing faculty attribute to the importance of nursing curriculum?
2. How do adjunct nursing faculty describe their interactions with other members of the nursing education team in the academic settings in which they teach?
3. What stories can adjunct nursing faculty share related to their involvement in the curriculum development process?

Rationale for and Assumptions of a Qualitative Methodology

Qualitative inquiry directly involves the researcher subjectively in capturing and interpreting the rich data of a participant's experience, often beyond text alone by incorporating images, journaling, and other alternative data formats in order to explore and understand the holistic phenomena being studied (Bailey, 1997; Clissett, 2008; Creswell, 2014; Maxwell, 2013; Merriam, 1998; Patton, 2002; Streubert & Carpenter, 1999). Merriam (1998) contends that qualitative inquiry is a holistic process that is not static but is constantly evolving in order to help us interpret and ultimately understand the world around us. The flexibility within this qualitative context allows the researcher to naturally transcend through the research experience, often in collaboration with the participants to emerge with a greater understanding of the phenomena (Creswell, 2014; Maxwell, 2013; Merriam, 1998). Establishing this collaborative relationship with participants often affords the researcher a greater opportunity to extrapolate in-depth details from their participants and synthesize them in order to understand how these phenomena connect with our world (Creswell, 2014; Maxwell, 2013; Merriam, 1998; Rossman & Rallis, 2012; Yin, 2014).

The importance of capturing, interpreting, and applying data to everyday life situations in order to make sense of it can be very influential (Creswell, 2014; Merriam, 1998; Rubin & Rubin, 2012; Rossman & Rallis). Validating real world phenomena through a qualitative methodology provides the researcher an opportunity to engage holistically with the research and leverage personal and professional worldviews as part of the data analysis without changing the voice of the participant (Creswell, 2014; Baxter & Jack, 2008; Lincoln & Guba, 1985; Merriam, 1998).

Qualitative research renders the investigator a variety of methods such as narrative, phenomenology, case study, or grounded theory in which to derive an answer to the question being researched (Creswell, 2014; Maxwell, 2013; Merriam, 1998; Rossman & Rallis, 2012). Although vital for a researcher to choose the appropriate strategy of inquiry to ensure validity when seeking to understand a specific phenomenon, qualitative research by nature demands flexibility in renegotiating that method as the research design develops, with the end goal of the researcher to connect the overall study question with the appropriate method (Creswell, 2014; Maxwell, 2013; Merriam, 1998). It is from the perspective of investigating a specific phenomenon within a bound context that case study research was the most appropriate method in which to study adjunct nursing faculty and their experiences with the curriculum development process (Merriam, 1998).

Case Study Research

Case study research (CSR) encourages the intense examination of real life events, phenomena, and processes defined by a specific context or within a designated timeframe in order to understand how those phenomena interact with our world (Brophy, 2008;

Merriam, 1998; Rossman & Rallis, 2012; Yin, 2014). CSR dates back to the mid-nineteenth century within the field of sociology where it had a fixed focus within the quantitative realm until about the 1960s when it reclaimed focus as a contextual qualitative approach (Anthony & Jack, 2009; DuFour & Fortin, 1992; Merriam, 1998; Yin, 2014). As it continues to gain in popularity, clarification on its functional use persists to be a point of contention especially among various philosophers of academia. Academics and researchers alike continue to discuss whether CSR is a design, method, strategy, or teaching tool and how to leverage it within the academic realm (Anthony & Jack, 2009; Bergen & White, 2000; Henning, Nielsen & Hauschildt, 2006; Merriam, 1998; Stake, 2005; Yin, 2014). For the purpose of this research, Merriam's (1998) concept of case study was chosen as a strategy of inquiry.

Case study as a strategy of inquiry does not entirely relegate itself to a particular defined set of rules or protocols (Merriam, 1998; Meyer, 2001; Stake, 2005; Yin, 2014). In fact, despite an outlined trajectory to help novice researchers understand the basics of case study design, this strategy of inquiry can be overwhelming due to a variety of approaches which encompass everything from the artistic, holistic, and free flowing to one of a more positivistic format (Merriam, 1998; Miles et al., 2014; Stake, 2005; Yin, 2014). Often considered one of the more approachable forms of research, novices employing case study should be cautious to understand that this form of inquiry requires extreme flexibility due to the challenges and potential changes that may occur throughout the study that often remain beyond the control of the researcher (Merriam, 1998; Meyer, 2001; Yin, 2014).

Justification for use of the single case model employed in this study follows a distinct rationale that can help the researcher grasp the nuances of specific situations. Indications for use of a single case study are based on an intrinsically interesting phenomenon that builds upon an existing theory, one that deviates from the norm, or a situation that might be difficult to access (Merriam, 1998). In addition, studies that are longitudinal with multiple points in time are inclusive in a single case strategy as are those studies that seek to explore everyday occurrences such as this investigation into the experiences of adjunct nursing faculty within the curriculum process (Merriam, 1998).

Beyond this designation, single cases are further defined as holistic in nature, bounded, and with distinct and specific properties (Merriam, 1998). This study aligns well as a descriptive single case study using Roueche et al. (1996) Part-time Faculty Integration Model (PTFIM) as the underlying basis to support this concept. The PTFIM (Roueche et al., 1996) takes into account the individual's personal belief system as well as the underlying philosophy of the organization and its members in connecting with, and outreaching to, part-time faculty. Comparatively this study will explore the beliefs, values, and attitudes of the adjunct nursing faculty participants and will examine their interpretation of the level of interaction they have with full time faculty as part of engagement. In addition, participants will be asked to share their stories directly related to their involvement in the curriculum development process. Using this descriptive case study design should elicit in-depth details in order to understand the real life everyday experiences of the participants within the context of curriculum development (Anthony & Jack, 2009; Baxter & Jack, 2008; Merriam, 1998; Meyer, 2001).

Sampling Criteria and Participant Selection

A purposeful sampling approach for participant selection was used to ensure that the appropriate participants are solicited in order to address the research questions being asked, while avoiding potential rival explanations and increasing validity within this study (Creswell, 2014; Guest, Bunce, & Johnson, 2006; Maxwell, 2013; Merriam, 1998; Patton, 2002). The two techniques being used to solicit participants for this study are criteria and snowball sampling (Miles et al., 2014) which are discussed in detail below.

Criteria

In order to be considered for this study, participants had to prequalify based on specific criteria which bound the case and ensured that adjunct nursing faculty teaching within a bachelor of nursing degree conferring organization were sampled in order to understand their experiences within the curriculum development process (Merriam, 1998; Patton, 2002). Adjunct nursing faculty at non-degree programs were excluded from this study due to a different curriculum approached used in those programs.

An additional measure bounding this study was geographic region. A regional design will allow for a stronger and more diverse sample while still meeting specific criteria and research needs. The defined region listed below has a plethora of nursing schools that currently employ many adjunct nursing faculty that meet the criteria for this study legitimizing the appropriate and purposeful use of region as a bounding aspect of this study from which to access participants (Creswell, 2014; Merriam, 1998, Miles et al., 2014). All participants must meet all of the criteria listed below to in order to participate in this study:

- Participants must have experience teaching as an adjunct nurse faculty member in the classroom setting or must not have been employed full time as a nurse educator for more than two years at time of interview;
- Participants must teach at an institution that confers a Bachelor's of Science in Nursing degree;
- Participants must be employed at an educational institution located within the counties of Bucks, Montgomery, Delaware, Chester or Philadelphia in Pennsylvania or the state of New Jersey.

Participants not meeting all criteria will be excluded from this study.

Snowball

Snowball sampling provides a supplemental strategy in which to engage additional participants for a study through the direct connection of current colleagues, contacts, or participants (Miles et al., 2014; Sadler, Hau-Chen, Rod Seung-Hwan, & Fullerton, 2010). It was imperative that I use this technique to gain access to adjunct nursing faculty due to the limited personal and professional exposure that I have within the field of nursing education.

The use of criteria sampling coupled with snowball sampling provided an adequate amount of participants to hear the same stories and achieve data saturation as well as a level of internal validity (Charmaz, 2014; Guest et al., 2006; Merriam, 1998; Miles et al., 2014; Patton, 2002). Although somewhat controversial as a technique to ensure that appropriate representation of a participant's story has been captured, and as a source of justification for leaving the field, the idea of saturation for this study shall be

realized when no new or additional information has been gained from engaging with the study participants (Charmaz, 2014; Guest et al., 2006).

Data Collection

Merriam (1998) subscribes to a variety of sources for potential evidence in a case study protocol, with no one type more advantageous than another. The first technique to collect data for this study will be graphic elicitation (Bagnoli, 2009; Guillemin, 2004) using a listing protocol that will establish a basis for understanding the participant's values, beliefs, and attitudes regarding the importance of nursing curriculum. Following the completion and discussion of this exercise a responsive interview will take place using a semi-structured open ended protocol that will allow for further in-depth examination of the participant's experiences related to their interaction with full time nursing faculty as well as an understanding of their experiences within the curriculum development process (Miles et al., 2014; Rossman & Rallis, 2012; Rubin & Rubin, 2012). A final data collection technique in the form of a research journal provided a venue for documenting field notes and memos capturing thoughts and insights in the data collection and analysis phase, as well as providing an audit trail to which detailed the research journey and added value to the exploration of these phenomena (Janesick, 1999; Maxwell, 2013; Merriam, 1998). Triangulation of multiple data points confirmed and validated the constructs of this study (Merriam, 1998; Miles et al., 2014). Each of the data collection techniques are listed below with the details of their use and justification.

Graphic Elicitation

Graphic elicitation or the use of visual representation is emerging as a creative tool in qualitative research, both as an individual strategy, and as a supplement to

traditional data collection techniques (Bagnoli, 2009; Guillemin, 2004; Harris & Guillemin, 2012; Pfister, Vindrola-Padros, & Johnson, 2014; Thygesen, Pedersen, Kragstrup, Wagner, & Mogensen, 2011; Varga-Atkins, O'Brien, & Wheeldon, 2013). Engagement of the senses through various techniques such as drawing, use of color, and shapes to gather data can trigger additional memories and details that might not have been shared by the participant through another more formal data collection technique (Harris & Guillemin, 2012). The use of graphic elicitation facilitated the capture of critical data to understand what the participants believed about nursing curriculum, how they value it, and what their attitude was regarding its importance in nursing education. The information gathered and explored through this exercise provided the foundation for the interview portion of data collection. A detailed description of the graphic elicitation exercise was provided within the instrumentation section of this chapter.

Interview

Interviews are a critical piece of data collection in qualitative research that provide in-depth information that can enlighten the researcher to the participant's perspective and experience within the context of the problem being investigated (Creswell, 2014; Maxwell, 2013; Merriam, 1998; Miles et al., 2014; Rossman & Rallis, 2012; Rubin & Rubin, 2012). Determining the appropriate strategy of questioning is critical to ensuring a high level of comfort among participants and allowing for potentially more accurate responses (Guest et al., 2006; Hawamdeh & Raigangar, 2014; Rossman & Rallis, 2012). A semi-structured interview protocol in a responsive format, using tree and branch questioning was used to provide a starting point allowing flexibility in driving the direction of follow up probing questions that precipitated the extraction of

the critical rich data being sought from the participants (Maxwell, 2013; Rossman & Rallis, 2012; Rubin & Rubin, 2012). A complete description of the interview protocol is listed within the instrumentation section of this chapter.

Research Journal

Journaling as a technique allows the researcher to be an instrument that produces additional data, specifically the inquirer's own insights, observations, and analysis in the form of notes and analytic memos (Charmaz, 2014; Janesick, 1999; Maxwell, 2013). These reflections and memo activities forced me to stop and postulate holistically on the research that provoked elusive connections between the data and any emergent findings (Charmaz, 2014; Creswell, 2014; Humble & Sharp, 2012; Janesick, 1999; Maxwell, 2013; Rossman & Rallis, 2012; Saldaña, 2013). For this study journaling was used as a data collection tool to capture notes, concepts, and active and reflective thoughts that guided me in understanding the participant experience and acted as an additional audit trail. A more detailed description of the journaling procedure was provided in the instrumentation section of this chapter.

Instrumentation

Three different instruments were used to solicit detailed information to understand and capture the true nature of the participant's experiences while also providing a level of rigor to this study (Creswell, 2014; Merriam, 1998; Miles et al., 2014; Rossman & Rallis, 2012). Participants who agreed to engage in this study were met at a time and in a location that was private and convenient to them as well as conducive to this interview (i.e. appropriate light, low noise, and comfortable for the participant). The following section provides a description of each of these tools, starting with the graphic elicitation

exercise, followed by the interview protocol, and ending with the journal. How each technique was used and why they were valid for this study are also presented in this section.

Graphic Elicitation Exercise

Upon initial engagement, every participant was provided a written informed consent along with verbal instructions that mirror the written information regarding the details and their rights as participants within this study (see Appendix A and Appendix B). This form required the signature of both the participant and researcher. Upon signing, the participant was given a copy of this consent with the researcher keeping the second copy per the protocol as part of the permanent record of this study.

Once the consent form was completed the participant was told that this meeting would consist of a written and verbal portion starting with the written section. Any questions by the participant regarding this study or the interactions taking place that day or at future sessions were answered.

Next, the audio recording device was started and participants were handed the participant some pens and a piece of paper with instructions for part one of the exercise (see Appendix C). Each participant was asked verbally if they understood the instructions. All questions were answered and the participant was then asked to move forward with the exercise. Presenting this exercise before the interview helped to understand the participant's frame of reference and convictions as they related to the study context.

The first section of the exercise requested that the participant write two or three words in a list format that came to their mind when thinking about nursing curriculum in

terms of their beliefs, attitudes and values. Once they completed their list they were asked to move to the next section of the exercise.

Section two of the graphic elicitation exercise started by asking participants to recall Maslow's theory of the hierarchy of needs (1943) as it relates to nursing, and to then take one word from each of the three lists they had created in the prior section and place that chosen word from each list into the graphic based on their own recollection of Maslow's (1943) theory to help establish their beliefs, values, and attitudes. Using graphic elicitation as a data collection tool provided insight into the participant's experience via a visual representation (Bagnoli, 2009; Guillemin, 2004). Soliciting information on the beliefs, values, and attitudes that faculty had for curriculum helped to understand how imperative they felt it was to the overall curriculum development process (Short & Burke, 1996).

Next, each participant was asked to describe this exercise in their own words while their responses were noted in a journal as well as via audio recording. Each participant was asked why they chose specific words and why. This verification ensured that their meaning was captured and interpreted correctly, providing a level of internal validity to the study (Creswell, 2014; Guillemin, 2004; Maxwell, 2013; Merriam, 1998). Upon completion of the graphic elicitation exercise each participant was given the option to take a break or proceed with the interview phase of the study.

Interview Protocol

The interview portion of this study consisted of semi-structured open-ended questions that aligned with the research questions (see Appendix D). The protocol followed a tree and branch structure that started with larger main questions and moved to

more specific detailed probing questions (Merriam, 1998; Rubin & Rubin, 2012). Beginning with broader questions provided for a more trusting relationship with the participants and allowed for a smooth transition into more in-depth and personal questions (Merriam, 1998; Rubin & Rubin, 2012). In reply to a participant's answers, additional follow up questions were asked as part of the responsive interviewing technique (Merriam, 1998; Rubin & Rubin, 2012).

This protocol denotes the actual questions asked of participants with a notation in parenthesis indicating which research question each protocol question aligns with (see Appendix D). Demographic questions were included in the protocol to obtain background information from the participants. The demographics questions were asked in person to reconfirm that the participants were appropriate for this study, that they met the necessary criteria required to engage in this research, and as a reference point within the data analysis (Merriam, 1998; Miles et al., 2014).

Each interview took approximately sixty minutes with adjustment for time on a case-by-case basis. Upon completion of each interview, each audio-recording was manually transcribed verbatim as discussed in the data analysis section.

Research Journal

The third and final instrument used was a research journal that provided additional data via reflective narrative thoughts and analytical insights captured manually by hand in a faux-leather bound purple journal (Charmaz, 2014; Janesick, 1999; Saldaña, 2013). This journal was taken to all participant meetings and was used to capture notes, thoughts, and ideas and was used as part of the data analysis that connected reflective

ideas as a means of discovery to refine additional patterns and insights (Charmaz, 2014; Janesick, 1999; Miles et al., 2014; Saldaña, 2013).

Data Analysis

Data Management

Informed consent forms and graphic elicitation paper documents were scanned using an HP Officejet scanner for upload into a Microsoft® Word format as part of the electronic dissertation research record stored on a HP fingerprint secured laptop computer. Paper copies were secured in a locked filing cabinet as part of the research chronical. Interviews were audio-recorded using a Philips® Voice Tracker digital hand recorder with notes manually tracked at time of interview in a hand written research journal. All recorded data was transcribed verbatim and manually stored on file in a fingerprint secured HP laptop computer.

Data Analysis Strategy

Data analysis was a cyclic process that began with the study design and data collection then fully emerged at the first participant interaction and continued throughout the end of the research project (Charmaz, 2014; Merriam, 1998; Saldaña, 2013). The data analysis strategy for this study included coding data collected from the graphic elicitations, interviews, and journal entries using open, affective, and axial coding methods that aligned with the theoretical framework and research questions of this study (Charmaz, 2014; Janesick, 1999; Merriam, 1998; Roueche et al., 1996; Saldaña, 2013). Final themes that emerged from patterns initiated by the coding were described in the finding and discussion sections in Chapter Four and Chapter Five respectively. Additional details of the data analysis strategy are documented below.

Graphic elicitation. Participant data acquired from the graphic elicitation exercise in the form of words and listings were coded and interpreted for comparative commonalities and possible patterns individually and against interview data points (Merriam, 1998; Saldaña, 2013). Additional questions regarding participant renderings were addressed with the specific participants via a follow-up telephone call or personal meeting (Bagnoli, 2009; Guillemin, 2004).

Transcripts. All interview recordings were transcribed verbatim with each final transcription reviewed visually while listening to the digital recording to ensure accuracy (Creswell, 2014; Merriam, 1998; Rubin & Rubin, 2012). Additional questions related to interview information were reviewed with each of the specific participants at the time of initial interview to clarify meaning and then re-reviewed with them again upon completion of transcription as part of member checking to ensure that all information was captured correctly and aligned with their intended meaning and to add a level of trustworthiness (Bagnoli, 2009; Creswell, 2014; Crilly, Blackwell, & Clarkson, 2006; Merriam, 1998; Rossman & Rallis, 2012; Saldaña, 2013; Varga-Atkins & O'Brien, 2009).

Upon completion of each of the transcriptions, interview data was reviewed and simultaneously coded (Merriam, 1998) following Saldaña's (2013) open coding method which allowed the codes to be broken into data blocks or groups to ascertain if any similarities or differences were noted within the information. Affective coding which aligns with specific research questions was applied as the elemental method in the first cycle coding (Saldaña, 2013). Second cycle coding was then implemented via axial coding to re-evaluate the initial data review and to allow for clarification.

Journal. A journal was used to capture additional notes and thoughts related to the graphic elicitation and interview experience that provided further insight into the cyclical data analysis process (Janesick, 1999; Saldaña, 2013). Codes were applied to journal entries and were used as additional data points which informed the findings and helped to accurately describe the participant's experiences (Merriam, 1998; Saldaña, 2013). Further details discussing the coding procedures are documented below.

Coding

Coding or the application of a word or phrase to capture a larger aspect of data is crucial in qualitative research analysis (Merriam, 1998; Saldaña, 2013). Coding is a way to catalogue and make sense of the raw data by categorizing it and providing an opportunity to determine potential outliers not initially expected in the outcome of the research (Creswell, 2014; Merriam, 1998; Saldaña, 2013). A two cycle coding system was used to examine the raw data, from the graphic elicitation, participant interviews, and researcher journal, by breaking it into categories, first by using a specific technique that elicited data chunks via a word or phrase followed by a second cycle of coding that was used to determine patterns among the codes that eventually developed into themes (Miles et al., 2014; Saldaña, 2013).

First cycle coding. Affective method coding, specifically value and emotion coding, were employed as strategies to denote the data captured throughout the collection period (Miles et al., 2014; Saldaña, 2013). These codes helped to explore what participants valued about the curriculum development process as well as understand what level of engagement they believed they had with their colleagues and the overall process

(Merriam, 1998; Saldaña, 2013). This method directly aligned with each of the research questions that were investigated.

Second cycle coding. Axial coding was employed as part of the second cycle coding process to review, reorganize, and reduce the data from the first cycle in order to determine patterns and themes in the information (Merriam, 1998; Miles et al., 2014; Saldaña, 2013). Axial coding, flexible by nature, allowed for re-evaluation of the initial data codes so that dominant and recessive codes, as well as patterns could be drawn out providing a lens through which the final themes were determined (Saldaña, 2013). The simultaneous coding method provided for relational contexts that surrounded the categories and allowed information specific to the details of each of the categories to answer the how and why questions that align with the case study strategy (Merriam, 1998; Saldaña, 2013).

Displaying Results

Data analysis revealed codes and patterns from which themes emerged that answered the research questions and led to a better understanding of the experiences of the participants (Creswell, 2014; Merriam, 1998; Miles et al., 2014; Saldaña, 2013). Information from each of the three sources was then re-reviewed and cross-checked to elicit the final themed categories (Merriam, 1998). Finally, results were displayed in a table 2 with the specific research question, appropriate theme, and patterns confirming the specific theme (Creswell, 2014; Merriam, 1998; Miles & Huberman, 1984).

Outcomes

The proposed outcome of this case study was to inform practitioners and educators of the value that adjunct nursing faculty members provide to the curriculum

development process. Further, this qualitative inquiry was initiated to provide a more thorough understanding of their inclusion within this process and to what, if any extent they have an active role or voice in that process. Finally, this study wanted to understand and document their stories and experiences within the curriculum development process as shared by these adjunct nurse educators.

Trustworthiness

Validity and reliability are standards by which we judge the ethical quality and rigor of findings that evolve from a study allowing us a level of comfort and trust in applying and adapting the recommendations of those findings (Creswell, 2014; Merriam, 1998). Assigning rigor continues to be somewhat challenging in qualitative research, as it places the auspices of quality on the researcher to ensure that they choose the appropriate design and protocol, while also placing responsibility and accountability on the research community to review and evaluate these works (Sandelowski, 2015). Qualitative case study design evokes specific tactics to ensure quality and rigor in a study, namely; internal validity, reliability, and external validity (Merriam, 1998). Each of the tactics is described in detail below denoting how they were met within this study.

Internal Validity

Merriam (1998) asserts that qualitative research can be trustworthy if internal validity is established through data triangulation, member checking, long-term observation, peer examination, participatory collaboration, or denoting research biases (p. 204-205). This study used graphic elicitation, participant interviews, and journaling as three separate data collections points to establish triangulation (Merriam, 1998). Additionally member checking was used to confirm participant's meaning in the graphic

elicitations as well as after interviews to ensure participant's stories were accurately captured (Creswell, 2014; Merriam, 1998; Rossman & Rallis, 2012; Saldaña, 2013). Each of these steps helps to confer interval validity within this study (Creswell, 2014; Merriam, 1998).

Reliability

The notion of reliability within the case study design according to Merriam (1998) is not just to replicate a specific case outcome repeatedly, but to establish that the results of the study are dependable and make sense to other researchers (p. 206). Merriam (1998) advocates three different techniques that can be used to ensure reliability in a qualitative case study. She notes that researchers can again use triangulation looking at multiple data points, provide an audit trail, or position themselves within the study and/or the group being studied (Merriam, 1998).

A detailed, descriptive methodology that started the process for this study was continued by capturing information via a research journal and notes establishing an informal audit trail (Merriam, 1998). Additionally, triangulation was met as described under interval validity and finally the role of the researcher is described below positioning where I fall within the study adding further credence to the reliability of this research (Merriam, 1998).

External Validity

External validity or the ability to ensure analytic generalization in a study is a set tactic to establish rigor and quality in a case study (Merriam, 1998, p. 207). Historically however the concept of generalizability can challenge the researcher to conform their study to that of a traditional qualitative research study (Creswell, 2014; Merriam, 1998;

Yin, 2014). Merriam (1998) offers three different techniques to establish external validity including the use of thick and rich descriptions, the use of a typical category or comparable case, and the use of a multi-site or case design (p. 212-213). To establish external validity in this study the use of thick rich descriptions and a variation on the multi-site design (Creswell, 2014; Merriam, 1998) through the use of purposeful sampling was used to get a variety of participants from different organizations who met the same criteria.

The Role of the Researcher

It was with specific intention that this study was undertaken to understand the experiences of adjunct nursing faculty in the curriculum development process. I have a long-term goal to transition from a guest lecturer to adjunct nursing professor and I wanted to further understand what role adjunct nursing faculty members have within the curriculum development process and how they viewed their level of engagement in that process. I wanted to understand as a researcher and potential adjunct how curriculum development could enhance my classroom teaching skills and what challenges existed with this as well. As a nurse on the outside of the educational system with hopes of entering that realm, I hope to have brought a fresh perspective to the data collected and analyzed as part of this research.

I have always been interested in nursing education since a career meeting with my nursing advisor while still an undergraduate nursing student. We discussed at length my fascination with why some professors excelled at teaching while others found it challenging despite their obvious grasp of the subject content. I found this of particular interest when we had an adjunct faculty member step in for one of our full-time

professors who had left on maternity leave. This adjunct was very experienced in the clinical aspects of nursing and astute with her understanding of the topic but was unsuccessful in connecting the content of our current class with that of our prior class, which can be critical to the continuity of classes in nursing. This situation was frustrating to many of us as we struggled to make sense of the course material and how it connected globally in our program. As we discussed this scenario, my advisor was both encouraging and cautious to have me explore the world of nursing education. She noted that I should first get clinical experience within a specialty that interested me and then explore it from the educational aspect. It was this advice that I abided by with many years between the start of my clinical career and discovering my passion for nursing education. It was this passion that brought me to guest lecturing and eventually towards a doctorate in educational leadership, that I feel has greatly enhanced my skill set.

My fascination with understanding nurse educators and their involvement in the curriculum development process was reestablished as part of a clinical requirement for my doctoral program. Guided by my nursing faculty, I had the opportunity to interact with and speak at length with several different adjunct nursing faculty members at different organizations who demonstrated success in providing continuity across different classes. I also encountered adjunct faculty members whom seemed to struggle with providing this continuity. This clinical opportunity as well as input from my nursing faculty mentors enticed me to move forward to explore the experiences of adjunct nursing faculty related to curriculum development, particularly with a long-term goal to understand the nuances of this complex yet imperative piece of the educational process.

Although an outsider in this context and one who therefore lacks primary experience, my goal was to listen, learn, and share the participant's experiences as accurately as possible without lending my bias as a non-adjunct educator (Maxwell, 2013; Merriam, 1998). This research has allowed me to reflect on the opportunities, rewards, and challenges that adjunct nursing faculty members face and grasp a better understanding of their experiences within the art of nursing education.

Ethical Considerations

Ethical risks are a potential liability in every research study and need to be addressed by the researcher in order to protect participants from harmful outcomes resulting from the study (Creswell, 2014; Merriam, 1998). Qualitative research and nursing research in particular has its own set of ethical nuances that needs to be acknowledged including: informed consent, the dual role of nurse and researcher, maintaining confidentiality, and a risk benefit analysis (Creswell, 2014; Eide & Kahn, 2008; Houghton, Casey, Shaw, & Murphy, 2010; Merriam, 1998). The very context of qualitative research that deals with the human experience and phenomenon necessitates that researchers account for an ethically sound design to protect their participants (Eide & Kahn, 2008). Eide and Kahn (2008) examined the researcher/patient relationship and noted that precautions should be in place to avoid any challenges in the researcher/participant boundary. From the aspect of this study there was potential for adjunct nursing faculty to feel insecure if participants were concerned about obtaining permanent employment or even to maintain part-time employment at their facility. No issues were brought to my attention, but had there been any, the informed consent form

signed by each participant included instructions to contact the principle investigator or the Rowan University Institutional Review Board.

When nurses conduct qualitative research they are bound by multiple ethical standards including the most prominent code of ethics for nursing created and administered by the International Council of Nursing (2012). This comprehensive set of guidelines provides the foundation of ethical nursing considerations in protecting patients and applies to nurses working with participants as part of any research study as well. Following these guidelines (International Council of Nurses, 2012) researchers must ensure that all identifying or personally identifiable information was kept in the strictest of confidence outside of the researchers themselves. Protocols to protect human subjects mandates and protect participants from harm by making them aware of the purpose for this research through informed consent, including ensuring that they will not be deceived, and that their privacy is kept intact by providing alias' was followed (Maxwell, 2013; Merriam, 1998; Yin, 2014). Following these recommendations as well as that of Rowan University's eIRB protocols each participant was informed of the details of this research both verbally and in writing via the participant consent form found in Appendix A and Appendix B. To maintain confidentiality, all data including electronic, written or recorded were kept securely on a locked computer and in a locked file cabinet following Rowan University eIRB protocol (Creswell, 2014). This researcher completed the CITI training on human subjects program accessed via Rowan University. This proposal was reviewed and approved by the Rowan Internal Review Board (IRB) including the research protocols, consent forms and all other required documentation.

Conclusion

This study provided a voice for adjunct nursing faculty in an educational arena that relies heavily on them for many services. The information gathered, analyzed and presented illuminated the experiences of adjunct nursing faculty related to their involvement in the development of curriculum and opens up the conversation related to those experiences. There is potential for the results of this study to influence nursing school administrators and full time nursing faculty to institute best practice models that are inclusive of adjunct nursing faculty in the curriculum development process.

Upon review and approval by the Rowan University Institutional Review Board (IRB) the above presented methods were implemented in the field. Chapter four consists of the findings noted from data collected in field. Chapter five presents a discussion of this study with potential implications to nursing policy and practice while opening the door to future research opportunities.

Chapter 4

Findings

Chapter four presents the findings of a qualitative case study that examined the experiences of the participating adjunct nursing faculty in the curriculum development process. Guided by Merriam's (1998) approach to understanding phenomena bounded within a specific case, this data has been reduced and interpreted from multiple sources including graphic elicitations, semi-structured interviews, and researcher journaling in order to elicit underlying themes that help to understand the participants' experiences within the curriculum development process. This chapter provides the conduit for the final chapter which includes the discussion and implications of this research as it relates to nursing policy, practice, research, and leadership.

The Setting

This case study was conducted in order to understand the experiences of adjunct nursing faculty members within the curriculum development process who teach within the bounded geographical area of the five counties of Bucks, Montgomery, Delaware, Chester, and Philadelphia in Pennsylvania or the state of New Jersey. Encasing this study geographically allowed for the participant pool to be derived from no less than 13 different institutions in the Pennsylvania counties listed (Pennsylvania Department of State: State Board of Nursing, 2017) and 21 institutions within the state of New Jersey (New Jersey Nursing Initiative, 2017). No specific institutions were chosen to allow for a more diverse population of adjunct nurse educators unrestricted by organizational responsibility. Upon completion of this inquiry, participants hailed from no less than

eight unique educational organizations within four areas of the bounded geographic locations of this research.

Data Collection

Field data collection took place from July 2016 through the end of January 2017. Participants were sought out via a network of personal and professional colleagues using a snowball criterion based sampling technique (Miles et al., 2014; Sadler et al, 2010). Details of the study were provided to these colleagues who shared it with others that may have had an interest in participating. All participants self-identified as meeting the criteria to participate in this study. Individual participants were met at a variety of locations and times that were convenient to the participant.

At each participant meeting data was collected via graphic elicitation, semi-structured open-ended interview, and researcher journaling. Initially, the participant was presented with the graphic elicitation exercise (Appendix C) that was reviewed on-site with the participant upon completion to add a level of trustworthiness by ensuring a clear understanding of their representation (Bagnoli, 2009; Creswell, 2014; Crilly et al., 2006; Varga-Atkins & O'Brien, 2009). Next, audio recorded in-depth interviews were conducted using the protocol attached in Appendix D. Additional questions were asked as the line of inquiry dictated.

After the conclusion of each meeting the completed graphic elicitation were scanned into a password protected computer for review and initial analysis. The audio recordings were manually transcribed then reviewed and compared to the recordings and notes taken on-site to ensure accuracy. The data was preliminary analyzed during this

phase (Merriam, 1998). Each transcription was then discussed with the specific participant to ensure their voice and story were accurately captured and understood. This member check enabled clarification and the creation of internal validity (Creswell, 2014; Merriam, 1998; Rossman & Rallis, 2012; Saldaña, 2013). A researcher journal was kept for preliminary analysis and insight as well as for triangulation of data (Janesick, 1999; Merriam, 1998). This journal was begun prior to field data collection and continued throughout the data collection and analysis phase, adding to the internal validity of this study (Creswell, 2014; Janesick, 1999; Merriam, 1998). Data collection in the field concluded upon hearing the same stories from seven purposely chosen criterion-based participants, thus reaching data saturation (Charmaz, 2014; Guest et al., 2006).

Participants

Ten participants self-identified as fitting the criteria for this study. Two of the ten participants self-excluded after initial discussion upon learning that they did not meet the criteria. A third participant completed the confidentiality agreements and participated in the graphic elicitation exercise and interview and upon completion and review it was disclosed that this person did not fully meet the criteria for inclusion, the participant was thanked for their time and notified of the need to disqualify. This left a total of seven participants for this study.

Eight different institutions conferring a bachelor's degree in nursing and located within the bounded geographic parameters represented the participants with some teaching at more than one facility. All participants were female having at least one advanced degree and representing a diversification in specialties, including critical care,

environmental health, global health, medical/surgical, nursing education, orthopedics, psychiatric nursing, public health, and women’s health. While a unilateral gender perspective may have limited this study, diversification in clinical expertise enhanced the stories shared by the participants. Participants exhibited a broad spectrum of teaching experience from the novice to those with an expert level of teaching (Benner, 1984), adding to the information shared. The table below denotes the breakdown of the participants by code name, clinical expertise, years of clinical experience, years teaching as adjunct, and teaching region.

Table 1

Participant Overview

Code name	Clinical expertise	Years clinical Experience	Years teaching	Teaching region
P1H1	Critical care	10	4	Delaware County
P2L1	Psychiatric/Women’s health/Global health	38	13	Philadelphia County
P3P1	Med/Surge/Nursing education	28	5	Philadelphia County, New Jersey
P4K1	Med/Surge/Home health/Nursing education	15+	10	Philadelphia County
P5M1	Public health	10	5	Philadelphia County
P6C1	Ortho/Women’s health	5	2	Philadelphia County/Bucks County
P7E1	Public health/Environmental health	5	1.5	Philadelphia County

Data Analysis

Data analysis started concurrently with data collection (Merriam, 1998) via journaling and preliminary coding that provided insight into individual experiences allowing me to note potential nuances within the participant field as I moved through the data collection process. In addition, this first level analysis provided the opportunity to add notes for clarification, reflect on potential codes and themes, and write up additional questions for follow up with my participants (Creswell, 2014; Merriam, 1998; Rossman & Rallis, 2012; Saldaña, 2013). A deeper more profound analysis took place upon data saturation and exiting the field (Charmaz, 2014; Merriam, 1998, Miles et al., 2014).

Graphic elicitations were scanned into the computer and the transcribed interviews were manually manipulated. The graphic elicitations and interviews were re-reviewed and organized according to participant and were then compiled by the different instrument type and reviewed as an aggregate data set. Journaling continued throughout this process and was manually reviewed and updated generating additional insight and data.

Data was coded with a two cycle open coding process availing affective values and emotion coding within the first cycle, and axial coding during the second cycle (Merriam, 1998; Miles et al., 2014; Saldaña, 2013). Initial data notes, codes, and potential themes were perpetually reviewed in this process. Using this coding technique allowed for patterns to be noted, which were developed into larger categories and themes that helped to answer the research questions (Merriam, 1998; Saldaña, 2013).

An in-depth data analysis uncovered five themes, each of these a culmination of the information shared by these adjuncts and inclusive of researcher journaling. The data, reduced into chunks and patterns was interpreted and contextualized as a single notion denoting participant experiences within this specific case study (Creswell, 2014; Merriam, 1998; Miles et al., 2014). Thematic results are displayed in table 2 below.

Table 2

Thematic Results

Research Questions	Patterns	Themes
RQ1: Beliefs, Values, and Attitudes	Nurse navigators	Assembling a Critical Foundation
	Essential real-world practice Current, relevant Student centered Patient centered	
RQ2: Interactive with Faculty	Subject Matter Expert	Value Added
	Drawing from experience Sharing innovative knowledge	
RQ3: Sharing Their Stories	Isolated Disconnected Excluded without intent	Incidental Collaboration
RQ3: Sharing Their Stories	Making room Having a voice Being heard	A Seat at the Table
	Thrown in Little guidance Mixed emotions	Trial by Fire

These five themes, *assembling a critical foundation*, *value added*, *incidental collaboration*, *a seat at the table*, and *trial by fire*, address the research questions and ultimately assist in helping to understand the participant's experiences in the curriculum development process.

Assembling a critical foundation. In order to comprehend the experiences of the participants in the curriculum development process, we first needed to understand their personal connection to the curriculum. Participants shared via the graphic elicitations and/or their interviews, their convictions surrounding curriculum including the beliefs, attitudes, and values that helped to reveal the inherent importance it held for each of them. This information led to unveiling the first theme regarding the significance of curriculum in assembling a critical nursing foundation for their students.

These adjunct educators appeared to help their students navigate through curriculum guiding them to the most important foundational concepts. I started to notice similar patterns and wrote in my research journal that they “share their personal experiences in order to enlighten and guide students within the new and often confusing nursing context.” As adjunct nursing faculty members, these practitioners brought to the classroom an abundance of clinical expertise that provided their students a unique perspective into the field of nursing. The experiences they shared offered a glimpse into the practitioner role adding to the foundational information for their students.

Although each individual enhanced their courses with personal nuances, the participants in this study did share a cohesive understanding regarding the importance of having a comprehensive and appropriate curriculum in order to assemble a critical foundation in nursing. Some participants noted on the graphic elicitation that current and

relevant material was imperative for their students. They shared how they often integrated their field experiences and personal stories into some of the materials to ensure the information remained current and relatable as part of a strong foundation for their students. P1H1's graphic elicitation provides an example in which she denotes current curriculum as something she valued as an instructor.

Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs: importance of student experience,

Attitudes: career development, opportunity for growth.

Values: nursing in practice, current

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.

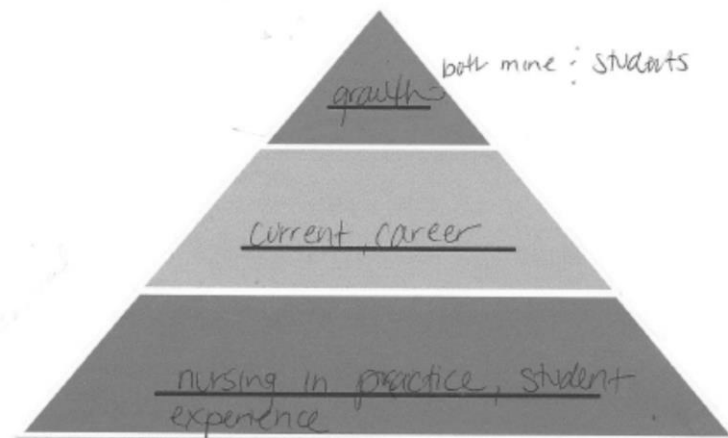


Figure 1. P1H1's Graphic Elicitation

P1H1 explained her belief that using current information within her classes was a critical part of her teaching practice that helped to build the base of knowledge for her

students. Aligning with that sentiment P2L1 expressed her belief that curriculum must be relevant for today's students as noted in her graphic elicitation below. She further explained that this was paramount for students who today must evolve quicker in this field of global health.

Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs: relevant to today
Attitudes: culturally sensitive
Values: ethical

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.

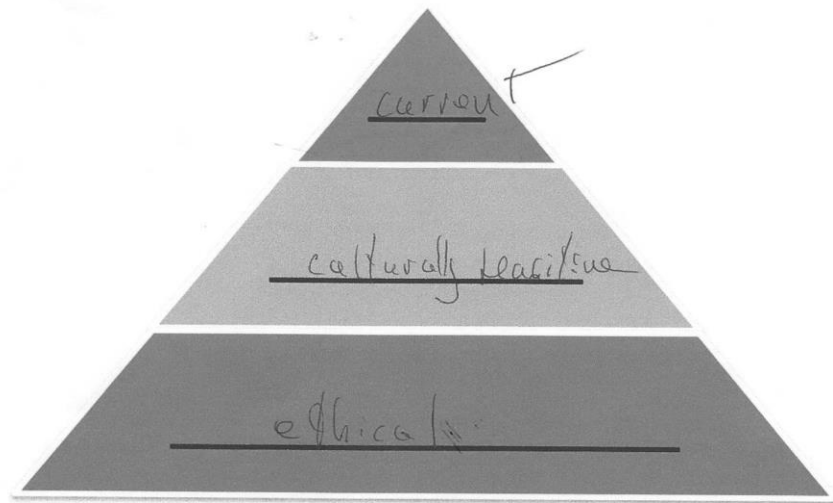


Figure 2. P2L1's Graphic Elicitation

Through their graphic elicitations and feedback, these two participants specifically shared how crucial the curriculum was to their teaching and how important it

was for laying the groundwork for the students. They shared in their beliefs and values that students must be taught current and relevant information as part of their foundational education in order to maintain quality of care within a field that is constantly evolving.

As part of their vested interest in providing curriculum that formed the basis of a viable nursing core, some participants such as P2L1 and P3P1 shared in their interviews that at times they would leverage alternative resources. These resources might include other evidence based research in addition to the standard text required for the courses they were teaching. They shared that they would often use their field experience providing “real life” situations and evidenced based examples in order to convey the most current and often complex information to students.

P2L1 noted: I don't use a text book I use the most current reports and information out there. I really have to, and I think it is really important for the students as well. By the time a text book is published it may be five years out of date. The newest public health text has nothing about Zika and a paragraph about Ebola... you have to be current.

P3P1 solidified this by sharing: I think you have to be up to date, I think you have to understand the curriculum, the ins and outs of the curriculum, and I also think you have to be comfortable with healthcare. You have to know what the evidenced base practice is that is going on within the clinical setting so that you can teach the content that is relevant and up to date and based on research.

Further in the interview P3P1 reiterated her belief in the importance of and need for current, relevant curriculum that would facilitate a critical foundation. She also noted

the potential negative outcomes for the student, institution, and eventual practice if information was outdated. She stated:

I think there is a difference in nursing with the curriculum as opposed to law school or medicine because if the students don't achieve and pass the NCLEX, it is a reflection on the school and the school can close, so curriculum needs to be current...

As clinicians, these part-time nurse educators would have access to an expansive amount of progressive information to help their students assemble a core knowledgebase. Adding to the tools beyond current and relevancy, participants coveted a student-centered approach to the curriculum they were teaching. Participants shared, that although theoretically students should be at the center of curriculum development, practically they can be forgotten in the process. P4K1 described how much she valued students in this process when she documented "student centered" in her graphic elicitation show below (*Figure 3.*). She explained that students need to be represented in the developmental process and that they should help to drive the development of the curriculum.

Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs: *faculty driven, student centered*
Attitudes: *needs to build upon each class; student centered*
Values: *student centered*

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.

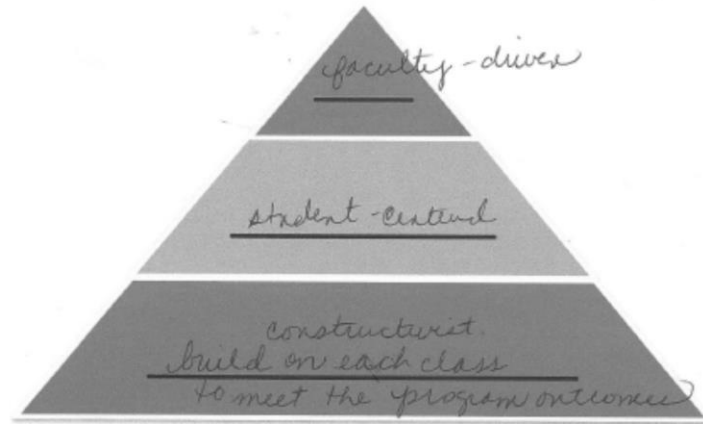


Figure 3. P4K1's Graphic Elicitation

P4K1's graphic and follow-up discussion offered additional insight into the close relationship these participants have with the curriculum they are teaching and its value in providing students with the basic nursing knowledge they need to become competent practitioners. An excerpt from P1H1's interview expanded upon this as she discussed how she worked with students within the curriculum to help them build out their resources to meet their goals as future nursing professionals.

Trying to pull out the strengths of the student and have them be more aware of resources and areas in their profession that I think are important for their development....I am hoping they develop academic and professional skills that will help them be those leaders on the floor...I try to help them understand that

this is an opportunity to help them get to their goals and not just jump through the proverbial hoop.

With students at the center of the learning process, P3P1 offered additional input regarding the importance of having a patient focus that highlighted knowledge application. She shared that this was primary to the curriculum and essential to assembling a core nursing knowledge that is often based in the field.

P3P1: How can I make it better for the students, because what you want is for the students to be in active learning, you want them to be involved in the classroom, you want them to really feel that passion for lifelong learning and taking care of their patients...it is not enough to have the knowledge, you have to be able to take that knowledge and apply it.

The ability of the participants to navigate through the curriculum pulling out essential details for their students, while ensuring current and relevant information, augmented their beliefs and attitudes regarding their vested interest in the curriculum they were teaching. Each of these pieces characterized the importance curriculum held for the participants. P6C1 reiterated these sentiments in her interview but also added that it takes more than the professor's knowledge and their experiences in helping students decipher the curriculum. She noted that it was her belief that one needed to be an effective communicator so that students could understand the critical concepts of nursing. She dubbed this "the nursing triad".

P6C1: There is a triad of knowing your content, being able to communicate successfully, um and that leaves me with [the] concept of realizing that even if

you are not the most brilliant professor but you are willing to work hard and you have the concepts...but I don't know how many are out there with all three. For me I have to work hard with my curriculum....what it is to me, it's a combination and not just one thing.

Throughout the interview exercise participants revealed strong attitudes, values, and beliefs that demonstrated that they felt that the nursing curriculum was critical to establishing a strong nursing foundation. If the participants did not believe the curriculum they were teaching had any value as a foundation for nursing students their stories in developing the curriculum might be different.

Without an appreciation and understanding of the beliefs, attitudes, and values that these nurse educators place on curriculum it would be difficult to fully understand their stories. Their fervor for curriculum provides a baseline indicating their value of it and how they may perceive their roles within the curriculum development process and ultimately their own adjunct teaching practice. Through the examples provided the participants have shared that they do value and believe that nursing curriculum is essential to their teaching and is critical to establishing a strong foundation for the student's future practice as a nursing professional.

Value added. Periodically brought in to fill vacancies, adjunct nursing faculty members are often sought out specifically for their field expertise. Their field proficiency lends a unique perspective to the curriculum by providing relevant clinical experiences that can directly impact the information being taught in the classroom. Initially, it was essential to understand how much value the participants placed on curriculum to gauge

how vested they might be by augmenting or developing the curriculum. After establishing their convictions regarding the curriculum itself, it was imperative to explore what value they felt that they added to the curriculum and how they perceived what they added would influence their roles in the curriculum development process. Adjunct nursing faculty members provide first-hand knowledge of the most current clinical methods relative to their practice that can add significant value to the classroom (Billings & Halstead, 2012). Their input can often supplement and update most program curricula as their specialties evolve leading to the next theme of *value added*.

Throughout the interactions with the individual participants, it was clear that each felt that their unique clinical perspectives added value to the curriculum and were crucial to include as part of the classroom experience. For P1H1 it was important to connect the clinical to the classroom by sharing first-hand experiences and stories that clarified various scenarios for her students:

The curricula needs to be designed to show students the personal stories, to highlight what is important so it is not artificial and doesn't create barriers for the students but helps them to get involved so they are not stuck. It needs to be real world and applicable to practice. What is really important for practice [is that it] needs to be connected to how it looks in practice.

As the conversation continued P1H1 added:

I do have an appreciation for real world practice, and I sometimes feel that people that get too far removed have somewhat rosy glasses and forget what it is like to actually be a nurse on the floor...I want to make sure what I am doing is relevant.

P2L1 also noted to her interview that she is continually drawing from her experiences and on-going readings. She frequently studies information within her field to ensure that her students are provided the most accurate and current information available. P6C1 also shared how her practice based experiences provided her the examples she needed to demonstrate the importance of patient education to her students. This she recognized as challenging if one is not inherently gifted in the art of patient education:

P6C1: The knowledge of the subject area allows me to draw from it clinically um but I also think that we can get really passionate about educating our clients within our backgrounds. That helps bring some of the passion...it makes a difference...it is a crucial process you know so it is just the motivation that you see and feel can help us as educators to help raise up a group of nurses and to get them to understand the importance of educating clients.

The examples provided demonstrate how each of these participants, through their roles as adjunct nursing experts, added value and expanded the curriculum they were teaching by offering their expert knowledge. Often these unsolicited additions, a valid and important part of the curriculum development process, organically integrated the knowledge and field expertise of these participants into the classroom materials. Alternately some participants were hired specifically to help with the development of a specific class curriculum. P7E1 noted that she was hired mainly as an adjunct to help shape the class materials defined by her clinical area of expertise. She was actively sought out to add value to the curriculum because of her specific skill set yet felt the importance of inspiring and influencing her students through the curriculum she helped to create as noted in her interview and graphic elicitation.

Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs: influence, inspire, potential
Attitudes: "candor", openness, learning/educational (mutuality)
Values: holistic health for all, greatest good for greatest #

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.

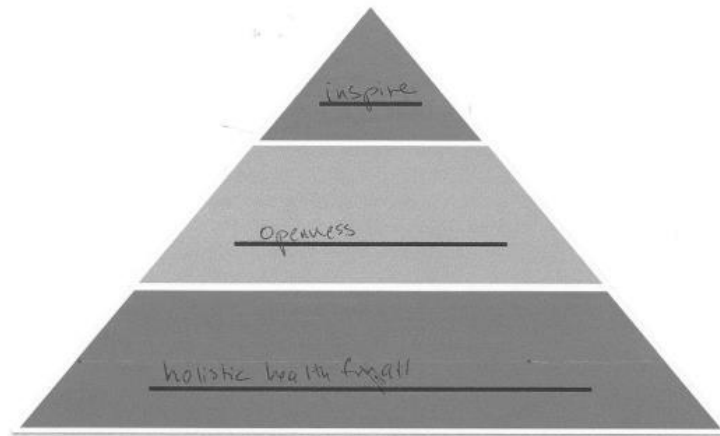


Figure 4. P7E1's Graphic Elicitation

P7E1: I was contributing my expertise in helping to craft part of the curriculum just by working with my colleagues.

Although not all participants were actively pursued to influence the curriculum each were able to expand it through their own knowledge and field experiences adding additional value and inadvertently being a part of the curriculum development process. P5M1 solidified this and shared how her public health nursing background provided a holistic advantage and allowed her to add her own expert perspective to the classes she taught.

I have a broader understanding of the end goal for the students, so I am not compartmentalized just in my course like some other faculty...they don't go outside of their comfort zone...

P5M1 shared in her graphic elicitation how her public health background impressed upon her the importance and value of people and their interconnections which added value to the curriculum she was teaching. She shared via her background how she emphasized with students the need to think beyond the hospital walls and connect with their patients in their own settings, again demonstrating the value that her specialty brought to her classroom.

Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs: giving, sharing

Attitudes: necessary, evolving

Values: interconnected, people

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.

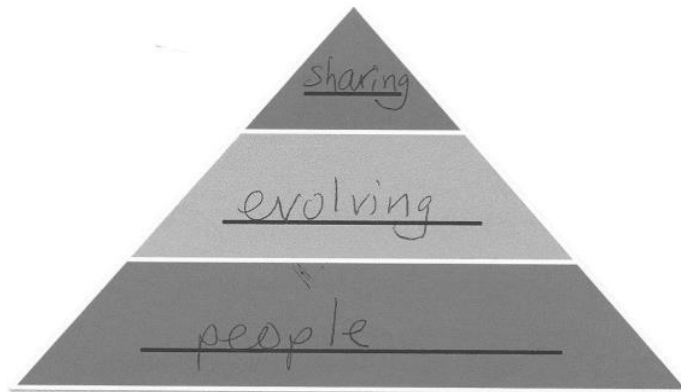


Figure 5. P5M1's Graphic Elicitation

P3P1 also confirmed her clinical expertise influenced her teaching and the curriculum by knowing which information was critical for them to take into the field upon graduation.

I think that my competence comes out by the way that the students know what to study and how to study the things we discuss.

The participants in this study demonstrated through their experiences that they were engaged and added value to the curriculum, albeit for most in an unofficial capacity. The nursing profession has a tremendous amount of sub-specialties that delineate it from other occupations. Adjunct nursing faculty members often hired because of their clinical expertise have an opportunity to use their unique vantage point to enhance their course of study and be active contributors in the curriculum development process (Barth, 2003; Billings & Halstead, 2012). Roueche et al. (1996) indicate the importance of organizations offering a venue that would allow adjunct to be involved in these types of discussions and advocate for their proactive integration. It is clear that these adjunct nursing faculty members experienced a deep belief that they each added value to the curriculum which resulted in a healthy and diverse teaching culture for their institutions, their students, and ultimately their student's future practices.

Incidental collaboration. A collaborative relationship between full-time faculty and their adjunct counterparts could provide a holistic and broad based understanding of expectations for students once they move into their professional role (Thibault, 2011). With most organizations still delegating the curriculum development process to full-time faculty it is imperative to understand the interactions between the full-time and adjunct nursing teams in order to clearly understand the adjunct role in that process. This

collaborative relationship can vary widely between different organizations with some offering the opportunity to develop these relationships, while at other institutions any interaction is sporadic at best. This inconsistency corroborates the Part-Time Faculty Integration Model that helps to define the impact that an organization's culture can have on inclusivity for part-time faculty members (Roueche et al., 1996). Confirmation of this theory came to fruition with my participants after the fourth interview as noted in my research journal:

Adjuncts are often being excluded from this process instead of celebrated for their diversity and talents, similar stories of low interaction.

Understanding this relationship will help to provide further insight into the experiences that these participants had within the curriculum development process. Participant data emulates this notion through their varied interactions with full time faculty that run the gamut of purposeful inclusivity to passive exclusivity leading to the concept of *incidental collaboration*.

When asked openly about their connections to their full time peers related to curriculum, it was apparent that many of the participants in this study had limited interaction with any of their full time peers. Most often any connection between the two cohorts came in the form of a full time faculty liaison, or via the proactive initiation of the adjunct member. Some participants encountered barriers such as their “day” job or contractual issues that hindered the opportunity to be a part of the curriculum development process even when it was offered. Some however did engage in the curriculum development process with their full time faculty peers when provided the opportunity.

P2L1 shared her active role in collaborating with her full time peers on curriculum at one of the institutions she worked at.

P2L1: We collaborated with our colleagues who were open enough to say yeah that makes sense. If we're creating a simulation we need to incorporate that.

This opportunity augmented the relationship between P2L1 and her colleagues and was the invitation she needed to provide her expertise and input in the development of the curriculum. P3P1 had two different experiences with her full time colleagues based on the unique cultures of each of the organizations. Her experience working within two different institutional infrastructures provided the justification behind the PTFIM theory that an organization's culture can vastly influence its impact on the relationship with part-time faculty (Roueché et al., 1996).

P3P1: One particular school it was so cohesive, the faculty worked together and we had this camaraderie there and I went on to other institutions and every once in a while you might have a two or three friends from the other institutions, but it was nothing like that original program that I was in...the camaraderie and the bonding, I think a lot of that came from the leadership...

P5M1 shared how she was proactive in interacting with her colleagues by stating: "Well I go to some of the meetings" and when pressed for further detail she shared that these meetings were not mandatory for her and that she was invited passively but took it upon herself to be actively engaged. P5M1 continued:

I go because I want to see what other people are teaching. To do that, I need to see and hear who is teaching that class....We also have Blackboard for faculty so I do try to go on that to see what is going on with the curriculum.

Her experience demonstrated that any connection with full-time faculty is often left up to the adjunct faculty member to initiate. Without an inherent drive or incentives from the organization the use of passive engagement with adjunct faculty members limits their opportunity to actively become a part of the curriculum development process.

P7E1 offered her experience as unique to many of the others. She was actively engaged with full time staff, but had been hired to specifically develop curriculum in collaboration with a full time faculty member.

I was working directly with a full time faculty because my content had to dovetail with her course that she was in charge of so I had to be in regular communication to ensure that fit.

Contrary to some of the others, P6C1 and P4K1 had little to no interaction. When asked specifically about her interaction with full-time faculty P4K1 briefly stated “here zero.” P6C1 also noted a similar experience stating: “I usually have very little interaction with full-time faculty...” The inconsistency between participant stories was driven mostly by the differences within the institutions themselves corroborating the PTFIM’s notion of inherent organizational culture that drives the engagement (Roueche et al., 1996). Alternatively these interactions, noted to be important could also have been initiated by the individual faculty members as stated earlier by P5M1.

As mentioned previously, outside of the institutional culture, the origins behind these incidental collaborative interactions can often come from scheduling conflicts. Many adjunct faculty members work full-time within their field based specialty as P5M1 was quick to point out. She alluded to a simple solution to overcome this barrier, the implementation and integration of more technology.

I think the issue with adjunct is that some work full-time jobs at other places so I am not sure that they always have the time for meetings, so I would like to see universities use more hybrid means like technology to connect everyone.

Although alternate full-time employment can often lead to less interaction and opportunity for curricular collaboration between the two cohorts, some participants noted institutional bias when it came to inclusion of adjunct faculty members in this process. Participants noted their active exclusion between themselves and full-time faculty based on organizational contracting or rank such the situation P5M1 went through at one institution.

I keep up on the e-mail list to connect even when I am not teaching but if I am not currently under contract I lose access to my e-mail so that can be a problem because you are not connected then.

She provided another example which demonstrated the intentional exclusion in the curriculum development process and the feelings that this adjunct had related to the interactions between adjunct and full time faculty members.

At one of the universities even though we [adjunct faculty] teach a lot of the classes for the standing faculty, with the new dean we didn't get to develop a lot

of the curriculum even though we are teaching it. For me, the challenge was at the level I am, is that sometimes you are invisible to the full-time faculty or standing faculty even though you teach the curriculum.

The preceding information demonstrated the varied experiences that these participants had related to their ability to collaborate with their full-time counterparts in developing curriculum for the classes they teach. Some participants were hired to develop curriculum in collaboration with their full-time faculty liaison, while others were provided minimal opportunity to be included. Still others who actively sought out to be engaged with their full-time peers in this process were excluded due to contractual obligations. It became clear the participants in this study experienced active or passive inclusion or exclusion in the curriculum development process based solely on the organizational culture of the institutions where they were teaching.

A seat at the table. Having a collaborative practice environment provides adjunct nursing faculty the opportunity to learn as well as share their expertise with their full time colleagues in the development of curriculum. This collaborative model can only be realized if provided the venue in which to be active contributors, thus providing a segue to the next theme, *a seat at the table*. Moving through the interview exercise I started to notice similar patterns in participants wanting the opportunity to provide input into the curriculum development process. Most felt it important as instructors in the classroom to relay information and be a part of the conversation in order to help in the development of teaching materials, the extent of the input into the process however did vary by participant. I noted in my journal that some participants desired full autonomy in creating curriculum for the classes they were teaching, while others just wanted some

input. I wondered if the difference was a personal preference alone or if it was based on experience or exposure to people and resources. This was not something I noted would necessarily be determined by this study but might be something to revisit in the future.

Demonstrating some frustration with her inability to have a “seat” at the table which did not allow her the full opportunity to have input into the curriculum, P4K1 shared that being part of the discussion was important especially if something wasn’t working. She noted detail on lack of involvement in the curriculum development process and her feelings of exclusion as well as the detachment it can foster. She clarified that she sometimes has the opportunity to make minor changes to her specific class material, but not the overall curriculum and further stated that she may not be heard if others have seniority over her at the worksite.

As an adjunct I have never really been part of the curriculum development... Adjunct are always treated differently though, especially regarding input. I probably wasn’t invited because of the time, but at least being invited and given the opportunity would be nice... about two years ago we had changes in the curriculum and we were told we will fill you in, we will fill you in, but they didn’t.

It is nice to be told here is the curriculum and how we do it, but when you see something that is not working, it is important to be able to tell them how to do it differently or suggest how to do it differently... I feel when I am around the table with folks who have been here longer, and that might be closer to the boss, that their opinions matter more... the people are valued differently...

The feelings that P4K1 noted regarding her lack of comfort in sharing her opinion limited her experience to participate in the process and diminished a potentially positive collaboration with her peers on how improve some of the curriculum. Relating a similar experience, P6C1 shared her search of the elusive seat at the table and provided an example of something that also did not work in the curriculum. She shared how important she felt it was to be heard, but different from P4K1's situation, P6C1 had less experience developing curriculum and therefore wanted more guidance while still requesting a voice in the process.

P6C1: I don't want to be the main voice, especially without having the training to develop curriculum, but I want to have a say. Let you as the experts come up with the main pieces but let me at the table so I can say "maybe I have tried that and I has not worked so well here is an idea I have..." I want to have a say in things but I don't want to be that main voice.

Both participants struggled with having a voice in the development of the curriculum they were teaching. P4K1 with more experience wanted to be heard and acknowledged at the same level of her full time faculty peers, while P6C1 wanted more of a passive role in the development of her curriculum while still having a seat at the table to share what was working in her classroom or not.

As the interview process continued additional participants struggled with having a "valued" seat at the curriculum development table in which to provide a voice from their unique perspective. P5M1 noted that she was given the chance to develop some curriculum and was called in to provide an update to the full-time faculty. Her experience

however left her disheartened because of the limitations of her meeting. She shared that she was given just five minutes to present a year's worth of curricular updates. This situation added a level of frustration with feelings of being minimized without encouragement to actively pursue being a part of this process. P7E1 verbally surmised a similar scenario for her adjunct peers adding that the impact regarding sentiments around feeling diminished, undervalued, or excluded, cause some adjunct to withhold potentially valuable input which ultimately could impact students.

P7E1: I am not sure they always feel valued and welcomed to contribute their perspective, expertise, knowledge, and wisdom, um to the actual process. I don't know how inhibited some adjuncts may feel to fully vest themselves or their abilities if they don't feel valued. So they might have more to offer but they might not offer because they are not part of the process and may not fully step into the faculty milieu and they may not extend themselves to their students...

Participants shared their experiences and self-realization of the importance of having some level of autonomy and input into the curriculum they are teaching. They were able to express how critical it is as interpreters of the information to be a part of the conversation and be offered a proverbial seat at the table. They each experienced different outcomes in the role that they may or may not have had based on the individual circumstances at their particular institution.

Trial by fire. The data collected from participants regarding their personal involvement in the curriculum development process varied by individual but overall revealed a somewhat homogeneous pattern of limited engagement with often despondent

emotions. The expressions participants shared regarding their experiences within and omission from the process included a range of feelings from accomplishment, to isolation and detachment. Some participants divulged that they did have minimal input into the curriculum development process but at times that interaction was without structure or direction. Others shared scenarios in which they were asked to engage with curriculum without understanding its development, what its direction would be, or how it interconnected to the rest of the program and overall organization. The sporadic autonomous requests, occasionally without detailed direction or support, left some participants with mixed emotions and a sense of controlled chaos leading to the final theme of *trial by fire*.

PIH1 as a newer faculty member was given the opportunity to do some curriculum development and was able to gain a new skill set and find meaning and purpose in what she was doing. New to this process however, she also found challenges without direction which added a level of frustration as a newer adjunct faculty member.

Overall it has been a positive experience and a great career opportunity to help me develop a new skill set. I enjoyed the content and I wanted the students to as well. Some of the challenges revolved around the time needed to develop curriculum and the pay associated with it...I believe that full time are allotted time to develop curriculum but we need to build that into our own personal schedules and it is a lot of time.

I had no feedback that I needed for my first time...the program director assigned to me was very supportive with this but I still felt isolated at times and didn't know if this was tying into the other BSN programs or not. It was hard to tell.

Having the opportunity to participate in the curriculum development process offers adjunct faculty members the opportunity to share their knowledge, gain new skills, and be connected to the overall program direction. Without a full time connection to the institution or the culture adjunct faculty may feel unsupported or isolated and may need to have additional reinforcement to help them acclimate to this process, the program, and the organization.

P1H1's experience of being asked to develop curriculum without a full understanding of program continuity was also reiterated as an issue by P7E1. She explained her experience with being asked to develop curriculum without a clear understanding of the program direction which was challenging to her situation.

Being part-time in nature I was not included in faculty meetings or curriculum committee meetings or things like that so I didn't have a full understanding of the landscape...there was no road map given to me to help me figure out where I fit...it would be helpful for all adjunct to have a roadmap of course progression and how components fit not only because they teach in a course but they may be moved around and teach in several courses.

Advocating additional support and direction P7E1 noted the importance of a strong communication plan to assist adjunct nursing faculty in understanding their role within the larger organization, aligning with the PTFIM (Roueché et al., 1996). Having

had more curriculum development experience than most of the other participants, P2L1 explained her comfort and confidence in editing the curriculum and taking control of some of the more challenging situations.

They handed it to us and we worked with this professor one semester....We took control. I was handed a curriculum and I continued to change it. The logic of the curriculum makes sense, but how it is taught and what you bring into it is what changes.

P6C1 with less background in curriculum development shared how she valued excellence, yet noted a feeling of schizophrenia when limited resources and a lack of connectedness prevailed in her first experience developing materials.

Graphic Elicitation

Thank you for taking the time to meet with me to discuss your experiences and for signing the informed consent form. As a reminder your participation is voluntary and you can withdraw from this exercise and interview at any time.

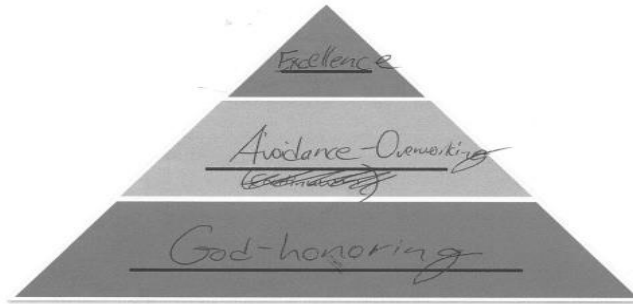
Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs: *Steward, Blessing (others), God-honoring*

Attitudes: *Schizophrenic, Avoidance-Overworking*

Values: *Excellence, Conscientiousness*

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.



Once you have completed this drawing, I would like to take a few minutes to discuss how and why you chose specific words and placed them where you did within the drawing.

As a person of faith, if I can build on the foundation of loving God (or at least seeking to) the rest becomes simpler to do & be motivated to do. I struggle with perfectionism alternating between avoidance & then overworking. When I finally figure out the balance there I move forward an move into achieving excellence... still working on that one.

Figure 6. P6C1's Graphic Elicitation

P6C1: I didn't realize I wasn't getting the curriculum, basically it was here's the book you'll be using...it was a mess. So I was like great, they have PowerPoints and that is when I naïve...the PowerPoints didn't make much sense and were full of errors, and other typos and they were like 150 slides long and I had a two and a half hour class to do a lecture and lab in...so I ended up rushing through more slides than I needed to which caused confusion, so that was like the trial by fire...now was that curriculum development? It was more work than I realized

and I didn't know what I had gotten myself into. I was basically figuring things out for myself.

P6C1's experience led to the thematic phrasing of *trial by fire* that captured many of the participant's stories often indicating tension and an urgency to perform as an expert in the subject they were teaching despite having limited knowledge in the evolution of the curriculum. The knowledge gap formed from lack of or limited interaction in the development of the curriculum places the adjunct faculty members in a precarious position. They may be limited in their understanding of the direction of the course or may fail to pull out critical information needed to ensure student success.

This potential rift was not related to the comprehension of the factual curriculum they were teaching, but rather a gap in understanding the process and how the course materials were actually connecting to their programs. This gap, real or perceived by participants, may have challenged the participant's understanding of their class purpose, the program, the organizational mission, and ultimately their responsibility to the students they teach leading to the importance of our understanding their stories of their *trials by fire*.

Conclusion

The data analysis of the graphic elicitations and interviews of the seven participants along with the review of my reflective journal led to the discovery of five pivotal themes, *assembling a critical foundation*, *value added*, *incidental collaboration*, *a seat at the table*, and *trial by fire*. These themes provided the answers to the following three research questions:

1. What belief, values, and attitudes do adjunct nursing faculty attribute to the importance of nursing curriculum?
2. How do adjunct nursing faculty describe their interactions with other members of the nursing education team in the academic settings in which they teach?
3. What stories can adjunct nursing faculty share related to their involvement in the curriculum development process?

Each of the five themes provided answers to the posed research questions ultimately offering insight into understanding the overall experiences that these participants describe having within the curriculum development process.

First by acknowledging the curriculum as a critical foundation, these practitioners were able expand upon the information provided by adding their clinical experiences and offering their students an opportunity to fully appreciate the field specialties of their instructors. As active field practitioners they were able to bring relevant experiences and attributes to the students. These ideas the participants felt were core to their student's development and advancement in a field whose class sequence is dependent upon the tacit knowledge gained in the prior class. The adjunct nurse educators shared their beliefs through stories, provided various affirming attitudes, and acknowledged the value they place on curriculum, noting it to be one of the most critical factors that can influence the establishment of a strong nursing practice. Insight on these attributes denoting curriculum as a critical foundation forms the basis for understanding their appreciation and inclination to have a voice and a role in the curriculum development process.

Their thoughts on what value they add to the curriculum provided enlightenment as well as an opportunity for more research in the future. Appreciating the distinct talents of these individuals and hearing their stories of how they felt their practice intersected with their classroom instruction reinforces the importance of having them add their unique voice to the development of the curriculum they are teaching. This offered a unique learning situation for the students while also providing the organizations with subject matter experts who could assist with expanding and developing new curriculum and practical simulations.

Participants provided their insight into their interactions with their full-time faculty members and how there is often a gap in collaboration that does not offer them an opportunity to provide input or feedback, leaving them out of the conversation and process. Having limited contact with full-time faculty members can often restrict access to those individuals who are developing the curriculum that the adjunct faculty members are responsible for teaching. At times a few participants noted that limited interaction can result from alternate schedules within institutions that often pre-set staff meetings and discussions during the day to meet the needs of their full-time faculty members. This can hinder participation for many adjunct faculty members working in full-time field positions during the day at other institutions. There were a wide range of experiences from those participants that did have the opportunity to collaborate with their full-time faculty members. Some appreciated a limited amount of input in the curriculum development process, while others felt a sense of isolation despite being assigned a full-time faculty liaison.

Most adjunct nursing faculty members in this study noted that they were not usually in direct communication with other full-time faculty nor were they invited to participate in organizational and departmental meetings regarding curriculum. Some were purposeful in expressing their willingness to attend meetings and those that had the opportunity to do so expressed their feelings of invisibility or being minimized. Despite the challenges and the inconsistent level of involvement, it was clear that all of the participants in this study wanted to at minimum to have the opportunity to provide some input into the development of the curriculum that they were teaching.

They shared how they are often given teaching opportunities without insight into the development or association with prior classwork often leaving them feeling frustrated or disillusioned. Provided a voice in the academic curriculum conversation, adjunct nursing faculty could help to expand continuity between the classes and offer a more concise direction within the overall program. Through this study participants shared their experiences and stories of teaching and the importance to them of imparting their knowledge on their students. Some of the instructors had been teaching for several years and were comfortable asking questions regarding the curriculum they were teaching, while others with less experience expressed a sense of discomfort in doing so. Those with more experience in curriculum development who were given the chance to create class material often expressed that they had an easier time doing so. Despite experience in developing curriculum some still acknowledged a sense of disconnect and lack of autonomy in making significant and impactful changes potentially precipitated by the department or institution. Novice instructors who were provided a resource or liaison still expressed challenges in connecting one class to the next class without a holistic

understanding of the overarching program. This gap in knowledge challenged most of the participants who were confident in their ability to teach their own classes within their own field, but often wondered how this all connected for the students. This passive exclusion, often influenced by the organizational culture, aligned with the Part-Time Faculty Integration Model (Roueche et al., 1996). Throughout this entire process, the one commonality that they all shared was the need to have a voice and be a part of the curriculum development process.

Exploring and discovering how these adjunct nursing faculty members attributed importance to their respective curriculum, added value to it, interacted with full-time colleagues, requested to be heard, and shared in their stories related to their involvement in the process offered a wealth of information that is the basis for this analysis. The details shared, as well as the overall analysis helped to holistically understand the participant's experiences within the curriculum development process. Chapter five will continue this discussion and present an in-depth overview of this study as well as potential implications it may have on nursing policy, practice, leadership, and future research opportunities.

Chapter 5

Discussion

As more full-time nurse educators confront retirement, schools of nursing often fill their vacant positions with adjunct nursing faculty from the clinical realm (AACN, 2017b; Koharchik, 2017; NACNEP, 2010; Rich & Nugent, 2010). Although there is much research regarding the transitional challenges that these clinicians face such as role misperception, insecurity, lack of support, and isolation (Benner, 1984; Carlson, 2015; Dolan, 2011; Duphily, 2011; Forbes et al., 2010; Gazza & Shellenbarger, 2010; Poindexter, 2013; Santisteban & Egues, 2014; Schoening, 2013), the gap in literature that had existed regarding the experiences of these adjunct nursing faculty members within the curriculum development process has been minimized due to this qualitative inquiry. This case study explored their experiences in this process viewed through the lens of the Part-Time Faculty Integration Model (Roueché et al., 1996). Each of the participants within this bound case study shared a unique story with similar nuances that provided this collective portrait of their experiences.

Adjunct nursing faculty in this study recognized the importance of the curriculum they were teaching their students and acknowledged the value they as field experts brought to the curriculum. Most participants in this study had little interaction with their full-time colleagues who were often responsible for developing the curriculum and making decisions regarding the process itself. Despite the limited opportunities of engagement for most participants, it was evident that all of these adjuncts desired to be heard and to have a comprehensive understanding of the structure and integration of the curriculum within their respective programs. It was important to recognize that these

participants underscored the value of the curriculum development process as a tool that enhanced their teaching practices while also assisting them as they prepared their students for transition into safe and competent nursing professionals.

This chapter expands the discussion surrounding the findings previously documented in Chapter Four. The research questions guiding this study are outlined below and highlight the contributions these findings make to the literature. Finally, this chapter concludes with implications and recommendations as they apply to practice, policy, research, and leadership.

Beliefs, Values, and Attitudes Attributed to Nursing Curriculum

The first research question asked “what beliefs, values, and attitudes do adjunct nursing faculty attribute to the importance of nursing curriculum” and was addressed in the findings by the participant’s shared convictions that the nursing curriculum was the critical foundation on which students needed to build their future nursing careers. Specifically participants noted the importance of teaching their students a curriculum that focused on the patient while also ensuring that it was current and relevant to the students and their future practice needs. The literature regarding patient-centered curriculum and quality, confirms that classroom materials with a focus on the patient are a crucial component of the basic nursing foundation on which to build a nursing practice (AACN, 2008a, 2008b; Billings & Halstead, 2012; Gazza & Shellenbarger, 2010; Johnson & Smith, 2011; Keating, 2015).

Another conviction that participants shared involved their belief that engagement in the curriculum development process would inform their teaching practice so they could further support and mentor their students by integrating their personal and practice-based

knowledge into the classroom materials. Keating (2015) noted that as teaching changed from a transactional to a learner-centered approach, educators took on the “role of expert, mentor, and coach” (p. 193) over a strict lecture-based approach to teaching. Keating’s concept confirmed that participants were appropriate in evolving their teaching practices through engagement in this process to become mentors in order to enhance their teaching skills to meet the demands of this new generation of students. Roueche’s et al. (1996) research further adds that the integration of a person’s convictions and background that they bring to an organization can impact their role in obtaining or losing rights to be a part of the decision making process within a program or organization. Providing personal experiences while also ensuring the incorporation of relevant and current materials into their classes demonstrated participant commitment to the curriculum as a foundation for future nursing practice.

Assembling a critical foundation. In the first theme supported by data, *assembling a critical foundation*, participants shared their passion for the curriculum and were intrinsically motivated to share the materials they were delivering to their students. They valued the importance of the curriculum as a foundational part of their student’s education and success, despite their inconsistent involvement in its development. This corroborates what Zawaduk et al. (2014) found when they were reviewing a 25 year program and noted that the program success was based on a collaborative curricular model built to provide students with a critical nursing foundation that would prepare them for professional practice. P6C1 who was not always actively involved in development of some of her class curriculum shared “*I want to create excellent nurses who take excellent care of patients...*”, demonstrating her desire to help her students

build a strong nursing basis through her teaching. This substantiates current literature that discusses the passion that nurse educators have for sharing their knowledge with students including the work of Gazza and Shellenbarger (2010) whose participants recognized their rewards through the success of their students (p. 357). Duphily (2011) further documented her informant's love for teaching and impacting student lives through their unique lectures and knowledge sharing. Carlson (2015) additionally noted that the internal rewards often drove participants towards adjunct teaching despite lower compensation (p. 44). Dattilo, Brewer, and Streit (2009), examined why nurses become educators, and found that having a passion for teaching and feeling "committed to passing the torch to the next generation" were critical to their participants taking on this role as faculty (p.369). These studies further substantiate what participants in this study asserted, namely that the curriculum establishes a foundation for the student's future nursing career. Finally, Roueche et al. (1996) noted that this type of passion and motivation can help individuals to be further vested in organizations and vice versa leading to more committed relationships and ardent collaborations. Their model corroborates the notion that these study participants and their vested interest in the curriculum enhances their desire to create a foundation of knowledge that will foster a competent and compassionate nursing work force.

Participants in their goals to instill knowledge also discussed their roles as "nurse navigators" of curriculum. They shared that they felt they guided and mentored their students through difficult didactic sessions of cumulative information that concurrently built upon each class. They were essentially assembling the knowledge that was critical for their students to synthesize in order to advance. P4K1, as an example, defined her role

as “*being a facilitator*” in the classroom, using her ability to start off the class discussions to help students self-discover and build upon the evidence-based solutions that are critical for nurses. Patton, Parker, and Neutzling (2012) extracted from their study the importance of facilitators allowing the voices to be heard to grow in self-discovery, solidifying the importance of how P4K1 was helping her students to think critically. P5M1 employed a slightly different approach as a guide and mentor. Through her mentoring relationships she was able to guide her students in connecting their classroom theory to the clinical practice, enhancing their critical thinking skills. Although differing in delivery, participants had a similar goal of helping students navigate the curriculum again aligning with Keating (2015) who advocated for a change from lecturer to mentor or facilitator in order to develop students into independent critical thinkers with evidenced base practices that are built upon a solid foundation.

The final aspect that developed this theme and answered the first research question was the participant’s belief that it was critical to provide curriculum that was current and relevant to today’s field of practice and the students themselves. Zawaduk et al. (2014) similarly revealed that a critical philosophy of the update for the program they reviewed was to ensure that all curricula would continue to be relevant and current to students and their practice. Participants in this study shared that with the rapidly evolving healthcare system and advances in medicine, they could not afford to teach outdated or irrelevant information in their classrooms. This forced some like P2L1 who specialized in global health, to move beyond the standard textbook and use frequently available reports and data as well as collaborate with guest lecturers in order to provide students with the most relevant and current instruction. The experiences of these practitioners align with

some important points that Peltzer, Teel, Frank-Ragan, and Nelson-Brantley (2016) state as critical for educators to be aware of, namely that with rapid changes in healthcare, it can be difficult to provide information that is going to be valuable while still engaging the student. Their research offered a solution of providing students with authentic practice-based experiential problems that required program development, implementation, and delivery. Although not specifically experiential, participants of this study were able to share their first-hand knowledge lending some insight into what their students may experience when they become practitioners. As technology and science continue to advance the field of medicine, it was clear that these participants were aware that the gap between didactic instruction and practice may continue to grow if they as nursing educators are not purposeful in keeping pace in the classroom.

Value added. After learning of the participant's vested interest in the curriculum, data revealed an additional theme of *value added*, that also helped answer the first research question in this study. As noted in Chapter Four, it was important to grasp the value that these participants felt they added to the curriculum from their own historical and unique perspectives. Day (2012) found that valuable knowledge can be shared and relationships developed through the stories nurses tell as part of their experiences, something that these participants did as a regular part of their didactic practice. Roueche et al. (1996) model enlightens us to the value that a person's history and experiences lend to an organization. They espouse that an individual's background and their experiences add a unique perspective to an organization blending with the core values to increase diversity while offering an additional lens through which their students can view the world.

Through this study participant's shared essential knowledge from their practice base specialties, independent lenses, and life experiences that justified the value that they added to the curriculum. The information they shared with their students potentially offered a field advantage on practical challenges and opportunities in the clinical setting adding to the value of the curriculum and the organization. P5M1, as an example, acknowledged that her specialty in public health provided a global view of healthcare by encouraging students to look at things holistically, past the four walls of the hospital, and into the community. Additionally, she shared that her practice lens provided her an expanded view of nursing beyond a single outcome with a focus on aggregate results that other colleagues may lack.

Participants in this study offered a unique field perspective that added value to the curriculum in the form of tangible clinical examples. They felt that this first-hand knowledge provided their students with an expansive theoretical base while adding a diverse learning experience to the organization's program. Their beliefs and attitudes that they were adding value to the curriculum confirms what Billing's and Halstead (2012) advocate for, namely an integration of clinical knowledge with classroom to provide an enhanced and experiential curriculum. Roueche's et al. (1996) foundational theory further notes that what a person brings to the organization can augment relationships leading to a more inclusive association with an institution. Their Part-Time Faculty Integration Model (Roueche et al., 1996) also indicates that non-integration can occur if organizations do not actively pursue relationships. To this note, participants shared feelings of being excluded, particularly related to interactions with their full-time colleagues. This led to the next theme that answered the second research question regarding faculty interaction

and collaboration. Leading into this next theme was important to lay the groundwork for understanding participant's experiences and their inclusivity in the curriculum development process.

Interacting With Full-Time Faculty

The second research question in this study inquired “how do adjunct nursing faculty describe their interactions with other members of the nursing education team in the academic settings in which they teach?” This question was answered through discourse with participants who described their inconsistent interactions with their full-time academic colleagues, leading to the theme *incidental collaboration*. This theme examined the relationship between full and adjunct faculty members in this study to determine if knowledge sharing or collaboration within the confines of the curriculum development process was occurring.

Incidental collaboration. While curriculum development is often delegated as a responsibility of full time nursing faculty, limited interaction with their colleagues curbs the ability of adjunct faculty members to exchange knowledge and best practice concepts between research, the field, and the classroom. Zawaduk et al. (2014) found collaboration between all parties to be an essential element that brought initial success to the program they were studying. The collaborative practice they noted engaged all parties and allowed for a more diverse and organic programming to develop. The participants stated their desire for this collaboration and the literature strongly supports this interaction between the two factions as imperative to ensuring those adjunct faculties have the resources needed to fulfill their obligations as educators, including knowledge sharing around curriculum (Billings & Halstead, 2012; Dattilo, Brewer, & Streit, 2009; Elliot, 2014;

Gazza & Shellenbarger, 2010; Koharchik, 2017; Roueche et al., 1996). P6C1, although provided a contact person for support, had very little interaction with any other full-time peers and was not provided opportunity to engage with them regarding curriculum. Koharchik (2017) noted the importance of actively inviting adjunct nursing faculty to meetings and soliciting them for input regarding curriculum, substantiating the feelings of these participants who stated they wanted to engage in this process. P5M1 as an example was between contracted school terms and attempted to engage in the curriculum development meetings but lost access to e-mail. This loss of access to e-mail forced a loss of information, connection, and thus notifications of the meetings. Excluding adjunct faculty members from the curriculum planning and discussion can have a larger impact than in the classroom alone. Carlson (2015) found that exclusion from these discussions, whether actively or passively, could result in adjunct nursing faculty members leaving specific nursing programs, a loss for not only future students already being turned away, but the organization at large.

Elder, Svoboda, Ryan, and Fitzgerald (2016) as well as Gazza and Shellenbarger (2010) each found that interactions with other faculty and in particular sharing of information between factions, including curriculum, were some of the top concerns of adjuncts. Adjunct faculty members if given the opportunity to collaborate with full-time faculty could take on the role as subject matter expert for the department or organization and provide additional insight into the curriculum from their own practice lens. P2L1 and her colleague took it upon themselves to attempt to actively engage with full-time faculty in order to ensure that they were offering continuity in the program. Despite her efforts P2L1 still was not fully integrated nor included in the curriculum development process.

This still leaves the question; would someone without the experience or connections know how to engage in this process with their full-time academic peers? P6C1, with the least teaching background admitted she did not have those relationships or the experience to pursue outreaching to full-time faculty for engagement and direction.

P7E1 had a different experience from most of the other participants related to this topic. She was hired to assist with curriculum development because of her specific clinical expertise which resulted in her working closely with full-time faculty members to create the materials. Her involvement however was not all inclusive and was limited to her specialty classes, leaving gaps in her experience within the overall curriculum development process. P7E1's involvement in this process did not align with the other participants who were hired to teach within their specialty or general nursing area, but not specifically to create a curriculum around that specialty. Most of the other participants in this study shared varied experiences, some having more interaction and thus some input into the curriculum development process, while others were excluded either actively or passively. This pattern of inconsistency among participants appeared to be dictated by the organization and not the individual participant, with some participants such as P3P1 having two diverse experiences at different organizations, one quite inclusive while the other exclusive. Roueche et al. (1996) theorize that institutions are fluid with their level of integration and inclusion and can change via internal cultural shifts or because of what an individual brings to that institution. Despite these organizational variations and participant experiences, the literature is clear that collaboration between the two factions including curriculum, can enhance the learning environment and creates support and

continuity for faculty, students, and the overall nursing program (Billings & Halstead, 2012; Hagler et al., 2011; Roueche et al., 1996; Spaniel & Scott, 2013).

Another interesting finding that led to the theme of *incidental collaboration* was the acknowledgment by most participants that they worked with a full time designated liaison as a primary contact. Most of these interactions appeared to be more administrative in nature than directly related to the participant's academic endeavors but many participants did share that these contacts were helpful and supportive in their role as adjuncts. Despite the connection with a designated adjunct contact, limited interaction with other full time faculty members led some participants to feel a sense of isolation and exclusion from their colleagues, and at times the overall nursing program. P1H1 as an example revealed that she had access to a full-time resource but did not feel as if it connected her closely to the program's curriculum development process, despite the organization's supply of this resource. Participant feelings of limited interaction and isolation from their full-time peers align with the findings that Forbes et al. (2009) captured in their study on adjunct faculty in which their participants described isolation and lack of support from full-time faculty members as a hindrance to the teaching process, something that participants in this study also shared. Koharchik (2017), Rice (2016), and Santisteban and Egues (2014) also acknowledge in their own findings that adjunct can perceive a sense of isolation due to a variety of reasons including lack of direct contact with the institution or other faculty members which further authenticates this inquiry.

Although most organizations continue to have full-time faculty members develop the curriculum, it is important to have adjunct nursing faculty members corroborate with

them. Creating a collaborative curricular relationship between full-time faculty and adjunct faculty members can offer many benefits. A collaborative relationship could clarify any confusion regarding continuity between classes, increase compliance with program goals, increase innovation, expand and diversify the teaching knowledge, and provide a more inclusive experience for all members of academia (Billings & Halstead, 2012; Gazza & Shellenbarger, 2010; Hagler et al., 2011; Keating, 2015; Roueche et al., 1996; Spaniel & Scott, 2013).

Sharing Their Stories

The third and final research question that supports this qualitative inquiry examines more closely the experiences of the participants by exploring the stories they shared. Two final themes that evolved from the data support this last question regarding “what stories an adjunct nursing faculty share related to their involvement in the curriculum development process?” were *a seat at the table* and *trial by fire*. These two themes describe some of the positive encounters as well as some of the obstacles participants shared as a result of their experiences within the curriculum development process.

A seat at the table. As teachers in the classroom, adjunct nursing faculty members are expected to have a certain level of comprehension regarding the curriculum that they are delivering. Poindexter (2013) noted in her study that tenured professors had a “higher priority” (p. 561) placed on curriculum design, with lower expectations for non-tenured educators. The question arises, if all educators are expected to understand and excel at what they are teaching than it would be prudent that all faculty members

including adjunct should participate in the curriculum development process and take a seat at the table.

Participants in this study offer some inconsistent experiences in the stories they shared but most confirmed that they were not actively invited to be a part of the curriculum development process. Some did note that they were specifically hired for that purpose and some also noted they actively did pursue inclusion. The three most prominent examples that stood out from the data included the experiences of P7E1, P5M1, and P4K1. Discussed earlier each of the stories provided by these participants either confirms their seat at the table for curriculum development or demonstrates their exclusion from the process.

The first example is that of P7E1 who as mentioned earlier was hired specifically to develop curriculum for the nursing program at her institution. Because of this intent to develop this program she was actively solicited for her input and collaborated more with some of her full-time faculty peers than others in this study. This clarified her voice for input into the curriculum and held her seat at the table for her specific course. Outside of her specific class however she mentioned the limited input that she had related to curriculum development for the broader program leaving her with a knowledge deficit related to program continuity and direction. P7E1's lack of direction was similar to other participants in this study who felt they could not connect with some of the other classes. Her story and experiences also confirm the findings of Gazza and Shellenbarger (2010) who noted that their participants lacked details and integration with the curriculum and the programs goals, leading to confusion as well.

P5M1, although not hired specifically for curriculum development, actively tried to become involved and bring her own seat to the table. As discussed earlier, she shared her story regarding the frustration that accompanied her active pursuit of engagement in the curriculum development committee only to be dropped from the e-mail list service when her contract cycle ended. This left her feeling excluded and disconnected from the program despite her contract to teach the following semester. This active disengagement based on organizational policy left her without a way to engage, have input, or understand the curriculum development process at the institution in which she was intermittently teaching.

Similarly, P4K1 expressed challenges in participating in the process when she shared that she noticed that “some things within the curriculum were not working”. She attempted to outreach and engage with the curriculum development team but was left feeling excluded from the conversation. She noted that even if able to attend the meetings occasionally on her own time she was not included in discourse regarding the development of curriculum even for the classes she was teaching. She admitted that she was able to make small changes to her class curriculum at times and could outreach to her liaison with questions or concerns, but this did not afford her the input or understanding of the global process that would offer her the inclusion she felt would be valuable as an educator.

Others in this study like P3P1 and P2L1, noted that their experiences varied based on where they worked, emulating the divergent results noted in the literature below. P3P1 directly spoke to the inclusivity of one institution she worked at while sharing towards the end of the conversation her experience of exclusion at another institution, noting that

the need for inclusion goes beyond the individual organization. Dolan (2011), Gazza and Shellenbarger (2010), and Forbes et al. (2009) reported similar findings in their studies noting a call to open communication, support and a voice and seat at the table to listen, learn and have access to decision making within their organizations. Their experiences confirm the PTFIM in which Roueche et al. (1996) assert that individuals bring their own personal narratives and experiences to the table which can lead to involvement in the decision making process. This alone, however, does not ensure a seat at the table as was indicated by some of the participants in this case study.

The consensus among participants in this study was to have a voice and be a part of the curricular discussion from development through delivery, in order to enhance proficiency in the classroom. Spaniel and Scott (2013) and Roueche et al. (1996) found that the organization can enhance socialization and communications thereby increasing participation and inclusivity in the decision making process or they can block or discourage the same, promoting exclusion of individuals. Further, they specifically reiterate the importance attributed to participation in the decision making process, in order for members to be fully vested in the delivery of their organization's mission (Roueche et al. 1996) in the case of this study, providing education for the next generation of nurses (Dolan, 2011; Duphily, 2011).

Trial by fire. Enthralled with the prospect of sharing their knowledge participants seemed bewildered by some of the situations they were sporadically compelled to participate in when it came to teaching unfamiliar curriculum for their classes. Emotions ranged from controlled chaos and frustration, to lack of clarity and freedom with flexible autonomy. With this extensive range of feelings the final theme that evolved from the

data was *trial by fire* which succinctly attempted to capture the experiences of the participants through their stories.

When asked to share some of their most notable experiences in the curriculum development process, some participant stories included a negative experience. P6C1 as an example shared a story of being asked to teach a class and develop the curriculum for it with the use of the book and slides created from the publisher. Although she was able to create materials for the class she did share how unprepared she felt when she realized that the slides and book materials were not enough to teach this class. Duphily (2011) in studying novice nurse educators captured a similar theme that she described as “dancing as fast as I can: the great learning curve” (p. 126). She notes that similar to P6C1, her participants as novices felt unprepared for their roles in academia and struggled with learning to master their new skills. Gazza and Shellenbarger (2010) also found similar results and created the theme “Jump In and Figure It Out” (p. 356) which captured their participant’s feelings of chaos and confusion. Comparable to their study, P6C1 and other participants in this study were able to “figure it out” and find a viable solution, but often under the auspices of added personal stress and worry.

For P1H1, assisting with curriculum development added a new skill set, but also left her feeling isolated, unsupported and questioning the connection to other classes. This sense of frustration, confusion, and isolation validated the findings of Forbes, Hickey, and White (2009) who noted similar feelings from the participants in their study who felt as if there was a lack of supporting resources. P7E1 experienced a different set of circumstances because she was specifically hired to create a curriculum for one course. As mentioned earlier, she initially thought she could define that specific course direction

but lacked an understanding of the continuity between her class and the others surrounding it. This left her questioning the correct direction for her own course materials within the program goals and forced her to rely heavily on her contact to ascertain guidance. Each of these experiences shared by participants can challenge an educator and the students that take their classes. The stories shared by these participants demonstrated that creating curriculum for a class can be an exciting and rewarding endeavor or a challenging and stressful event if excluded from the very process that can help guide and support them.

Although transferability is unlikely due to the size and nature of this study, insight into the narratives of this particular group of adjunct nursing faculty members and their experiences within the curriculum development process have been uncovered. Information has been gathered and documented denoting the convictions that they hold towards the curriculum they teach, as well as the value that they bring to the curriculum via their field expertise. Participants have shared their awareness of the importance of collaborating with their full-time colleagues in the curriculum development process as well as their desire to be a part of the conversation to provide input into their curriculum development.

Finally, this inquiry helped to extend the Part-Time Faculty Integration Model that Roueche et al. (1996) originally developed from the research they did at community colleges (Roueche et al., 1995). The data from this research involving the experiences of adjunct nursing faculty in the curriculum development process applied their model to nursing faculty members working within institutions that grant a bachelor's degree in nursing thereby expanding it beyond the original community college application.

Additionally, it was specifically used as the theoretical foundation to explore the experiences of adjunct nursing faculty members within the curriculum development process, something that was not explored originally (Roueche et al., 1996). Further, although limitations prohibited detailed exploration in this study, their theoretical framework could be used to examine the adjunct nursing faculty member's integration experiences within a variety of institutions such as large teaching universities or smaller private colleges. It was through the expansion and application of their model (Roueche et al., 1996) in this study, and the stories shared by participants, that we were able to further understand the experiences, challenges, and opportunities that adjunct nursing faculty face daily as they strive to provide a meaningful and comprehensive learning experience for the next generation of nurses.

Implications

The main goal for conducting this qualitative case study was to close a gap in the research regarding the experiences of adjunct nursing faculty members in the curriculum development process. As career nurse educators retire and are replaced with adjunct nursing faculty members it is imperative to understand if, and how, these adjunct educators are being included or excluded in the basic process to comprehend, develop, and deliver nursing curriculum that is constantly changing to meet the needs of an ever evolving healthcare system (AACN, 2008a, 2017b; Koharchik, 2017; NACNEP, 2010; Rich & Nugent, 2010). A secondary goal as an outsider to the field of nursing education was to become more informed about specific opportunities and challenges that these adjunct nursing faculty members faced when teaching as part-time staff in institutions within my region. Although limited in size, this inquiry provided some insight for

practice clinicians, policy makers, and leaders to further understand the experiences, opportunities, and challenges of a small sub-set of part-time nurse educators.

Furthermore, this research offers additional opportunities for extended research that would expand upon these current findings not only within the field of nursing but also beyond this context to other adjunct faculty members in other fields.

For Practice Clinicians

Nursing education needs adjunct nursing faculty to help teach the growing number of eligible student candidates who aspire to be nurses (AANC, 2017b; Robert Wood Johnson Foundation, 2007). Ensuring the willingness of these practitioners to step out of their clinical comfort zones and into the academic realm is crucial to increasing the number of adjunct nursing faculty members inclined to teach. Findings in this study indicated that most of these clinical experts were driven to the didactic realm of nursing because of a passion to teach and the belief that the nursing curriculum is the critical foundation that forms a solid nursing practice. Further it was uncovered, that each of the field experts brought with them to the classroom a unique and diverse knowledge set that they felt added value to the curriculum and ultimately the students they were teaching. Despite their enthusiasm to share their clinical expertise through the curriculum, many of the participants were inconsistently solicited but were never really fully included to participate in the curriculum development process, leaving them excluded from crucial details pertinent to the very information that they would be teaching. A compelling implication of this study was that despite serendipitous and often passive exclusion from the complete curriculum development process, practitioners were able to successfully

create, edit, or adapt at least to some extent the curriculum for their classes, but often with added angst, confusion, or frustration.

It is clear that nursing academia will continue to need more adjunct nursing faculty to maintain the supply of new graduate nurses moving into the professional realm. As more clinical experts consider stepping into the role of adjunct nursing faculty, they might consider investigating the nuances of curriculum development prior to their first assignment. Through understanding the specifics of curriculum development and the specific process at their given institutions, these practitioners may be proponents for a seat at the table potentially enhancing their curriculum development skills and increasing peer collaboration. The findings of this study advocate that including these adjunct nursing faculty members in discussions related to the curriculum development process may not only increase their feelings of inclusiveness but could also help in the retention of these motivated and qualified part-time educators. Carlson (2015) found participants in her study mentioned an inclusive supportive culture with a voice as reasons why they stay at an organization, while exclusion and isolation were reasons to leave an institution. Gazza and Shellenbarger (2010) also concluded from their study that collaboration and inclusion in decisions, specifically curriculum development, can enhance recruitment for an organization and increase retention as well (p. 357).

For Nursing Policy

Billings and Halstead (2012), Iwasiw et al. (2009), and Keating (2015) each note the significance of organizations integrating beliefs, values, philosophies, and the mission of the program institution into the development of their curriculum. These philosophies provide structure and stability for the program and teaching guidance for the full-time

faculty. This seldom leaves room for alternate perspectives, convictions, or philosophies to have any impact. As adjunct faculty become more prevalent on college campuses however, they are not always privy to development of the curriculum they are teaching and tend to bring with them their own history, stories, and convictions that may be in conflict with foundations that developed they are teaching. This study found that adjunct faculty members relied heavily on their clinical specialties, past experiences, and belief models to help guide them when given the opportunity to develop curriculum in some of their classes. Policy-makers might consider weighing the importance that the convictions of adjunct nursing faculty members and potentially play when creating guidelines and depending on philosophies that drive curriculum development. Spaniel and Scott (2013) and Roueche et al. (1996) advocate to assist with integration, part-time educators should be offered the opportunity to socialize with other full-time faculty and staff members. Their research rationalizes that this socialization may enhance adjunct faculty members understanding of the institutional mission and program philosophies while also providing an opportunity to share their unique beliefs and philosophies.

For Nursing Leaders

The field of science moves rapidly on a trajectory to investigate new inquiries that can improve nursing practice and education forcing nursing leaders to position themselves at the forefront of this movement. Many adjunct nursing faculty members bring clinical expertise with them to the classroom to share with their students lending integrity to an interesting study outcome. The findings noted that because of their need to stay current and relevant in the field, participants often resorted to using alternate resources and evidence-based practices that were being utilized in the field, but had not

yet made it into the textbooks or program curriculum which may be updated only every one to two years. This study provides additional information for nursing leaders to further understand the unique and often unsolicited practice-based knowledge, skills, and resources that adjunct nursing faculty members can add to enhance the curriculum they are teaching. Additionally, leaders may be able to better assess what challenges these faculty members struggle with regarding their curriculum while also noting the rewards that may be gained through collaboration and inclusion in the development process. As important members of the teaching faculty staff charged with delivery of the curriculum, it is critical that they are supported and encouraged to participate in the development of the information that they are teaching (Billings & Halstead, 2012; Gazza & Shellenbarger, 2010). Excluding adjunct faculty members out of the curriculum development conversation may lead to confusion, disconnection, and frustration for those adjuncts who work tirelessly to provide students with a comprehensive educational experience (Roueche et al., 1996). While leaders are well positioned to create a culture of collaboration, the reality exists that adjunct faculty working full-time in other locations may not have the resources nor the desire to attend another meeting or be included in the curriculum development process, although this was not the case for participants in this study. Integration with new technology could assist with this collaboration to allow autonomous flexibility in collaboration for this process.

Limitations and Recommendations for Future Research

Several limitations related to this study were noted and reflect future opportunities for research. First, despite a large number of academic institutions within the geographic boundaries of this study that have adjunct faculty members on contract, participant

enrollment was limited. It was determined that this limitation resulted from a lack of direct access to participants. As an outsider looking into the field of nursing education, I was reliant on snowball sampling (Miles et al., 2014; Sadler et al, 2010) as a means to access participants. Although data saturation (Charmaz, 2014; Guest et al., 2006) was reached as participants shared similar stories and experiences, a larger number may have yielded additional perspectives on the phenomena being studied. Expanding the geographic boundaries of this study and working collaboratively with more peers and additional nursing organizations specifically related to nursing education could potentially expand participation rates.

Limitations of a solely female participant pool restricted the findings to a unilateral gender perspective and inadvertently silenced the voice of an entire population of male nurses. Inclusion of males in this population might paint a more diverse palate of experiences of these faculty members in the curriculum development process. Further, this study did not explore cultural diversity as part of its design potentially limiting the results. Both limitations of this original study design offer future opportunities to further expand this study in order to determine if gender or cultural diversity would offer additional data on the experiences of adjunct nursing faculty members in the curriculum development process.

Participants in this study acknowledge their motivation to have input into the curriculum development process, and therefore this inquiry did not fully account for potential participants that may not have been inspired, had other obligations, or were limited in other ways from participating in this process. Further inquiry into alternate

explanations for participants limited by these concerns might be fully accounted for in future studies.

Participants in this study yielded from a variety of institutions including: three participants who each taught at small private institutions with strong social missions; three participants who each taught at large private research based institutions (with two of these participants also teaching at additional large public institutions focused on social mission); and one participant who taught at a large public research institution. Although some participants reported variations in their experiences at different institutions, limitations in resources prevented a deeper investigation and understanding beyond implications presented here. Additional research using the Part-Time Faculty Integration Model (Roueche et al., 1996) as a basis could be used to explore these potential differences of inclusivity in the curriculum development process for these practitioners, based upon the unique institutions they work for. Finally, this research did not take into account the perspectives and input of department chairs, full-time faculty, or other governing bodies which may have added additional insight into collaborative practices between the multiple fractions of administration and educators. This leaves open the opportunity to investigate what input and insight these educators and administrators may add to this inquiry.

Recommendations

Many challenges as well as opportunities exist in providing a venue for adjunct nursing faculty to participate in the curriculum development process. Based on this current inquiry and underpinned by the Part-Time Faculty Integration Model (Roueche et

al., 1996) the following recommendations may want to be considered for nursing practice, policy, and leadership.

Practice

Many adjunct nursing faculty members may be employed full-time at other locations or have other obligations during the day when most full time faculty are able to meet and discuss the curriculum. Consideration in moving the meeting times may work at some institutions, while at other organizations this may not be possible. An alternative might be to offer a digital format in which participants are able to dial in and/or participate passively at a later time via a webinar format. Additionally, a discussion board could be implemented with strict timelines that would allow everyone time to review the information and provide input for all to view and respond to. This might provide the adjunct with an opportunity to learn what changes are being implemented as well as provide a venue for feedback.

Policy

Administrators as key stakeholders and leaders may want to consider reviewing their policies and procedures for curriculum development. They may be able to determine if there might be opportunities to include adjunct nursing faculty in the curriculum development process. Adding members to the committee would allow for additional beliefs and values to be incorporated into the curriculum. With flexibility in planning, adjunct nursing faculty members might be a welcomed partner to administrators and full-time faculty providing them with a diverse and innovative view from the field that may further enhance and expand their current curriculum.

Leadership

As clinical experts continue to transition from clinical into education they may lack knowledge involving the curriculum develop process. Nursing program administrators might consider creating a task force to determine what skill sets their adjuncts bring to the program, while also assessing what additional support and mentoring opportunities their adjunct faculty members may need beyond a single liaison. Nursing leaders may want to consider incorporating more informal meet and greet type gatherings between their full and part-time faculty members. Each of these suggestions might help to foster and develop collaborative relationships. Roueche et al. (1996) determined that developing relationships increases the chance of inclusivity for adjunct faculty members and greatly enhances their chances of being involved in the decision making process. For these adjunct that would open the door to their seat at the curriculum development table.

Conclusion

Adjunct nursing faculty continue to become the norm in the field of academia as they help to alleviate the nursing shortage by filling teaching gaps often left vacant by retiring career nurse educators (Koharchik, 2017; NACNEP, 2010; Rich & Nugent, 2010). As more nurses shift between their clinical positions and adjunct nursing faculty roles it is important to understand and appreciate how their backgrounds can be an asset for institutions as they move forward with developing the most current and innovative curriculum for their students. This qualitative case study offered multiple insights into the lives of seven adjunct nursing faculty members as they shared their experiences within the curriculum development process.

First, assembling a critical foundation provided the fundamental components to understanding how important these participants felt the nursing curriculum was to establishing a strong base of knowledge for their students. These adjunct faculty members shared their experiences related to the curriculum as the infrastructure on which they help facilitate the transition of their pupils from student to nursing professional. Participants also expressed the importance of having curriculum that is current and relevant within the continually evolving field of medicine. Finally, they noted the significance of having a curriculum that offers continuity between classes, is student centered, and doesn't negate the patient focus.

Participants shared how they felt their unique backgrounds influenced and added value to the curriculum they were teaching. Hailing from a variety of field specialties, these practitioners and part-time educators provided alternate viewpoints and supplementary content based on their real life anecdotes and experiences. This expanded information reinforced the value that these field experts brought to the curriculum, and the student's overall educational journey.

The desire and aspiration to be a part of the curriculum development process is distinct from having the opportunity to contribute as a collaborative part of the curriculum development team. The information that the participants shared regarding their interactions with full time faculty led to uncovering the incidental collaboration which embodies the limited interaction that many of the participants experienced. The limited interaction and collaboration with full time faculty can hinder the adjunct nursing faculty member's connection to vital information or program changes in the curriculum they are teaching, sometimes leading to a disconnect in outcomes.

As critical team members filling teaching gaps in academia, it was crucial to learn how these adjunct nursing faculty members described their experiences in the curriculum development process. This research study demonstrated that their level of inclusion in the curriculum development process varied by participant, program leadership, and the organizations at which participants taught. Additionally, a level of exclusion that existed for some participants led to confusion, frustration, and a sense of isolation.

Collectively participants in this study shared an opinion that it was important to have a voice in this process, as well as to advocate for the most current and relevant medical information that aligned with and intersected across all spectrums of the nursing program. The participant's shared experiences offered important insights into the rewards and challenges of today's supporting faculty. Not only did they cite their appreciation for the curriculum they teach as a critical foundation of nursing, but they demonstrated the diverse perspectives and add significant value that they each add to curriculum via their nursing specialty.

The experiences of these participants in the curriculum development process not only added a level of relevance to nursing academia, but may also provide insight into the experiences of adjunct faculty members from other disciplines. Although not studied as part of this inquiry, adjunct faculty members from other fields who teach without access or input in the curriculum development process may also lack direction and understanding of the information they are teaching and may benefit from the information provided here. As the need for adjunct faculty members continues to expand, it could become more relevant for organizations as a standard practice to collectively consider including them in the curriculum development discussion.

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Appendix A

Consent to Take Part in a Research Study

TITLE OF STUDY: Understanding the Experiences of Adjunct Nursing Faculty in the Curriculum Development Process: A Qualitative Case Study

Principal Investigator: Dr. Ane Turner Johnson

This consent form is part of an informed consent process for a research study and it will provide information that will help you to decide whether you wish to volunteer for this research study. It will help you to understand what the study is about and what will happen in the course of the study.

If you have questions at any time during the research study, you should feel free to ask them and should expect to be given answers that you completely understand.

After all of your questions have been answered, if you still wish to take part in the study, you will be asked to sign this informed consent form.

Dr. Ane Turner Johnson or Laurie Colborn of the study team will also be asked to sign this informed consent. You will be given a copy of the signed consent form to keep.

You are not giving up any of your legal rights by volunteering for this research study or by signing this consent form.

A. Why is this study being done?

The purpose of this research is to understand your experiences as an adjunct nursing faculty in the curriculum development process. Your participation in this study and the subsequent results from this research may add to nursing knowledge and practice and will become part of the final published dissertation.

B. Why have you been asked to take part in this study?

You are being asked to participate in this study as an adjunct nursing faculty member who can share your unique experiences as they specifically relate to this study.

C. Who may take part in this study? And who may not?

Participants are limited to adjunct nursing faculty members that teach nursing classes part-time at a four year institution within any of the following geographic regions of Bucks, Montgomery, Chester, Delaware, and Philadelphia counties in Pennsylvania and the State of New Jersey. Nursing faculty members who are full-time instructors with over two years of full-time teaching experience and adjunct nursing faculty members that teach exclusively in the clinical setting at are excluded from this study.

D. How many subjects will be enrolled in the study?

Recruitment for this study will be on-going until sufficient data/information has been obtained to understand and describe the participants' experiences in this process.

E. How long will my participation in this study take?

The overall study will take place over the next four to six months. As a participant, you will be asked to meet in person with the researcher for a minimum of two times. The initial meeting will take approximately 60 minutes. Within 45 business days after the initial meeting you will be contacted for an additional meeting to review and clarify the information you provided. The follow-up meeting will take between 30 and 60 minutes.

F. Where will the study take place?

A mutually agreed upon meeting location will be determined with both parties prior to the first meeting. The location will be a quiet place in which you as the participant will feel comfortable to share information freely. The location of the follow up meeting will be determined with each participant at the end of the first meeting.

G. What will you be asked to do if you take part in this research study?

At the first meeting you will be asked to participate in a 15 minute written exercise in which you create a written word list and then place those words within a provided illustration.

After this information is reviewed with you, you will be asked to participate in a 45 minute audio-recorded interview in which notes will be taken to ensure that all details you describe are captured accurately. A subsequent follow up meeting will be used to discuss and clarify what you shared at the first meeting.

H. What are the risks and/or discomforts you might experience if you take part in this study?

Some portions of the written exercise or interview may make you feel uncomfortable or upset. Because of the nature of questioning, the likelihood of this occurring is rare, however if you do experience discomfort, you have the right to refuse to participate or answer any of these questions without any recourse.

I. Are there any benefits for you if you choose to take part in this research study?

The benefits of taking part in this study may include a sense of personal enrichment and support as well as an increased understanding of your role as an adjunct nursing faculty member within the curriculum development process.

However, it is possible that you might receive no direct personal benefit from taking part in this study. Your participation may help us to understand your experiences within this process which can benefit you directly, and may help other people to increase nursing research, nursing policy, or nursing practice around this topic.

J. What are your alternatives if you do not want to take part in this study?

There are no alternative studies available. Your alternative is not to take part in this study.

K. How will you know if new information is learned that may affect whether you are willing to stay in this research study?

During the course of the study, you will be updated about any new information that may affect whether you are willing to continue taking part in the study. If new information is learned that may affect you, you will be contacted.

L. Will there be any cost to you to take part in this study?

There is no cost for you to participate in this study.

M. Will you be paid to take part in this study?

You will not be paid for your participation in this research study.

N. How will information about you be kept private or confidential?

All efforts will be made to keep your personal information in your research record confidential, but total confidentiality cannot be guaranteed. Your personal information may be given out, if required by law. Presentations and publications to the public and at scientific conferences and meetings will not use your name and other personal information.

Your collected data will be coded to de-identify you and any personal information. All data and contact information for follow up meetings will be stored securely in a locked cabinet or kept on a secure computer accessible only by finger print scanner. Only the primary researcher under the direction of the Dr. Ane Turner Johnson will have access to your data.

O. What will happen if you are injured during this study?

If you are injured in this study and need treatment, contact your personal healthcare provider and seek treatment.

We will offer the care needed to treat injuries directly resulting from taking part in this study. Rowan University may bill your insurance company or other third parties, if appropriate, for the costs of the care you get for the injury. However, you may be responsible for some of those costs. Rowan University does not plan to pay you or provide compensation for the injury. You do not give up your legal rights by signing this form.

If at any time during your participation and conduct in the study you have been or are injured, you should communicate those injuries to the research staff present at the time of injury and to the Principal Investigator, whose name and contact information is on this consent form.

P. What will happen if you do not wish to take part in the study or if you later decide not to stay in the study?

Participation in this study is voluntary. You may choose not to participate or you may change your mind at any time.

If you do not want to enter the study or decide to stop participating, your relationship with the study staff will not change, and you may do so without penalty and without loss of benefits to which you are otherwise entitled.

You may also withdraw your consent for the use of data already collected about you, but you must do this in writing to:

Dr. Ane Turner Johnson
Associate Professor, Educational Leadership
Rowan University – James Hall 3085
201 Mullica Hill Road
Glassboro, NJ 08028

If you decide to withdraw from the study for any reason, you may be asked to participate in one meeting with the Principal Investigator.

Q. Who can you call if you have any questions?

If you have any questions about taking part in this study or if you feel you may have suffered a research related injury, you can call the Principal Investigator:

Dr. Ane Turner Johnson
Associate Professor, Educational Leadership
Rowan University – James Hall 3085
201 Mullica Hill Road
Glassboro, NJ 08028
856-256-4500 x 3818

If you have any questions about your rights as a research subject, you can call:

Office of Research Compliance
(856) 256-4078– Glassboro/CMSRU

What are your rights if you decide to take part in this research study?

You have the right to ask questions about any part of the study at any time. You should not sign this form unless you have had a chance to ask questions and have been given answers to all of your questions.

AGREEMENT TO PARTICIPATE

I have read this entire form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form or this study have been answered.

Subject Name: _____

Subject Signature: _____ Date: _____

Signature of Investigator/Individual Obtaining Consent:

To the best of my ability, I have explained and discussed the full contents of the study including all of the information contained in this consent form. All questions of the research subject and those of his/her parent or legal guardian have been accurately answered.

Investigator/Person Obtaining Consent: _____

Signature: _____ Date: _____

Appendix B

Rowan University Institutional Review Board Audio/Videotape Addendum to Consent Form

You have already agreed to participate in a research study conducted by Dr. Ane Turner Johnson and Laurie Colborn, Doctoral Candidate and Co-Investigator. We are asking for your permission to allow us to audiotape our listing exercise and interview session as well as any follow up sessions as part of that research study. You do not have to agree to be recorded in order to participate in the main part of this study.

The recording(s) will be used for:

- confirmation and clarification of in-person meeting discussions and;
- analysis by the research team

The recording(s) will include only date and time of the meeting and what is shared by you during the listing exercise and the interview. No other identifying information will be captured on the audiotapes.

The recording(s) will be stored in a locked file cabinet linked with a code to subjects' identity and will be destroyed upon publication of the dissertation study.

Your signature on this form grants the investigators named above permission to record you as described above during participation in the above-referenced study. The investigators will not use the recording(s) for any other reason than that/those stated in the consent form without your written permission.

AGREEMENT TO PARTICIPATE

I have read this entire form, or it has been read to me, and I believe that I understand what has been discussed. All of my questions about this form or this study have been answered.

Subject Name: _____

Subject Signature: _____ Date: _____

Signature of Investigator/Individual Obtaining Consent:

To the best of my ability, I have explained and discussed the full contents of the study including all of the information contained in this audiotape consent form. All questions of the research subject and those of his/her parent or legal guardian have been accurately answered.

Investigator/Person Obtaining Consent: _____

Signature: _____ Date: _____

Appendix C

Graphic Elicitation

Thank you for taking the time to meet with me to discuss your experiences and for signing the informed consent form. As a reminder your participation is voluntary and you can withdraw from this exercise and interview at any time.

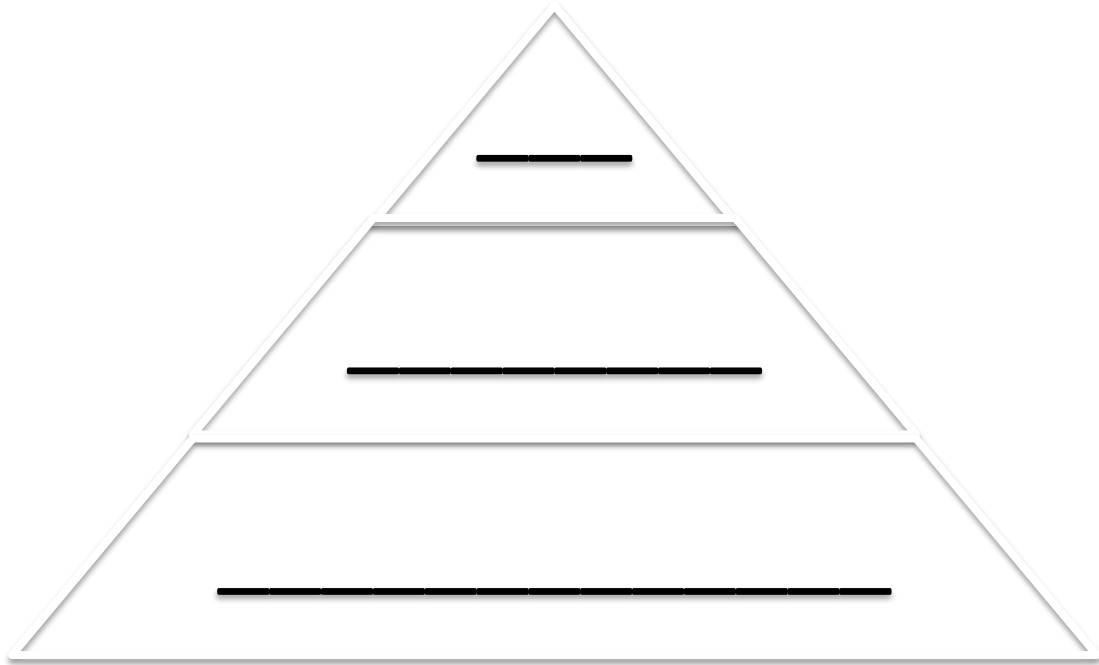
Graphic Elicitation: Please write the first two or three words that come to mind when you think about nursing curriculum in the context of your:

Beliefs:

Attitudes:

Values:

The basic concepts of nursing care are based on Maslow's Hierarchy of Needs (1943) with air, food, water, and safety being the most important for survival. Using this concept please place one word from each of three lists above within the triangle below.



Once you have completed this, I would like to take a few minutes to discuss why you chose specific words for this drawing.

Appendix D

Research Interview Protocol

1. How did you become an adjunct nursing faculty member and what is your clinical area of nursing/expertise? (Demographic)
2. How many years have you been an adjunct instructor and how many classes do you currently teach? (Demographic)
3. What inspired you to teach nursing? (RQ#1)
4. What do you feel is the most important aspect of being a competent professor?
(RQ#1)
5. How important do you feel curriculum development is to your teaching practice and how does your expertise contribute to what you teach? (RQ#1 & #3)
6. How do you feel curriculum development relates to student success and learning outcomes? (RQ#3)
7. Do you feel your students value the classes you teach? (RQ#1)
8. What interaction do you have with full time faculty members? (RQ#2)
9. How do you feel you provide continuity in coordinating classes along with your full time colleagues? (RQ#2)
 - a. What is an example you feel comfortable sharing?
10. What has been your experience being involved in developing curriculum for students?(RQ#2)
 - a. Can you provide some examples?
11. What aspect of the curriculum development process do you feel is most valuable for you and other adjunct faculty members to be included in and why? (RQ#1 & #3).

Thank you again for your time today. I will provide you with an overview of this encounter that will incorporate important points shared during this interview. Please review this information to ensure that I have captured what you have intended for me to understand about your experience. You are free to contact me anytime if you want to elaborate further on any points or if you have any further questions. My contact information is available on the consent form should you have any additional questions related to this study.