

Transitioning paths: Exploring factors that influenced the career choices of clinical nurses turned
community college faculty in rural Texas community colleges

by

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B.A., Utah Valley University, 2013
M.P.A., Brigham Young University, 2017

AN ABSTRACT OF A DISSERTATION

submitted in partial fulfillment of the requirements for the degree.

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Department of Educational Leadership
College of Education

KANSAS STATE UNIVERSITY
Manhattan, Kansas

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Abstract

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Chapter 1 - Introduction

The shortage of nursing faculty is a critical issue facing nursing education. The demand for nurses is rapidly increasing due to the nation's aging population and the ongoing prevalence of chronic diseases. The supply of nurses does not meet demand. That supply depends on qualified faculty members delivering the curriculum to provide students with nursing credentials. According to the American Association of Colleges of Nursing (2023), in 2023, U.S. nursing programs reported turning away 65,766 qualified applicants due to insufficient faculty, clinical sites, and other resources.

This shortage of faculty members is expected to persist, with projections indicating a shortfall of over 1 million nurses by 2024 (USAHS, n.d.). The shortage is a twofold problem as institutional funds must be available to hire nursing faculty, and clinical nurses must be incentivized to switch careers. The institution must budget for salaries and benefits before accepting additional students if it is to expand its programs. The increased demand for nursing professionals, the retiring workforce, and the limited availability of faculty replacements exacerbate the strain on nursing education systems (Tawfik et al., 2019).

Statement of the Problem

College campuses are facing a shortage of nursing faculty members. This shortage is particularly acute at Texas community colleges serving rural areas, where there are often fewer opportunities for professional development and lower salaries than at larger institutions in urban areas (Sablik, 2022). Many nursing faculty members report experiencing burnout and stress due to high workloads, low pay, and a lack of institutional support (Darnell et al., 2020). To address this shortage, several strategies have been proposed: developing mentorship programs, implementing leadership development programs, addressing issues of workload and salary

equity, and creating a culture of respect and support for nursing faculty members (Busby K. R et al., 2022; Gong et al., 2022; Harris, 2019). However, these initiatives have reported mixed results, and a literature review suggests that no research has been conducted on the factors that nurses report as crucial in their career decisions to serve as nursing faculty members in rural Texas community colleges.

Background of the Problem

The nursing faculty shortage has been a persistent problem in nursing education for many years. According to the American Association of Colleges of Nursing (AACN), this has been a critical issue in nursing education since the early 2000s (AACN, 2021). The AACN reported in 2023 that U.S. nursing schools turned away 65,766 qualified applications due to insufficient faculty, clinical sites, and other resources.

Nursing Faculty Shortage

One factor contributing to the nursing faculty shortage is an aging workforce. Many nursing faculty members are nearing retirement age, and there are not enough qualified or interested individuals choosing to become faculty members. According to the AACN (2021), nearly two-thirds of nursing faculty members are over 50 years old, and more than one-third are over 60 years old. This trend is expected to continue, as many nursing faculty members are nearing retirement age in the coming years. Many experienced nurses are nearing retirement, leading to a substantial loss of skilled professionals. According to the National Council of State Boards of Nursing (NCSBN), nearly 900,000 nurses plan to leave the workforce by 2027 due to retirement and burnout (NCSBN, 2023).

Nursing Faculty Compensation

Another challenge of retaining nursing faculty is the competition between healthcare industry salaries and community college salaries. According to the Bureau of Labor Statistics, nursing faculty members earn an average annual salary of \$78,000, compared to \$114,000 for clinical nurses (Bureau of Labor Statistics, 2021). This salary disparity often leads nursing faculty members to leave academia for higher-paying clinical positions, discouraging those in the clinical field from pursuing academic careers. The other side of this disparity is that salaries in higher education may not be sufficient to motivate clinical nurses to switch careers.

In addition to lower pay, nursing faculty members also report feeling undervalued and underappreciated (Rad & Moraes, 2009). Even when professional development is offered, faculty members are already stretched too thin by their teaching and administrative responsibilities to fully engage with those programs (Zhao et al., 2021). Many nursing faculty members struggle to cope with the demands of their role and attribute their stress and burnout to a lack of institutional support (Darnell et al., 2020). Poor workplace conditions, including high patient-to-nurse ratios, inadequate support, and a lack of professional development opportunities, contribute to high nurse turnover rates (NINR, 2021).

Nursing Faculty Shortage Impact on Healthcare

The nursing shortage has a direct impact on the quality of patient care (Cimiotti et al., 2012). According to a study published in the American Journal of Infection Control, insufficient nurse staffing is linked to higher rates of healthcare-associated infections (Cimiotti et al., 2012). The shortage of nurses also significantly strains healthcare systems, leading to increased costs and decreased efficiency (AACN, 2023). Hospitals and healthcare facilities must often rely on temporary staffing solutions, which can be costly and may not provide the same level of care as permanent staff (NCSBN, 2023). The increased workload and stress on existing staff can also

lead to higher turnover rates, perpetuating a cycle of shortage and strain. The shortage of nursing faculty compounds the problem by limiting the capacity of nursing programs to admit and train new nurses. The AACN reports that the national nurse faculty vacancy rate is 7.8%, with most vacancies requiring or preferring a master's degree (AACN, 2023). This shortage of educators hampers efforts to expand nursing programs and meets the growing demand for nursing professionals. This shortage is particularly acute in rural areas, where opportunities for professional development are often limited and salaries are lower than in urban areas (Sablik, 2022). This shortage directly affects the availability of nurses in geographic areas targeted by this study.

Nursing Faculty Shortage and the COVID-19 Pandemic

The COVID-19 pandemic has exacerbated these problems. The pandemic highlighted the critical role of nursing faculty in preparing the next generation of nurses, as well as the challenges that nursing education programs face in recruiting and retaining qualified faculty members. A study by NCSBN revealed that approximately 100,000 nurses left the workforce during the pandemic, primarily due to stress and burnout (NCSBN, 2023). There were not enough nurses during the pandemic, and the situation has not improved by 2024. According to the American Association of Colleges of Nursing (AACN, 2023), U.S. nursing schools turned away 65,766 qualified applicants due to insufficient faculty, clinical sites, and other resources. Due to a lack of instructors, and due to the pandemic, the country will be facing a shortfall of 1 million nurses by 2021 (AACN, 2021).

The healthcare industry is offering significant recruiting bonuses to fill nursing positions. During the pandemic's peak, many clinical nurses shifted to academic positions, driven by the escalating demands of their teaching roles and uncertainties in healthcare settings (AACN, 2021;

Busby et al., 2022). This transition aimed to achieve stability and reduce exposure to the heightened risks faced by frontline healthcare workers (McPherson & Wendler, 2023; Dykes et al., 2022). Nursing faculty who left the healthcare industry for higher education during the pandemic may wish to reenter the field now that the pressure of COVID-19 has been lifted. The mitigated pressure, coupled with a sense of duty and professional calling, could motivate these educators to consider returning to clinical settings (Dykes et al., 2022). The decreased strain on healthcare facilities post-pandemic might also provide a more conducive environment for experienced nursing faculty to reengage with patient care (McPherson & Wendler, 2023).

However, reentering the healthcare workforce post-pandemic could pose various challenges. Reacclimating to a fast-paced and ever-evolving clinical environment after a period of academic focus might require additional training or skill updates for these faculty members (Dykes et al., 2022). Additionally, balancing academic commitments with clinical practice can present logistical challenges and potential time constraints (McPherson & Wendler, 2023).

Nevertheless, the potential reentry of nursing faculty into the healthcare sector could offer substantial benefits. Their return may enrich clinical practice by applying up-to-date evidence-based practices and educational innovations (McPherson & Wendler, 2023). Moreover, their dual expertise in academia and clinical settings can help bridge the divide between education and practice, ultimately enhancing the quality of nursing education and patient care (Dykes et al., 2022).

Summary

This prospective return of nursing faculty to clinical practice post-pandemic underscores the dynamic nature of the healthcare landscape and the interconnectedness between academia and clinical settings. Decisions and motivations behind their potential reentry may significantly

impact the nursing workforce and education system. The literature did not address the factors that influence the decision-making process of nurses who transitioned to the role of academic faculty members, particularly in rural Texas communities.

Purpose of the Study

The purpose of this study is to investigate the factors that influence the transition and retention of nursing faculty in rural Texas community colleges.

Research Questions

1. What factors influenced clinical healthcare nurses to transition into nursing faculty roles in community colleges?
2. What factors influenced nursing faculty members' decisions to stay in their current roles?

Theoretical Framework

A clear theoretical framework is vital in that it provides a research study with “a set of concepts, definitions, and propositions” that allow the researcher to form a “structured, comprehensive view of a specific phenomenon” (Jansen, 2023). The Theory of Planned Behavior has been identified as the best fit for this view in the study. The Theory of Planned Behavior is a social cognitive theory that posits that behavior is determined by a person's intentions to perform that behavior, which, in turn, are influenced by their attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). The Theory of Planned Behavior has been used to study various health-related behaviors, including healthcare provider choices. It is an appropriate theoretical framework to study nursing retention because nurses who switch careers to college faculty follow a set of preplanned behaviors and have specific anticipated outcomes (Ajzen, 1991).

The Theory of Planned Behavior may help explain trends in recruiting and retaining nursing faculty after the COVID-19 pandemic. Understanding the intentions of nursing faculty members to leave or stay in academia is essential for developing effective strategies to retain them. By identifying the factors that influence their intentions, nursing education leaders can develop targeted interventions to address these factors and increase the likelihood that nursing faculty members will remain in the profession. A 2009 study by Rad and Moraes found that attitudes toward the job, subjective norms, and perceived behavioral control were significant predictors of intentions to remain in a particular career.

Conceptual Framework

Applying Abraham Maslow's Hierarchy of Needs (1943) as a conceptual theory when crafting interview questions offers this study significant benefits. The hierarchy suggests that fundamental needs must be satisfied before individuals are motivated by needs higher in the hierarchy. Potential issues that may impact nursing faculty's job career choices can be identified by tailoring interview questions to explore each level of the hierarchy. For example, if a nursing faculty member expresses concerns about a lack of a supportive work environment—a need for love and belonging—this may signal a potential challenge in the long-term retention of that instructor.

Maslow's Hierarchy of Needs provides a structured framework for understanding human motivation and behavior, making it a valuable tool for creating meaningful interview questions. By aligning questions with each level of the hierarchy, the researcher can gain a deeper understanding of the candidate's motivations and needs (Appendix A). Questions about salary expectations and job security address physiological needs, while inquiries about career goals and aspirations relate to self-actualization. The conceptual framework informs the interview

questions, and then data from the interviewee's responses are interpreted using the theoretical framework of the Theory of Planned Behavior. The intersection of the two frameworks is depicted in Table 1, below.

Table 1: Theoretical and Conceptual Frameworks

	Theory of Planned Behavior		
	Perceived Behavioral Control	Subjective Norms	Attitude toward the Behavior
Hierarchy of Needs	Physiological Needs	Love and Belongingness Needs	Esteem Needs
	Safety Needs		
	Self-actualization		

Maslow's Hierarchy of Needs and the Theory of Planned Behavior offer unique insights into human motivation and behavior. However, they do so from different perspectives and with different focal points. Intriguingly, some aspects of Maslow's Hierarchy of Needs can correlate with the Theory of Planned Behavior, particularly when considering the underlying motivations that influence behavior. This correlation provides a deeper understanding of human behavior.

Maslow's Hierarchy of Needs is a psychological theory that proposes human needs are arranged in a hierarchy, with more basic needs served first and more complex, self-fulfilling needs met later (Maslow, 1943):

- Physiological Needs: Basic survival needs include food, water, and shelter.
- Safety Needs: Security, stability, and protection from harm.
- Love and Belongingness Needs: Social relationships, affection, and belonging.
- Esteem Needs: Respect, self-esteem, recognition, and accomplishment.
- Self-actualization: Realizing personal potential and self-fulfillment, and seeking personal growth and peak experiences.

The Theory of Planned Behavior posits that individual behavior is driven by behavioral intentions, which are in turn influenced by three factors:

- Attitude toward the Behavior: Personal evaluation of the behavior (positive or negative).
- Subjective Norms: Perceived social pressure to perform or not perform the behavior.
- Perceived Behavioral Control: Perception of the ease or difficulty of the behavior.

Integrating Maslow's Hierarchy of Needs and The Theory of Planned Behavior

Maslow's Hierarchy of Needs complements the Theory of Planned Behavior to provide a comprehensive understanding of an individual's behavior. For example, addressing a person's basic needs might enhance their perceived behavioral control, while fulfilling their social and esteem needs could align with positive attitudes and supportive subjective norms.

Physiological and Safety Needs with Perceived Behavioral Control:

When individuals strive to meet their basic physiological and safety needs, their perceived behavioral control becomes crucial. For example, if achieving a behavior helps secure these basic needs, individuals are more likely to perceive it as necessary and be motivated to overcome any perceived difficulties. Similarly, barriers to meeting these needs can significantly lower perceived behavioral control, impacting their intention to perform the behavior.

Love and Belongingness Needs with Subjective Norms:

The need for social relationships and a sense of belonging aligns with the Theory of Planned Behavior's concept of subjective norms. People are often motivated to engage in behaviors that are approved or valued by their social groups, reflecting their desire for social acceptance and connection. For example, suppose a behavior is perceived as socially desirable or supported by one's peer group. In that case, the pressure to conform to these subjective norms can significantly influence the intention to perform the behavior.

Esteem Needs with Attitude toward the Behavior:

Esteem involves achieving respect, recognition, and self-esteem, which can correlate with one's attitude toward oneself and one's behavior. If a behavior is perceived as gaining respect or self-esteem, individuals are likely to have a positive attitude toward it. For instance, engaging in behaviors that enhance one's status or are seen as achievements can positively affect attitudes and behavioral intentions.

Self-actualization with All Three Theories of Planned Behavior Components:

Self-actualization involves realizing one's potential and seeking personal growth, which can influence all three components of the Theory of Planned Behavior. Individuals motivated by self-actualization may have positive attitudes towards behaviors that promote personal growth. They might also align their behaviors with subjective norms that support self-actualization and perceive high behavioral control in areas they are passionate about or see as fulfilling their potential.

Methodology

This study employed a qualitative methodology, specifically the type of research described by Merriam and Tisdell (2016) as interpretative or “generic” qualitative research. In simplest terms, generic qualitative research is “concerned with how individuals perceive reality around them” (Jahja et al., 2021). It investigates “the interaction between humans and their world in a social context (Scotland, 2012). Given this, generic qualitative methodology is well-suited for studying the perspectives and experiences of nursing faculty who left clinical nursing and entered higher education. This study employed a qualitative research method known as “interpretive description,” which is fully detailed in Chapter 3.

One key aspect of this type of qualitative research is the use of semi-structured interviews, which enable participants to share their experiences in their own words (Denzin &

Lincoln, 2018). Using interviews, the researcher can gain a rich understanding of the factors that influenced nursing faculty to leave clinical nursing and enter higher education, including the impact of the pandemic on their decision-making process. Semi-structured questions in this type of research allow for the natural emergence of themes in the data (Liamputtong, 2013).

Maslow's Hierarchy of Needs informed the questions asked of the interview participants (Appendix B). Those participants were drawn from a pool of nursing faculty members at rural community colleges in Texas, as detailed in Chapter 3. Patterns identified in emerging themes addressed the research questions.

Assumptions and Delimitations

Assumptions

The researcher assumed that interviewees were truthful about their experiences and perceptions. The researcher believes that responses given by participants were free from coercion and reflected participants' honest views and experiences. Further, the researcher assumes that the participants sampled represent the larger population of nurses at rural community colleges who made the career change from nursing patient care to nursing faculty. Finally, the researcher assumes that participants in this study perform their jobs with the intention of enhancing their institution's well-being and the success of their students.

Delimitations

This study was limited to five public, rural Texas two-year colleges with nursing programs in the fall and winter of 2024. The study participants were drawn from colleges and were limited to nursing faculty members who were employed as clinical nurses prior to the pandemic.

Significance of the Study

The significance of this study lies in its potential to address a critical gap in the existing body of knowledge regarding the factors that influence nurses' decision-making as they make career choices, particularly in rural communities. The nursing faculty shortage has been exacerbated by challenges in hiring and retention, with many faculty members reporting burnout, stress, low pay, and a lack of institutional support. No research has yet explored the factors nurses consider essential in their decision to serve as faculty members.

This study filled the research gap by examining the experiences of nurses who chose to become college teaching faculty. By identifying common themes in their experiences, this study could help develop more effective strategies for recruiting and retaining nursing faculty. This study provides insights into strategies for retaining nursing faculty, thereby supporting the quality of nursing education, particularly in rural areas. In turn, the results of this study could have significant implications for healthcare delivery in these regions, given nurses' crucial role in providing care.

Definition of Terms

1. Faculty mentoring programs: Programs that provide new and junior faculty members with guidance, support, and feedback from experienced faculty members to facilitate their professional development and success.
2. Institutional culture: The shared values, beliefs, and behaviors that characterize an academic institution, which can influence the experiences and outcomes of faculty members and students.

3. Nursing education pipeline: The sequence of steps that a student must complete to become a licensed nurse, including enrollment in a nursing program, successful completion of the program, passing the licensure exam, and obtaining a job as a nurse.
4. Perceived behavioral control: A person's perception of their ability to perform a behavior, which can influence their intentions and behaviors.
5. Retention: The proclivity of an employee to remain with a particular employer. Usually measured year to year. Also called "turnover ratios."
6. Rural community college: A classification assigned to a college based on an analysis of over 2500 institutions, using factors such as county population and distance from a metropolitan area (American Council on Education, 2022).
7. Transition is the intentional movement of clinical healthcare nurses into nursing faculty roles within rural community colleges. This transition involves a shift in professional identity, responsibilities, work environment, and personal priorities as individuals move from direct patient care into academic positions. Transition is a process shaped by emotional, relational, and institutional factors—including work-life balance needs, motivation for professional fulfillment, and the desire for greater career stability and meaning. In this context, transition reflects not only a change in job function but also a reorientation toward new forms of mentorship, belonging, and professional purpose within rural higher education settings.

Chapter Summary

The nationwide nursing shortage is particularly acute in areas served by rural community colleges. This study examines the factors influencing the transition and retention of nursing faculty in rural Texas community colleges. This chapter explained the purpose in detail, focusing

on the research questions to help address the problem. Maslow's Hierarchy of Needs was used when crafting interview questions. This chapter also addressed the study's assumptions, delimitations, and overall significance in the field.

Organization of the Study

Chapter 1 of this dissertation provides an overview of the problem and introduces the research questions, as well as the theoretical and conceptual frameworks through which those questions are investigated. Chapter 2 reviews the literature that is significant to the research questions. Chapter 3 outlines the study's methodology, theoretical and conceptual frameworks, research design, setting, and data collection strategies. Chapter 4 analyzes the data and organizes the results into themes to address the research questions. Chapter 5 summarizes the findings, provides implications, and suggests avenues of further study.

Chapter 2 - Literature Review

This study's literature review identifies documented challenges that nurses face, with an emphasis on nursing programs in rural settings, as well as examining factors known to influence nursing faculty retention. The review examines current significant theories on career changes and provides an evaluation of the literature on the potential effects on college campuses if nursing faculty are not retained.

Challenges Faced by Clinical Nurses

The research highlighted two particular challenges confronting those who choose a career in a nursing-related field: one related to emotional trauma, and the other due to being overworked.

Trauma and Emotional Exhaustion

Nurses, as frontline healthcare providers, were directly exposed to the trauma and suffering of patients, often daily, during the COVID-19 pandemic (Lai et al., 2020). The emotional labor of witnessing patients' suffering, providing end-of-life care, and making critical decisions in a high-stakes environment weighed heavily on nurses (Lai et al., 2020). Prolonged exposure to such distress can result in burnout, post-traumatic stress symptoms, and, in severe cases, long-term psychological issues (Mealer et al., 2017).

Increased Workload and Burnout

Burnout is characterized by emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment (Maslach & Jackson, 1986). Burnout can lead to decreased job satisfaction, increased turnover rates, and even adverse effects on patient care quality (Tawfik et al., 2019). Extended work hours, heightened patient loads, and staff shortages contributed to nurse burnout during the pandemic (Walton et al., 2020). Promoting self-care and

well-being initiatives among nurses can help prevent and alleviate burnout, ensuring that nurses remain mentally and emotionally resilient (Pappa et al., 2021).

Twigg et al. (2014) reviewed strategies for creating and enhancing positive practice environments in clinical settings to address nurse retention. They highlighted that the nursing shortage is exacerbated by high turnover rates, often driven by job dissatisfaction and poor working conditions. Twigg et al. emphasized the importance of supportive work environments, adequate staffing levels, and professional development opportunities in retaining nurses. They suggested that creating a positive practice environment can enhance job satisfaction, decrease turnover rates, and ultimately result in a more stable nursing workforce.

Challenges for Nursing Faculty in Rural Community College

According to Isichei (2024), significant challenges are the high workload and role strain experienced by rural nursing faculty. Nursing faculty members in many rural community colleges often juggle multiple roles, taking on responsibilities beyond their primary teaching duties. Zavitz (2021) noted that these responsibilities can encompass administrative tasks, student advising, and community outreach, often at the expense of their personal time and well-being. Moreover, the geographic isolation of these areas significantly affects the recruitment and retention of nursing faculty in rural Texas community colleges. This isolation can also impact their personal lives, making it challenging to balance work and family commitments, which are crucial for job satisfaction and retention.

Rural community colleges often face significant funding disparities compared to their urban counterparts. Rural community colleges face persistent inequities in financial resources compared to their urban and suburban counterparts. Rural colleges frequently receive lower levels of state appropriations, have smaller local tax bases, and serve geographically dispersed

populations, all of which reduce their fiscal capacity to support programs, hire and retain qualified faculty, and invest in needed infrastructure. These disparities are well documented in the literature, which shows that rural community colleges often operate with significantly fewer financial resources despite facing greater economic and workforce demands in their service regions (Katsinas & Hardy, 2012). Access to technology and reliable broadband internet is another critical issue for rural community colleges. During the COVID-19 pandemic, these limitations became even more pronounced as education shifted online (Jaschik, 2021). Acardi et al. (2021) suggested that by understanding the effects of such significant health crises on education, nursing programs can build training programs designed to better meet such challenges in the future. The impact of these technological challenges on nursing faculty's ability to teach effectively and maintain job satisfaction is an area that requires the development of training programs designed to address these needs more effectively, which warrants further exploration.

Nursing faculty in rural community colleges often experience increased workloads and role strain due to taking on multiple responsibilities, including administrative tasks, student advising, and community outreach (Isichei, 2024). While general studies on faculty workload exist, more focused research is needed on how these pressures impact nursing faculty in rural settings. The psychological strain of working in under-resourced environments, combined with the emotional toll of the pandemic, underscores the need for mental health support for nursing faculty in rural areas (Greenberg et al., 2020; Spoorthy et al., 2020).

The existing literature emphasizes strategies for improving nursing faculty retention, including mentoring programs, career development opportunities, and supportive work environments (Busby et al., 2022; Ephraim, 2021). However, these studies often fail to account

for the unique challenges and constraints of rural community colleges, indicating a need for tailored retention strategies that address these specific contexts.

Nursing Faculty Retention

High rates of nursing faculty turnover can negatively impact nursing schools' reputation and accreditation status, limit student enrollment, and increase operating costs (Harris, 2019). Darnell et al. (2020) explored nursing faculty job satisfaction and intent to stay within academic institutions. Their study highlighted factors influencing faculty retention, including workload, administrative support, and professional development opportunities. Darnell et al. found that job satisfaction has a significant impact on the intention to stay among nursing faculty. Key factors contributing to job satisfaction included supportive leadership, opportunities for professional growth, and a positive work environment. The study emphasized the importance of addressing these areas to enhance faculty retention and mitigate the nursing faculty shortage, affecting the nursing workforce.

Richardson et al. (2021) examined the antecedents of nursing faculty organizational commitment and explored job satisfaction as a critical factor in faculty retention. The study found that organizational commitment is influenced by job satisfaction, work-life balance, and institutional support. High job satisfaction and solid organizational commitment were associated with lower turnover intentions among nursing faculty. Richardson et al. emphasized the need for supportive work environments, adequate resources, and recognition of faculty contributions to enhance job satisfaction and organizational commitment, reduce turnover, and address retention.

According to Busby et al. (2022). Nursing support for new nursing faculty members and fostering knowledge sharing can help preserve institutional memory and mitigate the impact of retirement. Nursing encourages knowledge sharing, which can help preserve institutional

memory and mitigate the impact of retirements, as noted by Busby et al. (2022). Nursing schools can create supportive work environments that encourage collegiality and offer opportunities for professional development. Strategies that promote a positive work-life balance, such as flexible scheduling and reduced workloads, can help preserve institutional memory and mitigate the impact of retirements. Mentoring programs that support new nursing faculty members and foster knowledge sharing can also help preserve institutional memory and mitigate the impact of retirements, ultimately reducing burnout. Ultimately, mentoring programs that support new nursing faculty members and foster knowledge sharing can help preserve institutional memory and mitigate the impact of retirements (Anderson et al., 2024).

Harris (2019) focused on the challenges of nursing faculty retention and its impact on the broader nursing shortage. Harris highlighted that the nursing faculty shortage is a critical bottleneck in the pipeline of new nurses. The study highlighted that many nursing programs struggle to expand or maintain their enrollment capacities due to a lack of qualified faculty. Harris called for increased support for nursing faculty, including competitive salaries, professional development opportunities, and improved working conditions to attract and retain educators in the field.

Busby et al. (2022) explored the role of mentoring in nursing faculty retention through an integrative review. They identified that effective mentoring programs are essential for retaining nursing faculty, as they provide support, guidance, and opportunities for professional development. The study found that mentoring helps alleviate feelings of isolation and burnout among nursing faculty, significantly contributing to faculty turnover. Busby et al. emphasized that well-structured mentoring programs can enhance job satisfaction and career longevity among nursing educators, helping mitigate the nursing faculty shortage.

Anderson et al. (2024) conducted a comprehensive study to investigate the factors influencing nursing faculty departure and intentions. They identified key factors such as job satisfaction, work-life balance, and institutional support as critical determinants of faculty retention. The study revealed that nursing faculty are often overwhelmed by heavy workloads, a lack of administrative support, and inadequate compensation, leading to high turnover rates. Anderson et al. recommended that addressing these issues through supportive policies, improved compensation packages, and effective workload management could significantly enhance nursing faculty retention and help alleviate the nursing shortage.

Nursing Faculty Retention After the COVID-19 Pandemic

In a systematic review of factors influencing nursing faculty retention following the COVID-19 pandemic, Sessions et al. (2023) found that factors such as personal and family health, changes in work duties, and uncertainty about the future of nursing education contribute to nursing faculty attrition. Emory et al. (2021) conducted a national survey of nursing faculty. They found that faculty members reported increased workloads, the challenge of remote teaching, and a lack of institutional support as crucial factors affecting their job satisfaction and retention. Harris (2019) suggested proactive steps to support nursing faculty retention, including implementing mentoring and leadership development programs, addressing workload and salary equity issues, and creating a culture of respect and support for nursing faculty members.

Challenges Faced by Clinical Nurses During the COVID-19 Pandemic

Clinical nurses found themselves exposed to exceptionally elevated levels of stress and anxiety during the COVID-19 pandemic (Greenberg et al., 2020). The toll of burnout affected their capacity to participate fully in their home life, contributing to a sense of imbalance (Maslach et al., 2001). Social distancing measures and the need to isolate family and friends

during the pandemic were noted as having a profound effect on nurses' mental health (Spoorthy et al., 2020). Nurses found themselves isolated from their primary support systems at home, which compounded their stress. Nurses who were isolated from their families and friends had limited avenues for emotional support. The inability to find solace in the company of loved ones took an emotional toll on their work, making it even more difficult to manage. Additionally, the emotional challenges they faced at work were often complex to convey to those not directly involved in healthcare (Greenberg et al., 2020; Maben & Bridges, 2020). Clinical nurses who are parents face the additional challenge of managing childcare and home responsibilities while working (SmithBattle et al., 2021).

The mental health resources offered by healthcare institutions and employers were essential coping tools for clinical nurses during the pandemic (Greenberg et al., 2020). These resources included access to counseling services, mental health professionals, and wellness programs designed to help nurses effectively manage stress and anxiety. Flexible scheduling options emerged as an essential coping strategy offered by some healthcare organizations to accommodate nurses' family needs and help them balance work and home life more effectively (SmithBattle et al., 2021).

The pandemic brought with it an unprecedented volume of critically ill patients, many of whom suffered and, tragically, succumbed to the virus. Nurses found themselves on the frontlines, witnessing the suffering and death of patients on a scale they had never encountered (Maben & Bridges, 2020; Spoorthy et al., 2020). This exposure to trauma had a profound and lasting impact on clinical nurses. The stress of caring for patients, many of whom were unable to have their families by their side, contributed to nurses' feelings of helplessness and despair (Greenberg et al., 2020; Mealer et al., 2012). The trauma they experienced during the pandemic

was a stark reminder of the sacrifices made by these healthcare professionals (Pappa et al., 2021; Spoorthy et al., 2020).

The COVID-19 pandemic necessitated longer working hours and increased workloads for clinical nurses, leaving them with limited time for self-care and rest (Walton et al., 2020). The surge of COVID-19 patients overwhelmed healthcare systems, leading to extended shifts, overtime, and staff shortages. Working longer hours has resulted in physical fatigue and limited time for recuperation and self-care. Many nurses had limited opportunities to rest, exercise, and engage in relaxation activities, which are crucial for maintaining their mental and physical well-being (Walton et al., 2020). The relentless pace of work created a sense of urgency and heightened stress. Nurses, constantly adapting to the evolving circumstances of the pandemic, added to the emotional toll. The increased workload made it challenging for nurses to find time for self-care, which was essential for mitigating the effects of stress and burnout (Walton et al., 2020).

Caring for critically ill COVID-19 patients led to emotional exhaustion and compassion fatigue among clinical nurses, significantly impacting their mental health (Dykes et al., 2022). The emotional demands of caring for patients in dire need, often in isolation, took a toll on nurses' well-being. The constant exposure to suffering and loss compounded their emotional exhaustion (Pappa et al., 2021; Spoorthy et al., 2020).

Compassion fatigue had far-reaching consequences for nurses' mental health, contributing to feelings of helplessness and despair (Greenberg et al., 2020; Mealer et al., 2012). The emotional exhaustion and compassion fatigue experienced by clinical nurses during the pandemic highlighted the importance of addressing the emotional well-being of healthcare

professionals. Recognizing these challenges and supporting nurses' mental health became imperative to ensure their well-being (Greenberg et al., 2020; Mealer et al., 2012).

Clinical nurses have experienced significantly elevated levels of burnout in the aftermath of the COVID-19 pandemic (Dousin et al., 2021). Burnout is a multifaceted construct characterized by emotional exhaustion, depersonalization, and decreased personal accomplishment, as defined by Maslach and Jackson (1986). Depersonalization, another dimension of burnout, manifested as nurses distanced themselves emotionally from their patients to protect themselves from the emotional distress of witnessing suffering and death. This coping mechanism, while understandable, can negatively impact the nurse-patient relationship and the quality of care provided (Maslach & Jackson, 1986; Maslach et al., 2001).

The consequences of burnout among clinical nurses are far-reaching and have implications for nurses and patient care (Tawfik et al., 2019). Burnout is associated with decreased job satisfaction, as nurses who experience burnout are often dissatisfied with their work. The reduced sense of accomplishment and emotional exhaustion can erode the sense of purpose and fulfillment that healthcare professionals derive from their work. Moreover, burnout can lead to a decline in the quality of patient care. Nurses who are emotionally exhausted or detached may struggle to provide compassionate and high-quality care that patients need, potentially compromising patient outcomes. Tawfik et al. (2019) suggested that high burnout rates also contribute to higher turnover rates among clinical nurses, which means that nurses who experience burnout are more likely to consider leaving their profession or seeking alternative roles.

Methodology and Theory Review

Qualitative research can utilize interviews and observations to explore factors influencing nursing faculty recruitment and retention, such as burnout and compassion fatigue. A study by Anderson et al. (2024) used surveys to investigate experiences of nursing faculty departures:

The intention to stay was shown to be increased in those who possessed the following factors: strong relationships among fellow faculty members, satisfaction with faculty identity, enjoyable educational environment, feeling respect as an educator, resource management skills, and research satisfaction. The commitment to an organization itself was increased when factors such as job role ambiguity and role conflicts were low. The more a faculty member understands the work role and has balanced responsibilities, the higher their dedication to the organization and occupation itself. (Anderson et al., 2024, p.223)

Another study by Darnell et al. (2020) conducted focus groups with nursing faculty to explore their experiences of burnout and stress. The findings highlighted the importance of perceived behavioral control in managing workloads and seeking institutional support.

Major Theories on Career Change

Career change is a common phenomenon, with individuals frequently transitioning from one profession to another throughout their working lives. This study explored significant theories on why people change careers: Holland's Theory of Vocational Personalities and Work Environments, Super's Life-Span, Life-Space Theory, the Social Cognitive Career Theory (SCCT), and the Theory of Planned Behavior. These theories offer different lenses through which to examine the motivations and factors that drive individuals to change careers.

Holland's Theory of Vocational Personalities and Work Environments

Holland's Theory of Vocational Personalities and Work Environments (1997) posits that individuals have unique vocational personalities based on their interests, skills, and values, which can be classified into six categories: Realistic, Investigative, Artistic, Social, Enterprising, and Conventional (RIASEC). According to this theory, people choose careers that align with their vocational personality, increasing job satisfaction and stability. However, dissatisfaction and career change may occur when there is a mismatch between an individual's personality and work environment, a concept central to Holland's Theory of Vocational Personalities and Work Environments (Holland, 1997). According to Holland, individuals are most satisfied and productive when they work in environments that align with their personality types.

Super's Life-Space Theory

Super's Life-Space Theory (1980) posits that career development is a dynamic and ongoing process spanning an individual's life. This theory is based on the premise that career choices and development are not isolated events but are influenced by various life roles, self-concept, and the broader social context. Super's model integrates the concepts of life stages and life roles to explain how career development evolves. Super identified five life stages in which individuals typically progress in growth, exploration, establishment, maintenance, and disengagement. Specific career-related tasks and challenges characterize each stage:

1. Growth (birth to mid-teens): This stage involves the development of self-concept, attitudes, interests, and needs, which are foundational for later career choices.
2. Exploration (mid-teens to mid-20s): During this period, individuals explore different career options, gain work experience, and develop a more refined sense of their vocational interests and capabilities.

3. Establishment (mid-20s to mid-40s): In this stage, individuals seek to secure a permanent position in their chosen field, striving for stability and advancement.
4. Maintenance (mid-40s to mid-60s): This phase is marked by efforts to maintain established career positions, update skills, and remain competitive.
5. Disengagement (mid-60s and beyond): The final stage involves the gradual withdrawal from the workforce and transition into retirement, focusing on reducing workload and responsibilities (Super, 1980).

Super's theory also emphasizes the importance of life roles and self-concept in career development. Individuals occupy multiple roles simultaneously, such as child, student, worker, parent, and retiree. These roles interact and influence career decisions and growth. Super introduced the concept of the "life-career rainbow," which visually represents various roles individuals play at different life stages and how these roles overlap and interact over time (Super, 1980).

Self-concept plays a central role in Super's theory, reflecting individuals' perceptions of themselves and their abilities, interests, and values. Career choices and development are expressions of self-concept, which evolves through life experiences and various stages. This dynamic interplay between self-concept and career development suggests that career changes are natural and often necessary as individuals grow and adapt to new roles and circumstances (Savickas, 2005).

Super's theory acknowledges the influence of the social context, including family, education, and cultural factors, on career development. The support and expectations of significant others, such as parents, teachers, and employers, can significantly impact career choices and progression. Additionally, broader societal trends and economic conditions can

shape the opportunities and constraints individuals face in their career development (Patton & McMahon, 2014).

According to Super, career change is a natural part of life as individuals transition through different developmental stages and adopt new roles. Career transitions may be prompted by changes in self-concept, shifts in life roles, or alterations in the social context. For example, a person might decide to pursue further education or change careers in response to a new interest, a desire for greater job satisfaction, or changes in family responsibilities (Super, 1980).

Super's Life-Space Theory provides a comprehensive framework for understanding career development as a lifelong process influenced by many factors. It emphasizes that career development is not linear but involves transitions and adjustments as individuals navigate different life stages and roles. This perspective is beneficial for career counseling and planning, as it encourages a holistic approach that considers the interplay of personal, social, and contextual factors in career development (Savickas, 2005).

Social Cognitive Career Theory (SCCT)

The Social Cognitive Career Theory (SCCT), developed by Lent, Brown, and Hackett (1994), is a comprehensive framework that explains how individuals form career interests, make career choices, and achieve career success and satisfaction. Grounded in Bandura's Social Cognitive Theory, SCCT emphasizes the dynamic interplay between individual, environmental, and behavioral factors in career development. This theory extends Bandura's ideas on self-efficacy, outcome expectations, and personal goals, integrating them into a model that accounts for the complexities of career-related behaviors and decisions (Bandura, 1986; Lent et al., 1994).

Self-efficacy refers to an individual's belief in their ability to perform specific tasks or behaviors necessary to achieve certain outcomes. In career development, self-efficacy beliefs

influence the range of career options individuals consider, their perseverance in facing challenges, and their performance in career-related activities. High self-efficacy can lead to greater interest in and pursuit of challenging career paths, whereas low self-efficacy may result in avoidance of specific careers or reduced persistence (Lent et al., 1994).

Outcome expectations refer to individuals' beliefs about the consequences of performing specific behaviors. These expectations can be related to intrinsic rewards (e.g., personal satisfaction), extrinsic rewards (e.g., financial benefits), or social rewards (e.g., approval from others). SCCT posits that individuals are more likely to engage in behaviors and pursue career paths that they expect will lead to favorable outcomes. Thus, outcome expectations play a critical role in shaping career interests and choices (Lent et al., 1994).

Personal goals refer to the aspirations and objectives individuals set for themselves in their career development. These goals can be short-term (e.g., completing a degree) or long-term (e.g., becoming a leader in a chosen field). SCCT suggests that setting and striving toward personal goals helps to organize and direct career-related behavior, providing motivation and a sense of purpose. The achievement of these goals, in turn, reinforces self-efficacy and positive outcome expectations, creating a cycle of continuous career development (Lent et al., 1994).

SCCT recognizes that career development does not occur in a vacuum but is influenced by the broader social and environmental context. These environmental contexts include family support, educational opportunities, cultural norms, economic conditions, and workplace environments. These contextual factors can either facilitate or constrain career development by providing or limiting access to resources, opportunities, and social support. For example, individuals from supportive families or communities with robust educational systems will likely

have more positive career development experiences than those from less supportive environments (Lent et al., 2000).

SCCT has been widely applied to understand how individuals choose and navigate their career paths. For instance, researchers have used SCCT to study the career development of women and minorities in science, technology, engineering, and mathematics (STEM) fields. These studies have highlighted how self-efficacy, outcome expectations, and environmental factors influence the career aspirations and achievements of underrepresented groups (Lent et al., 2000).

SCCT also provides a valuable framework for designing career interventions and counseling programs. By focusing on enhancing self-efficacy, clarifying outcome expectations, and setting achievable personal goals, career counselors can help individuals overcome barriers and achieve their career aspirations. Interventions might include mentorship programs, skills training, and workshops that address specific career-related challenges and build confidence in one's abilities (Brown & Lent, 2013).

An essential aspect of SCCT is its attention to barriers individuals might face in their career development. These barriers can be internal, such as low self-efficacy or negative outcome expectations, or external, including discrimination or a lack of access to education. SCCT suggests that overcoming these barriers requires individual effort and systemic changes to create more supportive environments. For example, initiatives to increase workplace diversity can help reduce environmental barriers and promote more inclusive career development (Lent et al., 2000).

Theoretical Framework

This study used Ajzen's (1991) Theory of Planned Behavior as a theoretical lens. The Theory of Planned Behavior posits that individuals' intentions to change careers are determined by three factors: attitude toward the behavior (career change), subjective norms (social pressure), and perceived behavioral control (self-efficacy). According to the Theory of Planned Behavior, individuals are more likely to change careers if they have a favorable attitude toward the change, perceived social support for the change, and believe they have the necessary skills and resources to make the transition successfully (Ajzen, 1991).

One area in which the Theory of Planned Behavior has been applied, which directly relates to this study, is the understanding of nursing turnover rates. Zhao et al. (2021) used the Theory of Planned Behavior to examine the factors influencing nurses' intentions to leave their positions. They found that positive work environments and strong leadership were crucial for improving retention rates, and they identified strategies to enhance job satisfaction and increase intent to remain. These strategies included providing opportunities for professional development and improving work-life balance. A study by Gong et al. (2022) found that mentoring can significantly enhance career satisfaction among nursing faculty, which may in turn improve retention rates. This finding is consistent with the Theory of Planned Behavior's emphasis on the importance of perceived behavioral control in shaping intentions.

Conceptual Framework

This study used Maslow's (1943) Hierarchy of Needs for a conceptual framework. Maslow suggests that human needs are arranged in a hierarchy, from the most basic physiological needs to higher-level psychological and self-fulfillment needs. Maslow's Hierarchy of Needs provides a valuable framework for understanding an individual's career

choices. It highlights how different levels of needs can influence career decision-making, from seeking basic job security to pursuing roles that offer personal fulfillment and self-actualization.

1. **Physiological Needs:** At the base of Maslow's Hierarchy are physiological needs, including food, water, and shelter. These are the most fundamental needs for human survival.
2. **Safety Needs:** The next level encompasses safety needs, including personal security, financial security, health, and overall well-being. In the context of career decision-making, individuals seek stable employment and a safe working environment.
3. **Love and Belongingness:** The third level encompasses the need for love and belongingness, which includes relationships, friendships, and a sense of community. Career choices can be influenced by the desire to work in a supportive and collaborative environment.
4. **Esteem Needs:** The fourth level involves esteem needs, which include self-esteem, recognition, and respect from others. Career decisions may be driven by the pursuit of roles that offer opportunities for achievement, recognition, and professional growth.
5. **Self-actualization:** At the pinnacle of Maslow's Hierarchy is self-actualization, which represents one's full potential. This level involves pursuing personal growth, creativity, and fulfilling one's unique talents and abilities. Career choices at this level often align with an individual's passions and long-term goals.

Maslow's Hierarchy of Needs (Advanced Model)

Maslow's Hierarchy of Needs (Advanced Model) is a modern reinterpretation of Maslow's original pyramid that emphasizes flexibility, context, and evolutionary foundations rather than a fixed, step-by-step progression. Rather than moving strictly from physiological

needs to self-actualization in sequential order, the advanced model suggests that multiple needs may operate simultaneously, and individuals may prioritize different needs depending on their personal values, environment, and immediate circumstances.

This concept was most prominently revised by Kenrick, Griskevicius, Neuberg, and Schaller (2010), who argued that Maslow's original model did not account for the complexity of human decision-making or the influence of real-time context. They proposed that needs are not a ladder but an adaptive system, in which lower-level needs (such as safety) can coexist with, rather than precede, higher-level motives (such as self-esteem or purpose) (Kenrick et al., 2010).

Other Theories

Several other theories, potentially crucial to this study, were examined as part of this review of the relevant literature.

Herzberg's Two-Factor Theory

Herzberg's Two-Factor Theory posits that job satisfaction and dissatisfaction stem from two distinct sets of factors: hygiene factors and motivator factors.

- **Hygiene Factors:** These are extrinsic factors, including salary, company policies, working conditions, and job security. Their absence causes dissatisfaction, but their presence does not necessarily lead to high satisfaction.
- **Motivators:** These are intrinsic factors related to the job itself, such as achievement, recognition, work itself, responsibility, and growth opportunities. When present, these factors lead to higher satisfaction and motivation (Herzberg, 1959).

Alderfer's ERG (Existence, Relatedness, Growth) Theory

Alderfer's ERG Theory condenses Maslow's five levels into three core categories:

1. **Existence Needs:** This comprehensive category encompasses Maslow's physiological and safety needs, addressing primary material and safety requirements, such as food, water, shelter, and physical safety (Alderfer, 1969). These needs are fundamental to human existence and must be satisfied for an individual to maintain physical well-being. By condensing these needs into a single category, Alderfer's ERG Theory provides a more comprehensive and practical understanding of human needs.
2. **Relatedness Needs:** Corresponding to Maslow's social and external esteem needs, relatedness needs involve interpersonal relationships and social interactions. This step includes the need for belonging, love, friendship, and esteem from others. These needs highlight the significance of social connections and positive relationships with family, friends, colleagues, and the broader community (Alderfer, 1969).
3. **Growth Needs:** Aligning with Maslow's internal esteem and self-actualization needs, growth needs to focus on personal development and self-improvement. This level includes pursuing intrinsic desires for personal growth, self-fulfillment, and realizing one's potential through challenging and meaningful activities (Alderfer, 1969).

Alderfer's ERG Theory is more flexible in understanding human motivation by allowing the simultaneous pursuit of multiple need levels. The theory's analysis needs multiple layers; an individual does not have to fully satisfy one category before moving on to another, recognizing

that human needs are more complex and intertwined. For instance, a person might seek personal growth through career advancement (growth need) while simultaneously seeking approval and recognition from peers (relatedness need) and ensuring job security (existence need). One of the critical distinctions of ERG Theory is the frustration-regression principle. This principle suggests that when individuals cannot satisfy higher-level needs, such as growth needs, they may regress to lower-level needs that appear more achievable (Alderfer, 1969). For example, if an individual faces an obstacle in achieving personal growth or self-actualization, they might regress to focusing more on social relationships or ensuring basic security. This regression helps to alleviate frustration and maintain motivation, even when higher-level goals are temporarily out of reach.

The flexibility and recognition of the frustration-regression principle in ERG Theory have practical implications for management and organizational behavior. Understanding that employees may regress to focusing on more basic needs when higher-level aspirations are frustrated can help managers design more effective support systems. For instance, if career advancement opportunities (growth needs) are limited, providing social support and recognition (relatedness needs) and ensuring job security (existence needs) can help maintain employee motivation and satisfaction.

In organizational settings, ERG Theory can be used to develop comprehensive motivational strategies. Employers can simultaneously address multiple levels of needs by providing a safe work environment (existence needs), fostering a supportive and inclusive culture (relatedness needs), and offering opportunities for professional development and career advancement (growth needs). Organizations can create a more motivating and satisfying

workplace by recognizing and addressing the interconnected nature of these needs (Alderfer, 1969).

Alderfer's ERG Theory condenses Maslow's five levels of needs into three core categories: existence, relatedness, and growth needs. It introduces flexibility by allowing the simultaneous pursuit of different need levels and the possibility of regression when higher-level needs are unmet. This theory contrasts with Maslow's more sequential approach, offering a more nuanced understanding of human motivation and behavior. Applying ERG Theory in both organizational and personal contexts enables the development of more effective strategies for enhancing motivation, satisfaction, and overall well-being.

Maslow's Theory Applied to Studying Nursing Faculty Retention

Of the theories previously discussed, Maslow's Hierarchy of Needs is best suited for studying the transition and retention of nursing faculty in rural Texas community colleges for several reasons:

- **Holistic Approach:** Maslow's theory provides a comprehensive view of human motivation, encompassing primary and advanced psychological needs. This holistic approach is essential when studying nursing faculty, who must balance fundamental needs, such as job security, with advanced needs, including professional growth and recognition.
- **Focus on Motivation:** The theory helps understand what motivates nursing faculty to transition from clinical practice to academic roles. For instance, understanding their safety needs can explain why stability and job security are critical in their decision-making process. Similarly, examining esteem needs can help explain the desire for recognition and professional respect in an academic setting.

- **Framework for Retention:** Effective retention strategies can be designed by addressing each level of Maslow's Hierarchy of Needs. Ensuring that nursing faculty have their physiological and safety needs met through adequate compensation and secure work environments is foundational. Enhancing their sense of belonging through supportive peer networks and professional development opportunities addresses social and esteem needs, leading to higher job satisfaction and retention rates (Greenberg et al., 2020; Mealer et al., 2012).
- **Insight into Challenges:** The hierarchical structure of needs helps identify gaps in meeting the needs of nursing faculty. For example, if safety needs related to job security are not met, it can lead to high turnover rates. Understanding these gaps enables the development of targeted interventions to enhance faculty satisfaction and retention.
- **Application to Rural Settings:** The theory is particularly beneficial for rural settings with limited resources. Addressing the basic needs of faculty, such as providing competitive salaries (physiological) and creating a safe working environment, is crucial. Additionally, fostering a sense of community and professional growth can help overcome the isolation often experienced in rural areas (Wood, 2021).

Chapter Summary

This review explored historical factors contributing to the nursing faculty shortage, including an aging workforce, faculty burnout, lower potential earnings, and limited professional development and advancement opportunities. The impact of the pandemic on nursing education was also discussed, with the sudden shift to online learning, increased workload, and accelerated

patient morbidity/mortality contributing to faculty stress and burnout. The review examined the significance of supportive work environments, faculty workload, and faculty development in fostering nursing faculty retention and satisfaction following the COVID-19 pandemic. The retention of nursing faculty in rural Texas community colleges presents a critical gap in academic literature. While substantial research exists on nursing faculty retention and turnover, the specific challenges and dynamics of rural community colleges remain underexplored. This review summarizes the existing literature to highlight this gap, emphasizing the unique needs and obstacles of rural settings.

Several studies have extensively covered the factors influencing nursing faculty retention and turnover. Common themes include job satisfaction, work-life balance, institutional support, and career advancement opportunities (American Association of Colleges of Nursing, 2021; Darnell et al., 2020). These studies typically focus on broad, nationwide data and emphasize the importance of addressing workload, compensation, and professional development to retain nursing faculty. For instance, Greenberg et al. (2020) and Mealer et al. (2012) highlight the psychological and emotional stress experienced by nursing faculty, especially during the COVID-19 pandemic.

Conclusion

The academic literature gap regarding factors that affect the decision-making of nursing faculty in rural Texas community colleges is evident. While there is comprehensive research on general nursing faculty retention and the challenges rural community colleges face, the intersection of these two areas—why nurses make career choices—still needs to be explored. The literature lacks references to the experiences and decision-making processes of nurses who left the healthcare profession to join the ranks of higher education, specifically in community

colleges in rural Texas. This gap necessitated a study focusing on the unique financial, technological, workload, and mental health challenges faced by rural nursing faculty. This study addressed this gap in academic literature.

Chapter 3 - Methodology

This chapter summarizes the study's purpose, research questions, theoretical and conceptual frameworks, and research design. It explains the reasoning behind the chosen methodology and outlines the characteristics of the study's participants, the study environment, and the instrumentation used. The chapter examines the data-gathering process, its quality and reliability, ethical aspects, data analysis, and study constraints.

Purpose Statement

The purpose of this exploratory study was to investigate the factors that influence the transition and retention of nursing faculty in rural Texas community colleges.

Research Questions

1. What factors influenced clinical healthcare nurses to transition into nursing faculty roles in community colleges?
2. What factors influenced nursing faculty members' decisions to stay in their current roles?

Theoretical and Conceptual Frameworks

This study used the Theory of Planned Behavior as a theoretical framework (Ajzen, 1991). Introduced in Chapter 1, the Theory of Planned Behavior is a well-established concept in social psychology that explains and predicts human behavior. The Theory of Planned Behavior is a social cognitive theory that suggests that behavior is determined by a person's intentions to perform that behavior, which are, in turn, influenced by their attitudes, subjective norms, and perceived behavioral control (Ajzen, 1991). The Theory of Planned Behavior suggests that behavior is determined by three main factors: attitudes, subjective norms, and perceived behavioral control. *Attitudes* refer to a person's positive or negative evaluation of a particular

behavior. *Subjective norms* refer to people's perceptions of what others in their social circle think about their behavior. *Perceived behavioral control* refers to a person's belief in their ability to perform the behavior. These three factors can help predict whether a person will engage in a particular behavior (Ajzen, 1991).

The conceptual framework of Maslow's Hierarchy of Needs was also introduced in Chapter 1. The conceptual framework of Maslow's Hierarchy of Needs is appropriate for a study of nursing faculty who remain in higher education rather than return to clinical practice, as it provides a structured lens through which to understand the factors and needs of these individuals. By applying Maslow's Hierarchy of Needs, the researcher explored how different levels of needs influenced the decision of nursing faculty to remain in academia rather than pursue clinical practice. For example, the study examined how the fulfillment of physiological needs, such as job security and financial stability in academia, was compared to the potential fulfillment of these needs in clinical practice. Understanding these factors provided insights into why some nursing faculty remain in academia despite the possible allure of clinical practice.

Furthermore, the study explored how love and belongingness needs, such as relationships with students and colleagues, are fulfilled in academia compared to clinical practice. Similarly, the researcher examined how esteem needs, such as recognition and respect, are met in academia versus clinical settings. By examining these aspects, the study aimed to identify the factors that influence nursing faculty's decisions to remain in higher education. Finally, the study examined how self-actualization, or the realization of one's full potential as an educator, is achieved in academia versus clinical practice.

Research Design

A generic qualitative methodology, introduced in Chapter 1, is a research approach that focuses on understanding the meanings and experiences conveyed through stories or narratives expressed in interviews (Clandinin & Connelly, 2000). These narratives are then analyzed to uncover the underlying themes, patterns, and structures that shape people's experiences and understandings of the world. The interviews allowed in-depth exploration of participants' perspectives, experiences, and attitudes, providing rich data and insights that quantitative research methods may not capture.

Semi-structured interviews offered a flexible data-collection approach that enabled participants to express their ideas and experiences in their own words in a relatively unstructured setting. This approach was beneficial for exploring complex and sensitive topics, such as nursing faculty's experiences. Generic qualitative methodology provided a more comprehensive understanding of the factors that have contributed to the success of recruiting and retaining nursing faculty in rural Texas community colleges.

Study Setting

The participants in this study were drawn from five Texas institutions that met the criteria of "rural," defined as a classification assigned to a college based on an analysis of over 2500 institutions, using factors such as county population and distance from a metropolitan area (American Council on Education, 2021). This study used the Carnegie Classification system (Carnegie, 2021) to identify study institutions. The Carnegie Classification of Institutions of Higher Education is a framework established to categorize and describe the demographics of U.S. higher education institutions. It was developed by the Carnegie Commission on Higher Education in 1973 to support research and policy analysis. The classification system has been

periodically updated to reflect changes among colleges and universities, with the latest update in 2021 (Carnegie, 2021). Five public Texas two-year colleges with active nursing programs met these criteria. The colleges were anonymized for the purposes of this study.

Study Participants

The interviewees consisted of nurses who left the medical field and became faculty members at their respective colleges after March 2020. These participants were first identified by what Yin (2010) referred to as a “gatekeeper,” or an initial point of contact, likely a dean or program director, who would assist the researcher in establishing initial contact. Each institution mentioned in the Study Setting had a gatekeeper. The researcher utilized his professional network to develop relationships with each gatekeeper and proposed the study to all potential participants (see Appendix D).

Generic qualitative research does not require a specific sample size. Lipsey (1990) suggested that the researcher decide upon a final number when saturation has been reached. This approach ensured that the study captures diverse perspectives and experiences, contributing to the depth and validity of the findings (Creswell, 2005). The study size included 12 nursing faculty who left clinical practice to become educators after the start of the COVID-19 pandemic.

Instrumentation

The primary instrument of data collection in generic qualitative research is the researcher. Interview questions structured data collection for the researcher. The questions posed in those interviews generated a transcript, in which the researcher sought patterns that became themes, responding to the research questions. Semi-structured interviews are a common and powerful instrument in qualitative research, as they allow the researcher to establish a social relationship with the interviewee (Yin, 2010). Brenner (2006) suggests that questions can become more

specific as the relationship develops and the interview progresses. The study's questions structured the interviews, and as the interviews progressed, participants shared a deeper understanding and personal stories, enriching the collected data.

Data Collection

KSU Internal Review Board (IRB) approval was obtained first. After receiving permission from their IRBs or obtaining the college's presidential approval directly, the institution was approached through the gatekeepers or directly by the college's president. (see Appendix C). Each potential interviewee identified by the previously mentioned "gatekeeper" accepted an invitation to participate in the research, as discussed in the section on Study Participants (see Appendix D). Those who agreed to be interviewed were given a list of potential interview dates, which were flexible to accommodate the participants' schedules as best as possible.

Before the interviews began, the researcher piloted the interview protocol with a peer group of faculty administrators and research collaborators. Feedback from this pilot process was used to refine the wording, order, and clarity of the questions, ensuring they were understandable, non-leading, and aligned with the study's purpose. This step enhanced the instrument's credibility and helped the researcher anticipate potential areas where follow-up probes could be helpful.

The interviewees were the primary sources of data. The researcher informed all participants of the study's purpose: to investigate the factors influencing the transition and retention of nursing faculty in rural Texas community colleges. Informed consent was obtained prior to participation, and participants were reminded that their responses would remain confidential and that they could withdraw at any time without penalty.

All interviewees were asked the same core questions (see Appendix B). This qualitative study used semi-structured interviews via Zoom video conferencing to gather data pertinent to the research questions. The semi-structured format provided consistency across participants while also allowing the researcher to ask follow-up questions and use clarifying probes. This approach encouraged participants to elaborate on their experiences and perspectives, thereby enriching the depth and breadth of the data.

Each interview lasted approximately 45–60 minutes, depending on the participant's availability and the depth of discussion. With participants' permission, all sessions were audio-recorded to ensure accuracy. The recordings were transcribed verbatim, and the researcher reviewed each transcript against the audio to verify accuracy. Field notes were also taken during and immediately after each interview to capture contextual details, nonverbal cues, and initial impressions that might not be evident in the transcripts alone.

Participants were encouraged to openly discuss their colleges' processes, personnel, and culture, and the researcher employed active listening techniques to foster a conversational environment that promoted trust and openness. The combination of structured questions and careful documentation ensured that the data collection process was both systematic and responsive to the participants' lived experiences.

Data Analysis

In Chapter 5, the themes that emerged in this study evolved in relation to Maslow's Hierarchy of Needs and the Theory of Planned Behavior, demonstrating how both frameworks helped interpret participants' motivations and retention experiences. The data were organized by converting the audio file from the Zoom interview, then transcribing it in Microsoft Word to format the text and improve its readability. The researcher studied the compiled transcripts and

performed a lengthy thematic analysis, which Percy et al. (2015) stated could be applied to diverse qualitative data, such as interviews. Thematic analysis involves several stages that are iterative and non-linear. Coding was an early part of that process. Code identification of this manner is an inductive process, as endorsed by Braun and Clark (2006). It began with repeated, close readings of each interview transcript to ensure familiarity with the data. During these readings, the researcher manually highlighted words, phrases, and passages that appeared frequently across participants or were particularly relevant to the research questions. Initial codes were descriptive, capturing recurring concepts such as “work–life balance,” “respect,” “job security,” and “financial trade-offs.” As coding progressed, the researcher compared and consolidated overlapping codes, grouping them into broader categories that reflected shared meanings and concepts. To illustrate how codes were developed and merged into broader themes, the following example is drawn from Interview 1. During the initial coding phase, brief descriptive labels were assigned to the most meaningful phrases in the transcript. For instance, the participant stated:

- “I was working probably ten times as hard as I work now.”
- “I wasn’t getting to eat, I wasn’t getting any free time to decompress.”
- “I missed birthdays, holidays, and milestones.”
- “My children were suffering from that, and no money’s worth that.”

Each of these excerpts was assigned an initial code that captured its essence:

- Excessive workload
- Neglect of basic needs
- Family sacrifices
- Impact on family well-being

In the next stage of analysis, these codes were clustered into higher-order categories:

- Workload strain (excessive workload, neglect of basic needs)
- Family disruption (family sacrifices, impact on family well-being)

Finally, these categories were merged into a broader theme that reflected the underlying pattern across participants: Work–Life Balance and Health as Catalysts for Transition. This theme captured how the physical and emotional toll of clinical practice, combined with its impact on family stability, motivated participants to transition into faculty roles despite lower salaries. This example illustrates the analytical progression from raw transcript data to initial codes, categories, and ultimately to themes. The same iterative process was applied across all interviews to ensure that themes were grounded in participant voices and consistently derived from the data. This manual, inductive approach ensured that the themes were firmly grounded in the participants' own words while also allowing the researcher to interpret patterns across the dataset.

Study Quality

Lincoln and Guba (2018) provide a comprehensive framework for evaluating qualitative research that requires a rigorous approach to ensure the study's rigor and trustworthiness. Key criteria within this framework include credibility, transferability, dependability, and confirmability, which collectively guide the assessment of the study's methodological soundness and the validity of its findings.

Credibility refers to the extent to which the study findings are believable and trustworthy. In nursing faculty retention, credibility was established by ensuring that the study employed straightforward research questions grounded in relevant literature, that the data collection and analysis processes were rigorous, and that the study findings were presented transparently and coherently.

Transferability refers to the extent to which the study findings can be applied to other settings or populations. To ensure transferability in a study on nursing faculty retention, the researcher selected participants who represented the guidelines of the study, and on guidance from the gatekeeper at that institution. This diversity can help readers understand the applicability of the study's findings to other contexts.

Dependability refers to the consistency and stability of the study findings over time and across researchers. In studying nursing faculty retention, dependability was established through a systematic data collection and analysis process that is well-documented and transparent, and by providing clear justifications for any changes made to the study design or data collection procedures.

Confirmability refers to the extent to which the study findings are shaped by the participants and the data rather than the researcher's biases or preconceptions. In studying nursing faculty retention, confirmability was established using a systematic data analysis process guided by the data rather than the researcher's preconceptions.

Creswell (2005) emphasizes the importance of maintaining high-quality research throughout the entire research process. Creswell highlights that rigorous planning, execution, and evaluation of research are essential to ensuring the validity and reliability of study outcomes. Creswell suggests that researchers be attentive to the details of their methodology, data collection procedures, and analysis techniques to enhance the credibility and trustworthiness of their findings. Additionally, Creswell emphasizes the importance of transparency in reporting research methods and results, enabling others in the field to replicate and verify the study. The researcher adhered to Creswell's guidelines throughout all phases of data collection and analysis. The

themes and patterns created by those themes addressed the research questions with honesty and transparency.

Ethical Considerations

A researcher must maintain an active self-awareness and strive to remain or become aware of their own biases. The researcher did not assume any outcome nor produce interview questions that were prejudiced to a pre-selected objective. The American Educational Research Association (AERA) has developed ethical guidelines to help researchers conduct educational research ethically and responsibly. These guidelines are known as the AERA Code of Ethics and were last revised in 2011. The researcher adhered to AERA guidelines and conducted the study in an ethical and responsible manner, prioritizing the safety and welfare of participants.

Participant names remain anonymous.

Participants were informed about the study's purpose, procedures, risks, and benefits, and provided voluntary consent to participate. Informed consent ensured that participants understood what they agreed to and had the right to withdraw from the study at any time (see Appendix E). All information gathered throughout the study will remain anonymous and be stored on an encrypted USB drive, locked in a safe, for at least five years, then destroyed.

Reflexivity Statement

The researcher has served as a director of human resources operations, focused on recruiting and retaining nursing faculty within Texas community colleges. The researcher's extensive experience has illuminated a path for strategic talent acquisition, fostering a sustainable workforce. Throughout this period, the focus has been on navigating the complex landscape of higher education in healthcare and understanding the distinct challenges and nuances involved in attracting and retaining top-tier faculty members. The researcher's career

changed after seven years to Chief Institutional Research Officer, and the quality of the nursing faculty experience remains a priority.

The researcher believes that the dynamic nature of healthcare education requires adaptability and resilience. These attributes allow one to respond to evolving market trends, demographic shifts, and industry demands. Each successful recruitment and retained faculty member has contributed to the institution's success and the larger goal of enhancing the quality of nursing education and healthcare services in the community.

This commitment involves leveraging emerging technologies, data-driven insights, and best practices to further elevate the nursing experience within the Texas community college system. The aspiration remains to foster an environment where faculty members feel empowered and inspired, ultimately having a positive impact on students' lives and the broader healthcare landscape.

Limitations

Each interviewee's responses were limited by the parameters of their role at their institution. As the interviews were conducted remotely, the ability to identify specific nonverbal cues was limited. Despite the qualitative approach's richness in exploring participants' experiences, constraints in time and resources, as well as the complexity of individual narratives, might have limited the comprehensive exploration of all facets influencing nurses' transitions to academia. Addressing these limitations necessitated cautious interpretation and transparent acknowledgment of the study's contextual boundaries to fortify its credibility and relevance within its inherent constraints.

While the findings offer valuable insights into nurses' transitions from clinical practice to academia, the findings' transferability to other contexts or disciplines may be limited. As the

purposive sample was limited to 12 individuals within specific institutional and professional settings, variations in organizational culture, educational structures, or geographic regions (i.e., rural) may influence how applicable these insights are to broader populations and locales. Nonetheless, by providing detailed descriptions of participant backgrounds and institutional contexts, this study enables readers to assess the extent to which the findings may be relevant to comparable environments or inform related research in other fields of professional transition and academic integration.

Chapter Summary

This chapter introduced the study's context, explained how participants were selected, and outlined the research design. It explored how data were collected, analyzed, and coded. It addressed the study's quality and ethical considerations. It included a reflexive statement and a brief discussion of the study's limitations.

Chapter 4 - Research Findings

This chapter presents the study's findings and data analysis from semi-structured interviews with nursing faculty members at rural Texas community colleges. Building on the methodological foundation established in Chapter 3, this chapter moves from data collection to a presentation of the themes that addressed the study's two guiding research questions. The chapter concludes with a synthesis of the themes.

Research Questions

The research questions that guided the study are:

1. What factors influenced clinical healthcare nurses to transition into nursing faculty roles in community colleges?
2. What factors influenced nursing faculty members' decisions to stay in their current roles?

Study Participants

The study included 12 nursing faculty members representing five rural community colleges in Texas. Purposeful sampling was used to ensure that participants had direct experience transitioning from clinical practice into faculty roles, were currently full-time employed in community college nursing programs, and had their first full-time position with the college after March 2020. This approach allowed the collection of rich, contextually grounded narratives that addressed the study's research questions.

Participants varied in terms of educational background, years of clinical experience, and length of service in academia. All participants held master's degrees in nursing education or were actively pursuing their master's degree, while others were seeking or had completed

doctoral studies. Clinical backgrounds included medical-surgical nursing, psychiatric nursing, women's health, and advanced practice roles, such as nursing as a practitioner.

Although participants came from different institutions, they shared the everyday context of working in rural community colleges, where resources are often limited, but the demand for nursing education is high. This diversity of roles across institutions and career stages provided a nuanced understanding of the motivations, challenges, and supports that shape faculty transition and retention. A summary of participant characteristics is provided in Table 2.

Table 2: Study Demographics

Participant	Rural College	Clinical Experience	Clinical Specialty	Gender	Ethnicity
1	College A	15	Surgical	F	Black
2	College A	3	General	M	White
3	College A	20	Psychiatric	F	Black
4	College A	9	Emergency	F	Hispanic
5	College B	12	Women	F	Hispanic
6	College C	18	Critical	F	White
7	College C	10	Surgical	M	White
8	College D	14	Pediatrics	F	White
9	College D	22	Surgical	F	Black
10	College E	16	Community	F	White
11	College E	8	Telehealth	F	White
12	College E	20	Psychiatric	F	White

Findings

The themes were identified and developed when at least half of the participants articulated substantively similar perspectives or experiences during the interviews, revealing seven themes that emerged across participants' narratives. The findings supporting each theme will be discussed, along with relevant participant quotes.

These themes provide insight into the factors that influenced clinical nurses' transition into faculty roles at rural Texas community colleges and into their retention in those positions. Quotations from participants provide supportive evidence for identified themes.

Theme 1: Work–Life Balance and Health as Catalysts for Transitioning

Theme 1: Work–Life Balance and Health as Catalysts for Transitioning reveals how the pursuit of balance was less about convenience and more about persistence, as participants weighed the cost of professional demands against the sustainability of their personal and physical well-being. Participants frequently described the physical and emotional toll of clinical practice as a primary factor in their decision to transition into academia. Many reported that while clinical roles offered higher salaries, they came at the expense of personal health, family time, and overall well-being. Participant 1 explained, “I was working probably ten times as hard as I work now... I want to be happy, I want to be healthy, I want to be in a place where I’m accepted and respected.” Similarly, Participant 4 noted, “The hospital shifts were exhausting. I missed birthdays, holidays, and milestones. Teaching gave me a chance to still use my skills without sacrificing my family.”

Participant 1 further reflected on the overwhelming demands of her previous role:

“I was doing the job of two medical providers who had left, plus my job as a psychiatric nurse practitioner and the psychiatrist’s job. I wasn’t getting to eat; I wasn’t getting any free time to decompress. I ended up losing a lot of weight, getting very sick, and just saying, I don’t want to do this anymore. It’s not worth the money.”

She added, “I was coming home every day mad. My children were suffering from that, and no money’s worth that.” Participant 3 described the contrast between hospital shifts and

teaching: “Here, I can breathe. I can eat lunch. I can go to my daughter’s events. That balance is what keeps me here.”

At smaller colleges, faculty described colleagues stepping in to cover when emergencies arose. At larger programs, participants noted that teaching loads could be heavy, but the institutional culture still afforded more flexibility than hospital shifts. Regardless of setting, the contrast with clinical practice was stark: teaching was consistently described as less physically punishing and more compatible with family life.

In summary, work–life balance and health were catalysts for transition. Faculty willingly accept lower salaries in exchange for stability, predictability, and environments that support rather than undermine their well-being.

Theme 2: Respect, Belonging, and Collegial Support

The findings in Theme 2: Respect, Belonging, and Collegial Support underscore that retention is not simply a matter of institutional policy but of human connection, with respect and collegiality serving as a sense of security that links faculty to their roles. Participants contrasted the lack of respect they experienced in clinical settings with the supportive culture of community colleges. Participant 2 shared, “In the hospital, I often felt invisible. Here, my colleagues check in on me, and my students’ value what I bring.” Participant 7 echoed this sentiment: “When I joined the faculty, it felt like joining a family. We celebrate each other’s successes, and that makes me want to stay.”

This sense of belonging was reinforced by multiple participants who described their academic departments as communities where respect was both given and received. Participant 1 explained:

I was told basically like, nobody cares about your disability. Nobody is concerned with your health. I would, as one provider, do the job of four providers. But here, people understand who I am because they're nurses and instructors. There's a level of caring that you don't get from administration.

Other participants described collegiality as a protective factor against incivility and disrespect. Participant 1 recalled that in clinical practice, patient abuse was tolerated by administrators. In contrast, in the college setting, faculty were supported: "If I went to my team lead and said, I have a student threatening me, we call a BIT report and let security know. It's not tolerated. That's kind of nice." Smaller colleges fostered close-knit environments where faculty described themselves as "like family," while larger programs emphasized structured support systems such as mentoring and peer observation. In both contexts, respect and collegiality were described as essential to retention.

Theme 3: Professional Fulfillment Through Teaching and Mentoring

Theme 3: Professional Fulfillment Through Teaching and Mentoring highlights that teaching was not merely an alternative career path but a transformative space in which participants redefined their professional identity. Participants described teaching as a pathway to professional fulfillment and self-actualization. They emphasized the satisfaction of shaping the next generation of nurses and the pride associated with mentoring students. Participant 5 explained, "Seeing my students graduate and pass the NCLEX is more rewarding than any paycheck I ever received in the hospital." Participant 9 added, "I feel like I'm leaving a legacy. Every nurse I teach goes on to impact countless patients."

Participant 1 described this sense of fulfillment as rooted in shaping the character of future nurses: "I have these baby nurses and I have a standard and an understanding of what I

want to see in a nurse—love everyone, treat everyone with kindness, and be the nurse you would want your kids to have one day. I get to develop that.”

Other participants emphasized the joy of seeing students apply classroom lessons in clinical settings. Participant 1 explained, “When I go into the clinical setting, I’m going back to the previous lecture and saying, Did you see this in practice? Did you notice the mistakes? Everything should connect.” This integration of classroom and clinical learning was described as deeply satisfying, as it demonstrated the tangible impact of teaching on student growth and development.

At one college, participants highlighted the pride they took in maintaining high NCLEX pass rates as evidence of their collective success in mentoring. At another, faculty emphasized the personal relationships they built with students, describing how graduates continued to reach out years later to share career milestones. Several respondents mentioned that if they ever found themselves in a hospital bed, they hoped it would be one of their students, and knew that that nurse would take care of them.

Professional fulfillment through teaching and mentoring was a defining feature of participants’ academic roles. Faculty described their work not as a departure from nursing but as an expansion of its purpose, moving from caring for individual patients to shaping entire cohorts of future nurses.

Theme 4: Job Security and Institutional Need

Theme 4: Job Security and Institutional Need illustrates how structural shortages in nursing education are translated into a rare sense of stability, allowing participants to perceive academia as a secure refuge in an otherwise volatile profession. The ongoing nursing and faculty shortages contributed to participants’ sense of job security. Several noted that their specialized

expertise ensured continued demand for their contributions. Participant 3 stated, “There will always be a need for nursing faculty, especially in rural areas. That gives me confidence that I will have a place here.” Participant 8 similarly observed, “Even when budgets are tight, nursing programs can’t run without us. That stability matters.”

Participants’ repeated emphasis on the indispensability of nursing faculty roles reveals another critical theme: job security. Unlike clinical positions, which could be subject to fluctuating demand or administrative restructuring, faculty roles were perceived as structurally necessary. This perception of security was especially pronounced in rural areas, where the demand for qualified faculty often exceeds the supply of available candidates.

Participant 1 described this sense of stability in terms of her unique expertise: “I’m relied on heavily for psychiatric nursing as the expert instructor. I don’t feel like I’ll ever be without a job if I want one.” For her, the shortage of faculty in specialized areas translated into confidence that her role would remain secure.

Other participants emphasized that institutional need provided not only job security but also a sense of professional value. Participant 6 explained, “We know the program cannot function without faculty. That makes me feel needed in a way I never felt in the hospital.” This recognition of indispensability reinforced their commitment to remain in academia, even when compensation was lower than in clinical practice.

This perception of security was frequent among the smaller colleges in this study, where recruiting and retaining qualified faculty were persistent challenges. Participants noted that vacancies often remained open for extended periods, further reinforcing their belief that their positions were stable and unlikely to be eliminated. The theme reflects safety needs, but with a

professional inflection: security was not only about income but about confidence in long-term employability.

Theme 5: Financial Trade-Offs and Supplemental Income

Theme 5: Financial Trade-Offs and Supplemental Income reveals that rather than viewing lower pay as a deterrent, participants reframed financial compromises as manageable adjustments, highlighting the extent to which intrinsic rewards outweighed economic incentives. While participants acknowledged the lower salaries associated with faculty roles, many described strategies to supplement their income, such as part-time clinical work or consulting. Participant 6 explained, “I still pick up shifts occasionally, not because I want to go back, but because it helps financially.” Participant 10 noted, “The benefits and retirement package help offset the lower pay, but I also do some telehealth work on the side.”

Participant 12 described the appeal of steady income and benefits as a stabilizing factor: “The one thing I do like, is my paycheck comes every month or every two weeks. I get it 12 months out of the year. So even though I’m off every summer and spring break and all those good days off, I still get a paycheck.” For her, the predictability of income, even at a lower rate, was preferable to the volatility of clinical work.

Other participants emphasized that supplemental income was not only about financial necessity but also about maintaining clinical skills. Participant 4 explained, “I’ll still do a weekend shift now and then. It helps with the bills, but it also keeps me sharp for when I’m teaching clinicals.” This dual benefit—financial support and professional relevance—was described as a way to reconcile the economic trade-offs of academia with the desire to remain connected to practice.

The findings revealed that participants from smaller colleges were more likely to supplement their income with part-time clinical work. At the same time, those in larger programs often pursued consulting or telehealth opportunities. Regardless of the strategy, participants consistently framed these activities as supportive of, rather than competing with, their faculty roles.

Financial tradeoffs were acknowledged but reframed as manageable through supplemental income and institutional benefits. The faculty described these adjustments as worthwhile, given the intrinsic rewards of teaching, collegial support, and professional fulfillment

Theme 6: Institutional Leadership and Supportive Culture

Theme 6: Institutional Leadership and Supportive Culture emphasizes college leadership, demonstrating that faculty commitment is cultivated not only through formal structures but also through everyday gestures of recognition that signal value and a sense of belonging. The role of institutional leadership was repeatedly emphasized as a factor in retention. Participants described the importance of supportive deans, directors, and administrators who recognized their contributions. Participant 1 reflected, “Even the president on my birthday will give me a bag of chips and a Coke. It’s small, but it shows they care.” Participant 11 added, “When I faced challenges, my dean backed me up. That kind of support makes all the difference.”

The stories participants shared about administrators who remembered birthdays or advocated for faculty in times of difficulty illustrate the centrality of leadership to retention. These gestures, though sometimes small, were interpreted as signals of value and respect. Leadership was described as enabling professional autonomy, allowing faculty to innovate in teaching and curriculum design. This autonomy reinforced self-actualization, while the assurance

of administrative backing enhanced psychological safety. The narratives suggest that leadership functions as a mediating factor, shaping how other needs are experienced. In the absence of supportive leadership, faculty might still find fulfillment in teaching, but their commitment would be more fragile.

Participant 6 emphasized that leadership support was most evident when administrators trusted faculty judgment: “My director doesn’t micromanage. She trusts me to run my courses the way I think is best, and that makes me want to give even more back to the program.” This sense of autonomy was consistently linked to job satisfaction and long-term commitment.

Other participants described leadership as a buffer against external pressures. Participant 4 explained, “When students complain, my dean listens to both sides and doesn’t just assume the student is right. That kind of fairness makes me feel protected.” Faculty noted that this advocacy was crucial in maintaining morale, particularly when navigating student grievances or responding to accreditation demands.

At one institution, participants highlighted administrators who made a point of visiting classrooms and publicly acknowledging faculty contributions. At another, leaders were praised for ensuring that workloads were distributed fairly and for stepping in to secure resources when budgets were tight. In both contexts, leadership was described as the difference between feeling valued and feeling expendable.

Theme 7: The COVID-19 Pandemic as a Turning Point

Theme 7: The COVID-19 Pandemic as a Turning Point. The pandemic exposed vulnerabilities in clinical practice while simultaneously clarifying the deeper needs that academia could fulfill. Participants frequently referred to the COVID-19 pandemic as a pivotal moment that reshaped their professional choices and clarified their values. For some, the pandemic

highlighted the instability and lack of respect in clinical environments, where administrators treated providers as replaceable and patient demands intensified. Participant 1 reflected, “Once we had COVID and people were leaving, they could just do travel nurses... it almost taught the health care community like you’re replaceable. We don’t need you.” Others described how the pandemic prompted them to leave higher-paying clinical roles and return to academia, where they found a sense of belonging and support. As Participant 1 explained, “I left during COVID to go back to the Veterans Administration hospital for more money, but it wasn’t worth it. Nobody cared about me there. When I came back to teaching, it felt like coming home.”

Participants’ reflections on the pandemic reveal it as more than a backdrop; it was a turning point that reshaped professional trajectories. For many, COVID-19 exposed the vulnerabilities of clinical practice, including unsafe conditions, a lack of respect, and the perception of being replaceable. In contrast, academia offered stability, community, and recognition during a time of crisis. Some participants described temporarily leaving academia for higher-paying clinical roles during the pandemic, only to return when they realized the toll it took on their health and sense of belonging. The pandemic thus functioned as both a push and a pull, pushing nurses away from clinical practice and pulling them toward academia. It clarified values, prompting participants to prioritize environments that offered respect, stability, and fulfillment over financial gain.

Participant 4 described the pandemic as a moment of reckoning: “COVID made me realize how fragile everything was in the hospital. One day you were essential, the next day you were disposable. I wanted something more stable, and teaching gave me that.”

Other participants emphasized that the pandemic revealed the importance of community. Participant 7 explained, “During COVID, our faculty team checked in on each other constantly.

That support system was something I never had in the hospital.” This sense of solidarity contrasted sharply with the isolation and burnout of many experienced in clinical practice, reinforcing the perception that academia provided not only professional stability but also emotional resilience.

While the pandemic was universally disruptive, its impact on professional choices varied. Some participants described it as the final push that convinced them to leave clinical practice permanently, while others framed it as a clarifying moment that deepened their commitment to teaching. In both cases, COVID-19 catalyzed reflection, prompting faculty to reevaluate their priorities and align their careers with environments that offered respect, stability, and a sense of belonging.

Synthesis of the Themes

While the themes presented capture the most frequently cited influences on participants’ transitions and retention, the analysis also revealed important relationships among these themes. For example, the pursuit of work–life balance was not simply about reducing hours or physical strain; it was closely tied to participants’ sense of belonging and esteem. Several participants described how the exhaustion of clinical practice left them unable to engage fully with their families or professional communities, which in turn eroded their sense of connection and recognition. In this way, the theme of balance cannot be understood in isolation, but must be seen as a foundation that enables higher-order needs, such as belonging and esteem, to be met.

The data also revealed tensions among findings. Financial tradeoffs, for instance, were acknowledged by nearly all participants; yet they were consistently reframed as acceptable sacrifices in exchange for respect, autonomy, and fulfillment. This suggests that while physiological needs (salary, benefits) remain relevant, they are not the sole determinant of

employee satisfaction. Instead, participants weighed them against higher-order needs and often chose to prioritize belonging, esteem, and self-actualization. This pattern highlights the complexity of decision-making among participants who were not rejecting financial stability outright, but rather recalibrating their priorities to consider broader personal and professional values.

The COVID-19 pandemic also emerged as a contextual factor that magnified these dynamics. For some, the pandemic underscored the instability and lack of respect in clinical environments, where administrators treated providers as replaceable and patient demands intensified. Others described leaving academia during the height of the COVID-19 pandemic for higher pay in clinical roles, only to return when they realized the toll it took on their health and sense of belonging. In this way, the pandemic functioned as a turning point, accelerating transitions and sharpening the contrast between the alienation of clinical practice and the supportive culture of community college teaching.

Finally, the analysis highlighted the role of institutional leadership as an influence. Supportive administrators were not only crucial for creating a culture of respect (esteem) but also for enabling professional autonomy (self-actualization) and reinforcing job security (safety). In this sense, leadership functioned as a mediating factor that shaped how other needs were experienced and fulfilled. The interdependence of these themes suggests that faculty retention is not the result of any single factor, but rather a combination of conditions that address multiple levels of need.

The seven themes illustrate the complex interplay of personal, professional, and institutional factors that shape the career trajectories of clinical nurses who transition into faculty roles in rural Texas community colleges. While each theme highlights a distinct dimension of

experience, ranging from work–life balance to collegial support, financial trade-offs, and the impact of the COVID-19 pandemic, their collective weight underscores a central finding: faculty retention cannot be explained solely by salary. Instead, participants consistently prioritized higher-order needs, such as belonging, esteem, and self-actualization, even when lower-order needs were only partially met.

The themes also reveal that retention is sustained not by a single factor but by the convergence of multiple supports: the stability of faculty roles, the affirmation of collegial and administrative respect, and the fulfillment derived from mentoring students. The pandemic served as a clarifying moment, accelerating transitions and solidifying commitments to environments that offered dignity and purpose. These findings provide a nuanced understanding of why clinical nurses choose and remain in faculty positions.

Chapter Summary

This chapter presented the themes that emerged from the study's data analysis. Seven key themes emerged from participants' interviews reflecting critical aspects of their workplace experiences and values. The themes revealed that the transition from clinical practice to faculty roles was influenced by the pursuit of work–life balance, the search for respect and a sense of belonging, the desire for professional fulfillment, and the opportunities created by institutional demand. Retention in faculty roles was sustained by a sense of purpose, collegial support, professional autonomy, and job security, even amid financial trade-offs.

Chapter 5 - Conclusions and Recommendations

Chapter 5 presents the conclusions from this study and offers recommendations for practice, policy, and future research on the transition and retention of clinical nurses serving as faculty members in rural Texas community colleges. This chapter synthesizes the key findings in relation to the research questions and conceptual framework, integrating them with existing literature to provide a comprehensive understanding of the multifaceted motivations and influences shaping faculty career decisions. The discussion highlights how personal, professional, and institutional factors converge to drive transitions into academia and sustain long-term retention. Additionally, the chapter addresses the broader implications of these findings for institutional strategies, leadership practices, and policy development aimed at strengthening the nursing education workforce in rural environments. Recommendations are presented to guide targeted interventions that address the full spectrum of human needs identified in the study, followed by a conclusion that underscores the importance of addressing faculty well-being to sustain nursing education.

Purpose Statement

The purpose of this study was to investigate the factors that influence the transition and retention of nursing faculty in rural Texas community colleges.

Research Questions

3. What factors influenced clinical healthcare nurses to transition into nursing faculty roles in community colleges?
4. What factors influenced nursing faculty members' decisions to stay in their current roles?

Discussion of Findings Related to the Research Questions

This section presents a discussion of the key themes that emerged in relation to the two research questions. Each question will be stated, followed by a discussion relevant to that question. Themes related to Research Question 1 included several recurring motivations that became evident, including the pursuit of work–life balance, the desire for professional respect and a sense of belonging, and the search for career fulfillment.

1. What factors influenced clinical healthcare nurses to transition into nursing faculty roles in community colleges?

This study suggests that a combination of personal, professional, and institutional factors shaped the decision to transition from clinical practice to faculty roles. Clinical practice was often characterized by long shifts, unpredictable schedules, and the emotional strain of patient care, leaving little time for family or personal well-being. Although clinical roles typically offered higher salaries, they frequently came at the expense of health and family stability. The shift to academia was therefore perceived as a way to regain balance, even if it meant accepting lower financial compensation.

- **Theme 1: Work–Life Balance and Health as Catalysts for Transitioning**

Participants emphasized that the physical and emotional demands of clinical practice became unsustainable, prompting them to seek roles that supported their health and family life. The predictability, stability, and reduced physical strain of academic positions were seen as essential to preserving well-being, even when accompanied by lower salaries.

- **Theme 2: Respect, Belonging, and Collegial Support**

Nurses transitioned into faculty roles in search of environments where they felt valued

and supported. Many contrasted the lack of respect experienced in clinical settings with the collegial culture of community colleges, noting that a sense of belonging and mutual support strongly motivated their move to academia.

- **Theme 3: Professional Fulfillment Through Teaching and Mentoring**

Participants described teaching as deeply meaningful, expressing pride in shaping future nurses and mentoring students. They viewed academia as a transformative space where they could expand their purpose from caring for individual patients to influencing entire cohorts, thereby achieving professional fulfillment and self-actualization.

- **Theme 4: Job Security and Institutional Need**

Faculty roles were perceived as secure due to ongoing shortages of nursing educators, particularly in rural areas. The structural demand for qualified instructors provided participants with confidence in long-term employment, making academia appealing compared to the volatility of clinical roles.

- **Theme 5: Financial Trade-Offs and Supplemental Income**

Although participants acknowledged financial sacrifices, they described these trade-offs as manageable through supplemental income strategies or institutional benefits such as stable pay schedules and retirement plans. The intrinsic rewards of teaching were perceived to outweigh the economic disadvantages.

- **Theme 6: Institutional Leadership and Supportive Culture**

Positive community college leadership and visible administrative support were identified as influential in the decision to transition from clinical practice. Participants described moments of recognition and autonomy as validating, noting that supportive leadership fostered psychological safety and reinforced their professional worth.

- **Theme 7: The COVID-19 Pandemic as a Turning Point**

The pandemic exposed vulnerabilities in clinical practice, such as feelings of disposability and unsafe conditions, prompting reflection on professional priorities.

Academia was viewed as a more stable, respectful environment during the crisis, leading some participants to transition or recommit to teaching after realizing that higher clinical pay did not offset the emotional and physical toll.

These factors illustrate that the transition into faculty roles was not driven by a single motivation but by multiple influences that combined personal needs, professional aspirations, and institutional opportunities. While clinical practice often provided higher salaries, the demands of long shifts, unsafe working conditions, and emotional exhaustion undermined both physiological and safety needs in Maslow's Hierarchy. Teaching roles, though less lucrative, offered predictable schedules, reduced physical strain, and a sense of security tied to the ongoing demand for nursing faculty. At higher levels of the hierarchy, belonging and esteem were central, as faculty found collegiality, respect, and recognition in academic environments. Ultimately, the opportunity for self-actualization through innovation, mentoring, and shaping the next generation of nurses was a decisive factor, often outweighing the financial sacrifices of leaving clinical practice.

2. What factors influenced nursing faculty members' decisions to stay in their current roles?

Themes that influenced nursing faculty in transitioning from clinical practice to higher education serve as strong guides to the needs that must be addressed to retain these faculty members. There exists a reciprocal relationship in that, if one of the identified themes is not addressed, then a nursing faculty member will again intrinsically seek new employment.

- **Theme 1: Work–Life Balance and Health as Catalysts for Transitioning**

Participants reported that remaining in faculty roles enabled them to sustain the improved work–life balance they had achieved upon entering academia. Reduced physical strain, predictable schedules, and a more manageable workload supported their ongoing physical and emotional well-being. Many stated that preserving their health and family life was a key reason they chose to stay, even when higher pay was available in clinical settings.

- **Theme 2: Respect, Belonging, and Collegial Support**

Faculty members reported that a continued sense of mutual respect and collegial support reinforced their decision to remain in their roles. They valued being part of a professional community where their expertise was acknowledged and their contributions were recognized. This sense of belonging and affirmation was perceived as absent in many clinical environments, which strengthened their desire to remain in academia.

- **Theme 3: Professional Fulfillment Through Teaching and Mentoring**

Participants emphasized that teaching and mentoring provided ongoing professional satisfaction. The ability to impact future generations of nurses and support student growth offered a deep sense of purpose. They reported that witnessing student success and contributing to the profession through education remained a primary motivator for staying in their faculty roles.

- **Theme 4: Job Security and Institutional Need**

Nursing faculty expressed confidence in the stability of their positions, given the persistent demand for nursing educators, especially in rural areas. This continued institutional need for their expertise provided reassurance of long-term job security, which they considered a major factor in their retention.

- **Theme 5: Financial Trade-Offs and Supplemental Income**

While acknowledging that faculty positions often offered reduced compensation compared to clinical practice, participants stated that the trade-offs remained acceptable given stable pay schedules, benefits, and retirement systems. Some supplemented their income through additional work, making the lower salary sustainable in exchange for the intrinsic rewards and improved quality of life that academia offers.

- **Theme 6: Institutional Leadership and Supportive Culture**

Participants indicated that supportive leadership and a culture of autonomy and validation contributed to their continued commitment to their faculty roles. Recognition from administrators and the ability to exercise professional independence encouraged long-term retention and fostered trust in their institutional environment.

- **Theme 7: The COVID-19 Pandemic as a Turning Point**

Faculty described that the pandemic reaffirmed their decisions to remain in academia. During COVID-19, they perceived academia as a safer, more stable, and more respectful environment compared to clinical practice. The contrast between the pressures faced in clinical settings and the supportive academic context reinforced their decision to stay, prioritizing personal well-being and professional respect over financial gain.

The continued fulfillment of needs across multiple levels sustained retention. At the foundational level, employment stability, benefits, and retirement packages provided sufficient security to encourage faculty members to remain in their roles. More significantly, needs for belonging, esteem, and self-actualization were consistently met. Collegial support and administrative recognition fostered a culture of respect, while professional autonomy reinforced esteem and a strong professional identity. At the highest level, self-actualization proved to be the

most significant factor in retention. Teaching was deeply fulfilling, and faculty members perceived their influence extending beyond individual students to the broader nursing profession. The ability to innovate, mentor, and contribute to the future of healthcare provided a sense of purpose that aligned with their personal values and the mission of community colleges. Thus, the decision to remain in faculty roles was not merely a practical choice but a reflection of the alignment between individual aspirations and institutional mission.

Discussion of Findings Related to the Conceptual Framework

Applying Maslow's Hierarchy of Needs to the findings reveals a layered and dynamic process, rather than a simple progression from lower- to higher-order needs. Maslow's Hierarchy of Needs hypothesizes that human motivation progresses through a series of stages, beginning with basic physiological requirements and moving upward toward safety, love and belonging, esteem, and ultimately self-actualization. According to this framework, individuals are generally motivated to satisfy lower-level needs before higher-order ones become salient. However, Maslow also acknowledged that these levels could interact and overlap, and that people may simultaneously pursue multiple needs depending on their circumstances and perceptions.

Findings suggest that needs often overlap and are negotiated simultaneously. For example, safety needs were not limited to job security or benefits; they also encompassed psychological safety in collegial environments. Several participants described leaving clinical practice not because of inadequate pay but because of adverse or unsupportive workplaces that undermined their sense of safety. Thus, safety was experienced both materially and relationally.

Similarly, esteem needs were fulfilled not only through recognition from colleagues and administrators but also through professional autonomy. The ability to design curriculum, innovate in teaching, and mentor students was consistently described as a source of pride and

accomplishment. In this way, esteem was tied to agency and creativity, blurring the line between esteem and self-actualization. Participants' accounts suggest that esteem and self-actualization were not discrete stages but overlapping experiences that reinforced each other.

The findings also complicate Maslow's model, as participants sometimes prioritized higher-order needs even when lower-order needs were not fully met. Several participants accepted lower salaries (a compromise at the physiological level) in exchange for a sense of belonging, respect, and fulfillment. This finding suggests that the hierarchy may operate less as a rigid ladder and more as a flexible framework, in which individuals make trade-offs based on their personal values and contextual realities. For these nursing faculty, the opportunity to belong, to be respected, and to leave a legacy outweighed the unmet promise of higher financial compensation.

Maslow's hierarchy remains a practical conceptual framework, but must be applied with sensitivity to context. In rural community colleges, where financial resources are limited, institutions can still meet faculty needs by fostering supportive cultures, recognizing contributions, and enabling professional growth. These strategies address belonging, esteem, and self-actualization, which participants identified as decisive in their career decisions.

Discussion of Findings Related to the Literature

The findings of this study both confirm and extend the existing body of scholarship on nursing faculty recruitment and retention, particularly within the context of rural community colleges. Several themes identified in participant narratives resonate strongly with prior research, while also offering insights that address gaps in the literature.

The literature consistently documents the nationwide shortage of nursing faculty as a critical barrier to expanding the nursing workforce (AACN, 2021; Tawfik et al., 2019). This

study's findings reinforce this concern, as participants acknowledged the structural limitations imposed by insufficient faculty capacity. However, the findings add depth by highlighting how individual motivations to enter academia are not solely constrained by salary disparities but are instead shaped by broader psychosocial needs. This perspective complements prior analyses that emphasize institutional funding and salary competition (Bureau of Labor Statistics, 2021), suggesting that financial considerations, although important, are not the sole determinants in rural faculty decision-making.

Existing scholarship identifies burnout, excessive workload, and inadequate institutional support as persistent challenges for nursing faculty (Darnell et al., 2020; Zhao et al., 2021). The findings echoed these concerns, yet retention was sustained by collegiality and professional autonomy. This finding aligns with Herzberg's Two-Factor Theory (Herzberg, 1966), situating it within the rural community college environment, where intrinsic motivators appear to outweigh extrinsic deficits.

The literature review surveyed multiple career development theories, including Holland's vocational typologies, Super's life-span approach, and Social Cognitive Career Theory (SCCT). This study's findings closely align with Ajzen's Theory of Planned Behavior (1991), which emphasizes the importance of attitudes, subjective norms, and perceived behavioral control. Participants described their transition into academia as intentional and value-driven, reflecting positive attitudes toward teaching and mentoring, social norms that validated their role as educators, and a sense of control over their professional trajectory. These findings substantiate Rad and Moraes' (2009) conclusion that attitudes and norms are significant predictors of career persistence, while extending the application of TPB to the rural nursing faculty context.

The literature documents the pandemic's disruptive impact on both clinical nursing and nursing education (NCSBN, 2023; McPherson & Wendler, 2023). The study's findings confirm that COVID-19 served as a turning point for many faculty members, prompting them to transition into academia to achieve stability and reduce exposure to frontline risks. This finding aligns with Dykes et al. (2022), who observed that pandemic conditions accelerated career shifts among nurses. However, this study adds nuance by demonstrating that post-pandemic retention is not merely a function of reduced clinical stress but is sustained by the enduring fulfillment derived from teaching and mentoring. In this way, the findings extend the literature by reframing pandemic-driven transitions as catalysts for the long-term formation of professional identity.

The findings across all seven themes demonstrate that Maslow's Hierarchy of Needs (Advanced Model) operates less as a linear progression and more as a flexible, dynamic framework responsive to individual context and professional identity. Consistent with Kenrick et al.'s (2010) reinterpretation, which holds that needs are activated contextually rather than sequentially, factors such as Theme 1: Work–Life Balance and Health as Catalysts for Transitioning and Theme 4: Job Security and Institutional Need reflect foundational physiological and safety needs that often coexist alongside higher-level pursuits. Participants frequently sought professional meaning and fulfillment, which is illustrated in Theme 3: Professional Fulfillment Through Teaching and Mentoring and Theme 6: Institutional Leadership and Supportive Culture, despite ongoing financial constraints such as described in Theme 5: Financial Trade-Offs and Supplemental Income. This suggests that self-actualization drivers sometimes took precedence over economic needs. Additionally, Theme 2: Respect, Belonging, and Collegial Support reveals how belonging and esteem needs were met alongside safety without a strict hierarchical order. Finally, Theme 7: The COVID-19 Pandemic as a

turning point prompted participants to reevaluate the relative importance of needs in real time, reinforcing the assertion that the hierarchy operates as an adaptive framework rather than a rigid ladder. Collectively, these findings support the advanced interpretation of Maslow's theory, wherein nurses' career motivations and retention emerge from a fluid negotiation of needs shaped by personal values and contextual pressures rather than a fixed progression (Kenrick et al., 2010).

Implications for Practice and Policy

The findings suggest that faculty recruitment and retention strategies must address the full spectrum of human needs rather than focusing narrowly on financial incentives. While participants acknowledged that salaries in community colleges are lower than in clinical practice, they consistently emphasized that their decisions to transition into and remain in faculty roles were shaped more by the fulfillment of safety, belonging, esteem, and self-actualization needs. This finding reinforces the idea that human motivation in professional contexts is multidimensional and that institutions must design strategies that address the whole person, not just the paycheck.

These findings suggest that strategies to recruit and retain nursing faculty must extend beyond salary considerations to address the full spectrum of human needs. Institutions that foster supportive cultures, recognize faculty contributions, and provide opportunities for innovation and growth are more likely to attract and retain committed educators. By aligning institutional practices with the hierarchy of needs, community colleges can create environments where nursing faculty not only remain but thrive, ensuring the continuity and quality of nursing education in rural Texas.

Implications for Practice

The findings of this study underscore the need for community colleges to create environments in which faculty feel secure, respected, and supported. Institutions that provide predictable schedules, manageable workloads, and adequate benefits help meet the safety needs of faculty members. Faculty must feel free to voice concerns, experiment with new teaching methods, and admit mistakes without fear of reprisal. Establishing mentoring programs, peer observation systems, and structured opportunities for collaboration can further reinforce this sense of safety and belonging.

Equally important is cultivating cultures that foster a sense of belonging and mutual respect. Participants repeatedly described the importance of supportive colleagues and administrators who recognized their contributions. Such recognition not only fulfills esteem needs but also reinforces professional identity and commitment. Institutions may consider formal recognition programs, such as annual teaching awards, as well as informal practices, including celebrating milestones and achievements in faculty meetings. These gestures can have a profound impact on morale and retention.

At the level of self-actualization, the findings highlight the importance of granting faculty autonomy and opportunities for innovation. Participants described feeling a deep sense of fulfillment in designing creative instructional strategies, mentoring students, and leaving a lasting legacy through their teaching. Institutions that encourage pedagogical innovation, provide professional development opportunities, and celebrate faculty achievements are more likely to retain committed educators.

Implications for Policy

At the policy level, the results suggest that state and institutional leaders acknowledge the distinct challenges faced by rural community colleges. Faculty in rural environment settings often face limited resources and professional isolation, yet they play a critical role in sustaining the nursing workforce in underserved regions. Policies that provide targeted funding for faculty development, mentorship programs, and workload support could help address these challenges.

Furthermore, partnerships between healthcare organizations and community colleges may provide avenues for faculty to maintain clinical engagement while benefiting from the stability and fulfillment of academic roles. Such partnerships could include shared appointments, where faculty split time between teaching and clinical practice, or collaborative research initiatives that keep faculty connected to evolving clinical standards. These arrangements enrich faculty expertise and foster stronger ties between education and practice, ultimately benefiting students and patients.

Recommendations

Based on the findings of this study, several recommendations are offered for practice, policy, and future research. These recommendations move beyond general implications and provide concrete, actionable steps that institutions, leaders, and scholars can take to address the challenges of recruiting and retaining nursing faculty in rural community colleges.

Recommendations for Practice

The following practice recommendations outline specific strategies that community colleges can adopt to translate the study's findings into meaningful actions that support the recruitment, development, and retention of nursing faculty in rural settings.

- **Develop Structured Mentorship Programs:** Establish formal mentorship initiatives that pair new faculty with experienced colleagues. Such programs can inform teaching strategies, institutional culture, and workload management, thereby meeting the needs for belonging and esteem while easing the transition into academia.
- **Enhance Faculty Recognition and Support:** Implement both formal and informal recognition systems to celebrate faculty contributions. Annual awards, public acknowledgment of achievements, and consistent feedback from administrators can reinforce esteem needs and strengthen professional identity.
- **Invest in Faculty Development and Innovation:** Prioritize professional development opportunities, including workshops on pedagogy, leadership training, and support for research or creative projects. Providing small innovation grants or release time for curriculum development can foster self-actualization and encourage faculty to remain engaged and fulfilled.
- **Promote Work–Life Balance:** Review workload policies to ensure that teaching, service, and administrative responsibilities are distributed equitably. Flexible scheduling, family-friendly policies, and wellness initiatives can help faculty maintain balance, thereby addressing safety and physiological needs.

Recommendations for Policy

The policy recommendations highlight actions that state and institutional leaders can take to address the unique challenges of rural community colleges and strengthen the recruitment and retention of nursing faculty in these critical settings.

- **Targeted Funding for Rural Nursing Programs:** State and federal policymakers should allocate dedicated funds to support faculty salaries, professional development, and

infrastructure in rural community colleges. Such funding would help address disparities between rural and urban institutions, ensuring that safety and esteem needs are met.

- **Incentive Programs for Faculty Recruitment:** Offer loan forgiveness, housing stipends, or relocation assistance to clinical nurses who transition into faculty roles in rural areas. These incentives would help offset financial trade-offs and encourage more nurses to consider academic careers.
- **Strengthen Academic–Clinical Partnerships:** Encourage partnerships between healthcare organizations and community colleges, allowing faculty to maintain part-time clinical practice while teaching. These arrangements would not only supplement income but also keep faculty connected to evolving clinical standards, thereby enhancing both esteem and self-actualization.

Recommendations for Future Research

While this study focused on rural Texas community colleges, similar investigations in other geographic regions and institutional contexts could provide comparative insights. Studies in urban or suburban settings, for example, might reveal different dynamics of transition and retention, particularly where resource availability and institutional cultures differ.

- **Longitudinal Studies:** Those that track faculty experiences over time would also deepen understanding of how they need to evolve across career stages. Early-career faculty may prioritize safety and belonging, while mid-career faculty may focus on esteem and self-actualization. Capturing these shifts would provide valuable guidance for tailoring support at different points in the faculty lifecycle. Additionally, mixed-methods studies that integrate survey data with qualitative interviews can offer both breadth and depth,

thereby strengthening the generalizability of findings while preserving the richness of lived experience.

- **Comparative Studies Across Contexts:** Examine faculty experiences in urban and suburban community colleges to identify similarities and differences in transition and retention factors. Such comparisons would clarify which findings are context-specific and which are broadly applicable.
- **Longitudinal Studies of Faculty Careers:** Track faculty over time to provide insight into how needs evolve across career stages. Early career faculty may prioritize safety and belonging, while mid-career faculty may emphasize esteem and self-actualization. Participants consistently described how the demands of clinical nursing left them physically exhausted, emotionally depleted, and unable to meet basic personal or family needs. According to the study's application of the theories, Maslow's framework, the inability to meet these foundational needs in clinical environments created a strong motivation to transition into faculty roles. Moving into academia allowed participants to restore sleep, health, emotional stability, and meaningful family time—conditions that align with Maslow's lower-level needs for physical well-being and safety.
- **Mixed Methods Approaches:** Combining qualitative interviews with quantitative surveys provides both depth and breadth, offering a more comprehensive understanding of faculty motivations and challenges. Thus, it creates a greater understanding of the adaptability needs of Maslow's Hierarchy in nursing education.

Conclusion

The findings of this study illuminate the complex and interdependent factors influencing the transition and retention of nursing faculty in rural Texas community colleges. Together, the

seven themes reveal that faculty decisions are shaped not by a single motivator but by a constellation of personal, professional, and institutional conditions. Work–life balance and the preservation of personal health emerged as powerful catalysts for transitioning into academia, demonstrating that nursing faculty often seek roles that allow sustainability and well-being after years in demanding clinical environments. Equally influential were feelings of respect, belonging, and collegial support, which reinforced faculty members’ sense of community and psychological safety, which are conditions essential not only for retention but also for professional satisfaction.

Professional fulfillment through teaching and mentoring proved to be a compelling draw, underscoring the intrinsic rewards many nurses associate with shaping the next generation. Yet, this fulfillment coexisted with pragmatic considerations, such as job security and the broader institutional need for nurse educators, which provided stability in an otherwise volatile healthcare labor market. Participants also navigated the financial realities of academic employment, often balancing lower salaries with supplemental income or accepting financial trade-offs in exchange for improved quality of life. Institutional leadership and a supportive organizational culture further distinguished environments where faculty felt valued and committed, highlighting the central role of administrative practices in fostering long-term retention.

Finally, the COVID-19 pandemic served as a pivotal turning point, accelerating transitions in education, reshaping priorities, and amplifying existing systemic challenges within both clinical and academic settings. These themes suggest that effective recruitment and retention strategies must address the full spectrum of faculty needs, including personal, relational, professional, and financial aspects. For rural Texas community colleges, cultivating

supportive leadership, ensuring faculty well-being, reinforcing a sense of belonging, and acknowledging the multifaceted motivations of nursing educators will be essential for sustaining a stable and committed workforce capable of preparing future nurses to meet the state's growing healthcare demands.

In conclusion, this study confirms the pivotal role of nursing faculty in sustaining the profession and ensuring the preparation of future nurses. By creating environments that meet the full spectrum of human needs, community colleges can not only recruit and retain nursing faculty but also empower them to thrive. The legacy of such efforts extends far beyond the classroom, shaping the quality of healthcare in rural communities and contributing to the well-being of society.

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Appendix A: Alignment Table

Research Question #1		
What factors influenced clinical healthcare nurses to transition into nursing faculty roles in community colleges?		
Theory of Planned Behavior	Maslow's Hierarchy	Interview Questions
Perceived Behavioral	Physiological	2
	Safety	4
	Self-actualization	10
Subjective Norms	Love	6
	Self-actualization	10
Attitudes toward the Behavior	Esteem	8
	Self-actualization	10,11
Research Question #2		
What factors influenced nursing faculty members' decision to stay in their current roles?		
Theory of Planned Behavior	Maslow's Hierarchy	Interview Questions
Perceived Behavioral	Physiological	1
	Safety	3
	Self-actualization	9
Subjective Norms	Love	5
	Self-actualization	9
Attitudes toward the Behavior	Esteem	7
	Self-actualization	9

Appendix B: Interview Questions

As detailed in Chapter 3, the conceptual framework of Maslow's Hierarchy of Needs has been used to inform the interview questions. The ten questions are grouped according to the five categories of needs identified by Maslow.

Physiological Needs

1. How does teaching at a community college fulfill your need for financial security and stability?
2. Reflect on your time in the clinical setting; did the past work meet your basic needs for food, shelter, and other essentials; what examples do you have?

Safety Needs

3. How does teaching at a community college provide you with a sense of job security and stability?
4. Reflect on your time in the clinical setting; did the past work ensure your physical and emotional safety in the workplace; what examples do you have?

Love and Belongingness Needs

5. How does teaching at a community college fulfill your need for connection and belonging with students and colleagues?
6. Reflect on your time in the clinical setting; did the past work contribute to your sense of being valued and appreciated by others; what examples do you have?

Esteem Needs

7. Please describe how teaching at a community college satisfies your need for recognition and respect in your professional role.
8. Reflect on your time in the clinical setting; did the past work contribute to your sense of accomplishment and fulfillment in your career; what examples do you have?

Self-actualization Needs

9. How does teaching at a community college allow you to realize your full potential as a nursing educator?
10. Reflect on your time in the clinical setting; did the past work align with your personal and professional goals for growth and development; what examples do you have?
11. Do you remember the moment you decided to leave nursing? What were the circumstances that led up to the realization?

Appendix C: Kansas State Internal Review Board



Office of Research Integrity,
Compliance and Security

TO: Sandy Robinson
Educational Leadership

Proposal Number: IRB-12484

FROM: Lisa Rubin, Chair
Committee on Research Involving Human Subjects

DATE: 11/12/2024

RE: Proposal Entitled, "Transitioning paths: Exploring factors that influenced the career choices of clinical nurses turned community college faculty in rural Texas community colleges."

The Committee on Research Involving Human Subjects / Institutional Review Board (IRB) for Kansas State University has reviewed the proposal identified above and has determined that it is EXEMPT from further IRB review. This exemption applies only to the proposal - as written - and currently on file with the IRB. Any change potentially affecting human subjects must be approved by the IRB prior to implementation and may disqualify the proposal from exemption.

Based upon information provided to the IRB, this activity is exempt under the criteria set forth in the Federal Policy for the Protection of Human Subjects, **45 CFR §104(d), category: Exempt Category 2 Subsection ii.**

Certain research is exempt from the requirements of HHS/OHRP regulations. A determination that research is exempt does not imply that investigators have no ethical responsibilities to subjects in such research; it means only that the regulatory requirements related to IRB review, informed consent, and assurance of compliance do not apply to the research.

Any unanticipated problems involving risk to subjects or to others must be reported immediately to the Chair of the Committee on Research Involving Human Subjects, the University Research Compliance Office, and if the subjects are KSU students, to the Director of the Student Health Center.

Electronically signed by Lisa Rubin on 11/12/2024 8:49 PM ET

Appendix D: Letter to Participants

Dear [Potential Participant's Name],

I trust this message finds you in good spirits. I am writing to introduce myself; my name is Brad Keller, and I am pursuing my doctoral studies at Kansas State University's John E. Roueche Community College Leadership Program. I am thrilled to invite you to participate in the research for my dissertation.

The COVID-19 pandemic brought about many changes, and my research is concerned with the impact on nursing professionals in the education field. I am ready to delve into qualitative study to explore the experiences that influenced the journey to higher education for nurses like yourself; my primary focus lies in understanding your career experiences. The goal is to share this valuable information to improve our college campuses and learn from your experiences. Your participation is of immense significance to the success of this study. It entails sharing basic demographic and institutional details, providing insights into your social network, and engaging in a Zoom interview. This interview will be recorded for transcription and will last approximately an hour or less. I am flexible in scheduling the interview at a time convenient for you.

Participation in this study is entirely voluntary, and you can withdraw at any point. Please rest assured that interviews and all information shared will be treated with utmost confidentiality. Any demographic data provided will be anonymized and securely stored. Should you choose to participate, I will furnish an informed consent form and additional study details. Please don't hesitate to contact me at bradjkeller@gmail.com or (254) 433-6216 if you have any queries or require further clarification.

Thank you immensely for considering this request. I eagerly await your response.

Cordial regards,

Brad J. Keller

Doctoral Candidate

Kansas State University

Appendix E: Informed Consent



Institutional Review Board (IRB) Informed Consent Form

comply@k-state.edu | 785-532-3224

PROJECT TITLE:

Transitioning paths: Exploring factors that influenced the career choices of clinical nurses turned community college faculty in rural Texas community colleges

**PROJECT
APPROVAL
DATE:**

**PROJECT
EXPIRATION
DATE:**

**LENGTH OF
STUDY:**

TBD

**PRINCIPAL
INVESTIGATOR:**

Brad J. Keller

CO-INVESTIGATOR(S):

Dr. Sandy Robinson

**CONTACT DETAILS FOR
PROBLEMS/QUESTIONS:**

Contact Dr. Sandy Robinson slobins@ksu.edu

**IRB CHAIR CONTACT
INFORMATION:**

Lisa Rubin, Chair, Committee on Research Involving Human Subjects, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224; Brad Woods, Associate Vice President for Research Compliance, 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506, (785) 532-3224.

PURPOSE OF THE RESEARCH:

The purpose of this study is to investigate the factors that influence the transition and retention of nursing faculty in rural Texas community colleges.

PROCEDURES OR METHODS TO BE USED:

The proposed methodology for this study is a generic qualitative methodology. The interviewees will consist of nurses who left the medical field and became faculty members at their respective colleges after March 2020. These potential participants will first be identified by what Yin (2010) called a “gatekeeper,” or an initial point of contact, likely a dean or program director, who will assist the researcher in establishing first contact. The data source for this study will be collected from semi-structured participant interviews consisting of open-ended questions followed by follow-up clarifying questions to gather relevant data from each participant.

RISKS OR DISCOMFORTS ANTICIPATED:

There are no known risks or discomforts to the participants.

BENEFITS ANTICIPATED:

EXTENT OF CONFIDENTIALITY:

Participant and institution identities will be kept confidential. They will be identified using letters and numbers. All interviews and recordings will be kept on an external drive that will be encrypted and password protected and kept in a secure location for five years. The information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

Terms of participation: I understand this project is research, and that my participation is voluntary. I also understand that if I decide to participate in this study, I may withdraw my consent at any time, and stop participating at any time without explanation, penalty, or loss of benefits, or academic standing to which I may otherwise be entitled.

I verify that my signature below indicates that I have read and understand this consent form, and willingly agree to participate in this study under the terms described, and that my signature acknowledges that I have received a signed and dated copy of this consent form.

PARTICIPANT NAME:**PARTICIPANT
SIGNATURE:****WITNESS TO
SIGNATURE: (PROJECT
STAFF)****DATE:****DATE:**

Appendix F: Debriefing Statement

Thank you for taking the time to share your insights with me today. This study explores the experiences of nursing faculty at Texas community colleges who left clinical nurses after the pandemic to see what recruited them and what keeps them teaching nursing students. Your participation is invaluable in helping to achieve this goal.

Next, I will transcribe your interview and email the transcript to you for review. You will have the opportunity to correct any errors or clarify your responses. All information gathered will remain confidential, and your name or identifying details will not appear in the dissertation. Your responses will be summarized with others to ensure anonymity. Once the data has been analyzed and the study is complete, I will provide you with a copy of the findings.

Please feel free to reach out if you have any questions at bradjkeller@gmail.com. You may also contact the Research Compliance Office at Kansas State University with questions about the study (comply@ksu.edu).