ORGANIZATIONAL ONBOARDING AND SOCIALIZATION OF

ADJUNCT CLINICAL FACULTY IN NURSING EDUCATION

by

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A Dissertation Presented to the
FACULTY OF THE USC ROSSIER SCHOOL OF EDUCATION
UNIVERSITY OF SOUTHERN CALIFORNIA
In Partial Fulfillment of the
Requirements for the Degree
DOCTOR OF EDUCATION

May 2015

UMI Number: 3704232

UMI 3704232

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Acknowledgements

I wish to express my gratitude to

- my dissertation committee - Dr. Monique Data, Dr. Larry Picus, and Dr. Dominic Brewer - for providing support and guidance during this sometimes paralyzing and overwhelming process.

- my study participants for taking the time to help me reach my educational goals, displaying the true altruistic nature of nurses, and how we need to support each other.

- my friends, classmates, colleagues, and students who encouraged me during the stressful and long days these last three years and never mentioned the dark circles under my eyes or increasingly gray hair.

- my parents Jan Braun and Art Kientz for helping me to see the possibilities that were out there for a girl from southwest Denver. I love you both.

- my children Devin, Maria, and Russell Kientz Elting – You grew up as witnesses to my pursuit of professional satisfaction and I finally found it. Thanks for your patience! Don't be afraid to keep looking for the place where you fit in this world. It can take some time, though. Love you guys. "As long as I'm living, my babies you'll be."

- my husband, Dirk Elting. Your belief in me never wavered and I appreciate the work you took on these last few years to help me stay focused on my goals. Exactly twenty years after our last doctoral achievement we are now Dr. and Dr. Thanks for helping me achieve something I literally set my sights on when I was a child. I love you. "Wherever we're together, that's my home."

Table of Contents

Appendices

List of Tables

List of Figures

Abstract

The organizational socialization literature identifies specific needs of newly hired employees: role clarity, occupational self-efficacy, and social acceptance. Organizations help meet these needs by providing onboarding (orientation and engagement) practices that facilitate newcomer adjustment. This leads to increased employee satisfaction and retention. The purpose of this qualitative study was to identify the benefit of onboarding practices that nursing programs use with adjunct clinical nursing faculty and determine if these practices contribute to organizational socialization. Eight nursing adjuncts from three universities completed an online pre-interview survey and participated in a semi-structured interview where they rated the benefit of best and common onboarding practices. An administrator from each university also completed an online version of the survey. Findings from the study revealed consistent benefit ratings of the majority of practices by participants. Some practices were deemed essential and their absence was detrimental for the adjunct, students, and institution. Administrator perceptions of benefit were equal to, or higher than, adjunct ratings. Adjunct participant responses supported their need for an onboarding process that promotes role clarity, self-efficacy, and social acceptance. Those who experienced quality onboarding expressed feelings of satisfaction with their jobs and greater allegiance to their programs than those with poor experiences. This study has implications for nursing education because retention of engaged, satisfied adjuncts is a cost-effective way to supplement the limited pool of full-time nursing faculty. Both adjuncts and administrators identified benefits of the majority of practices, so nursing programs would be well-served by offering a thorough and efficient onboarding process to adjunct faculty. This study also adds to the limited literature that examines the impact that specific onboarding practices have on organizational socialization of new employees.

CHAPTER ONE: OVERVIEW OF THE STUDY

The delivery of health care in the United States has become a focus of national attention over the last decade. As part of President Barack Obama's vision of reform, the Affordable Care Act has galvanized legislators, advocacy groups, industry leaders, and the public into a dialog that remains contentious. Regardless of political agenda, a reality has been made clear through this legislation; health care demands are increasing and the ranks of those qualified to provide this care are inadequate (Wakefield, 2011). Shortages of health care workers, including physicians, nurse practitioners, and nurses are predicted to undermine quality health care delivery in the coming decade.

The Institute of Medicine's 2011 report *The Future of Nursing: Leading Change, Advancing Health* described nursing's critical role in the provision of health care services, highlighting the impact of the shortage of professional nurses. To safeguard the nation's health, fortifying and expanding the educational pipeline to prepare more nurse practitioners and registered nurses must be a national priority. The report documented what nursing leaders have known for years: the current and projected shortage of professional nurses has links to a lack of qualified nursing faculty (American Association of Colleges of Nurses [AACN], 2014; Institute of Medicine [IOM], 2011; National League for Nursing [NLN], 2012; Wakefield, 2010). Therefore, identifying effective strategies for recruiting and retaining nursing faculty is central to addressing the shortage of professional nurses.

For all organizations, recruitment and retention of employees impacts effectiveness. Managing human capital (talent) to meet individual, organizational, and societal needs has been a theoretical foundation of human resource management for 50 years (Becker, 1964; Eide & Showalter, 2010; Schultz, 1961). Multiple economists and human resource professionals have

researched and expanded human capital management theories in an effort to understand the complexities of recruiting and retaining quality workers (Blair, 2011; Boxall (2011); Byerly, 2012; Crook et al., 2011; Guest, 2011; Lepak, Takeuchi, & Swart, 2011; Zimmerman, Gavrilova-Aquilar, Cullum, 2013). Talent management conceptual models facilitate analysis of the processes that organizations use to socialize new hires into committed, satisfied employees (Bauer & Erdogan, 2012; Ellis et al., 2015; Phillips & Roper, 2009). Organizational socialization, according to Wanberg (2012) is "the process through which individuals acquire the knowledge, skills, attitudes, and behaviors required to adapt to a new work role" (p. 17). In nursing education, then, utilizing effective organizational socialization practices to engage new faculty facilitates the development of satisfied, dedicated educators.

Nursing programs rely on full- and part-time faculty to meet their organizational missions (Allison-Jones & Hirt, 2004; Candela, Gutierrez, & Keating, 2013; Caprio et al., 1999; Evans, 2013), similar to other disciplines in higher education (Lucas, 2006; Schuster & Finkelstein, 2006). Part-time faculty members play a pivotal role in clinical nursing education and their employment is an important strategy for addressing the nursing faculty shortage (Allison-Jones & Hirt, 2004; Candela et al., 2013; Caprio et al., 1999; Roberts, Crisman, & Flowers, 2013). The aim of this study was to examine specific organizational socialization practices, known as onboarding, which nursing programs use to engage newly hired clinical adjunct faculty ("adjuncts"). Retaining clinical adjuncts helps address the national need to expand the educational pipeline for professional nurses.

Background of the Problem

The ongoing nursing faculty shortage has been identified as a significant barrier to graduating sufficient numbers of registered nurses to care for the growing U.S. population

(AACN, 2012; IOM, 2011; NLN, 2012; Wakefield, 2010). This places the shortage of nursing

faculty at the intersection of two complex, dynamic organizational systems: higher education and

health care. Like other market systems, the supply and demand of registered nurses and the

nursing faculty required to educate them is influenced by changing population demographics and

societal trends. In the coming decade, health care reform and the 'graying of America' will

exacerbate the shortage of professional nurses and the faculty required to educate them

(Buerhaus, P., Auerbach, D., & Staiger, D., 2009; Evans, 2013; IOM, 2010, p 208-212; Toosi,

2002, 2006; Wyte-Lake et al., 2013; Wakefield, 2010).

Health Care Reform and Nursing Demands

The Affordable Care Act (ACA) and the IOM report detail not just the need for more

registered nurses (RN) and advanced practice registered nurses (APRN) (see Definition of

Terms), but that these nurses must be capable of providing care in an increasingly complex

health care environment (IOM, 2011; Wakefield, 2010). The ACA and IOM report recommend

various strategies to help achieve this goal. A priority is fostering collaboration between nursing

schools and other organizations, such as government agencies, health care facilities, and health

care providers. This leads to the creation of quality educational experiences that reflect current

practice demands. Identifying factors that attract professional nurses to academic educator roles

and the variables that contribute to faculty job satisfaction, such as salaries and professional

development, is also necessary (IOM, 2011). The American Association of Colleges of Nursing

(2014) and the National League for Nursing (2012) have similar policy recommendations.

Population Demography Changes and Nursing Demands

Demographic changes are already impacting the health care delivery system and will

become more significant over time. By 2020 it is predicted that 28.7% of Americans will be over

age 55, due to the population boom from 1945-1964 and the lower birth rates that followed in

subsequent decades (Toosi, 2002, 2006). Separate from needs produced by the ACA, these

demographic changes will increase demands on the health care delivery system as Americans are

living longer and coping with more chronic illness than previous generations (Buerhaus et al.,

2009; Evans, J., 2013; Wyte-Lake et al., 2013). To meet the needs of this population, job growth

in health care is projected to be strong over the next decade.

The most striking demand in health care will be in registered nursing; it is estimated that

3.24 million RNs will be needed by 2022, a 19.4% increase over 2012 employment rate of 2.71

million (U.S. Bureau of Labor Statistics [BLS], 2012). But as the need for nurses expands, the

nursing workforce will follow similar aging trends as the general population. By 2020 it is

predicted Americans age 55 and older will make up almost one quarter of the workforce (Toosi,

2002, 2006). With the average age of registered nurses as almost 47 years, this means a

significant number of RNs will partially or fully retire in the next ten years (Buerhaus et al.,

2009; Evans, J., 2013; Toosi, 2002, 2006; Wyte-Lake et al., 2013).

Educating Nurses and Nursing Faculty Shortages

Higher education is tasked with educating the future nursing workforce. Combining

projected job growth with replacement needs from nurses leaving the profession, over 1 million

new RNs need to be educated by 2022 (BLS, 2012). Applications to nursing programs continue

to be strong throughout the US, even following the economic downturn that impacted overall

higher education enrollments (AACN, 2014; Buerhaus et al., 2009; NLN, 2012). However,

thousands of qualified students are turned away from nursing programs yearly, primarily due to

three factors: infrastructure deficits, limited clinical practicum sites, and lack of qualified nurse

educators (AACN, 2013, 2014; Buerhaus et al., 2009; Evans, J., 2013; NLN, 2012; Wyte-Lake et

al., 2013). Lack of infrastructure and clinical practicum sites are both obstacles for increasing

capacity for educating nurses, but recruiting and retaining faculty impacts the current and future

nursing educational systems (AACN, 2013; Buerhaus et al., 2009; Evans, J., 2013; NLN, 2012;

Wyte-Lake et al., 2013).

Numerous antecedents of the faculty shortage have been identified but non-competitive

salaries of faculty compared to clinical practice is the primary obstacle (AACN, 2013; Buerhaus

et al., 2009; Evans, J., 2013; NLN, 2012; Wyte-Lake et al., 2013). To document the extent of the

current nursing faculty shortage, the AACN surveyed 662 member colleges in 2012 (AACN,

2013). Nursing administrators reported vacancy rates of 7.6% for full time faculty and 6.8% for

part-time faculty. Together the schools had 1934 faculty vacancies. In the same survey, 15.6% of

administrators identified they had faculty needs that were not listed as official vacancies (AACN,

2013). Inadequate salaries create a barrier for recruiting and retaining practicing clinical nurses

in nurse educator roles.

Nursing Clinical Adjunct Faculty

Examination of higher education employment practices reveals a dramatic increase in

part-time faculty across all disciplines (Allison-Jones & Hirt, 2004; Caprio et al., 1999; Evans,

2013; Lucas, 2006; Roberts et al., 2013; Schuster & Finkelstein, 2006). While there is debate

about the impact of adjuncts on the collegial environment and student educational experience, in

professional degree programs part-time faculty do bring current, real-world practice into learning

environment. In nursing education most adjunct faculty have outside employment as RNs or

APRNs and bring their clinical expertise to teaching (Allison-Jones & Hirt, 2004; Caprio et al.,

1999; Evans, 2013; Lucas, 2006; Roberts et al., 2013; Schuster & Finkelstein, 2006). Utilizing

adjuncts is also cost effective for the institution as part-time instructors as they are generally paid

less do not receive most employee benefits, such as health insurance (Caprio et al., 1999; Evans, 2013; Lucas, 2006; Schuster & Finkelstein, 2006). Clinical nursing education is quite expensive because students spend approximately 40% of their time in clinical practicum with a 10:1 or 8:1 student to faculty ratio (AACN, 2013; NCSBN, 2014).

The commitment of nursing programs to employ adjuncts fluctuates across the academic year (Allison-Jones & Hirt, 2004; Caprio et al., 1999). Each semester nursing program administrators seek to confirm current adjunct faculty intent to remain, while simultaneously recruiting more part-time faculty to fill inevitable vacancies. Most adjuncts have primary employment outside of nursing education, so their availability is limited by other work requirements and other obligations. Once hired, clinical adjuncts spend nearly all of their teaching in hospitals and other clinical facilities, away from the institution. This is unique compared to most disciplines where adjuncts teach at the college, where support is readily available (Allison-Jones & Hirt, 2004; Roberts et al., 2013).

Statement of the Problem

The shortage of RNs in the US is well-documented and is predicted to increase dramatically over the next decade. An ongoing lack of full and part-time faculty to educate nurses is a major contributing factor (AACN, 2012; IOM, 2010; NLN, 2012; Wakefield, 2010). To recruit and retain RNs and APRNs for educator roles, colleges and universities should utilize comprehensive human talent management practices like those identified by Phillips and Roper (2009). Attention must be given to attracting and selecting professional nurses with the right knowledge, skills, and attitudes for educator roles. After hiring, these new faculty must be engaged and socialized in the organizational culture and their job responsibilities. Opportunities for professional development and support need to be offered to further invest nurse educators in

their roles and commitment to the institution. Ultimately this should lead to increased faculty retention rates.

Human talent management is different for full-time and part-time nursing faculty. Methods of attracting and selecting both types of faculty can be managed through targeted recruitment aimed at their particular demographics. However, promoting initial and ongoing engagement of clinical adjuncts is more difficult than with full-time faculty. Adjuncts are employed by the nursing program's institution but teach students almost exclusively in hospitals or other clinical facilities. They are isolated from organizational and faculty support (Allison-Jones & Hirt, 2004; Caprio et al., 1999; Roberts et al., 2013). Bauer and Erdogan (2012) and Ellis et al. (2015) conceptualized the importance of early engagement in the organizational socialization process. In their framework, socialization tactics and onboarding practices are under the control of institutions. Done well, they promote employee engagement leading to increased satisfaction and retention.

Research supports the need to address all components of organizational socialization to maximize human capital (Blair, 2011; Boxall (2011); Byerly, 2012; Crook et al., 2011; Guest, 2011; Lepak et al., 2011; Zimmerman et al., 2013). While much is known about organizational tactics for socialization of employees, less is documented about the value of actual onboarding practices used with new employees (Bauer & Erdogan, 2012; Klein & Polin, 2012). This is concerning because positive onboarding experiences contribute to newcomer adjustment and long-term job satisfaction (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). Due to the uniqueness of the clinical adjunct educator role, these instructors are already at risk of poor engagement at their institutions. Identifying successful onboarding practices used with clinical adjunct faculty can lead to procedures that increase newcomer institutional engagement and

retention (Phillips & Roper, 2009). This improves organizational effectiveness and strengthens the educational pipeline for registered nurses.

Purpose of the Study

Employing adjunct faculty for teaching clinical practicum is a standard practice in nursing education and increasing their numbers is one strategy to address the faculty shortage (Candela et al, 2013; Caprio et al., 1999; Evans, 2013; Wyte-Lake et al., 2013). Successful engagement of clinical adjuncts should be attainable with well-designed and responsive organizational socialization. Ellis, Bauer, and Erdogan's (2015) framework identifies organizational efforts, including orientation and onboarding, as primary inputs by organizations to promote employee adjustment and socialization. Clinical adjuncts present particular challenges since they are part-time employees in academia and spend nearly all of their time teaching students at clinical facilities, isolated from other educators and institutional support. The purpose of this study was to examine onboarding practices used by collegiate nursing programs to facilitate socialization new adjunct clinical instructors.

The research questions for this study were:

1. Which onboarding practices identified in the literature did adjunct clinical nursing faculty experience and what is their perceived benefit of these practices?

2. Are the perceived benefits of onboarding practices reported by adjunct clinical nursing faculty congruent with those reported by nursing program administrators?

3. How do onboarding practices influence adjustment to the adjunct clinical nursing faculty role?

Significance of the Study

Nursing and government organizations have identified that the lack of qualified faculty contributes to the ongoing registered nursing shortage (AACN, 2014; IOM, 2010; NLN, 2012; Wakefield, 2010). Identifying effective onboarding practices for clinical adjunct nursing faculty has the potential to boost retention rates of quality educators. Adjunct contributions ease full-time faculty shortages, promote collegial relationships in nursing programs, and improve program effectiveness. Administratively, the retention of employees decreases turnover costs, utilizing fewer financial and human resources (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012; Phillips & Roper, 2009). This positive impact is felt by both the educational institution and the clinical facilities. Nursing students receive higher quality educations provided by experienced faculty. Patients benefit from care given by students and experienced, satisfied instructors who are acclimated to their clinical teaching roles. Ultimately society is served through the education of increased numbers of registered nurses to provide care for a growing population.

Limitations and Delimitations

The following limitations apply to this study:

1. Participant temperaments and experiences may alter needs and perceptions about the benefits of onboarding practices. For instance, the perceptions of role clarity and self-efficacy in adjuncts with previous teaching experience may be different than those of novice educators.

2. Memories of onboarding may fade or change over time. A two-year time frame for recruitment was used to obtain the sample but cannot fully compensate for this limitation.

3. Participants may alter responses based upon perceived consequences of disclosure of information. As they are still employed by the institution, they may be hesitant to reveal criticisms of the onboarding process.

4. Adjunct recollections were triangulated with administrator feedback about onboarding practices. Institutional changes, both in personal and politics, may be different over semesters of adjunct hiring.

5. The measurement tool, although it represents best and common onboarding practices, may not reflect elements that are beneficial to the unique population of clinical adjunct faculty.

The following delimitations apply to this study:

1. A small, non-random, criterion-based sample limits transferability. The study gathered data from three administrators and eight clinical adjuncts in one urban setting.

2. Researcher bias and preconceived notions about the onboarding process may alter data collection or analysis.

Definition of Terms

The following is a key to operational definitions used in this paper:

Adjunct Faculty – Faculty, lecturers, or instructors who hold part-time positions with an institution and do not qualify for benefits. They are increasingly being utilized in higher education due to changes in structure and financing (Hansmann, 2012). Adjunct faculty often teach in nursing, medicine, and business, bringing practice-based expertise to academia. In nursing education, adjunct instructors generally work full-time or part-time in hospitals or other clinical settings (Evans, 2013).

Advanced Practice Registered Nurse (APRN) – A registered nurse with graduate level education (master's or doctorate) and certified/licensed as a nurse practitioner, clinical nurse specialist, certified nurse midwife, or certified nurse anesthetist. The scope of practice allows for advanced levels of assessment, diagnosis, intervention, and depending on state laws, autonomous practice (AACN, 2014).

Affordable Care Act (ACA) – The federal statute enacted in 2010 to provide affordable and universal access to health insurance in the United States. A combination of subsidies, mandates, and insurance exchanges were designed to bring insurance to all Americans (Wakefield, 2010).

American Association of Colleges of Nurses (AACN) – The national organization that promotes professional nursing practice in the United States and sets accreditation standards for bachelor's, master's, and doctoral nursing programs (AACN, 2014).

Clinical Facilities – The hospitals, clinics, and other health care organizations that collaborate with nursing education programs to provide practice-based settings for nursing practicum.

Course Coordinator – An experienced full-time nursing faculty member who oversees a clinical course. With input from faculty, coordinators design course outcomes and content. They orient clinical instructors to the course and job responsibilities. In nursing program they are generally between the instructor and department chair in the chain of command.

Institute of Medicine (IOM) – A non-governmental organization and part of the United States National Academies. It provides guidance for national health policy and care provision using a peer-reviewed and evidence-based practice model (IOM, 2014).

National League for Nursing (NLN) – The original national organization that promoted nursing education and accreditation of all types of nursing programs in the United States (NLN, 2012). Most university-based nursing programs have switched to AACN standards although NLN continues to represent and advocate for all nursing education (AACN, 2014).

Onboarding – The strategies and practices organizations use to provide new employees the knowledge, skills, and attitudes to successfully perform their jobs. Onboarding practices facilitate organizational socialization and have been tied to long-term employee satisfaction and commitment (Bauer & Erdogan, 2012; Klein & Polin, 2012).

Organizational Socialization – The processes and policies organizations utilize to integrate new employees into the culture of the workplace. It includes hiring individuals with good fit with their roles and organization mission. The foundation of organizational socialization is a combination of onboarding strategies and practices offered to new hires, as well as the level of proactivity of these newcomers (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012; Wanberg, 2012).

Registered Nurse – A state licensed nurse who has passed the national board exam NCLEX-RN. The RN may have an associate's degree, nursing program diploma, or bachelor's degree (NCSBN, 2014). A *professional nurse* refers to a registered nurse with at least a bachelor's degree, the minimum recommended for professional practice by the AACN (AACN, 2014).

Organization of the Study

This study identified onboarding practices that nursing programs use to engage and socialize clinical adjunct faculty. The first chapter provided the background of the health care needs of the United States, described the shortage of registered nurses, and the growing need for

qualified nursing faculty. It included the problem statement, purpose, and research questions. The significance of the study, definition of terms, along with the limitations and delimitations were identified.

Chapter two reviews the pertinent literature for the study. Human capital theory is analyzed and one model, human talent management, is applied to the nursing faculty pipeline. This includes the process of attracting, selecting, engaging, developing, and retaining faculty. Engagement and onboarding literature is analyzed in relation to nursing clinical adjunct faculty and key indicators of newcomer adjustment are discussed. These include the proximal outcomes of role clarity, self-efficacy, and acceptance by insiders and their connection with distal outcomes of employee commitment and retention.

Chapter three reviews the methodology used in the study. The qualitative research design choice is explained. The process of identifying the sample is reviewed. The measurement tools using the Inform-Welcome-Guide framework are described for adjuncts and nursing program administrators. The interview protocol for use with adjuncts is presented. The full data collection process is explained as well as procedures for data analysis.

Chapter four reveals the results of the research study. The sample of nursing adjuncts and administrators is described. Data is presented gathered from the Inform-Welcome-Guide (IWG) Onboarding Practices Survey tool used with adjuncts followed by a semi-structured interview, and the IWG survey data from the nursing program administrators. Collected data from adjuncts was categorized by onboarding practice and the benefit assigned to each of them, whether participants experienced them or not. Similar data was obtained from an administrator and these results were compared to adjunct responses for congruence. Adjunct responses were also coded and analyzed for alignment with proximal outcomes of organizational socialization.

Chapter five is the discussion of the research results. Implications of onboarding practices used with clinical adjuncts to promote organizational socialization are discussed. Recommendations are given for future research to further understand the needs of adjunct clinical faculty.

CHAPTER TWO: LITERATURE REVIEW

Over the past decades researchers have studied the relationship between organizational success and employee retention (Bauer & Erdogan, 2012; Eide & Showalter, 2010; Ellis et al., 2015; Klein & Polin, 2012). Various models and theories exist that explain this relationship and how organizations increase employee commitment and productivity. In higher education, the product of organizational success is graduating competent students. This study sought to identify practices collegiate nursing programs used to facilitate clinical adjunct faculty engagement through onboarding. The literature review consists of three sections. The first describes the origins and use of human capital theory and human management theory. Second, human management theory is applied to the educational pipeline for nursing faculty. Finally, engagement and onboarding of clinical adjunct faculty in nursing education is analyzed.

Human Capital Theory

The positive outcomes from investment in people is not a new concept, although formal theories of developing human capital as a common good date back approximately 60 years (Becker, 1964; Eide & Showalter, 2010; Schultz, 1961). The modern usage of human capital took root in the economic growth and societal changes that followed World War II. Economists like Schultz (1961) and Becker (1964) believed that in this 'new' economy based on the knowledge, skills, and attitudes (KSA) gained through education, training, and socialization, individuals could improve their quality of existence. They asserted that investing in people, as a form of human capital, could be an equalizer for societal inequities that generated from possession of traditional forms of capital. Ultimately, the success of these individuals would impact not only their own lives, but have far-reaching effects on society as a whole (Becker, 1964; Eide & Showalter, 2010; Schultz, 1961).

Examining economic benefits to an organization from investment in their own workers is also a focus of human capital theory (Becker, 1964; Blair, 2011; Byerly, 2012; Crook et al., 2011; Guest, 2011; Schultz, 1961; Zimmerman, Gavrilova-Aquilar, & Cullum, 2013). Lepak, Takeuchi, and Swart (2011) provide evidence that the KSA possessed by employees contribute to organizational success at varying levels. Boxall (2011) concurs, adding that the configuration of human capital, how managers allocate resources and recognize potential talent worth investing in, is critical. Byerly (2012) calculated the financial costs to an organization through turnover. Noting that turnover is not always bad, losing productive employees brings real costs related to exiting and rehiring that interfere with organization missions and financial bottom lines (Byerly, 2012). Zimmerman et al. (2013) examined how contingent workers are increasing in the workplace and asserts that greater attention should be focused on their development to maximize their contribution to organizations.

Although these studies assert that human capital investment brings financial rewards to organizations, empirical evidence supporting this theory has been inconsistent (Blair, 2011; Crook et al., 2011; Guest, 2011; Zimmerman et al., 2013). One variable Blair (2011) describes is how the tenure of employees may defy the theory of investment bringing financial rewards; long-time employees are paid more but may not be any more productive than newer workers. Or when market demand for workers is great, even employees who benefited from high organization investment may leave for other job opportunities (Blair, 2011; Boxall, 2011; Lepak et al., 2011). Guest (2011) acknowledges human resource management research has evolved dramatically over the last 30 years. Studies done at different stages of theory development may not accurately capture the same concept of human capital.

A meta-analysis by Crook et al. (2011) produced various interpretations of inconsistent findings in the research. Reviewing 66 studies published since 1993, the authors found that development of human capital did indeed bring benefits to organizations, but there were numerous variables that clouded the picture (Crook et al., 2011). A clear and ever-present risk for investment in employee training or education was turnover; the employee took their knowledge or skills elsewhere before benefits to the organization were realized. The likelihood of losing employees is strongly influence by market demand which is beyond the influence of the organization (Blair, 2011; Boxall, 2011; Byerly, 2012; Guest, 2011; Lepak et al, 2011; Zimmerman et al., 2013). Organizations can, however, create healthy workplace environments that increase employee commitment and decrease turnover (Phillips & Roper, 2009).

What Crook et al. (2011) found evident was the most valuable return on investment for organizations was in firm-specific knowledge acquisition and development. This benefited the organization with the actual increased contributions by the worker, but also firm-specific knowledge was not easily transferrable so employees were less likely to leave, decreasing turnover (Crook et al., 2011). Lepak et al. (2011) noted that while there may be benefits to the organization by promoting knowledge refinement of employees, innovation generally springs from thinking in new and different ways. In other words, workplaces that have a narrow production or outcome focus produce employees who may be unable to apply knowledge in novel ways. This can create work environments that stifle creativity and lead to employee dissatisfaction.

Human capital theory is the origin of numerous models for managing employees, sometimes referred to as human capital or talent management (Crook et al., 2011). Phillips and Roper (2009) proposed a comprehensive model that depicts the interrelationship of five elements

of human talent management (HTM): attracting, selecting, engaging, developing, and retaining

employees (Figure 1). Central to the model is that organizations must clearly articulate

organizational values and professional competencies needed by its employees. Alignment of

employee and organizational values and job competencies becomes the foundation for effective

human capital management (Bauer & Erdogan, 2012; Phillips & Roper, 2009). This congruence

is identified as person-organization (PO) fit and, as an antecedent of entry into a workplace, it

results in positive newcomer adjustment. PO fit is also an outcome measure tied strongly to long-

term organizational commitment (Bauer & Erdogan, 2012; van Vianen & De Pater, 2012).

Figure 1: Attracting, Selecting, Engaging, Developing, and Retaining Employees

Linking the five elements to organizational values and competencies is formal and

informal learning by employees (Phillips & Roper, 2009). Life-long learning, a catch-phrase of

21st century educational jargon, is integral to HTM and must be offered by the organization and

embraced by the employee. The HTM elements are connected to each other by organizational

strategic planning and the successful implementation of those plans. Evaluating the effectiveness of the plan must occur to determine if goals of the element were met. As a whole, the model represents the goals of organizational socialization: recruiting and retaining productive, satisfied, talented people to advance the organizational mission (Bauer & Erdogan, 2012; Phillips & Roper, 2009; van Vianen & De Pater, 2012).

Human Talent Management and the Nursing Faculty Pipeline

Human capital management theory supports that investment in employees brings benefits to organizations (Blair, 2011; Boxall, 2011; Byerly, 2012; Crook et al., 2011; Guest, 2011; Lepak et al., 2011; Zimmerman et al., 2013). However, market forces can lure employees to new jobs regardless of the efforts organizations use to engage and develop their workers. In education this means the supply and demand of educators, including nursing faculty, is influenced by demographic, social, and economic factors (Dolton, 2010; Santibanez, 2010). These variables have given rise to a decade-long shortage of qualified nursing faculty that is predicted to worsen dramatically in the future (AACN, 2014b; IOM, 2011; NLN, 2012).

Phillips and Roper's HTM model applies to higher education and the nursing faculty pipeline, where investment in human capital can produce effective educators who are committed to organizational and student success (Hansmann, 2012; Lucas, 2006; Royal, 2011; Schuster & Finkelstein, 2006). Utilizing strategies embedded in the HTM model for attracting, selecting, engaging, developing, and recruiting nurse educators can help address the shortage of both faculty and registered nurses.

Attraction of Nursing Faculty

Finding the right people for the job is a primary human resource management goal (Bauer & Erdogan, 2012; Phillips & Roper, 2009). Recruitment of faculty, like other

professionals, is often achieved using common practices such as job postings on newspaper or professional organization websites, or networking between professionals. In practice-based disciplines like nursing it is common for current faculty to recruit new faculty while working together as RNs or APRNs in clinical positions outside academia (Candela et al., 2013; Evans, 2013; Wyte-Lake et al., 2013). Many faculty practice part-time clinically in hospitals or clinics, separate from their academic positions, to maintain certification, licensure, or simply for financial reasons. This informal recruitment process is actually critical to nursing education (Evans, 2013; Wyte-Lake et al., 2013). Approaching graduate students and encouraging them to pursue a career in education is another recruitment strategy (Evans, 2013; Schuster & Finkelstein, 2006; Wyte-Lake et al., 2013).

Once made aware of teaching opportunities, what actually attracts RNs and APRNs to teaching roles? Motivations for behavior are complex and understanding how incentives influence choices is an important factor in human resource management (Santibanez, 2010). Salary and benefits, person-organizational fit, quality of leadership, and other non-monetary factors influence job choice and retention (Bauer & Erdogan, 2012; Ellis et al, 2015; Klein & Polin, 2012). Evans (2013) performed a national survey of nursing faculty to identify their motivations and perceptions of current and future nursing education. The two primary motivators were altruistic; having a role in influencing the nursing profession and development of future nurses (Evans, 2013). Flexibility and control of working hours is also highly valued, as nurses and APRNs in hospital or clinical settings often work evenings, weekends, and holidays. Because nursing faculty salaries are much lower than in clinical practice, it was fortuitous that financial reimbursement was not a primary motivator for current faculty (Evans, 2013). These same respondents, however, believed that inadequate compensation was the biggest threat to

recruiting nursing educators (Evans, 2013). Buerhaus et al. (2009), Candela et al. (2013) and

Wyte-Lake et al. (2013) found similar results.

Evans (2013) found that younger faculty had more concerns about their salaries and their

own careers in academia. Although they identified primary altruistic motivations, they were

more pragmatic about trading financial stability for ideals. While workplace culture, leadership,

and other non-tangible rewards help employees rationalize working for lower salaries,

employment in higher education, in general, has become a much less attractive option

(Hansmann, 2012; Lucas, 2006; Schuster & Finkelstein, 2006). In the last 30 years the

percentage of part-time faculty has increased significantly, with fewer opportunities to obtain a

full-time position, and beyond that, tenure (Hansmann, 2012; Lucas, 2006; Schuster &

Finkelstein, 2006). There is diminished appeal for individuals to trade secure, well-paying

practice-based jobs in nursing for a career in academia (Buerhaus et al., 2009; Evans, J., 2013;

Royal, 2011; Wakefield, 2010; Wyte-Lake et al., 2013).

Selection of Nursing Faculty

The selection process for faculty varies across and within institutions (Schuster &

Finkelstein, 2006). RNs and APRNs recruited into educator roles are similar to other faculty in

higher education who may be content experts but have no experience in higher education (Lucas,

2006; Roberts et al., 2013; Schuster & Finkelstein, 2006). As a practice-based discipline, all

nursing faculty applicants must be state licensed and possess content expertise which is

evaluated based on years of clinical nursing experience and/or professional certification

(NCSBN, 2008). The requirement of undergraduate nursing education to produce nurse

generalists requires a heavy representation of faculty with experience in adult acute and post-

acute care settings (AACN, 2014b). Faculty with specialty nursing experience in pediatrics,

obstetrics, community, and mental health are also needed, but in fewer numbers. Nurses who are affiliated with a clinical facility that partners with a nursing program have an advantage in the selection process. Similar to vertical transfers within an organization, their knowledge speeds onboarding at the clinical site, easing stress on the site and the new faculty member (Roberts et al., 2013).

Background requirements in academia for nursing faculty vary based on the institution's research or teaching focus (NCSBN, 2008). The traditional educational requirement for the professoriate is a terminal degree, often a PhD in the specialty area (Lucas, 2006; Schuster & Finkelstein, 2006). Particularly in research institutions, a doctorate and vitae that includes scholarly work is vital for professor rank (Lucas, 2006; Schuster & Finkelstein, 2006). The hiring goal is to find content experts first; faculty must possess the knowledge and skills related to their specialty areas. Pedagogical theory is a bonus, but it is common that new faculty have had no teaching education or experience (Lucas, 2006; Schuster & Finkelstein, 2006).

Defying the standard terminal degree requirement for entry, in many non-research based institutions an APRN with a master's degree is given assistant professor rank with the same benefits and recognitions (NCSBN, 2008). This is the result of two market forces: There has been an ongoing, severe shortage of registered nurses with terminal degrees and a master's degree is the recognized educational requirement for advanced practice (NCSBN, 2008; Roberts et al., 2013). Research supports that nurses with a master's degree are as effective clinicians than those with a doctoral degree (Newhouse et al., 2011). Not surprisingly, because nursing education is practice based, faculty who are not performing registered nursing roles may not be current in practice (Wyte-Lake et al., 2013).

The selection process for didactic and clinical nursing faculty in undergraduate education has become increasingly contentious (AACN, 2014a; NCSBN, 2008). While there is debate about the overall impact of adjuncts on education, in professional degree programs it is consistently acknowledged that part-time instructors bring current, real-world practice into learning environment (Lucas, 2006; Schuster & Finkelstein, 2006). In undergraduate nursing education, approximately 40% of educational hours are spent in physically demanding clinical settings (NCSBN, 2008). And while there are many full-time nursing faculty with master's or doctoral degrees who teach clinical sections, the rapidly aging nursing educator workforce is becoming less able to handle the rigor of clinical education versus the classroom (Wyte-Lake et al, 2013). This also contributes to a reliance on clinical adjuncts, who tend to be younger than full-time faculty in undergraduate nursing education (NCSBN, 2008; Wyte-Lake et al., 2013).

Accreditation requirements have outlined a terminal degree or master's degree as desirable for clinical nursing faculty, however, utilizing bachelor's prepared registered nurses (BSN) with sufficient clinical practice in undergraduate nursing programs is the minimum requirement (AACN, 2014a; NCSBN, 2008). More nursing programs are using this approach to mitigate nursing faculty shortages, creating a new challenge to the debate regarding the value of a master's degree for clinical education (Newhouse et al, 2011; NCSBN, 2008). Advocates for utilizing qualified BSN clinical adjuncts point out these instructors are clinical practice experts in their area, oriented to hospital routines, and current in practice. Detractors see this as a threat to the professionalism of nursing (AACN, 2014a; NCSBN, 2008). There is inconsistent data on the effectiveness of BSN-prepared versus MSN-prepared clinical faculty (Wyte-Lake et al, 2013).

Engagement of Nursing Faculty

Engagement is a component of ongoing organizational socialization and ideally begins during the recruitment process (Phillips & Roper, 2009). Responsibility for engagement belongs to both the employer and employee; Opportunities for engagement must be created by the employer but employees must take advantage of them (Bauer & Erdogan, 2012; Ellis et al., 2015; Phillips & Roper, 2009). Engaged employees are easily identified by their creativeness, willingness to take initiatives, and dedication to organizational mission. They positively impact organizational success (Phillips and Roper, 2009; Wagner and Harter, 2006).

According to Phillips and Roper (2009), it is optimal if engaged employees are also satisfied with their work. Satisfaction occurs when an employee is happy with the current pay, working atmosphere, and benefits received. While satisfaction is a positive sentiment, satisfaction without engagement can lead to decreased initiative, ambition, and professional stagnation (Phillips and Roper, 2009). To engage new faculty in nursing education, programs must have onboarding policies and procedures that promote rapid role adjustment.

Numerous studies reveal how difficult the transition to nursing education is for full-time and part-time faculty (Candela et al., 2013; Evans, 2013; Roberts et al., 2013; Wyte-Lake et al., 2013). Novice educators are of particular concern. They may have clinical expertise in nursing, but without teaching experience, they have deficits related to their role clarity and perceived self-efficacy as an educator. This can impact their teaching effectiveness, increase stress levels, and decrease their retention (Candela et al., 2013; Evans, 2013; Roberts et al., 2013; Wyte-Lake et al., 2013). Engagement of newly hired but experienced clinical faculty can be less challenging. They require organizational socialization but their experience generally provides a strong foundation of role clarity and self-efficacy. Engagement can be fostered through early activities

that help newcomers acclimate to the teaching role, such as working with a peer or mentor,

involvement in committee work, or team building exercises. These organizational tactics should

occur whether the faculty member is a novice or expert teacher (Allison-Jones et al., 2004;

Roberts et al., 2013). Engagement literature will be discussed more thoroughly later in the

literature review.

Development of Nursing Faculty

Engagement of employees is enhanced by opportunities for professional development.

Developing human capital through continuing investment in employees has been shown to

increase retention of effective employees (Bauer & Erdogan, 2012; Becker, 1964; Blair, 2011;

Bradt, 2012; Byerly, 2012; Crook et al., 2011; Guest, 2011; Zimmerman et al., 2013). Promoting

employee proactivity when opportunities for professional development or training are offered

brings benefits to the organization through increased general and firm specific knowledge and

skills (Bauer & Erdogan, 2012; Bradt, 2012; Crook et al., 2011). Support of leadership for the

advancement of employees, both financial and social, encourages committed employees to use

this knowledge to advance the organizational mission.

Ongoing opportunities for professional growth are beneficial for committed employees,

and organizations that provide professional development generally see returns on their

investments (Bauer & Erdogan, 2012; Bradt, 2012; Crook et al, 2011). Unfortunately, changes in

higher education have left institutions to do more with less (Hansmann, 2012; Lucas, 2006;

Schuster & Finkelstein, 2006). Lack of funding and support for professional development

prevents novice faculty from gaining the knowledge, skills, and attitudes needed by effective

educators (Hansmann, 2012). Experienced faculty may also miss opportunities to learn new

teaching and learning strategies. Ultimately, addressing the developmental needs of nurse

educators brings benefits to the faculty, students, and the university. With additional graduate courses and teaching hours, nursing faculty can even become Certified Nurse Educators (CNE) through examination, documenting their expertise (NLN, 2013).

Aside from pedagogical development, nursing faculty must have ongoing opportunities to stay abreast of content changes in nursing science. As a practice-based discipline, nursing faculty are RNs and APRNs responsible for maintaining clinical expertise, licensure, and certifications (AACN, 2014a; NCSBN, 2008). Health care facilities generally offset costs for continuing education or give paid time to nurses to complete practice requirements. If not adequately supported by the nursing program, the unreimbursed expense and demands of time required to maintain these requirements may push effective educators back into higher paid and better supported clinical roles (Candela et al., 2013; Evans, 2013).

Retention of Nursing Faculty

Effective recruitment and development practices have been shown to increase retention of effective employees (Bauer & Erdogan, 2012; Blair, 2011; Bradt, 2012; Byerly, 2012; Crook et al., 2011; Guest, 2011; Klein & Polin, 2012; Zimmerman et al., 2013). The first four elements of Phillip's and Roper's model all lead to the organizational goal of retention of quality employees (2012). Losing valuable employees in which developmental effort was invested becomes a loss of human capital to the company, resulting in high replacement costs (Byerly, 2012). According to Byerly (2012) and Bauer and Erdogan (2012) numerous workplace factors such as monetary and non-monetary rewards, management leadership style, career advancement opportunities, training and skills development, physical working conditions, and work-life balance have an impact on employee retention. Retention is higher when person-organization

(PO) fit and person-job (PJ) fit are high and employees have opportunities for professional growth (van Vianen & De Pater, 2012).

In education, teacher retention is a key indicator in evaluating student success and educational system effectiveness. Evidence is clear that students of novice teachers do not have the same quality experience as students with seasoned teachers (Allison-Jones & Hirt, 2004; Headden, 2014). It takes time to become an effective educator, so losing teachers before they attain proficiency has a negative impact on students and on novice educators who may leave the profession. In nursing education, it is common for novice instructors to be content experts but have little or no teaching experience or coursework (Lucas, 2006; Roberts et al., 2013; Schuster & Finkelstein, 2006). Unlike other disciplines, nursing faculty spend much of their time working with students in clinical settings. Mentoring and peer support during the work day is not available. Performance evaluation and feedback is limited to site visits by supervising faculty coordinators. Novice educators may provide substandard education to students and never develop into effective clinical faculty.

According to national surveys, nursing programs are failing to provide the foundational elements for nursing faculty retention (Candela et al., 2013; Evans, 2013). Interestingly, many faculty remain in education in spite of these limitations. The cohort of predominantly older nursing faculty is more willing to adapt, both financially and temperamentally, to the work environment and clinical demands of teaching. Younger faculty are less willing to forgo salaries and security offered in clinical practice, choosing different career paths (Candela et al., 2013; Evans, 2013). Candela et al. (2013), Evans (2013), and Roberts et al. (2013) conclude that retention is possible with modestly competitive salaries, combined with supportive leadership that encourages development, collaboration, and a generally healthy work environment.

Institutional failure to effectively execute any of the elements of HTM - attraction, selection, engagement, or development of faculty - interferes with the mission of nursing programs to educate competent, caring nurses.

Onboarding and Engagement of Nursing Clinical Adjunct Faculty

Effective organizational socialization requires policies and procedures that engage new employees quickly and efficiently and keep them engaged over time (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012; Phillips & Roper, 2009). Ellis, Bauer, and Erdogan (2015) have refined a model to conceptualize how the efforts of an organization contribute to the socialization of new employees (Figure 2). Pre-entry antecedents align with HTM theory elements of attraction and selection. Recruiting employees with the KSA that fit both the job requirements and organizational culture is the foundation of organizational socialization success.

Organizational Efforts
- Tactics
- Recruitment
- Orientation
- Organizational Insiders

Newcomer Characteristics and Behaviors
- Personality
- Self-Efficacy
- Proactive Behaviors

Adjustment
- Role Clarity
- Self-Efficacy
- Social Acceptance
- Knowledge of
- organizational culture

Distal Outcomes
- Job attitudes
- Performance
- Turnover
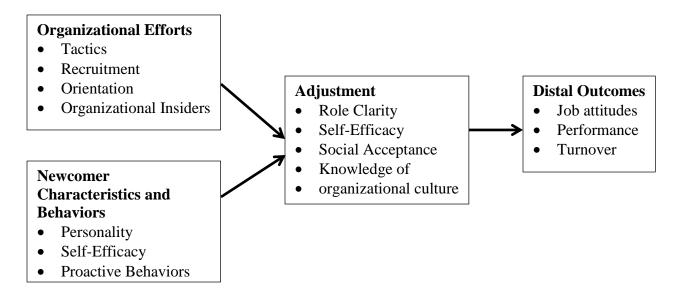
Figure 2. Antecedents and outcomes of organizational socialization

After hiring, organizational tactics directed at early engagement and onboarding together with new employee personality and behaviors promote newcomer adjustment. While organizations can use focused hiring policies in an attempt to hire proactive employees, the

internal motivations of these newcomers are not within organizational influence. Therefore socialization tactics and onboarding practices that are controlled by the organization can be designed to meet the needs of newcomers.

Onboarding is more than orientation and includes all informal and formal activities that an organization utilizes to facilitate the adjustment of new employees (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). All organizations offer some type of onboarding of varying quality and depth for newcomers even if it is not recognized as onboarding. Basics of onboarding include orientation-focused activities such as reviewing benefits and job responsibilities, orienting to the institution's mission, goals, or structure, and orienting to the physical surroundings (Bauer & Erdogan, 2012; Klein & Polin, 2012). Quality onboarding provides all necessary information to new employees through open communication, explanation of resources, and individualized training. Newcomers should feel welcomed at all levels of the organization. Finally, initial and ongoing guidance must be offered through mentoring, a go-to person, or a peer (Klein & Polin, 2012). This helps reduce uncertainty and anxiety that accompanies a new role or job (Ellis et al., 2015; Klein & Polin, 2012).

Combined with newcomer proactivity, the proximal outcomes of onboarding and socialization tactics include increased newcomer feelings of acceptance by coworkers, role clarity, and self-efficacy (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). The achievement of these proximal outcomes directly improves the newcomer's adjustment to the new role and work environment. Distal outcomes such as positive employee attitudes, better job performance, and decreased turnover provide benefits needed by organizational effectiveness. Job performance is greatly impacted by employee attitudes including level of satisfaction, commitment to organizational outcomes, and engagement in collegial behavior (Bauer &

Erdogan, 2012; Bradt, 2012; Ellis et al., 2015; Klein & Polin, 2012). Productivity is a reflection

of job performance, a usual indicator of organizational effectiveness. Ultimately, decreased

turnover of quality employees brings numerous benefits to the organization including improved

workplace morale and lower costs (Bauer & Erdogan, 2012; Bradt, 2012; Ellis et al., 2015; Klein

& Polin, 2012).

Onboarding in higher education, including nursing programs, includes efforts by human

resources and the colleges, schools, or departments (Schuster & Finkelstein, 2006). Within

nursing programs, deans, associate deans, administrators and administrative support staff,

clinical facility directors, clinical coordinators, and faculty peers may all have a role in

onboarding and overall socialization of new faculty. Similar to any organization, the

responsibilities of those involved in onboarding must be delineated. Failing to do so may result

in new employees being given duplicate or conflicting information, or vital information may be

omitted (Bauer & Erdogan, 2012; Bradt, 2012; Klein & Polin, 2012). This creates stress and

interferes with acquisition of role clarity and self-efficacy of newcomers.

Complicating the process for clinical nursing adjuncts is that they spend nearly all of their

teaching time away from the institution, unlike part-time faculty in other disciplines. This means

they must be socialized to the clinical facility as well the college or university and teach isolated

from other nursing educators (Allison-Jones & Hirt, 2004; Roberts et al., 2013; Wyte-Lake et al.,

2013). At the clinical facilities, human resource personnel, nurse educators, unit mangers, and

staff nurses become directly involved in organizational socialization of clinical faculty. New

adjuncts, after onboarding with the nursing program, must repeat the process at the clinical

facility, including orientation to policies and physical plant, computer training, and hospital unit

procedures. Often clinical faculty are required to then orient their own students. This double-

onboarding is different than other disciplines in higher education and time consuming for faculty.

Facilitation and support from nursing program administrators is necessary to help faculty meet

these obligations, thus maintaining quality relationships with clinical facilities (Wyte-Lake et al.,

2013).

Non-competitive salaries for nursing faculty, compared to clinical practice, makes it even

more critical that these newcomers are engaged quickly in order to nurture their altruistic

motivations. This engagement can be achieved through quality onboarding and organizational

socialization (Bauer & Erdogan, 2012; Bradt, 2012; Ellis et al., 2015; Klein & Polin, 2012).

While research in this area is limited, Evans (2013) and others reveal nursing programs and

institutions are failing to provide the necessary processes for new clinical faculty to adjust to

their positions (Candela et al., 2013; Roberts et al., 2013; Wyte-Lake et al, 2013).

Ellis, Bauer, and Erdogan (2015) identify four adjustment indicators that facilitate

newcomer adjustment: role clarity, self-efficacy, social acceptance, and knowledge of

organizational culture. Many nurse educators report that they lacked role clarity as new

educators, either beginning at a new institution or in their first teaching position (Candela et al.,

2013; Evans, 2013, Roberts et al. 2013). Orientation to the institution was disjointed or

overwhelming and was performed by numerous people. They were unsure where to seek answers

to their questions. Clinical faculty experiences are influenced by the reception by the staff and

administration at the clinical facilities as well (Allison-Jones & Hirt, 2004; Candela et al., 2013;

Evans, 2013, Roberts et al., 2013). As supported by the organizational socialization literature

mentors and resource people are important for new employees, but new faculty reported they

were not assigned or not easily accessible (Candela et al., 2013; Roberts et al., 2013).

Many clinical adjuncts do not have teaching experience and lack self-efficacy as educators for didactic or clinical teaching, causing anxiety and dissatisfaction (Candela et al., 2013; Evans, 2013; Roberts et al., 2013). While experienced in the area of nursing to which they are hired, new faculty often have little preparation for teaching. Acquiring understanding of educational technology, online platforms or tools, and clinical evaluation systems was often trial and error. Headden (2014) notes that inexperienced teachers hamper student success. In nursing education, inexperienced educators may fail to provide the learning opportunities essential for nursing practice and success on the NCLEX-RN.

Acceptance by insiders is the third part of newcomer adjustment (Bauer & Erdogan, 2012). This can particularly difficult in higher education where faculty work independently of each other and often only together at monthly meetings (Lucas, 2006; Schuster & Finkelstein, 2006). Compounding this in nursing education, 40% of teaching time occurs outside the institution in clinical settings, away from other faculty (NCSBN, 2008). Assigning a mentor, peer, or a go-to person can facilitate a newcomer's sense of belonging but with clinical faculty this is often impractical. Many clinical faculty are not included in college meetings, professional development, or other activities that promote a sense of belonging (Candela et al., 2013; Evans, 2013; Roberts et al., 2013).

The fourth adjustment indicator, knowledge of organizational culture, describes the "transitioning from an outsider to an insider" (Ellis et al., 2015, p. 314). Logically newcomers who understand the organizational history, goals, politics, language, and communication structures adjust more quickly to new jobs.   Candela et al. (2013) and Evans (2013) identify difficulty understanding internal politics and establishing peer relationships as two problem areas for new faculty. Without this, newcomers may fail to engage with colleagues or over-compensate

and unknowingly ruffle feathers. This leads to ongoing anxiety and disillusionment (Bauer &

Erdogan, 2012; Klein & Polin, 2012).

Summary

This chapter was a review of relevant literature related to organizational onboarding

practices and engagement of clinical adjunct faculty in nursing education. First, the evolution of

human capital theory was described. Research supported that investment in employees brought

benefits to organizations through increased commitment and productivity. Market demands

influence employee retention but organizational efforts to create a healthy work environment

help mitigate turnover. Phillips and Roper's Human Talent Management (HTM) model with the

five elements of attracting, selecting, engaging, developing, and retaining employees was

presented. Their central link to organizational values and required competencies was explained.

Movement through each element is not random but is a process that includes planning,

implementation, and evaluation resulting in quality talent management.

The HTM model was applied to the workplace in general and to the pipeline of nurse

educators. Each element was explored using the literature to demonstrate results when it is

executed well and the consequences if it is not. The organizational goal of retaining committed,

productive, and effective employees is supported through HTM elements. Organizational efforts

should focus on attracting faculty applicants who have the right knowledge, skills, and attitudes

for nursing education. Applicants should be selected who can thrive in their clinical adjunct

position and college/facility work environments (person-job fit and person-organization fit). New

faculty must be engaged with their work, coworkers, and workplace to achieve proximal

outcomes of adjustment: role clarity, self-efficacy, and acceptance by insiders. Opportunities for

development should be offered and faculty proactivity supported by leadership. This achieves

the distal organizational outcomes of increased faculty productivity, satisfaction, and retention.

CHAPTER THREE: METHODOLOGY

Established best and common practices provide a foundation for recognizing quality onboarding, which has been shown to increase employee satisfaction and organizational effectiveness (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). However, not every practice is appropriate for all job classifications or organizations. The purpose of this study was to examine onboarding practices used by collegiate nursing programs with new adjunct clinical instructors. Clinical adjuncts who participated identified practices that were part of their own onboarding experiences. They described perceived benefit of common or best practice onboarding strategies, whether or not they occurred. Additionally, nursing program administrators identified onboarding practices they believed were used with clinical adjuncts and their perception of how beneficial the practices were for organizational adjustment.

According to HTM theory, quality onboarding is part of a strategy aimed at easing newcomer adjustment, boosting engagement, and leading to increased retention rates. Ultimately the retention of high-quality, engaged clinical adjuncts strengthens the educational pipeline for registered nurses. This chapter describes selection of the sample and population, instrumentation for data collection, data collection procedures, and the process for data analysis used in this study.

The research questions for this study were:

1. Which onboarding practices identified in the literature did adjunct clinical nursing faculty experience and what is the perceived benefit of these practices?

2. Are the perceived benefits of onboarding practices reported by adjunct clinical nursing faculty congruent with those reported by nursing program administrators?

3. How do onboarding practices influence adjustment to the adjunct clinical nursing

    faculty role?

Research Design

During study design, the research method chosen is the one best able to answer the

research question. Qualitative methods are used in social science research to understand how

people interpret life experiences, create world views, and derive meaning from experiences

(Creswell, 2014; Merriam, 2009). While quantitative data can establish the existence of a

phenomenon or experience, the descriptive nature of qualitative data supplies a richer, deeper

understanding. Participant interviews, observations, and document analysis are all methods of

data collection in qualitative research (Creswell, 2014; Merriam, 2009).

This qualitative study was designed to identify which onboarding practices adjunct

faculty identified as beneficial and whether these practices facilitated adjustment to the clinical

teaching role. By definition, onboarding is a set of practices used by organizations to engage

employees and facilitate their role adjustment (Bauer & Erdogan, 2012; Bradt, 2012; Klein &

Heuser, 2008; Klein & Polin, 2012). Theoretically, the existence of onboarding practices and

whether they are occurring is measurable and quantifiable; they occur or they do not. However,

the experience of onboarding is subjective and open for interpretation by the employer providing

it and the newcomer receiving it. To capture this data, an organizational onboarding survey of

best and common practices developed by Klein, Polin, and Sutton (2012) was adapted for both

the clinical adjuncts and program administrators. From the adjunct survey results, an interview

protocol was developed to provide participants the opportunity to elaborate on their responses.

Results from the administrator surveys were compared with adjunct responses regarding

onboarding practices offered to new clinical adjuncts as well as the perceived benefits of the

practices. Additionally, if a practice was seen as beneficial but not offered, administrators were given the opportunity to explain why this was happening.

Sample and Population

When seeking to understand a selected population or phenomenon, purposeful criterion-based sampling is an appropriate method of identifying subjects (Creswell, 2014; Merriam, 2009). This study aimed to identify the benefit of onboarding practices used with clinical adjunct faculty in collegiate nursing programs. To increase homogeneity of the sample, the first criterion was to include only universities with nursing programs that offered bachelor of nursing degrees. Three universities were selected that were accredited by the Western Association of Schools and Colleges (WASC) and their respective nursing programs accredited by the Commission on Collegiate Nursing Education (CCNE).

Criterion-based sampling was involved in selecting adjunct faculty who only taught clinical practicum. Adjuncts often teach classroom lectures and laboratories but these occur within the institution where the environment is highly controlled and support is accessible for newcomers. This is not the experience of clinical adjunct faculty. The second requirement was employment by the institution for two years or less. The study was about the onboarding experience, so choosing participants who were hired more recently increased the reliability of the answers in two ways: accuracy of the participant memories and similarities in protocols/personnel at each institution over time.

Nursing programs have a dedicated faculty member who coordinates the placement of students and faculty at clinical facilities, including hospitals and community-based agencies. For the study, this person either had first-hand knowledge of the onboarding process of clinical adjuncts or identified an administrator who fulfilled this role. They completed the administrator

survey and solicited adjuncts to participate through email requests, instructing them to contact

the researcher directly via email or phone. Seven qualified participants were recruited this way.

The eighth subject was referred by an adjunct who had already participated in the study. If a

larger pool of clinical adjuncts was available, other limitations such as area of teaching, former

teaching experience, or educational level would have created a more homogenous sample.

Instrumentation

There were three instruments used in this study: An Inform-Welcome-Guide (IWG)

Onboarding Practices pre-interview survey for clinical adjuncts, an interview protocol for

adjuncts created from their IWG survey results, and a modified IWG Onboarding Practices

survey for program administrators. Basic demographic information was also gathered with the

survey, more completely with the adjuncts than administrators.

Inform-Welcome-Guide Framework

Based on the 2008 work of Klein and Heuser's "typology of specific onboarding

practices," Klein, Polin, and Sutton created a survey tool that captures best and common

onboarding practices used by organizations during the onboarding process (Klein & Polin, 2012,

p. 269). The Inform-Welcome-Guide Onboarding Activity Checklist (IWG) has been adapted for

use with employers and employees (Appendix A).

Ellis et al. (2015) state that quality onboarding is one component that leads to newcomer

role clarity, self-efficacy, and acceptance by insiders. These employee-centered proximal

outcomes are tied to distal outcomes that support organizational success, such as increased

employee productivity and commitment. The three categories of Inform-Welcome-Guide

represent a process by which these outcomes can be met. Role clarity and self-efficacy are

created by providing complete and necessary *information* to new employees. When information

is communicated poorly, incompletely, or improperly it causes anxiety, confusion, and prolongs newcomer adjustment. Thoughtful and appropriate ways to *welcome* newcomers promotes feelings of belonging and is closely tied to adjustment. The third category, *guiding*, is often overlooked yet promotes all three proximal outcomes of adjustment. Newcomers need ongoing support and assistance to increase confidence and competency in the roles. This guidance contributes to behaviors the facilitate feelings acceptance in a new work environment (Bauer & Erdogan, 2012).

The Inform category encompasses what is commonly considered orientation and the organizational socialization goal of providing information is reduction of newcomer uncertainty. It is the largest category and is further divided into three sub-categories of communication, resources, and training. *Communication* of information is formal or informal and occurs during group training sessions, one-on-one meetings, and casual conversations. Both the structure and process for communication are important. Who speaks for the organization and answers a newcomer's questions? Is enough time set aside to meet the goals of information session? How much information is given at one time? Information can be communicated over a few hours, weeks, or months depending on the complexity and responsibilities of the job.

Another component of the Inform category is providing newcomers with the *resources* necessary to perform their jobs and understand the organization. A new hire must know policies and procedures at both organizational and job category level. Resources may be tangible or procedural (Klein & Polin, 2012). In an increasingly web-based world, this means having access and learning to navigate the organization's intranet and internet pages to locate employee resources. When employees are oriented to well designed and organized systems, acquiring resources comes more easily to new hires. If done poorly, this can be time-consuming and

challenging. Newcomer proactivity, their willingness to accept responsibility and take advantage of resources given to them, is paramount in this category. Although proactivity is an individual, internal process, organizations can promote the seeking and utilization of resources by employees. By providing support, constructive feedback, and introducing needed information over time it prevents overwhelming new employees (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012).

The third sub-division of Inform is providing information via *training* or organizational efforts to facilitate the newcomer's acquisition of the knowledge and skills necessary to perform the job. Training programs can be loosely structured, such as shadowing a peer for a few hours, or highly structured and provided over a long period of time. On-the-job training or working closely with a coworker is generally more helpful than watching videos or learning in isolation (Klein & Polin, 2012). Overwhelming newcomers with too much new information can lead to poor adjustment and anxiety. A proactive approach organizations can take to avoid poor employee adjustment is ensuring person-job fit and appropriate background training at hiring.

Welcoming is the second category of IWG framework. It includes activities that allow newcomers to meet and socialize with other employees, as well as efforts organizations make to show newcomers that they are wanted, valued, and respected. These activities and efforts promote feelings of belonging and job pride which are fundamental for newcomer adjustment. Informal activities may include walking with the newcomer around the facility and making introductions to co-workers. Formal, planned activities include welcome lunches or other events specifically to recognize newcomers, or planned activities outside the workplace for general employee socialization. Organizational structure and functioning have a profound effect on a new employee's feelings of value and respect. Smooth hiring procedures, receptiveness to

inquiries and concerns, and sincere efforts to problem solve convey the institution values the

needs of its employees. The individuals responsible for welcoming new hires have a very

important role in promoting organizational effectiveness. Many variables, related to both the

process and the person responsible for it, can lead to poor efforts at welcoming new employees.

Guiding is the third category of IWG that is linked to quality onboarding, employee

adjustment, and organizational socialization. Guiding involves the ongoing assistance of insiders

to communicate, provide resources, and supplement training of newcomers. Guiding can take

three forms and any one or combination may be used. A *mentor* can be appointed, someone who

has experience and willingness to contribute to the professional development of the newcomer. A

go-to person can be assigned who can answer questions and provide resources. Lastly, a *peer or*

buddy who is in the same position can demonstrate job-role modeling, explain unofficial

workplace norms, and introduce a newcomer to other coworkers. Current employees may

formally or informally perform these roles with new hires. Organizations can promote

socialization and adjustment of newcomers by identifying employees who are capable and

willing to perform these roles and not leaving it to chance.

Inform-Welcome-Guide Onboarding Practices Survey for Adjuncts and Administrators

With permission from the author, the IWG survey was adapted to match the language of

higher education and clinical nursing practice. For instance, *senior leader* was changed to *dean*,

manager to *department chair*, and *fellow associate* to *faculty*. Two versions of the IWG survey

were created, one for clinical adjunct faculty (Appendix B) and one for the nursing

administrators (Appendix C). They included 27 statements that present common and best-

practice organizational onboarding practices, inquired if the practice occurred formally,

informally, or not at all. If an element did occur, the participant identified when this happened in

the onboarding process. Both versions shared this format. They differed in solicitation regarding

the benefit of each element. For adjuncts, the questions regarding benefit were reserved for the

interview protocol. Administrators were asked in the survey about benefit because no follow up

would be done. If an administrator felt the practice would be beneficial but were not currently

offering it, the reason behind this was requested.

Both surveys were recreated as web-based surveys using a commercially available tool.

When a subject agreed to participate, the survey link was emailed to her or him. The version for

clinical adjunct faculty was used as a pre-interview survey. It gathered foundational data about

the onboarding experience, whether practices occurred, and if so when they occurred. The items

were worded as 'I' statements, such as, "I was invited to meet with the dean." As noted,

participant identification of benefit of the elements was not included as this perception was the

central focus of the interview protocol.

The IWG survey version for administration included statements phrased from an

employer's perspective. For instance, referencing the statement from the faculty survey used

previously, this survey item stated, "New clinical adjuncts are invited to meet with the dean."

The experience of administrators was not the focus of this study. They were asked to comment

on the onboarding process in the previous two years and it was not directly related to the hiring

of any specific adjunct. This survey collected general onboarding data as identified by the

nursing administrator to explore congruence with adjunct faculty. It included all practices, the

time frame of occurrence, and the perceived benefit of each element. The perceived benefit of

each practice was queried whether or not it was offered to new adjunct faculty.

Inform-Welcome-Guide Interview Protocol

There are limitations to highly structured interviews, including lack of customization to the individual and missed opportunities for more depth. A benefit of structure is it allows for more comparable data organization and analysis, decreases interviewer bias, and provides a strong framework for novice researchers (Creswell, 2014; Maxwell, 2005: Merriam, 2009). Semi-structured interviews take advantage of these benefits and greatly reduce limitations through the use of open-ended questions. The interview protocol used for this study was semi-structured with pre-determined open-ended questions tailored to the participant's pre-interview survey results. Allowing participants to use their own words to describe their onboarding experience provided richer data than could have been gathered through the survey alone (Creswell, 2014; Merriam, 2009).

The literature review identified a gap in onboarding practices research. Klein and Polin (2012) acknowledge for many best practice elements there is benefit identified in practitioner literature although no evidence exists to support those claims. There are also onboarding practices that are common, and while not harmful, no evidence exists regarding benefit. The IWG framework presents best practices and common practices, allowing participants to determine how beneficial the element was or could have been.

After participant completion of the online IWG survey it was reviewed to generate the interview protocol (Appendix D). Practices the participants reported as occurring from the Inform, Welcome, and Guide categories were separated from those they believed did not happen. Within the protocol, the survey statements were ordered, with those experienced asked first, followed by those that did not occur. For each statement, participants were asked about any perceived benefit of the practice.

During the interview, for each practice that occurred, the corresponding statement was read to the participant. For example, "You reported that you were invited to meet with the dean the day you were hired." The participant was then asked to rate the benefit on a 5 point Likert-type scale (Appendix E). This led to the open-ended questions such as, "I'd like to know more details about what actually happened and why you rated it as you did." Prompts such as "Could you tell me more about that?" or "Why was that helpful?" were included in the protocol as follow up questions.

When all questions had been asked about practices that did occur, the second part of the interview focused on eliciting responses about practices the faculty member identified did not happen. For example, "You said you were not shown how to find things on the university website. Using the scale I placed in front of you, how beneficial to you would you say this activity would have been had it happened?" Queries followed regarding how the adjuncts compensated for a missing onboarding practice that they perceived would have been beneficial This continued until all practices that had not occurred were reviewed.

Data Collection

Data collection for the study included four parts: obtaining IRB approval through the University of Southern California, distributing and analyzing the IWG surveys for adjunct faculty and administrators, and interviews with adjuncts. The International Review Board (IRB) process was initiated and received in June 2014. A standard participation information document was created as part of this process for faculty (Appendix F) and administrators (Appendix G). Due to the small risk to participants, a full informed consent was deemed unnecessary by the IRB and a certified information sheet was utilized.

Data collection efforts began by contacting the clinical facilities director at each nursing program. This gateway contact identified the administrator who oversees onboarding of new clinical adjunct faculty. For two universities this was the same person. An email was sent to each administrator explaining the purpose of the study, the potential role of participants, and included the participant information document. The clinical facilities director also identified clinical adjuncts who had been employed two years or less. An invitation to participate email was sent to clinical facilities directors to forward to these adjuncts. Similar to the email for administrators, it explained the purpose of the study, information about the survey, and details regarding the follow up interview. A participant information document was attached to the email. Employee email addresses were not given directly to the researcher.

If a response from an administrator was not received in 14 days, a second inquiry email was sent. If three adjunct faculty responses from each program were not received, a call was made to the clinical facilities director who again sent the email to adjuncts. One program sent emails four different times over five months to adjuncts. Once faculty or administrators agreed to participate, the proper version of the IWG survey was emailed to participants. In the faculty email was a reminder that an interview would be scheduled after completion of the survey.

When administrators returned their IWG survey they were sent an acknowledgement and thank you email. When faculty surveys were received a return email was sent with suggested dates and times for the interview. Together arrangements were made to meet in a mutually agreed upon location. This included participant homes or private offices.

Interviews began with an introduction to the study and a review of the consent to participate information form. Permission to audio tape the session was reaffirmed. Two recorders were used to ensure no data loss. The interview protocol proceeded with questions related to

practices that had occurred first, followed by those that did not happen. The perceived benefit of each onboarding practice was elicited from the participants whether or not it occurred. This continued until all questions were covered. At the conclusion, participants were asked to share any other information about the onboarding process that had not been covered. Each participant was informed that the interview would be transcribed and offered the opportunity to review the transcript.

Data Analysis

In qualitative research, data collection and analysis occur simultaneously, part of the natural discovery process (Creswell, 2014; Merriam, 2009). Analysis of data as it is collected may lead to new insights, adding depth to the research questions or stimulating the researcher to pursue data from additional sources. Analysis of the data collected in this study was to answer the three research questions:

1. Which onboarding practices identified in the literature did adjunct clinical nursing faculty experience and what is the perceived benefit of these practices?

2. Are the perceived benefits of onboarding practices reported by adjunct clinical nursing faculty congruent with those reported by nursing program administrators?

3. How do onboarding practices influence adjustment to the adjunct clinical nursing faculty role?

The results from the Inform-Welcome-Guide Onboarding Practices surveys for adjuncts were downloaded from the web-based platform throughout the data collection process as they were completed. The questions were reorganized based on whether the participant had experienced the practice. The new structure framed the interview protocol, with practices that adjuncts experienced asked first, followed by those that were not experienced.

Results elicited through the interviews were analyzed separately to answer research questions one and three. For the first question, occurrence of the practice was documented first. Then the benefit of each practice was categorized using a five-point Likert-type scale from not beneficial to extremely beneficial. Participant responses were grouped into three categories for analysis: most beneficial (extremely or very beneficial), less beneficial (moderately beneficial), and little or no benefit (somewhat or not beneficial). This was highly structured and required no coding or sorting of data beyond the expressed benefits from the participants.

In qualitative studies, the researcher traditionally analyzes data sources such as participant responses for emergent codes and themes (Creswell, 2014; Merriam, 2009). This was not the approach used to answer the third question. Instead of seeking emergent codes from the data, codes were predetermined based on the literature that identifies three proximal outcomes of organizational socialization strategies: role clarity, self-efficacy, and acceptance by insiders. Key words and phrases from participant answers were aligned with the predetermined codes.

For question two, data derived from the administrator surveys was compared to results from the adjunct survey to evaluate congruence of identified IWG practices. The administrator surveys were designed to add depth and triangulation to the adjunct interview responses. They provided opinions of influential stakeholders in nursing education at the three universities. The nursing program administrators' perceptions regarding the benefits of institutional onboarding practices were relevant to adjunct responses. However, data regarding the occurrence of practices could not be directly compared because the administer results did not reflect the actual onboarding of any particular individual faculty who participated in the study.

CHAPTER FOUR: RESULTS

Effective onboarding strategies increase engagement of new hires and as a key part of organizational socialization lead to long term outcomes of increased employee satisfaction and retention (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). This study was designed to examine which Inform-Welcome-Guide (IWG) onboarding practices collegiate nursing programs use with new adjunct clinical instructors. The benefits adjuncts perceived from the IWG practices, whether they occurred or not, can be analyzed to improve onboarding protocols. Exploring congruence between the perceptions of adjuncts and program administrators provides insight into the onboarding process in nursing education. Determining if participant description of benefits of onboarding practices is related to proximal outcomes of organizational socialization adds to the limited research in this area.

Chapter four includes a description of the study participants and presents the data that answer the following research questions:

1. Which onboarding practices identified in the literature did adjunct clinical nursing faculty experience and what is the perceived benefit of these practices?

2. Are the perceived benefits of onboarding practices reported by adjunct clinical nursing faculty congruent with those reported by nursing program administrators?

3. How do onboarding practices influence adjustment to the adjunct clinical nursing faculty role?

Participants

Eight adjunct clinical instructors from three different collegiate nursing programs in a major metropolitan area completed a pre-interview survey and participated in one to two hour semi-structured interviews. All possessed a master's degree in nursing; four were licensed as

APRNs and four as RNs. There were seven women and one man with age ranges 26-30 (1), 31-35 (2), 41-45 (2), 46-50 (1), 51-55 (1) and 56-60 (1). Five identified race/ethnicity as White and three as Filipino. Four instructors were in their first teaching position with 7-12 months of experience. Four had less than two years in the current position but were experienced teachers, three of them with six or more years in clinical nursing education.

During the interview process, participants who shared honestly about their very poor experiences asked for reassurance about confidentiality of their responses. To protect their anonymity, a decision was made to avoid presenting more detailed demographic information. Data was purposefully not linked to specific adjuncts through use of pseudonyms or affiliation with a university. The response of a participant in one section is not necessarily linked to one in another section. Many adjunct responses reflected negatively upon their institutions, nursing programs, or the administrators responsible for the onboarding of adjunct faculty. Therefore this de-identification of demographic data also respected privacy of these individuals and universities.

The three administrators, one from each university, completed the survey for the nursing program. Two were in clinical director-type roles and had been in the position for longer than two years. One was a department chair with less than a year in the role. Their results were not specific to the onboarding of any specific adjunct in the study but reflected the perceived practices of the nursing programs and universities. The department chair reported on practices from the last year only, noting that changes had been made in the onboarding process from the previous year.

Research Question One

The first research question asked: Which onboarding practices identified in the literature did adjunct clinical nursing faculty experience and what is the perceived benefit of these practices? While the benefit of organizational socialization is well documented, little empirical research exists regarding the benefit of specific onboarding practices (Klein & Polin, 2012). Instead, organizations must rely predominantly on recommendations from practitioner literature written by experienced human resource professionals. The onboarding practices in the study, as outlined in the modified Inform-Welcome-Guide Onboarding Checklist, were examined in relation to the needs of clinical adjunct faculty. Each part of the IWG Onboarding Checklist is described in detail in the appropriate section.

Inform Practices

Inform is the largest of the three categories and generally where organizations place the focus of onboarding efforts. The provision of resources and training to newcomers, as well as the process of communicating this information, are included. Practices in the Inform category should reduce uncertainty for new employees, facilitating role clarity and confidence in their abilities (Klein & Polin, 2012). It is divided into three sub-categories: Communication, Resources, and Training.

Inform-Communication Practices. The first subcategory is Inform-Communication which includes formal and informal opportunities for one-way and two-way dialog during the onboarding process (Klein & Polin, 2012). Questions here capture how individuals in authority positions and those responsible directly for onboarding interact with new hires. Perceptions about accessibility and commitment of the organization are communicated as well as the conveyance of welcoming. Involvement of a representative from human resources to provide

information regarding contracts, salary, or other internal policies is also included. Organizational

socialization is influenced not only by the design of onboarding communication, but also the

abilities and traits of the individuals who are chosen to communicate with newcomers. The four

questions in this IWG sub-category were

1. I went to a question and answer session where new faculty were able to ask the dean
   or other leaders questions.

2. I was invited to meet with the dean.

3. My department chair set aside a block of uninterrupted time to spend with me.

4. I met with a representative from human resources.

Contact with dean and department chair.

Only half of the participants (4/8) had the opportunity to meet the dean formally or

informally. One was invited to meet with the dean and had individual time set aside by the

department chair but she felt these meetings were related to an expanded role she agreed to take

in the nursing program and not something generally offered to adjuncts. She stated that the value

of both meetings was diminished because 'you don't know what you don't know' clarifying,

"(If) she (the department chair) had something to offer other than answering my questions it

would have been helpful."

The other three adjuncts who met the dean did so during a group orientation. They rated

this as moderately to very beneficial but the value was not related to information shared. Rather,

the dean's presence made them feel valued and connected to the nursing program. One faculty

stated the dean was present for only "10 minutes" at a day-long orientation but it still provided a

boost in "morale" and the opportunity to put names to faces. He stated, "If I saw her (the dean)

on campus, I'd be like, 'Hi Dean, how are you doing?'" Another echoed this sharing, "If you

don't know who that person (the dean) is then you can't acknowledge that they're engaged. If I was on campus and I saw her, I'd be like, 'Oh, that's the dean. Yeah, she's checking things out.'"

Discussing the value of meeting with department leadership, three of the adjuncts (3/8) reported that they had no contact with the dean or department chair and because of this rated the potential benefit of meeting these leaders from not beneficial to very beneficial. One adjunct was effusive about her early relationship with the department chair but when she realized the person in question was the course coordinator she admitted that she apparently did not who the department chair was at the time. In contrast to the participants who met the dean, one of these adjuncts stated she would not recognize the dean if she "passed her on the street." All three expressed that when leadership meets with new employees it conveys value and respect. Because this did not happen they questioned whether the organization had its priorities right. One stated, "I feel like if a new employee starts at a company, the head of the company should welcome the new employee" and "The dean is my leadership." Another adjunct referenced the "chain of command" and that the dean and department chair are responsible for "overseeing an entire program." It was their responsibility to convey "what their expectations are for the school…"

Although not scheduled individualized time with the department chair, one adjunct met the chair in a group orientation and the other with another new instructor. The latter felt it was very beneficial, stating, "I felt she (the department chair) was most knowledgeable about the department and she gave the information that I sought…" She lamented that more contact beyond that one meeting did not happen but would have been beneficial. The other faculty member experienced the opposite and rated it not beneficial. She perceived the department chair's approach working with students as negative and counterproductive, decreasing any benefit of the group orientation. When queried about whether meeting individually with the

department chair would have been helpful, the adjunct replied, "Not at all…because she is the

one who said all that stuff." This participant had a very positive experience with a course

coordinator who provided additional onboarding information.

Two adjuncts who met the dean but not the department chair during the group orientation

believed there would be moderate benefit just knowing who the chair was, but their needs were

fully met by the course coordinator. Similarly, the three who did not meet with either the dean or

department chair also received their onboarding almost exclusively with the course coordinator.

One shared, "(The course coordinator) gave me more information about my role…introduced me

to the sim(ulation) lab…introduced me to other faculty…showed me the (text) book… and the

curriculum." Beyond providing information, the course coordinator supported the new hires. One

adjunct said, "…(the course coordinator) was very receptive to me. She did set aside of block of

time to meet with me and answer questions. She answered emails promptly. I was very pleased

with my interactions with her." The third adjunct added that the course coordinator "…was

responsive…she was more willing to be involved at the beginning." All felt the department chair

was instrumental to their feeling welcomed, one stating the coordinator communicated, "I'm here

for you. I'll do anything you guys need me to do."

Question and answer period. Having an opportunity to ask questions during orientation

is identified as a useful practice (Klein & Polin, 2012). In this study, the perception of what

constituted a question and answer session varied for the adjuncts, and this influenced their

identification of the benefit of this practice. Half of the participants experienced a comprehensive

onboarding session with various nursing department (dean, course coordinator, administration)

and university leaders present to answer questions. Although it was a long day, they received

valuable information as employees and educators. They judged the experience to be moderately

to very beneficial and referred back to this session when answering different questions through

the semi-structured interview. One stated, "It helped me with … where to go to if we needed

assistance on questions and with students, and also some of the school's policies, their

administrative policies on the HR side also."

Four of the eight believed the meetings with course coordinators or department chairs

served this purpose and were moderately to very beneficial, although limited in scope. One of the

four rated the experience as only slightly beneficial due to the negative tone set by the

department chair. Two of these participants felt that although the orientation by the course

coordinator was in-depth, it did not replace the need for a full employee orientation. Therefore

they lacked the necessary information about organizational functioning and came to understand

how little they were supported as part-time faculty, with one reflecting, "…it was more just the

logistics of how the business was run and I was thinking, 'How do you run a college like this?"

All participants linked this practice with other IWG practices regarding training and welcoming

and are covered more in depth in those sections.

Meeting with a representative from human resources. The communication of university

policies, employment information, and contract details are expected outcomes after meeting with

a representative from human resources. All eight adjuncts reported they met with a university

employee who reviewed their contracts and conveyed basic employment information, rating this

practice as very to extremely beneficial for the onboarding experience. However, only half felt it

was done well by the institution. One stated she met with an actual representative from HR and

the other seven met with an administrative person from the nursing department.

Of the seven participants who met with a department representative, three felt the process

was uneventful. All their questions were answered and there was no need for a formal HR

meeting. One commented that as adjuncts without benefits the process was "not complicated."

The other four who met only with a nursing department employee identified a serious disconnect

between HR and the nursing administration. They felt the system failed and left them in a black

hole with no resolution to serious problems, such as weeks or months of employment without

having a signed contract or paycheck. Poor communication between HR, the nursing department

administration, and adjuncts plagued the onboarding process. All four conveyed ongoing levels

of distrust in the university system, disbelief regarding the level of organizational dysfunction,

and some level of embarrassment about being associated with the program. One stated, "I just

never felt settled. To me it's a step process. You get hired. You get your information. You find

out about the company you're working for…You know that they expect you to do. Now go do

it." Instead, she stated, "It felt like controlled chaos."

Inform-Resource Practices. This sub-category of Inform explores how resources are

made available to new hires initially and in an ongoing manner. Even when an organization

provides resources, proactive behaviors of newcomers are necessary for materials to actually be

used (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). Effective organizations

increase employee proactivity through hiring practices and setting expectations in the workplace.

The near universal use of internet and intranet resources increases the need for organizations to

ease employee access to potentially complex systems. In nursing education, new adjunct faculty

must be given the specific policies, procedures, and job performance materials necessary to

function as both employees and educators. Particularly because their work is not at the

university, they also require ongoing web access to this information. The Inform-Resource

practices questions were

    1.   I was shown how to find things on the website the university has for its employees.

2. I was given an initial plan that outlined opportunities for my development.

3. I was given a glossary of abbreviations and "buzzwords" used at the university.

4. I was directed to a section of the university website specifically designed for new faculty.

5. I was given a list of names and contact information of important people within the university.

Shown important information on website. All eight participants believed orientation to the institution's website, intranet, and LMS should be part of onboarding. Six rated this as moderately to extremely beneficial for adjuncts, although three of them did not receive any online training or orientation. Two of the eight rated being shown the website as only slightly beneficial for different reasons. One initially did not see much benefit personally because of an IT background, but when queried stated, "…maybe a 20- or 30-minutes session of how to use the exchange email or the portal to find out more resources for faculty, then maybe that would've been helpful." The other participant had been given an orientation but felt it was poorly done, without "hands-on" opportunities or 'handouts." As an experienced educator she stated, "…we are so unforgiving of students when they don't do things…yet when we are the ones…we make a lot of excuses for ourselves."

Four adjuncts (4/8) spent half or more of their first semester without access to the institutional intranet, university email, or LMS. Complications processing contracts in HR delayed IT issuance of employee logins. They had to enlist the course coordinator to post required materials and obtain student contact information. One had received some orientation but could not remember much of it by the time she had access. If the course coordinator set up the LMS there was less for adjuncts to do, but that did not happen consistently. The lack of

orientation caused stress and wasted time, increased feelings of disillusionment with the

organization, and created discomfort when students asked questions. One stated, "I'm not afraid

to say I don't know something if I don't know something…It wasn't a matter of ego, but I just

would like to know as a professor that I can do the very basics that are required of me." The

three adjuncts who did not receive any orientation were at least familiar with the LMS from

using it as students. One stated, "If I hadn't known that (the LMS) I would have been completely

lost."

When they sought help it was given from either the course coordinator or IT. One

attempted to use tutorials but found them unhelpful for someone without basic understanding of

the system. She sought out help from IT and found "…they are very, very helpful. Once you find

them, they are fantastic." Another shared a similar experience stating, "I think it was hard to

piece it together because you weren't actually doing it (during the orientation)...but then you go

off on your own and you get confused." She also found a responsive IT department, sharing, "If

you email them you get a response within that day, usually within the next hour or so…"

Another stated that having had "even 30 minutes" of orientation would have made a difference.

Website for new employees. The accumulation of all resources onto one website was

judged to be moderately to extremely beneficial to all adjuncts, but none believed it existed at

their school. Two adjuncts were given a USB flash drive of resources which they found very

valuable, and one of them acknowledged the same materials on a website would be more

convenient. One participant pointed out that you "don't know what you don't know until you go

figure out what you don't know." She added, "I would have presumably gone to that section…to

find out what I don't know, which is lots." Another had a similar response, "As an employee,

you should know what's expected because otherwise how do you do your job?" Another stated,

"It could have been beneficial because it could have answered all those question that were left unknown at the beginning." Because they taught in clinical sites on different days and shifts, to have remote access to answers any time was seen as a real benefit. Some adjuncts were responsible for teaching simulation lab and one stated that to have these resources online for adjuncts would be "huge" and greatly increase teaching effectiveness.

A few offered suggestions about what could be available on such a site and these included some of the options from the IWG checklist. Providing adjuncts with common abbreviations used at the university or in the nursing department did not occur for any of the participants and seven identified no real negative consequence because of it. Upon query, one felt there could be benefit for easy access to building abbreviations on a campus map. Another pointed out that most of the abbreviations she needed were defined in the syllabus, such as the name of the clinical evaluation tool or weekly student clinical reflections. As nurses, they were already familiar with health care terms and abbreviations. Only one viewed having a list of acronyms and university language as very beneficial: a novice instructor. She was unfamiliar with many university abbreviations and teaching related terms. She expressed discomfort asking what words meant, "when you go to meetings, or sometimes just causal conversation, people will use all of these acronyms. You're like, 'What are you talking about?' It was not until the end of the semester, I was like, 'Oh, okay, now it makes sense." The other seven all identified the possibility of some educators needing this resource and there was no harm to include it in new hire resources. One believed an FAQ section open for "anonymous" questions would help novice faculty who did not want to appear inexperienced.

Initially participant responses regarding provision of contact information for important people varied from not very to very beneficial. Upon further discussion they concurred it could

be very beneficial if done well. Half received this information from the school and others

discovered information on their own on the school website. Two that received resources on the

USB flash drive believed it conveyed a sense that the nursing program was trying to prepare

them with the tools they needed for success. Those who received it felt it saved time and effort

searching for information. Although most information could be found on the university website,

specific information like the chain of command or clinical contact information was not available

there. One stated, "I didn't really know whose role was what and who was actually responsible

for what. That would have been nice (to know)" and that contacts should be part of a standard

welcome kit. One appreciated being given contacts for other faculty teaching the same clinical

course, even though she never used them. Knowing she could turn to them if needed was

reassuring.

The participants offered a variety of suggestions to improve the benefit of compiling and

distributing contact information. These included rosters that identified the responsibilities of

administrators and the specialty areas of faculty teaching, preferably with their photos included.

Some expressed that the chain of command should be part of these materials. One given this

information on a flash drive, while appreciated, would like it available online.

Professional development resources. Learning-oriented environments encourage

newcomers to be more proactive about accessing and utilizing resources. Organizations can

facilitate this through creating a workplace-ethic which provides professional development

opportunities. Newcomers should be shown how the acquisition of new KSA in nursing

education benefits them not just in their adjunct role but in their professional lives in general.

Two adjuncts who received a day-long orientation felt professional development

opportunities and resources began that day and found this to be very beneficial. On the flash

drive they were provided with "…resources we have at the school as far as libraries and the databases to search for articles." One related the whole orientation itself felt like professional development because he learned so much about nursing education, "It was alive. It was a good day." They were excited about the opportunities available to them as educators in the nursing program and university. They understood ongoing learning was valued by the nursing program.

The six adjuncts that did not experience any professional development or felt opportunities were offered said it would have been moderately to very beneficial had it occurred. When asked about a professional development plan, one respondent replied, "I didn't even know anything existed. Does it exist? Still don't know." One adjunct reflected that experience working as an RN with new graduates and with nursing students in the hospital had provided a foundation of nursing education skills but not as a clinical adjunct responsible for eight students. Another, reflecting on the lack of professional support, said, "…ultimately it's not only a reflection on the school…but it is a reflection on me as well." One who had a particularly difficult onboarding experience stated, "I would have laughed at it (being offered professional development)" because the nursing program was so dysfunctional. She clarified, "If they were more stable, I would have loved it."

These participants tied ongoing learning of faculty to student success. One new adjunct who was an experienced nursing educator stated, "While I deeply appreciated the autonomy and the independence of being able to teach the way I want to teach…if there was just a bit more guidance on how they (the nursing program) wanted it (clinical) taught…perhaps students would be more successful." Another spent her own money acquiring resources, "I actually bought a lot of books… (to) update my knowledge base. I made models so students could practice skills. I took the initiative to do these things for myself but also for my students."

While appreciative of the suggestion the college should outline development

opportunities, one participant with prior teaching experience believed educators were capable of

seeking out information if desired, "People in academia. I think they are so driven. You have to

know what you want." In contrast, a less experienced instructor was very eager to learn more

about nursing education and felt the university was not helping her do so. She stated, "This is

where I want to retire, it would be nice to know, 'Okay, this is your track to getting into a tenure

role.'" Instead, she found, "You just hear everything through the grapevine."

Inform-Training Practices. Practices in this sub-category are planned and structured to

help newcomers acquire the knowledge and skills necessary to gain role clarity and self-efficacy.

These practices may be organization or role-specific and are often grouped concretely into

'training programs.' IWG Checklist statements for Inform-Training practices were

1. I was shown a new employee video.

2. Time was arranged for me to observe another clinical instructor for a period of time.

3. I received training at the clinical site from an experienced faculty.

4. I was given a tour of the nursing department and nearby areas of the university.

5. I attended an orientation program with other new faculty or employees.

6. I completed an on-line orientation program.

7. I attended a session in the simulation or other lab where experienced clinical faculty
   demonstrated tasks or procedures necessary for clinical instructors.

Employee video. None of the adjuncts were shown a new employee video of any kind,

and consistent with research (Klein & Polin, 2012), they were skeptical of its benefit. One

replied, "…when you say 'a new employee video' my mind immediately flashed to just kind of

the BS rhetoric...'welcome to the university' and I don't need that." However, she elaborated, if

the information was relevant to becoming "…a better adjunct faculty for the students, then, yeah, for sure."

When queried, others identified some benefits if the video was relevant and done well. Numerous participants described the potential benefit of a video that could be watched at home to complement or reinforce the orientation. Those not able to attend an orientation would have access to material, "…a nice video explaining resources and where you go, yeah, why not?" One expressed interest in viewing a video orientation to the university and nursing program because she would understand her place in the organization better. All agreed that they would rather meet face-to-face than watch a video or orient online, finding it more personal and offering opportunities for questions.

In-person and online orientation programs. Formal orientation programs are often the backbone of new employee training but empirical evidence has not identified optimal content, timing, or structure (Klein & Polin, 2012). It is clear that the goal should be more than sharing information about the company and job functions. An orientation provides the foundation for organizational socialization and newcomer engagement. In-person orientation generally achieves these goals more completely. When given the option, the adjuncts in this study favored an in-person orientation over online, but saw the value of online as a back-up resource. Five adjuncts attended an orientation and three were not offered one. Regardless, seven of the participants believed orientation to be very beneficial (one moderately beneficial) for adjusting to the clinical adjunct role.

Four participants had an all-day orientation with other new faculty. On what made it beneficial one recalled, "They had different people come in from different units, different professors, different chairs, different people just to get oh, that's who you are. That's who. They

spoke a little bit about the program." Another said, "I know they talked a lot about shared governance and these are the steps you follow, policies and procedures. When you come into any new job, you're always looking for your benefits, if there are any benefits, so those kind of things, just for job security, I think it was okay." She identified "pros and cons" because, "… when they started talking about shared governance and all that, that stuff just went over my head because it's a completely new system and I didn't quite understand everyone's role just yet." One called the experience a "long day" but "a very good day" where college and university leaders introduced themselves, policies and procedures were reviewed, in-depth information was given regarding the clinical adjunct role, evaluations methods were explained, and course coordinators conveyed specific course content and responsibilities.

One participant received a partial day orientation with other adjuncts but had her teaching assignment changed from lecture to clinical between the orientation and the semester start. She reflected, "… things changed so much from the time that I went to that orientation… What I was interested in never came out, so then I didn't really have the questions that I might have wanted to ask." Her personal experience with onboarding was not good but she knew the orientation should have been "supportive" and "collaborative."

Three adjuncts received informal orientations from the course coordinator and nursing program administrative assistant. All found the lack of a formal orientation indicative of university and nursing program dysfunction. On the benefit of a planned orientation, one stated, I'd like to think that it'd be very beneficial because if I attended a new hiring seminar or something perhaps the issues with HR might have been ironed out… Your get all your form filled out and your papers and you sign things and it would have been nice to have something like that scheduled and everybody had their packet ready for them kind of thing." Another

concurred, "At a new hire orientation, they could have handled everything... It would have put everything together… If you were new they could have shown you around. You could have done the tour. You could have done the HR. You could have answered all the questions. You could have (reviewed) your expectations." The third related the benefit of a well-done orientation that she had attended at another organization, "I remember I had such a positive feeling just sitting in that orientation because the leadership came to introduce themselves to the orientation class and saying ... the speeches were just phenomenal." But in her current position, "They don't have a list for new hires. Okay, badge, check; contract, check, this and this and this, they don't go through an orientation list."

Tour of campus. Orientation to the physical environment is an important step for decreasing newcomer uncertainty. It also provides new employees the opportunity to understand divisions in labor and responsibility. In a healthy workplace with receptive workers, introducing newcomers during a tour facilitates adjustment. A planned tour contributes to early organizational socialization.

Six participants toured the nursing department and some were shown other parts of the university, as well. They identified this as an informal tour by the course coordinator or department chair and it was moderately to extremely beneficial. Areas of the campus shown included the nursing office, labs, and other support areas like where to make copies or get supplies. Consistent with the literature, some identified that being introduced to key employees and faculty was an important part of the tour. One adjunct would have liked a more extensive tour, including seeing the library and where clinical adjuncts could work on campus.

Two participants did not receive a tour, but personally did not find it problematic because they knew the physical layout from being students at the university. The lack of a tour was

identified as "another" example of the nursing program's failure to show, as one put it, "appreciation" and help make a new adjunct's "…life easier as faculty." Both acknowledged the tour would be very beneficial for new hires that were also new to the university.

Demonstration/instruction in simulation lab or general nursing lab. Orientation of new employees to their physical workspace and being trained in their job requirements is a necessary organizational function. For clinical adjuncts, their actual place of work is at hospitals and other clinical facilities where students are taught. However, some clinical preparation or testing occurs on campus, either in traditional nursing labs or simulation labs. In traditional labs students practice skills and procedures, under the supervision of an instructor, on mannequins or each other. In simulation labs, high-fidelity programmable mannequins provide complex learning experiences for students. Most nursing faculty can quickly acquire the teaching techniques required in traditional labs because it mimics nursing practice but simulation requires additional preparation and training.

The participants of the study did not all have the same responsibilities for lab-based teaching. Seven had little simulation experience and viewed this training as very to extremely beneficial if required to teach students in the simulation lab. Three did not teach in the lab but would enjoy learning more about running scenarios in the simulation lab. Two accompanied their students to the simulation lab but were not required to teach or supervise it. They both expressed desire to be more involved but the current program design did not include this component for clinical instructors.

The other three participants were required to teach simulation without any formal training or preparation from the nursing program. One happened to be professionally experienced with simulation and did not feel personally impacted by the lack of orientation or training. For the

other two, although they were familiar with how simulation worked, they had never run scenarios before with students. They felt responsible for ensuring the students had a good experience. One of the two stated, "…I felt unprepared as an instructor…it poorly reflected on me…" She was given written information beforehand but not given hands-on training and her role was not clear. On the first day the lab supervisor was there and ran the first scenario while she observed and then she ran the second. If that had not been the case she would have "just muddled through." The other adjunct received some written information and prepared for a scenario only to find it had been changed when she arrived with her students. She had not received the codes necessary for the scenario and had to teach without preparation. She felt the change provided students with a lower quality experience because she had to react to the scenario, like a student should, instead of guide students through it like an instructor. Better communication would have prevented the situation. She supported standardized instruction and scenarios so students were being taught in similar ways.

   Shadowing of another clinical instructor or on-the-job training. The literature identifies these categories as distinct. Shadowing occurs when a new employee follows a seasoned worker performing the job the newcomer will assume. For most professional positions, this observation is enough to start the newcomer on the right path. Other positions require hands-on learning opportunities to learn certain tasks or to operate equipment. For clinical nursing instructors both may be necessary.

   Previous clinical nursing experience in the area of teaching is required so clinical adjuncts are capable nurses, but they may have not taught students in a formal role. To be successful they must be oriented to facility where they will be teaching. This includes everything from learning the layout of the hospital and unit, the chain of command and how assignments are

made, how supplies are managed, and organizational policies and procedures. As instructors they have to manage, supervise, and evaluate 8-10 students. They must assess student learning needs and make assignments, provide for patient safety, and follow the nursing program's policies and procedures. Working at the hospital where they will teach or having previous teaching experience provides an advantage when starting a new clinical adjunct position. In this study, four of the participants had previous clinical teaching experience and four did not. Two novice instructors worked as RNs and taught on the same unit. As anticipated previous experience influenced training needs in their new positions and responses about personal benefit differed for these IWG practices.

In the survey and interview participants blended shadowing and training together because they felt they captured the same experience. The data revealed that whether they were experienced educators or not, all believed that the *opportunity* to shadow a current instructor, or receive training, was very to extremely important. One revealed what others also believed, that the amount of preparation for the role should be left up to the adjunct, "I'm not big on required things per se, but I'd like the opportunity to be available…"

Four participants reported they had no formal assistance from the university before they started on the unit with the students. Three were new to nursing education but had different perceptions of the lack of preparation. One worked as an RN on the unit where she would teach and had observed clinical instructors working with students. She reflected, "Had I not seen…faculty on the floor before…I definitely would have wanted to shadow." She did feel it was evidence of problems in the nursing program when instructors were not prepared properly and could impact patient safety. A second novice educator worked on the unit she taught on so had "relationships with the nurse manager and staff." But she had no preparation for clinical

teaching, stating, "I think having to observe someone else do it (teach), it would have given me ideas on how I could manage my day better." The third novice instructor was out of her comfort zone, "That (shadowing/training) would have helped just seeing how the whole process worked and giving me a heads up because my first day at the hospital…I never, I had no clue. I've never done anything like that." She continued, "It would have been nice not to have that extra anxiety on my part up front."

The fourth adjunct who received no formal shadowing or training was an experienced educator and found no need for shadowing a faculty member. She did want time to orient to the new hospital units, but believed this was better done with a staff nurse than a nursing program coordinator or faculty. She was confident in her nursing and teaching abilities and her focus was on creating positive relationships, stating, "…it's establishing relationships. I mean, even just being on the floor, going to the computers, you can see how things work. You can see the staff, how they worked together. You can tell the nurses that are going to be willing to work with the students. You can make a whole bunch of assessments just by going on the unit."

The other four instructors did have the opportunity to shadow or train with another clinical educator before working with students and rated this as very to extremely beneficial. Two had clinical teaching experience and two did not but all had individual perceptions of need. One of the inexperienced adjuncts had the opportunity to shadow the instructor he was replacing. He revealed, "She introduced me to the staff. I followed her for a four-hour segment of how her process was to administer medication and how she interacted with the seven different students she had on the floor…I got to see it, see how she did…preconference with her students…It was very beneficial to me."

One of the experienced adjuncts knew enough to arrange her training with the course coordinator. She explained, "I came to her first clinical, watched how she did it. I stayed half a day and then I knew everything." The other experienced educator highly valued the presence of faculty who had taught at the hospital. She "wanted to make sure I knew exactly what I was supposed to do and she (the experienced clinical faculty) was there to answer questions. It's really nice to get your feeling of the surroundings and the expectation (of you) is huge."

Welcome Practices

Practices and policies that acknowledge and welcome newcomers facilitate relationship building and promote emotional adjustment. While new hires need the knowledge and skills necessary to perform their jobs, research is clear that those who feel accepted and valued by coworkers and the company's leadership are more satisfied and committed to the organization (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). Which specific welcoming practices are beneficial is less supported by data so this category of Inform-Welcome-Guide queries newcomers about common practices identified in the practitioner literature.

Participants had mixed responses about how beneficial the Welcome practices were for their onboarding experiences. None felt that whether these practices occurred influenced the effort they put into their teaching or their dedication to their students. Some pointed this out very clearly with one stating, "...I just love teaching the students. I don't teach them less at all because of this (being treated poorly by the university)." One was politely dismissive of the value of these practices beyond the information they provided, like identifying leadership and receiving teaching tips from other instructors. She acknowledged she had no desire to be part of the "toxic" environment in the nursing program and "…it doesn't feel like a healthy place for me at this time…it (welcoming practices) wouldn't have been beneficial for me but (would) for somebody

else who's trying to establish a professional family here…" But when asked if she would like to be involved if the university culture was different she answered, "Oh, for sure, yeah."

Only two participants expressed feeling genuinely welcomed by the nursing program or university. One acknowledged that the university goes "…out of their way to make people feel valued and cared about there" and "…welcoming as far as the faculty, they're cohesive. The quality of their relationship with each other, they're approachable and that they're open to suggestions."

Some expressed discomfort acknowledging that seemingly inconsequential welcoming practices mattered to them at all, with comments such as "…We don't need a three-ring circus…but just a phone call…would be nice" or "…it's a common courtesy (at an orientation) to have snacks or juice or even some ice water... (it's) welcoming." Some questioned the necessity of some practices at the same time reflecting on potential benefits with statements such as "I think it (meeting nursing program leadership) would be a good beginning but maybe it's not necessary" or "It (having social events) will be a nice thing but not necessary I guess." Welcome statements in the IWG Checklist were

1. I received a personalized welcome (phone call, email, letter) from the university president, provost, or other university leader.

2. I received a personalized welcome (phone call, email, letter) from the dean or department chair.

3. I was given a welcome kit or items with university/program logo on them.

4. I was invited to participate in activities to get to know other faculty members.

5. There was a gathering (meeting, welcome lunch) for me to meet other faculty and employees.

6. I was invited to participate in a social event to get to know other faculty.

7. My partner/family was invited to attend a social activity held outside of work.

8. When I was hired it was announced in an email, on the university website, or in a university newsletter.

Personalized welcome from university or dean/department chair. Regarding specific practices, receiving some type of personalized welcome from the university or nursing department either in-person, via email, or letter was rated from not beneficial to very beneficial by the participants. Four reported receiving a welcome letter from the university and five (including those four) from the nursing program.

Of those who stated they received a welcome, one said it was during an informal phone call as part of the interview process but that some follow-up to that would have been appreciated after she had accepted the position. Others received a welcome letter in the mail when they were hired or with their orientation materials. One stated he believed it reflected how the university and nursing department fostered a "…relationship with their adjunct faculty…so they build that family type of relationship…that the whole school can have." He also reported that university president, who he held in high regard, "…sent me a birthday card on my birthday. I was like, 'Whoa!' It was totally unexpected. I appreciated that." Another valued the content of the letter about the position and the welcoming was secondary. One received a call from the department chair thanking her for taking the position and she appreciated that gesture but felt overall the call was to convey information about the position, not to welcome her onboard.

Of those who did not receive a welcoming gesture from the university or nursing program, one stated it would have conveyed to new hires that "…We are here for you. Please contact us if you have anything you would like to say to us" and that establishing a relationship

with leadership is "…beneficial for a good work environment…you welcome your people and you work with your team and it's going to be a better team." One replied, "…just for that psychological feeling that I belonged maybe…" further explaining "…everybody wants to feel like they're part of something." When queried about how she compensated for not receiving any welcome from the university or nursing department, she replied, "I don't know. How do you compensate for not being welcomed?"

Joining announced. None of the adjuncts knew if their hiring was announced to employees, faculty, or students. As a welcoming practice, it was identified from no benefit to moderately beneficial. One adjunct who felt it was not beneficial for her acknowledged that an organization should probably make an announcement to welcome "…our newest faculty." A few theorized that it might have been in a regular email newsletter that went out to faculty, staff, and students but they were not aware of it. One thought it might be helpful for students to be able to learn more about their instructors. Regardless of their personal rating, participants noted it was an indication that valuing employees was part of the organizational culture. Participants who had worked in highly functioning nursing programs previously vocalized more about the value of making the presence of new hires known. One stated, "I've taught for so long it might be nice (to be announced). Maybe people might say, 'Hey, I know her' and email me or something." It creates comradery and a positive working environment.

Welcome kit or school logo items. Participants who received a welcome kit included those that were given a USB flash drive or a university folder with necessary paperwork in it at orientation or at hiring. They found these things to be very beneficial but only because of their utility for their new adjunct role. One participant was very pleased when she was given a lab coat

with the school logo on it. It was meaningful to her because it set her apart from the students and helped her feel like part of the "team."

One participant felt very defeated by her welcome folder because of the presentation. To her it seemed the department chair was giving the adjuncts the tools necessary "to fail students" rather than information about being a better educator. No one received an item, such as a university mug or a bag, but all felt it was unnecessary. One was particularly sensitive to 'tokens' that were not supported by real support or commitment to the adjuncts. Faculty at two institutions knew that there were serious financial issues at the university, with one saying wryly, "…they won't give me a pencil with the school logo on it."

Invitation to faculty activities or meetings. Full-time faculty attend a variety of meetings where decisions are made about curriculum, policies, and student issues. They learn about important university or college changes and can discuss the impact on the nursing program and faculty. Professional development can occur through planned formal activities but also during informal discussions about teaching and student management. Additionally, in nursing education clinical course coordinators hold meetings for faculty at the beginning of each semester to provide course information and promote team-building. Clinical adjuncts are expected to attend course-related meetings but are often not included in other meetings or activities which may improve organizational socialization and role adjustment.

All adjuncts reported course-related meetings led by the clinical course coordinator were moderately to extremely beneficial. For four participants this was a part of the full day orientation and for the others it was held separately. The course information from the meeting was a necessity and the meeting itself provided opportunities for questions to be answered and teaching strategies to be shared. These were held at least once and sometimes twice each

semester. Within the IWG survey, some faculty identified this type of meeting as a question and answer session, a gathering held for them, or an opportunity for professional development.

The four novice clinical instructors shared similar experiences of course coordinator led meetings. One commented, "If I had questions about how somebody else was handling something (I could ask them)…we actually changed the entire syllabus and course requirements because of one of those meetings… and the students are much happier and able to meet them." Another said, "It was nice just to meet other ones that have been doing it, what works, what the expectations were and what we were expected to do with the students." A third commented he would like to have, "…the opportunity to sit in the lecture classes or know their syllabus. I think that would be helpful in my clinical section because then I would know what the students would have learned the prior semester." The fourth added, "It was an opportunity to touch bases with all of the different faculty members, to see them, but I think being new faculty everything's just at the professional level…You get to know them, kind of, but you don't really get to know the personal side of them."

Experienced educators, who were new to their current adjunct position, shared other benefits from the course coordinator meetings. One valued being on the "same page" as other faculty and had some concerns there was not more uniformity in the course. She stated, "Every faculty is designing their clinical experience differently and that's a good thing maybe because its academic freedom. On the other hand, I feel some people run out of things to do. If you have some ideas and we share those ideas it would be much easier…" Another experienced educator stated emphatically that coordinator meetings were an opportunity to build "comradery" and allegiance to the program and students. They met at a restaurant where the coordinator paid out

of pocket for their breakfast. She supported that eating together facilitated socialization and created good feelings.

Another experienced educator found much more benefit to the coordinator's meeting than the partial day orientation, "(The coordinator) did go over the syllabus. She did go over expectations of the students. Also, the grading criteria and she was open to feedback, like we found some things (that were incorrect because of recent course changes). She says, 'You know what, if you go through again and you find it (errors), just let me know so I can correct it.' It was very warm. It felt warm. Actually, on that day, she did have the dean come in so we could see her face. That was helpful. She also gave us a little pen for correcting. We got to choose our color. It felt good."

Regarding other faculty meetings or program activities, the responses were more varied. Some were never invited to any other meetings but felt it would be somewhat to extremely beneficial to have been included. Those that had no email or intranet access for a large part of the semester said they would not have known about any activities anyway. One almost missed pinning a student at the semester-end pinning ceremony because of ongoing email issues. Some adjuncts said they were invited to meetings but had no interest in attending them. Others said they were interested in the meetings but scheduling conflicts with their other RN or APRN jobs prevented them from attending. Another said she attended once and "…didn't feel welcome, to be honest with you."

Experienced faculty had much to say about the lack of welcoming extended to adjuncts. One participant who had been a full time faculty member in the past commented about how nursing programs view adjunct faculty, "… adjuncts pretty much are adjuncts and because there are so many adjuncts and they come and go they usually don't go to the regular faculty meetings.

I think they can but they don't have voting privileges…I think if maybe they (full-time faculty) had reached out (to me) and said, Come on…we're going to go together (to a faculty meeting)…I probably would have gone. I know I would have gone." Another said, "It would have been nice (to be invited). I then could have chosen to go or not…They say that we're just as important because we're teaching the clinical, yet nowhere were we asked about sending a picture or something (for a department newsletter)…it's benign neglect…that spoke volumes."

Gathering held for adjuncts. Two of the four participants who attended the day-long orientation felt it was designed as a welcoming activity for them and it was very beneficial. Leaders spoke, lunch was held, and information shared. At the end of the semester adjunct were included in a potluck that the university president attended. Most participants associated the clinical course coordinator meeting discussed previously as a welcome activity because of the kindness and helpfulness of the coordinator, regardless of how poorly they felt they were treated by the university. In fact, four of the faculty said the coordinator meeting was the only time they felt any welcome at all.

When focused on this practice of a gathering held for adjuncts, one novice faculty stated that some type of gathering designed for welcoming would have provided the opportunity "just to make those connections with people, I think, would have helped a lot. Also, to introduce yourself to others; it's always hard, as new faculty. People don't know who you are." An experienced instructor said, "I think maybe a group informal lunch or something would have been probably very beneficial for the whole psyche thing and feeling part of a team and the welcome and the morale and sort of all of it. Just feeling like the university had it together."

Social gathering for employees with or without family. To facilitate organizational socialization, employers may plan social activities for employees and some events may include

partners or families. Friday potlucks or after-work social hours, Christmas parties, retreats, or annual picnics are common examples. Three adjuncts reported being included in social invitations. Although not off campus, two identified an end of year potluck as a social gathering but had not been invited to other events. One adjunct was invited to a potluck for a course coordinator who was leaving and enjoyed socializing with other faculty.

Five of the adjuncts stated they were never invited to any activities and four of them had no interest in being involved with the program or university in any way beyond teaching due to perceived organizational dysfunction. One felt inclusion might help make up for the poor onboarding she had been given, stating, "Well, you know what? It would have actually smoothed things over a little bit. I probably would have been more forgiving about being ignored so often, because at least it would have shown that they had some concept of me being a part of it. You know what I mean? At this point, it feels like I wasn't even a part of it."

No one reported being invited to any event where partners or families were included. One was aware that the invitation to the university's annual Christmas party included a partner but that adjuncts had not been included. She reflected, "I would imagine they're having Christmas parties. Nobody has invited us, as far as I know… I've expected no more, but that one got to me because it's like from nursing faculty and staff. We're faculty."

Guide Practices

The last category of orientation practices are activities aimed at providing early and on-going support and guidance for newcomers. Socialization literature supports that employees need to feel connected and valued for optimal adjustment. Three different sources of this guidance are mentors, peers, and specific points of contact to answer questions. Responses from participants

clearly support that nursing programs should formally assign these three sources of guidance for new adjuncts. Guide statements from the IWG Checklist included

1. An experienced clinical faculty member was assigned to be my mentor.

2. I was given a single point of contact that I could reach out to with any questions.

3. Another faculty member was assigned as my "buddy" to help answer any questions.

Mentoring. Mentoring research reveals real benefits for both mentor and mentee that promote newcomer adjustment. A mentor is usually someone in a position above the new hire but may be an experienced employee in the same role (Klein & Polin, 2012). The benefit of the relationship is stronger when there is a good fit between the two people. This fit is often achieved through informal relationships where the connection develops naturally rather than with an assigned mentor (Klein & Polin, 2012).

No adjuncts identified being assigned a mentor and there were mixed, sometimes strong, feelings about this. All believed offering adjuncts the option to have a mentor was moderately to extremely beneficial. On the failure of being given a mentor, one experienced adjunct stated, "The reason that it has a negative influence on me is because it's a waste of time (figuring out answers by yourself)…if I had somebody to sit with me and say 'Here's how it is (teaching at this hospital)…here's this, here's that…It make a big difference to know you have somebody backing you." Another experienced educator said, "If I'm not sure, then I can speak to that person and find out like, 'How are you doing this?'…I would say it is extremely beneficial, especially for a newly returning or new faculty."

One adjunct who felt it would have been extremely beneficial to have a mentor had sought out a former clinical instructor for help. She responded, "I kind of felt like I as bothering her (the functional mentor). I'm like, 'Sorry, I know you don't teach anymore, but one more

question, how did you handle ABC and D?'" She believed the mentor could be a cross-over to

the person who orients new adjuncts to the unit but the course coordinator had too many

instructors to effectively mentor them all. Another stated that she did not need any traditional

mentor-mentee relationship and her course coordinator was responsive when she had questions.

Three felt their course coordinator became a mentor who provided support and guidance.

This was both for professional development as an educator and technical direction for teaching

clinical. One stated, "It wasn't very structured. It was just she was very responsive. Again, I feel

like I was very lucky that I had her as the coordinator. It's not something which is in place,

which (was) implemented. It's just I was lucky." Another stated that even a "great" course

coordinator could not possibly be responsible for mentoring the entire course faculty.

Given point of contact. Depending on the complexity of the organization, providing

newcomers with a point of contact to get answers to questions, or provide assistance finding

answers, decreases uncertainty. All adjuncts identified this as very to extremely beneficial and

shared insights on how this person was best chosen. Six participants referred to their course

coordinators and one a director, as the primary resource and go-to person but acknowledged this

person was often stretched with other work and sometimes did not reply quickly enough when an

answer was needed. Some appreciated multiple ways to contact the coordinator including phone,

text, and email. The eighth participant started during a semester when the course coordinator role

was being redefined at the college. She stated, "I just kind of struggled along. I tried whoever I

could to get the information and then I just let it go. Sometimes the information would trickle

from (the department chair) so she became my main point of contact…from my experience the

chair should not be bothered with (all the questions from) adjunct faculty."

One stated, "I think the responsiveness for critical questions we had that tended to be answered like within a day, I think it would be helpful if we had that." Another said, "…he (the director) wasn't too available…he answers texts but not emails...he was never in his office (because he often worked at home)." Another shared that her coordinator left the university and she was not given information about her replacement, "I wasn't really ever told or announced now that she's gone, who is in charge of this now… (the coordinator provided) everything, anything you have to, how do I do this? What do I do? When do we turn this in? When are you coming to visit me?" Another taught two different courses and had two coordinators. She found one "responsive" and the other less so. She had contact information for both but the one, "…was very slow to follow through if I did have a question. I didn't get a return answer as promptly as I wanted."

Peer resource/buddy. Organizational socialization literature supports that a peer support helps with newcomer role transition (Klein & Polin, 2012). As with mentoring, assigning a peer to help guide a newcomer will be influenced by personality fit. Due to the potential impact on the newcomer, another consideration for the organization is how the peer is screened or prepared for this role. No participants were assigned a peer resource, rather, if they had "a buddy" the relationship evolved through their own efforts. Participant responses varied from not beneficial to extremely beneficial depending on their own background and experience.

The novice adjuncts identified a higher level of need for this type of guide. One felt the instructor she shadowed could have fulfilled this role for her but did not. She would have appreciated being given this informal resource to "just bounce some things off of." Instead, she discovered another new adjunct on the same hospital unit. They oriented to the hospital together. She stated, "Because she was kind of in the same boat as I was, we exchanged emails and said,

'We'll be each other's support of how to do it.'" However because they were both new educators, when they had questions they "didn't have any true answers."

Another participant felt strongly that the institution should have provided this to new adjuncts, stating, "It's like have a sponsor if you are an alcoholic. You need somebody to check in whether things are not going so good." She also formed her own support with a new adjunct but felt "…the semester could have gone differently for me had I not had somebody to bounce things off of…the negative impact could have been much larger…"

Another novice adjunct developed an informal relationship with a former colleague who also was a new adjunct, "We taught the same semester. I think by default we assigned ourselves as buddies to bounce ideas back on each other, like, 'Hey, can we do this?'" He trusted this person, stating, "I know her. I know (what) her work ethic is. We know each other that way. I think for clinical faculty that buddy piece (from) the institution they're teaching is…extremely beneficial." One new adjunct had a co-teacher that might have functioned as this resource but she found their teaching styles to be very different. This created stress instead of support.

An experienced adjunct who was returning to teaching found a colleague teaching at the same hospital to be an important peer support, bordering on mentor. She felt strongly that the option should be made available to new hires to ease some of the responsibilities of the course coordinator and create alternative resources. She stated, "If somebody wasn't as pushy as I was (finding answers and support) or maybe didn't have much experience, then they must have been crying a lot because if you are out there by yourself and you don't know who to call, that's really hard."

One experienced educator reflected on her a peer relationship that evolved from a co-teaching assignment, "She's not buddy material. She's very inappropriate…don't tell me how

you would do it. Don't tell me that everybody's wrong. Don't gossip…I learned to…pick my

battles…" Another experienced educator stated she did not believe a peer was a workable model

in clinical teaching because "…the clinical faculty, they all have different days that they

work…if you have a mentor, you don't need a buddy."

Discussion Research Question One

Providing a comprehensive onboarding experience for new hires facilitates organizational

socialization, increasing employee satisfaction and leading to long-term commitment (Bauer &

Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012; Wanberg, 2012). The IWG Onboarding

Practices Checklist captures the best and common practices for onboarding new hires in general,

but clinical nursing adjuncts are a unique subset of faculty. Roberts et al. (2013) identified that

adjuncts have specific needs for role transition including orientation, support, and connectedness.

The responses from the adjuncts in this study supported that the benefit of the various

onboarding practices in the modified IWG survey could facilitate this role transition. The

summary of participant responses from research question one regarding the occurrence of the

onboarding practices is represented in Table 1. Each IWG category is discussed in detail in the

following sections.

Table 1

Onboarding Practices Identified by Adjunct Faculty

IWG Category	Occurred	Did not Occur
Inform		
Q&A session with leaders	6	2
Met with dean	3	5
Time scheduled with dept chair	2	6*
Met with HR/Dept representative	8	0
Shown university website/LMS	5	3
Review professional development Plan	3	5
Given glossary of terms	1	7
Shown new faculty website	0	8
Given contact information	4	4

Shown new employee video	0	8
Shadowing/Training with exp. faculty	4	4
Given tour of college	5	3
In-person orientation	4	4
Online orientation	0	8
Nursing lab orientation	2	6*
Welcome		
University welcome	3	5
Dean/Chair welcome	4	4
Welcome kit	5	3
Invited to Meetings	5	3
Gathering held for adjuncts	6	2
Invited to social event	2	6
Family/Partner invited to event	0	8
Joining announced	1	7
Guide		
Assigned mentor	0	8
Given point of contact	6	2
Assigned peer resource	1	7

Note* One program did not have a department chair or require lab teaching (2 participants)

Table 2 represents data that answers question one regarding the perceived benefit of the

onboarding practices, whether or not they were experienced by the participant. If the majority of

responses rated a practice as "extremely" or "very" beneficial it is represented as "most

beneficial." Ratings of "moderately" beneficial are labeled "less beneficial." If the majority of

adjuncts believed a practice was "somewhat" or "not beneficial" it is categorized as "little or no

benefit."

Table 2

Identification of Benefit of IWG Onboarding Practices for Clinical Adjuncts

IWG Category	Most Beneficial	Less Beneficial	Little or No Benefit
Inform			
	Q&A Session	Met with Dean	New Employee Video
	Met Dept. Chair	Review PD Plan	
	Met with HR	Glossary of Terms	
	Shown Website	Contact Info	
	New Faculty Website	Online Orientation	
	Shadowing/Training		
	Tour of College		

	Orientation		
	Lab Instructions		
Welcome			
	Dean/Chair Welcome	University Welcome	Invited to Social Event
	Gathering Held	Welcome Kit	Family Invited
		Invited to Meetings	Joining Announced
Guide			
	Assigned Mentor		
	Point of Contact		
	Peer Resource		

Inform-Communication Practices. Participants wanted information about their jobs and institutions communicated by knowledgeable individuals with a positive outlook. The dean was seen as an executive figure that should welcome new hires and convey the mission of the college. An invitation to meet with the dean was appreciated, but being introduced as part of an orientation session was sufficient. Department chairs are directly responsible for the program and should ideally set aside time to meet with new hires individually during recruitment and should also be present during orientation. The importance of an open relationship with the course coordinator was strongly communicated and key to performing well as a clinical adjunct. In lieu of meeting with a human resources representative, receiving contract and university information from a nursing administrator was acceptable but only if this person was capable and there was good communication between departments.

Inform-Resource Practices. Due to the off-site aspect of the clinical adjunct role, a priority for participants was accessibility to quality, intuitive online content, as both employees and educators. Orientation to the web content is imperative and user-friendly tutorials available for later reference. A webpage dedicated to new faculty with links to needed information would be appreciated by bringing resources together. A glossary of university, college, and educational terms can be included, as well as employee contact information and frequently asked questions.

Tutorials for the LMS should be simplified and focused on clinical adjunct responsibilities such communicating with students and posting necessary information. Ideally the course coordinator should set up the course page each semester. Opportunities for professional development as nursing educators should be offered during onboarding. Personal invitations for adjuncts to participate would ideally be extended by the department chair or course coordinator.

Of particular concern was that six of the eight participants did not have access to their university email account or LMS even after the semester started, for weeks or months. This negatively impacted the adjuncts' capacity to teach and created feelings of anger, embarrassment, and resentment towards the nursing program and university.

Inform-Training Practices. Participant responses detail how a well-organized in-person group orientation session should be part of every clinical adjunct's onboarding experience. All important information about the university, program, department, course, and role can be communicated in this type of activity. A focused tour should be included. Online orientation should be offered as adjunctive to the in-person orientation. Anything offered online should be well-structured and intuitive. Videos are helpful information tools, but the perception of an 'employee video' as presented had negative connotations for these adjuncts. Faculty are willing to participate but do not want to waste time. The reported need for shadowing experiences and training varied based on experience as a nurse and a clinical educator. Comprehensive opportunities should be offered but adjuncts should have a voice in how much they need to be competent in the educator role. If adjuncts are expected to teach in a low or high-fidelity lab, full orientation and training should be provided as needed before working with students.

Welcome Practices. Participants identified that welcoming activities were a nice addition but the presence or absence did not impact their teaching effectiveness in the clinical

setting. Their priority was providing a safe, quality education for students. However, those who experienced more welcoming onboarding practices expressed more positive opinions of their nursing programs. There was support that formal welcoming can be conveyed in meaningful ways such as through a communication from the dean or announcement of the adjunct's hiring. Department chairs and especially course coordinators are in roles that have the greatest potential to impact newcomer feelings of belonging. Offering school logo items was considered an insignificant token but the one participant who received a lab coat found it very meaningful as she acclimated to her new role. Social time built into orientations and trainings, particularly the course coordinator meetings, was desirable for team building. There was little interest in activities purely aimed at socialization but receiving invitations for department and university social events, without obligation to attend, would allow the adjunct to be as involved if desired.

Guide Practices. Participant support for formally assigned mentors and peer 'buddies' for adjuncts was nearly unanimous but none actually had that experience. Instead they had sought out, or through coincidence, found a person to fill this role. The course coordinator met the mentoring need for some participants but because this person has so many clinical instructors to oversee, the responsibility should not fall just on his or her shoulders. Other adjuncts functioned as peer support but had little experience themselves. Most received a single point of contact, who was also usually the course coordinator. The participants prided themselves on the nature of nurses to solve their own problems, but strongly desired this support from mentors, peers, and a reliable contact person to decrease anxiety and serve the students better.

<div align="center">

Research Question Two

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The second research question was: Are the perceived benefits of onboarding practices reported by adjunct clinical nursing faculty congruent with those reported by nursing program

administrators? While their responses about which onboarding practices are utilized in their

programs were gathered, this information did not align with any specific adjunct participant's

experience. Therefore it provided limited use for comparison with adjunct data. Because of their

roles in the onboarding process at their schools, what was more valuable was the benefit

administrators assigned to each practice. If an administrator believed a practice was beneficial

but it was not being offered, they were asked to identify why with the rationales: not a university

priority, not a nursing department priority, lack of funds, lack of interest of new adjunct or

current faculty, or a box to enter another response.

Administrator data was collected using and IWG Onboarding Practices survey designed

for them from the employer version of the IWG Checklist. No follow-up interviews took place or

clarification occurred as did with the adjunct participants. The purpose of the administrator input

was to provide additional perspective about the adjunct responses. Administrator data is

presented first (Table 3) and followed by the discussion of congruence with adjunct responses

(Table 4).

Inform-Communication Practices

All administrators stated their adjuncts were offered a question and answer period and an

opportunity to meet with the dean. They viewed these practices to be very to extremely

beneficial for new adjunct adjustment. An administrative assistant provided human resource

information at two institutions and an HR representative at the third. This was rated very

beneficial. At two programs the department chair met with new adjuncts and this was rated very

to extremely beneficial. The third program did not have a department chair so the course

coordinator filled this role during onboarding.

Table 3

Identification of Benefit of IWG Onboarding Practices by Three Program Administrators

IWG Category	Most Beneficial	Less Beneficial	Little or No Benefit
Inform			
	Q&A Session		Employee Video
	Meet with Dean		Online Orientation
	Meet Dept Chair		
	Meet with HR		
	Review PD Plan (2)	Review PD Plan (1)	
	Shown Website		
	Glossary of Terms (2)	Glossary of Terms (1)	
	New Faculty Website (2)	New Faculty Website (1)	
	Contact Info		
	Shadowing/Training		
	Tour of College		
	Orientation		
	Lab Instructions		
Welcome			
	Dean/Chair Welcome	University Welcome	Family Invited
	Gathering Held	Invited to Social Event	
	Welcome Kit (2)	Welcome Kit (1)	
	Invite to Meetings	Joining Announced	
Guide			
	Assigned Mentor		
	Point of Contact		
	Peer Resource		

Note: If the rating of all three administrators did not match the answers are represented in two columns (2)/(1)

Inform-Resource Practices

Administrators reported that all new adjuncts are given a formal orientation to the website and how to access resources. This happened before going to the clinical site and was identified as very to extremely beneficial. Reviewing some type of professional development plan occurred at two schools and was viewed as very to extremely important. The third program did not offer this opportunity. While viewing the practice as moderately beneficial, this third administrator perceived that adjuncts did not seem interested in this practice. Supplying common terms or abbreviations used at the university was rated moderately to very important although

only one program offered this resource. Lack of administrative time was cited as the reason this did not occur at the other two programs.

No programs had a webpage for new faculty but administrators saw this practice as moderately to extremely beneficial. Lack of administrative time and having low priority in the nursing program were identified as reasons this did not exist. All programs provided contact information for new hires, rating this as very to extremely beneficial.

Inform-Training Practices

None of the programs reported using a new employee video. The practice was rated as somewhat beneficial and did not occur due to lack of time and low priority. Providing an opportunity to observe another clinical instructor and receive training at the clinical site was seen as very to extremely beneficial but only two administrators believed this was offered to new hires. Lack of funding, administrative time, and faculty time were seen as barriers to this beneficial practice.

All programs offered an orientation program to new hires and administrators stated this was very to extremely beneficial. No programs offered any online orientation options and all administrators believed this practice was only slightly beneficial or had no opinion. Giving new hires a tour of the nursing department and nearby university areas was rated as very to extremely beneficial and was offered by all the programs. Two of the three programs offered new adjuncts orientation to the simulation or other labs and this was rated very to extremely important. Because teaching in the lab was not a responsibility of the adjuncts at the third school, lack of time and funding were seen as barriers to this practice by the administrator.

Welcome Practices

New hires at one program received a welcoming email, letter, or phone call from someone at the university level and from the nursing department. The other two administrators believed that neither happened in their programs because these practice were not university or nursing department priorities. Together, a welcome from the university level was identified as somewhat to moderately beneficial but a welcome from the program was rated moderately to extremely beneficial. Welcome kits were offered at two programs. The administrators viewed these as moderately to extremely beneficial. The third program identified lack of funding and administrative time as barriers to providing this practice.

All three administrators believed clinical adjuncts were invited to participate in department meetings or faculty development activities and this was rated as very beneficial. Two programs held some type of gathering for new hires but all rated it as very to extremely beneficial. The program that did not offer this lacked funding and administrative time to provide it. Two of the three administrators believed new clinical adjunct were invited to social events and felt it was moderately beneficial for newcomer adjustment. One did not believe this occurred and had no opinion about the benefit of this practice. Lack of funding, interest, and time were reasons this did not occur. No programs offered any activities that included partners but administrators thought this practice was potentially somewhat beneficial. Lack of funding, interest, and time were rationales for the lack of these welcoming activities. The hiring of new adjuncts was announced at one program although this practice was rated moderately to very beneficial by all three administrators. The administrators of the other two programs believed the practice was identified as a low university and nursing program priority.

Guide Practices

Two administrators reported new adjuncts are assigned a mentor to assist with role

adjustment. Interestingly, these reports are not consistent with the statements of the adjuncts,

none of whom reported being assigned a mentor. Clarifying this inconsistency was not possible

because no follow-up interviews were conducted with administrators. The program that did not

offer mentoring cited lack of administrative time and lack of interest of faculty to be mentors. All

supported mentoring as very to extremely beneficial. All provided a single point of contact and

rated it as very to extremely beneficial. One administrator reported new hires received a peer

resource but all rated this as very beneficial. Lack of priority, funding, and interest of faculty

were cited as reasons this was not offered.

Discussion Research Question Two

Administrators in the study were asked about onboarding practices that were utilized with

adjunct faculty and their perceived benefits of practices whether or not they were offered.

Because their reports about the program onboarding processes were generalized and not

descriptive of the specific experience of any particular adjunct it was not possible to use it to

triangulate adjunct responses about occurrence.

It should be noted that the administrators believed the majority of the practices were

being used with new hires and identified some that were not part of the onboarding process.

Those perceptions were broadly congruent with adjunct responses from the respective programs.

When consenting to participate, adjuncts gave permission for their aggregated, de-identified

responses to be given to their respective institutions to improve the onboarding process for new

clinical instructors. In fact, this was one of the primary motivations for the majority of

participants. There were contrasts, however, between administrator and adjuncts responses from

the same program. An example is the program where the administrator had been in her position less than a year. The onboarding process had undergone modifications under her leadership and she became intimately involved in planning and execution. Therefore responses from adjuncts that they had no contact with the department chair or dean did not reflect current onboarding protocols at that school.

The second research question sought to identify congruence between the reported benefits of the IWG onboarding practices from the adjunct and administrator perspectives. Adjunct reports of benefit were documented in Table 2. Table 3 represented administrator responses regarding benefit of onboarding practices. Congruence of benefit is provided in Table 4. A comparison of responses for each IWG category will be discussed separately.

Table 4

Congruence of IWG Onboarding Practices Benefits as Reported by Adjuncts and Administrators

IWG Category	Adjunct Rating*	Administrator Rating**
Inform – Communication		
Q&A Session	MB	MB
Meet with Dean	MB	MB
Time with Dept Chair***	MB	MB
Meet with HR/rep	MB	MB
Inform-Resources		
Shown Website	MB	MB
Review PD Plan	LB	MB/LB (2/1)
Glossary of Terms	LB	MB/LB (2/1)
New Faculty Website	MB	MB/LB (2/1)
Contact Info	LB	MB
Inform-Training		
New Employee Video	NB	NB
Shadowing/Training	MB	MB
Tour of College	MB	MB
Orientation	MB	MB
Online Orientation	LB	NB
Lab Instructions***	MB	MB
Welcome		
University Welcome	LB	LB
Dean/Chair Welcome	MB	MB
Welcome Kit	LB	MB/LB (2/1)

Invited to Meetings	LB	MB
Gathering Held	MB	MB
Invited to Social Event	NB	LB
Family Invited	NB	NB
Joining Announced	NB	LB
Guide		
Assigned Mentor	MB	MB
Point of Contact	MB	MB
Peer Resource	MB	MB

MB: Most Beneficial (very or extremely)
LB: Less Beneficial (moderately)
NB: Not Beneficial (slightly to not)
Note* Reflects the majority responses of the eight participants
**When the three administrators were not in agreement, the ratio is represented
***One program did not have a department chair or require adjuncts to teach in lab

Inform Practices. When organizations design orientation programs, practices that

provide new hires the information they need to function in their roles are the priority. Often,

however, due to limited time and money or because of differing priorities, these may be the only

practices that are included (Klein & Polin, 2013). Not surprisingly both adjunct and

administrators rated the majority of these practices as *most beneficial* and there was congruence

between their responses.

Administrators rated more practices as *most beneficial* than the adjuncts. This included

reviewing a professional development (PD) plan and providing a glossary of terms and contact

information. The PD plan is explainable because of the different motivation of the participants.

Adjuncts that were not interested in careers in nursing education did not identify much benefit to

a PD plan. Those who saw a future in education wanted to understand the potential path.

Administrators would want all faculty to have a career path that made them more invested in the

profession. The reason some faculty did not rate the glossary or contact information higher is that

they could find most information on the university website and LMS. Administrators would want

this information provided to new hires directly, to avoid any confusion or wasted time.

All participants supported in-person orientation programs but adjunct faculty rated online orientation as more beneficial than the administrators. This may be because adjuncts had the opportunity to discuss benefits of practices during the interview protocol, where administrators made this rating in the survey with no opportunity for follow-up discussion. Adjuncts did not want an online orientation platform to take the place of in-person orientation session. Rather it would allow them to return and review material if they forgot it or needed clarity. This was similar to adjunct discussions about a website for new employees; creating a place where adjuncts as adult learners did not need to rely on others for information. Presented in this fashion, administrators quite possibly would have supported these practices more strongly.

Welcome Practices. Ratings on benefit of welcoming practices were lower for both adjuncts and administrators. These practices are generally viewed as less important than inform practices but feeling welcome is a strong indicator of workplace satisfaction (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). Therefore organizations should make early and ongoing inclusion efforts for employees. Interestingly there were equal ratings by adjuncts and administrators for a welcome from the university (less beneficial) and a welcome from the nursing program (most beneficial). The personal connection motivated adjunct responses and may reflect administrator thinking as well.

Higher ratings by administrators for practices such as inviting adjuncts to meetings, social events, and announcing their hiring may have an explanation similar to differences in some of the Inform practice ratings. Only adjuncts who wanted to be a part of the program (some rejected a dysfunctional system) or have goals as nurse educators expressed interest in these practices. Program administrators should include adjuncts in work-related and social events, encouraging them to become stronger, more committed faculty. The adjuncts were clear

that their obligation to the students was not influenced by welcoming practices. But inclusion

promotes team building and improves workplace morale.

Guide Practices. There was total congruence between administrator and adjunct

responses regarding benefits of mentoring, peer support, and providing a point of contact. All

were rated most beneficial. There was a noteworthy incongruence between the reports of

administrators and adjuncts as to whether or not mentorship practices were actually

implemented, but the perceived benefit of such practices is clear.

<p align="center">**Research Question Three**</p>

Organizational socialization literature is strongly supportive of effective, comprehensive

onboarding strategies to facilitate newcomer adjustment (Bauer & Erdogan, 2012; Ellis et al.,

2015; Klein & Polin, 2012; Wanberg, 2012). Ellis et al. (2015) have identified four proximal

outcomes, or adjustment indicators, of early organizational socialization. They are role clarity,

occupational self-efficacy, feelings of acceptance by insiders, and knowledge of organizational

culture. Quality onboarding is critical to achieving these proximal outcomes but little empirical

evidence exists to support which onboarding practices help achieve the outcomes (Klein & Polin,

2012). The Inform-Welcome-Guide Onboarding Activities Checklist, used in this study,

encompasses common and best practices in this area.

For the first research question, participants identified which IWG practices they

experienced and the benefit of all onboarding practices in the survey, whether or not they were

offered. The second question explored congruence between the adjunct and administrator reports

of IWG practice benefits. To answer the third research question, "How do onboarding practices

influence adjustment to the adjunct clinical nursing faculty role?" the IWG practice benefits

identified by adjuncts during their interviews were analyzed and aligned with predetermined

codes taken from Ellis et al.'s (2015) indicators of adjustment. However, only the first three indicators, role clarity, occupational self-efficacy, and social acceptance, were used for coding. The fourth indicator, knowledge of organizational culture, can involve up to six dimensions and was beyond the scope or this study.

Occupational *role clarity*, understanding job requirements and expectations, is a primary goal of onboarding practices. Yet often this is communicated poorly to new hires. Role confusion is costly to organizations, both in real dollars and workplace morale. Role stress and strain is related to a lack of clarity in new job expectations and is a predicator of socialization outcomes (Bauer & Erdogan, 2012; Klein & Polin, 2012). Two examples of participant responses that were coded for the role clarity outcome are ".. I kind of didn't really know whose role was what and who was actually responsible for what" and "I followed her (the clinical instructor) for a four-hour segment of how her process was (as) she interacted with the seven different students she had on the floor." Table 5 identifies responses that aligned with the role clarity code.

Occupational *self-efficacy* describes an employee's confidence that he or she can perform the new job satisfactorily. These feelings of competency are also bolstered by having resources available to build on their present knowledge and skills. Self-efficacy is highly influenced by the employee's previous education, training, and work experience. Job performance, as a new hire and ongoing, will be impacted by the time required to achieve competence in the new position (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012). Two examples of participant responses in the study that aligned with the self-efficacy code were "…especially with the online part, talk about how you set up your online classroom, giving you that hands-on experience, or navigating you through the Internet and stuff like that" and "I knew how to teach them and I

know the skills, I needed to know the lay of the land, the rules of the house." Table 5 presents participant responses that express feelings of self-efficacy.

The term *acceptance by insiders,* or social acceptance, captures the "degree to which new employees are integrated into the social fabric of the organization" (Bauer & Erdogan, 2012, p. 100). While organizations may focus efforts on providing new hires necessary information, the failure to establish relationships in the workforce is tied to decreased organizational commitment and job satisfaction. Two examples of participant responses that aligned with the acceptance by insiders code were "It's just nice to be included, because you can always opt out but you're also included when you feel able to ask, 'How was the party?' When you're excluded, you don't really want to bring that stuff up" and "I would picture as a new employee to receive a welcome packet with a welcome letter that they are so happy to have me on their team." Table 5 identifies participant responses that reveal perception of newcomers' acceptance by insiders.

Table 5

Adjunct Participant Responses Aligning with Predetermined Codes		
Role Clarity	Self-Efficacy	Acceptance
Questions answered	Crossing threshold	Team
Chain of command	Frustration	Appreciation
Frustration	Figure out	Receptive
Requirements	Felt dumb/stupid	Run around
Communication	Autonomy	Trust
Information upfront	I didn't know	Respect
Professional	Prepared	Welcome
Unsure	Professional	Outskirts
Figure out	Reflected poorly on me	Congratulations
How it's done	Wasted time	Belonging
Sought out	Better adjunct	Part of something
Expectations	Sought out	Morale
Unknown	Patient safety	Culture
Heads up	Proud	Meeting others
Clarify	Knowing	Responsive
Knowing	Making a difference	Here for you
Orientation	Feedback	Comradery
I didn't know	Help	Cohesive

Inform-Communication Practices

Question & answer session. The participants believed role clarity (8/8 participants) and self-efficacy (7/8 participants) are increased when given the opportunity to ask questions of department leaders, whether in a large or small group (Table 6). Some adjuncts expressed that the value of a question and answer session can be limited because new instructors may not know what questions to ask regarding employment or teaching. One suggestion to mitigate this was to hold the Q & A session in a group setting where new hires could hear answers to questions others asked. Organizations could compile frequently asked questions and ensure these were reviewed during the Q & A session or put on a webpage. Two also identified the person leading the session influences feelings of acceptance by insiders, either positively or negatively.

Table 6

Alignment of Adjunct Reported IWG Practices and Proximal Outcomes of Organizational Socialization

IWG Practice	Role Clarity	Self-Efficacy	Acceptance
Inform			
Q&A Session	8	7	2
Meet Dean	2	0	8
Meet Dept. Chair	8	6	6
Meet with HR	8	4	0
Shown Website	8	8	0
Review PD Plan	7	8	3
Glossary of Terms	0	5	5
New Faculty Website	8	8	2
Contact Info	6	8	4
New Employee Video	5	5	2
Shadowing/Training	8	8	2
Tour of College	6	8	5
Orientation	8	8	8
Online Orientation	8	8	3
Lab Instructions	8	8	2
Welcome			
Welcome University	1	0	4
Welcome Dean/Chair	4	0	7
Welcome Kit	5	5	5
Invite to Dept. Meetings	6	8	0

Gathering Held	5	5	8
Invite to Social Event	0	0	7
Family Invited	0	0	5
Joining Announced	0	1	7
Guide			
Assigned Mentor	8	8	4
Point of Contact	8	8	8
Peer Resource	7	7	4

Note: Responses aligned with more than one code

Invited to meet with dean. Acceptance by insiders was the perceived benefit gained by meeting the dean, whether the newcomer was invited to meet individually or the dean met with a group during orientation (8/8 participants). The dean's presence, even if brief but sincere, communicates respect and value to faculty, motivating them to be part of the team. Two experienced adjuncts believed that, beyond welcoming, the dean's responsibility as an executive leader should be to clearly share the mission and goals of the program. This creates the foundation of role clarity for all faculty members.

Scheduled meeting with department chair. In contrast to the dean's executive status, all participants (8/8) supported that the department chair's role should be to provide role clarity to new hires. One program did not have a department chair but those participants believed this would be part of the position. As the program leader, the chair should convey all general clinical teaching policies and procedures to new hires, whether individually or with a group. Most participants reported that this information only came from the course coordinator, but that the department chair should have been part of the process.

Meeting with the department chair also promotes self-efficacy as providing specific information and encouragement increases confidence in the ability to teach (6/8). As the department head, a primary responsibility of this meeting should be conveying acceptance by insiders (6/8). Therefore, the communication skills of the chair are paramount to creating the

desire of new hires to be a part of the faculty. The course coordinator was also identified as

having an integral role in achieving all three proximal outcomes. In nursing education, the course

coordinator traditionally provides course-related information, support, and oversees training.

Met with HR. Only one adjunct with a specialized role met with an actual HR

representative. The others had their contracts reviewed by an administrative assistant within the

nursing department. All participants (8/8) felt this interaction should promote role clarity by

making clear the obligatory dates and times of service as well as reimbursement. They knew they

did not receive full-time benefits, such as health insurance but some expressed that during the

interaction other benefits or opportunities offered to adjuncts, if any, should be shared. Examples

might be tuition waivers or bookstore discounts. Four felt that by providing role clarity, meeting

with the administrative assistant/HR representative bolstered self-efficacy. A reoccurring theme

emerged about the acceptance of insiders outcome: every interaction between new hires and

current employees or staff should create a welcoming environment. Each time this does not

happen is "a missed opportunity."

Inform-Resource Practices

Shown website. All participants (8/8) believed that orientation and early access to the

school's website, including the intranet, LMS, and email system are absolutely necessary and

promote role clarity and self-efficacy. Access to the faculty handbook and other policies are

required for understanding responsibilities of employment. Using the LMS and email are critical

for teaching and communicating with students. Building confidence as instructors is undeniably

thwarted when organizational dysfunction prevents access to the LMS and email. Numerous

participants commented on the receptiveness of the IT department. This contributed to positive

feelings towards the organization, the third outcome of acceptance by insiders.

Professional development plan. Regardless of career goals in nursing education, these adjuncts believe having a professional development plan outlining their opportunities promotes role clarity (7/8 participants) and self-efficacy (8/8 participants). This can be as simple as descriptions of different courses that adjuncts might be able to teach to an outline of how an adjunct might advance to full time faculty and tenure. Three also expressed sentiments that they would become more involved in nursing department activities while following a professional development plan as an educator, consistent with acceptance by insiders

Glossary of university terms. On initial query, 7/8 participants placed minimal value on being given 'buzzwords' or abbreviations used in the university or department. On exploration, five realized that newcomers who did not understand the language of education or that of the specific university and nursing department would have more difficulty feeling confident teaching (self-efficacy) or part of the team (acceptance by insiders). One novice educator had experienced first-hand this alienation based on language and had wished there was a way to find meaning to unknown words and acronyms before the end of the semester.

Website for new faculty. None of the participants knew whether a website dedicated to new faculty existed at their university. All believed if it existed it would provide both role clarity and increase self-efficacy. Having easy access to needed employment and teaching resources, an FAQ, and contacts/chain of command fit would assist transition to the new teaching role. Two participants believed that anticipating newcomers' needs creates appreciation and increases feelings of acceptance by insiders.

University contact information. Adjunct responses regarding having easy access to university and department contact information revealed this was important for newcomer adjustment. All participants believed confidence in their performance (self-efficacy) would be

bolstered by knowing who to contact with which questions, including as one stated, "a clear chain of command." Six indicated this also increased role clarity if they could easily contact the course coordinator, clinical coordinator, or department chair. Four believed new hires feel more part of the organization (acceptance by insiders) if this information is provided, even if rarely needed.

Inform-Training Practices

Shown new employee video. The content and purpose of the video determined the value the participants placed on watching a new employee video. Five believed a video that was brief on mission and vision but made their teaching job easier could provide role clarity and increase self-efficacy. Three saw little value of a video except as a procedural requirement. The responses of two also supported a video, done well, could help eager new faculty feel a desire to be part of the university and nursing program (acceptance by insiders).

Observe another clinical instructor/On-the-job training. In nursing education, separating the IWG practices of observing another clinical instructor (shadowing) and on-the-job training can be difficult and this was reflected in participant responses. All participants gave consistent answers that the shadowing of another clinical instructor or a staff nurse on the hospital unit provides role clarity and increases self-efficacy for new adjuncts. The need for training was linked to the experience level of the new adjunct. Experienced faculty know how to teach and through shadowing can learn the expectations of the course, the nursing program, and the hospital or community facility. Novice nursing educators need to learn all these things, as well as how to teach a clinical group of 8 – 10 students. Ideally the novice instructor should be offered more assistance or 'training' from an experienced clinical faculty and a capable staff nurse on the hospital unit. Because of this the four experienced educators asserted that needs of

adjuncts were individualized and this should be considered during onboarding. Two faculty made statements that this process facilitates feelings of acceptance by insiders through relationship building either with nursing faculty or hospital unit nurses and staff.

Tour of university/department. Although clinical adjuncts teach almost exclusively at hospitals or community facilities, all participants (8/8) view the institutional tour as a necessary component for helping new adjuncts increase confidence in their teaching ability (self-efficacy). Understanding the location of the nursing program within the campus structure, how resources are obtained, and where to pick up mail also promote role clarity (6/8). Acceptance by insiders (5/8) was more dependent on the communication style and attitude of the individual giving the tour, as well as the reception of any faculty or staff met during the tour.

New faculty orientation. All participants (8/8) provided answers consistent with the absolute necessity of a quality orientation to provide role clarity, self-efficacy, and acceptance by insiders. All *university-based* Inform onboarding practices were identified as components of this practice, including meeting leadership and HR representative, Q & A session, orientation to web-based resources, tours, and lab orientation. Welcoming practices such as greetings from the university and nursing program, providing materials and possible logo items, extending invitations to faculty meetings, professional development opportunities, and social events, and sharing how the adjunct hiring will be announced to students and faculty. Guide practices include giving new hires the name of their go-to person (or people) and providing opportunities to sign up for a mentor or peer-resource person. In one day the foundation for quality onboarding can be built.

Online orientation. All participants preferred a face-to-face orientation but having well-designed on-line modules for home use to review orientation materials promoted role clarity and

self-efficacy. Three participants believed having materials that were easily accessible conveyed

to adjuncts that their time was valuable and the university was striving to make their jobs easier

(acceptance by insiders).

Sim lab/other lab instruction. Only six of the participants were responsible for teaching

any type of lab but all concurred that instructions was necessary if an adjunct was responsible for

teaching it (role clarity and self-efficacy). In recalling their own orientations to the lab, two

recounted the experience helped them feel more a part of the nursing program culture

(acceptance by insiders).

Welcome Practices

Personalized welcome from university. While downplaying the necessity of the

practice, four participants saw the benefit of receiving some communication from the university

was to promote a sense of comradery and value (acceptance by insiders). Three were so

disgusted with their institutions they could place no value on the practice whatsoever. One

participant received her welcome letter as part of her employment materials but felt it contributed

to her role clarity rather than feeling welcome.

Personalized welcome from dean/chair. Most participants (7/8) believed the welcome

from the dean or department chair, because they were closer to the adjunct instructors, was more

important than anything from the university for facilitating a sense of comradery (acceptance by

insiders). The experienced faculty were more straight-forward about this belief. Four participants

reported role clarity was boosted for new adjuncts when efforts were made by the dean or chair

to communicate the mission and vision of the program.

Welcome kit/logo items. Five adjuncts received a folder with important paperwork and

identified that as a 'welcome kit' or 'logo item,' placing value on the contents, not the folder.

This utility of the materials aligned their responses with the provision of role clarity (5/8) and self-efficacy (5/8). Two adjuncts with very positive feelings towards their institution expressed more appreciation for these simple materials, which included a USB flash drive of resources, consistent with acceptance by insiders. The intent or thought put into the folder led three other participants to agree with them, even though the materials were less significant (5/8). One novice educator also received a lab coat during orientation and this promoted both her feelings of acceptance and self-efficacy (scores are already accounted for in 5/8).

Invited to department meetings/professional development. Some faculty associated this question with the course coordinator meetings where indispensable course information is distributed and discussed. Others identified regular faculty meetings and professional development opportunities when considering this practice. Regardless these practices all participants believed these meetings contributed to increased confidence in teaching abilities (self-efficacy). Two experienced educators gave no responses consistent with role clarity (6/8).

Gathering held for new adjuncts. Some participants associated this gathering with the course coordinator meeting or the adjunct orientation session leading to answers coded for promoting role clarity (5/8) and self-efficacy (5/8). Combined with those who believed such a meeting was designed to truly welcome new hires, all eight believed it provided acceptance by insiders.

Invited to social event. Only two participants reported receiving an invitation to a social event on or off campus. When evaluating the benefit of the practice, whether it occurred or not, seven adjuncts reported acceptance by insiders would be fostered through social events. Five expressed no actual personal interest in social activities due to dysfunction in their program.

Family invited to social event. No participants experienced this practice and most dismissed its benefit initially. Five acknowledged that activities such as these promoted positive feelings towards organizations and increased desire to belong (acceptance by insiders). Due to negative feeling about treatment of their nursing programs, three had no response that coded for a proximal outcome.

Joining announced. One participant knew an email announcement about her hiring was sent to others in the nursing program. The other seven did not know if any type of announcement had been distributed and six did not believe there was any personal benefit to it. Two acknowledged that it might be meaningful because it could facilitate collegial relationships. Five others made statements that, in general, they understood the practice was aimed at promoting feelings of acceptance by insiders.

Guide Practices

Assigned a mentor. All participants made statements that having a mentor supported newcomer role clarity and increased self-efficacy. However, no participants were assigned a mentor or were given the option to choose one. Four informally discovered someone to fill this this role. Four also believed the mentor-mentee relationship contributed to feeling of belonging (acceptance by insiders).

Assigned a single point of contact. Similarly, all eight adjuncts made statements suggestive that role clarity and self-efficacy were increased by simply knowing who to contact when they had questions. Because they worked away from the nursing program, knowing who to contact also increased a sense of being part of the team (acceptance by insiders).

Assigned a peer resource/buddy. No faculty had an assigned peer resource but four identified one informally either during orientation or the early weeks of teaching. This

relationship created a sense of comradery for these adjuncts (acceptance by insiders). Seven

believed a supportive peer would help a new adjunct understand expectations (role clarity) and

improve teaching ability (self-efficacy). One participant dismissed that adjuncts could have a

faculty peer resource because they work alone at the clinical facilities.

Discussion Research Question Three

Proximal outcomes of organizational socialization have been identified in the literature

which Ellis, Bauer, and Erdogan (2015) label role clarity, self-efficacy, and acceptance by

insiders. For this study these proximal outcomes became the predetermined codes that guided

question three data analysis. This analysis revealed that the adjunct participant responses to the

Inform-Welcome-Guide Onboarding Practices survey (Table 5) were aligned with one or more

of the three outcomes of early organizational socialization (Table 6). Understanding the factors

that contribute to adjunct satisfaction and facilitate adjustment has implications for nursing

programs (Roberts, et al., 2013). Retention is a long term outcome of positive experiences during

the onboarding process.

Role Clarity. The majority of participants believe that role clarity is increased when all

Inform practices are included in onboarding, except meeting with the dean and receiving a

glossary of university terms. A professional and complete orientation is the foundation of this

clarity and can encompass many of the Inform practices at one event. Adjunct responses also

support that role clarity is strongly facilitated by all three Guide practices of having a mentor,

point-of-contact, and peer resource. These relationships help new adjunct understand their

educator roles and assist with maneuvering through university and hospital systems.

Welcome practices contribute little to role clarity in comparison to the other practices.

However spending time with other faculty at department meetings or professional development

events provides opportunities for adjuncts to understand the nurse educator role. Welcome kits that include information necessary for job performance promote role clarity. On a more abstract level, being welcomed by the dean can facilitate role clarity when the mission and vision of program is shared.

Self-Efficacy. The link of role clarity to self-efficacy was evident and participant responses were similar; if a new hire understands job expectations it is easier to feel more able to perform them. The participants feel adjuncts are more confident in their teaching abilities when Inform practices are included in onboarding programs, aside from meeting the dean. At hiring all adjuncts were experienced nurses so personal needs for some Inform practices varied. However, there was a shared belief that the practices should be offered so the adjunct could personalize the onboarding experience and not "waste" time.

Welcome practices that increased self-efficacy such as inclusion at professional development offerings, faculty meetings, and providing an informative welcome kit mirrored role-clarity benefits. Guide practices contributed strongly to feelings of self-efficacy because mentors and peers provided role modeling and support. Having a contact person to answer questions was also necessary to be confidant in the adjunct role.

Acceptance by Insiders. Fewer Inform practices had an impact on new adjuncts' feelings of acceptance by the faculty or university. Here faculty believed the dean, as the administrative leader, sets the tone of the program and even small efforts were meaningful for their desire to be part of the team. Almost all believed the department chair plays an equally important role in making adjuncts feel included. The course coordinator has a special role as the primary go-to person. Touring the campus and making introductions provides good first

impressions if the employees met on the tour are pleasant. A well-run orientation, even when the primary goal is to inform new hires, should convey a welcoming message.

Most IWG Welcoming practices contributed to feelings of acceptance. Sincere efforts of inclusion, from the university, dean, or course coordinator were appreciated whether or not the participants would actually participate. Interestingly there were no responses that supported being invited to department meetings promoted feelings of acceptance. The question may not have elicited this more emotional response but instead role clarity and self-efficacy.

The Guide practice of assigning a point of contact was key to acceptance but only half of the adjuncts gave responses that having a mentor or peer resource aided their feelings of acceptance by insiders. If adjuncts were never mentored in a well-designed mentoring program with caring faculty, they may not be able to assess how this could increase feeling of acceptance and inclusion. The participants believed that their work with the students was not impacted by their feelings of belonging to the program.

CHAPTER FIVE: DISCUSSION

Chapter five begins with a brief overview of the problem facing nursing education. Next, study results are discussed and synthesized in relation to the three research questions. Implications of the study on nursing educational practice and organizational socialization literature are reviewed. Finally, areas of future research that can build on the results of this study are proposed.

Overview of the Problem

The nursing faculty shortage impacts the education of registered nurses and is predicted to increase in the future. The full-time nursing faculty workforce is aging and many have stopped working in an acute care setting, focusing mostly on classroom instruction. Adjunct clinical instructors are an important part of nursing programs because they bring current, real-world nursing practice into nursing education and supplement the limited pool of full-time faculty (Buerhaus et al., 2009; Evans, J., 2013; Wyte-Lake et al., 2013). However, adjuncts are often poorly socialized in nursing programs for a variety of reasons. They are generally employed full or part-time outside academia and teaching is secondary to that role. Once hired, they teach in clinical settings, away from the university with its inherent support systems. They work alone without peers to support them. Turn-over is costly to both universities and clinical facilities so retention of adjuncts is one key to a stable educational environment for nursing students (Allison-Jones & Hirt, 2004; Roberts et al., 2013; Wyte-Lake et al., 2013).

Organizational socialization literature supports that quality onboarding leads to positive long-term outcomes for organizations and employees, such as increased retention and satisfaction of employees (Bauer & Erdogan, 2012; Ellis et al., 2015; Klein & Polin, 2012; Wanberg, 2012). However, less is known about which onboarding practices actually facilitate

socialization (Klein & Polin, 2012). The purpose of this qualitative study was to examine onboarding practices used by collegiate nursing programs with adjunct clinical faculty.

Discussion

The results from the Inform-Welcome-Guide (IWG) Onboarding Practices survey and interview protocol with adjunct faculty provided an in-depth exploration into the onboarding experiences of the eight participants. The IWG Onboarding Practices survey results from the three nursing program administrators captured these stakeholders' perceptions of the process at their universities. While not directly linked to a specific adjunct's onboarding experience, their responses provided insight in what practices the schools report are being offered and the perceived benefit of the practices. Data from the responses of adjuncts and administrators was analyzed to answer the research questions:

1. Which onboarding practices identified in the literature did adjunct clinical nursing faculty experience and what is the perceived benefit of these practices?

2. Are the perceived benefits of onboarding practices reported by adjunct clinical nursing faculty congruent with those reported by nursing program administrators?

3. How do onboarding practices influence adjustment to the adjunct clinical nursing faculty role?

The eight adjunct participants shared openly about their onboarding experiences with their institutions. Those with negative experiences asked for reassurance that their responses would be kept confidential. They clearly rated and described their perceived benefits of the IWG practices, whether or not they had been experienced. An administrator from each program completed the survey. Moderately high congruence was found between administrator and adjunct

responses regarding benefit of these practices. Adjunct responses regarding IWG practices aligned with the three adjustment indicators of early organizational socialization.

The Experience and Benefit of Onboarding Practices

The language of Klein and Polin's (2012) Onboarding Activities Checklist was modified for use in collegiate nursing education. Adjuncts identified benefits of nearly all Inform and Guide practices, but placed much higher priority on some over others. Even practices seen as not very beneficial for the individual adjunct were recognized as being potentially helpful for another new instructor. The benefits of many Welcome practices, predominantly efforts to socialize formally or informally, were downplayed by the majority of participants.

The survey questions about Inform practices illuminated the desire adjuncts have for effective leadership, functional communication systems, and well-conveyed role expectations. Management of this aspect of onboarding by the institution, done poorly or well, set the stage for organizational socialization of these adjuncts. Communication of needed information about the institution and teaching was very important to achieve role clarity and build confidence in the adjunct role. It was necessary for understanding their professional and personal responsibilities. The source of the information, whether the department chair, course coordinator, or HR, was less important than trusting the source and being treated with respect. The acknowledgment of new adjuncts by nursing program leadership was not necessary for job performance, but it communicated respect and value to the new employees who then desired to belong to the organization.

Making a variety of Inform practices available for all new hires was seen as beneficial, with some seen as more beneficial than others. Based on the adjunct's experience as an educator, the shadowing and training practices were identified as being very individualized but other

practices somewhat standard for all hires. There was strong support for a webpage with

information for new hires. This would allow new adjuncts to pick and choose information that

was needed. They wanted information to be readily available online, and while all wanted an in-

person orientation, creating online orientation materials for reference was valued. Conversely, a

new employee video was viewed as not being a particularly beneficial Inform practice by the

adjuncts, seen as generally *pro forma* and lacking in useful information.

All three Guide practices—providing adjuncts a mentor, go-to person, and peer support—

were viewed by adjuncts and administrators alike as very or extremely beneficial. Even though

all believed a mentor was valuable, no adjuncts reported being offered one. If a mentoring

relationship occurred it developed informally with the course coordinator or another clinical

educator. Mentoring is more successful when there is a good match between the mentor and

mentee, so naturally developed relationships may be superior to assigned mentors (Klein &

Polin, 2012). However, waiting for this natural selection to occur may leave newcomers adrift.

For some adjuncts no mentoring relationship ever evolved. Due to the isolation of adjuncts,

naturally evolving mentor relationships beyond that with the course coordinator would be

difficult. Most course coordinators oversee numerous faculty. To place full responsibility on

them would not produce the best results.

While organizations dedicate much effort towards Inform practices, making new hires

feel welcomed and valued is imperative. Adjuncts in the study who were treated poorly believed

their onboarding could have been much better and carried negative feelings about the university.

Participants with positive onboarding experiences expressed strong allegiance with their

institution. Nursing programs do not need to reinvent the wheel to create a functional

onboarding process. Rather, prioritization and consistent implementation of effective practices

would be sufficient. Data from this study showed that one nursing program was conveying this

welcoming through every interaction with adjuncts, at least according to their responses.

Conversely, other programs did not implement these practices, citing limited resources and

competing priorities. One participant who had a negative onboarding experience identified each

"missed opportunity" the university had to make her feel welcomed as contributing to her

demoralization.

Congruence of Adjunct and Administrator Responses

The three administrators predominantly agreed that there was value to most of the IWG

practices. Their beliefs were generally congruent with the reports of faculty, although they

placed higher value on multiple practices. This may reflect either an implicit or explicit

understanding of onboarding best practices combined with their desire as administrators to

provide adjuncts with as many opportunities as possible to increase adjustment to the role.

However, only one believed that her program was actually offering all of the practices that she

thought were valuable. Her responses about the design of the onboarding offered to adjuncts

were largely supported by the faculty from that program, who identified a well-executed

orientation and organizational investment in new adjuncts. The other administrators reported

that valuable onboarding practices that could be implemented were not, citing conflicting

program priorities and limited resources.

As noted in Chapter 4 there was an interesting incongruence in the reports of the

implementation of mentoring practices. There was near consensus on the part of administrators

and adjuncts alike as to the value or mentoring, but no adjuncts reported having been formally

mentored while two of three administrators reported having mentoring practices. This

discrepancy could not be fully explored because administrators did not participate in follow-up

interviews. It could reflect a different interpretation of the meaning of mentorship. Perhaps the two administrators reporting the implementation of this practice viewed course coordinators as mentors. Alternatively, the discrepancy could be the result of system problems within the programs, *i.e.*, a plan for mentorship that was established in program policy was not being effectively implemented in practice. Whether these or other factors account for the observed discrepancy there is clear agreement between administrators and adjuncts that mentorship is a valuable onboarding practice.

Onboarding Practices and Proximal Outcomes of Organizational Socialization

Through analysis of adjunct responses, the majority of IWG onboarding practices were shown to contribute positively to newcomer adjustment. Participants who actually experienced these practices made more positive statements about colleagues, the nursing program, and the university. They understood their roles, felt more confident teaching, and felt like part of the team. In short, the proximal outcomes of role clarity, self-efficacy and acceptance were realized for these adjunct faculty. Conversely, participants who did not receive a full complement of IWG onboarding practices were not well socialized.

During the interviews, adjunct participants were at times pleased, surprised, angered, and even conflicted by the practices in the Inform-Welcome-Guide Onboarding Activity Checklist. Those with positive experiences were pleased to know their university recognized what was important and prepared them for teaching. Other times participants were surprised that a nursing program would bother offering many of the practices to adjunct faculty. Numerous participants were subjected to frustrating hiring practices or had little guidance in their teaching role; their anger and disgust was palpable. Particularly with welcome practices, some participants were conflicted when they realized that practices they had initially felt were inconsequential, such as

announcing that an adjunct was hired, might actually help them (or another adjunct) feel more valued by the nursing program.

For adjunct faculty that reported having been the recipients of only a few IWG onboarding practices, the adjustment to their clinical teaching roles was difficult. They were particularly upset with regards to role clarity and self-efficacy. Each was committed to providing quality educational experiences to their students and felt the ability to do so was undercut by the failure to receive important IWG practices. Practices related to acceptance were generally less distressing to these participants because they viewed this as a consequence of the adjunct role. Nonetheless all agreed practices that would facilitate acceptance by insiders would have been valuable.

Implications for Practice

The Inform-Welcome-Guide Onboarding Practices Checklist captures the best and common activities utilized by organizations. It was modified for this study and can be a valuable outline for onboarding strategies for nursing programs. However, before using it with clinical adjuncts again it must be further refined because it failed to capture some of the particulars of nursing education. For instance, the role of course coordinators should be built into any further surveys with clinical faculty. Many IWG practices are common sense and implemented with little effort. Most can be coordinated into a handful of interactions with new adjuncts. When administrators believed potentially beneficial practices were not being offered, the lack of time, money, and interest were seen as roadblocks. But the literature supports that attention and resources that contribute to organizational socialization, including comprehensive onboarding, will pay off with higher retention rates of engaged employees.

The altruistic nature of nurses and teachers often puts them in self-sacrificing situations where their own needs are not being met. For the nurse educators in this study, their primary motivation and source of job satisfaction was teaching students. But they are also employees who should feel respected and valued by their organizations. Of interest, then, is that even those with negative experiences continued to teach for their respective institutions. The natural consequence of poor onboarding, decreased retention, was not being experienced by the nursing programs, at least over the one to two year span of the participants' current employment. Instead, these unhappy instructors disengaged with the institution and compensated in a variety of ways. This has consequences for the nursing program and clinical adjuncts. Feeling unwelcomed, they miss opportunities for professional development as educators and nurturing by mentors or experienced peers. Additional research to explore this finding is warranted.

A direct result of this study is that the participants gave permission for their aggregated data to be shared with the administrator at each university to provide feedback. Nursing program administrators should be given time to review current policies to ensure faculty are receiving quality onboarding. Numerous adjuncts expressed this was a strong motivator for them to participate in the study.

Outside of nursing education, results from this study contribute to general organizational socialization and human resource management literature. Research linking specific onboarding practices to organizational socialization has been limited (Klein & Polin, 2012) although onboarding programs developed by practitioners report success with program evaluations (Bradt & Vonnegut, 2009). The participants in this study clearly identified onboarding practices that were beneficial, whether or not they had experienced them. Analysis of their rich responses

provided data which aligned with the proximal outcomes of organizational socialization: role clarity, self-efficacy, and social acceptance.

Future Research

Although this was a small qualitative study, it presented a comprehensive picture of the onboarding experience of these adjunct clinical nursing instructors. Additional research is needed about organizational socialization needs of clinical adjuncts. Qualitative research would provide more perspectives on adjunct experiences, creating a larger pool of voices. To provide generalizability a quantitative study with larger, more representative number of adjuncts and nursing programs should be conducted. Any additional data would add to the literature and generate recommended changes in onboarding practices. These studies would build on the work of Evans (2013), Roberts et al. (2013), and Wyte-Lake et al. (2013).

Adjuncts are integral to nursing education so meeting their needs during onboarding can lead to policies and procedures that promote adjustment to the role and long-term retention. This benefits nursing programs and the clinical facilities where adjuncts teach, saving both time and money for these organizations. Retaining adjuncts allows them to be better educators as they learn their teaching role, become invested in the nursing program, and adapt to the routines of the clinical facility. Students benefit when instructors are experienced and have the resources and support to perform their jobs. Ultimately, the healthcare system is bolstered by the education of competent registered nurses.

Conclusion

The educational pipeline for registered nurses will continue to be a focus of nurse educators, nursing organizations, and national health care policy. The needs of the aging U.S. population, combined with the Affordable Care Act, will dictate the demand for nursing

professionals over the next decade. However, the ongoing shortage of qualified full-time nursing faculty places constraints on nursing education. Employing adjunct nursing faculty to teach clinical courses is a practical solution that brings benefits for universities, nursing programs, clinical facilities, and students.

Although caution should be used when interpreting the results of this qualitative study, it adds to the organizational socialization literature. Understanding organizational socialization needs of clinical adjuncts, including beneficial onboarding practices, would allow nursing programs to focus efforts on strategies that bring the greatest reward to the institution: retention of quality faculty.

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Appendix A
Inform-Welcome-Guide Onboarding Activity Checklist

Rating instructions and response scale:

Below is a list of activities your company may have used to help familiarize you with your new company, job, and coworkers. For each item, please indicate whether that activity occurred formally, informally, or did not occur. Select "occurred formally" if the activity was required, preplanned, *and* done for all new hires. If the activity occurred but it was voluntary or appeared to be spontaneous, select "occurred informally." Select "occurred formally" if you are unsure, or if the activity occurred both formally and informally. No company does all of these things and many are not relevant for all types of jobs, so it is fine to indicate that activities did not occur.

Occurred Formally   Occurred Informally   Did Not Occur

For those items rated as occurring (formally or informally) participants are also asked to indicate when that activity occurred and how beneficial the activity was:

When did this activity occur? If it occurred multiple times, answer for the first time it occurred.

○ During recruitment & hiring
○ After hired but before 1st day
○ On the 1st day
○ After 1st day but during first week
○ After first week but during 1st month
○ During 2nd or 3rd months
○ During months 4-6
○ After 6 months but during 1st year
○ I don't remember / don't wish to answer

In your opinion, how beneficial was this activity or item in helping you to adjust to your new position or organization?

○ Not at all Beneficial
○ Slightly Beneficial
○ Moderately Beneficial
○ Very Beneficial
○ Extremely Beneficial
○ No opinion / don't wish to answer

Inform-Communication: Planned efforts to facilitate communication with newcomers. It includes both the provision of one-way messages and opportunities for two-way dialogues.
☐ I went to a question and answer session where new hires were able to ask senior leaders questions.
☐ I was invited to meet with a senior leader.
☐ My manager set aside a block of uninterrupted time to spend with me.
☐ I met with a representative from Human Resources.

Inform-Resources: Making materials or assistance available to new hires. These efforts differ from communication in that the new hire has to take the initiative to access them.

- ☐ I was shown how to find things on the website the company has for its associates.
- ☐ I was given an initial plan that outlined opportunities for my development.
- ☐ I was given a glossary of abbreviations and "buzzwords" used throughout the company.
- ☐ I was directed to a section of the company website specifically designed for new associates.
- ☐ I was given a list of names and contact information of important people within the company.
- ☐ My workspace was ready for me (including all supplies, materials, and equipment).

Inform-Training: Planned efforts to facilitate the systematic acquisition of skills, behaviors, knowledge.

- ☐ I was shown a new employee video.
- ☐ I was encouraged to observe a fellow associate for a period of time.
- ☐ I received on-the-job training on how to perform my job.
- ☐ I was given a tour of company facilities.
- ☐ I attended an orientation program with other new hires.
- ☐ I completed an on-line orientation program.
- ☐ I attended a session where presentations were given by fellow associates who were expert on certain tasks or procedures.

Welcome: Activities that provide opportunities for newcomers to meet and socialize with other organizational members and/or celebrate the arrival of the newcomer.

- ☐ I received a personalized welcome (phone call, email, letter) to the company from a senior leader.
- ☐ I received a personalized welcome (phone call, email, letter) from my manager.
- ☐ I was given a welcome kit.
- ☐ I participated in exercise to get to know my fellow associates.
- ☐ There was a gathering (meeting, welcome lunch) for me to meet my fellow associates.
- ☐ A new associate welcome celebration was held.
- ☐ I was invited to participate in a social event to get to know fellow associates.
- ☐ My family was invited to attend a social activity held outside of work.
- ☐ My joining the company was announced in an email, on the company website, or in a company newsletter.
- ☐ Company t-shirts or other items with the company name/logo were given to me.

Guide: Activities that provide a personal guide for each new hire.

- ☐ Someone at a higher level than my manager was assigned to be my mentor.
- ☐ I had a single point of contact (welcome coordinator) that I could reach out to with any questions.
- ☐ A fellow associate was assigned as my "buddy" to help answer any questions I might have.

Appendix B
Inform-Welcome-Guide Onboarding Practices Survey for Faculty
(Delivered via Online Survey Platform – format altered for Appendix)

Rating instructions and response scale:

Below is a list of activities the institution may have used to help familiarize you with the university, college, adjunct role, and other faculty/coworkers. For each item, please indicate whether that activity occurred formally, informally, or did not occur. Select "occurred formally" if the activity was required and preplanned. If the activity occurred but it was voluntary or appeared to be spontaneous, select "occurred informally." Select "occurred formally" if you are unsure, or if the activity occurred both formally and informally. No organization does all of these things and many are not relevant for all types of jobs, so it is fine to indicate that activities did not occur.

Occurred Formally   Occurred Informally   Did Not Occur

For those items rated as occurring (formally or informally) participants are also asked to indicate when that activity occurred and how beneficial the activity was:

When did this activity occur? If it occurred multiple times, answer for the first time it occurred.

- ○ During recruitment & hiring
- ○ After hired but before 1st clinical teaching day
- ○ During the week after 1st clinical teaching day
- ○ During the month after the 1st clinical teaching day
- ○ During the first semester of employment
- ○ During the first academic year of employment
- ○ I don't remember / don't wish to answer

Inform-Communication: Planned efforts to facilitate communication with newcomers. It includes both the provision of one-way messages and opportunities for two-way dialogues.
- ☐ I went to a question and answer session where I could ask nursing program or university leaders questions.
- ☐ I was invited to meet with the dean or associate dean
- ☐ My department chair set aside a block of uninterrupted time to spend with me.
- ☐ I met with a representative from Human Resources.

Inform-Resources: Making materials or assistance available to new hires. These efforts differ from communication in that the new hire has to take the initiative to access them.
- ☐ I was shown how to find important things on the university or college website.
- ☐ I was given an initial plan that outlined opportunities for professional development as an educator.
- ☐ I was given a glossary of abbreviations and "buzzwords" used in the nursing program and university.
- ☐ I was directed to a section of the university website specifically designed for new faculty.
- ☐ I was given a list of names and contact information of important people in the nursing office, other faculty, and the university.

Inform-Training: Planned efforts to facilitate the systematic acquisition of skills, behaviors, knowledge.
- ☐ I was shown (or watched) a new employee video.
- ☐ Time was arranged for me to observe another clinical instructor for a period of time.
- ☐ I received training at the clinical site from an experienced faculty from the nursing program.
- ☐ I was given a tour of the nursing department and nearby areas of the university.
- ☐ I attended an orientation program with other new faculty or employees.
- ☐ I completed an on-line orientation program.
- ☐ I attended a session in the simulation lab (or other lab) where clinical faculty demonstrated tasks or procedures.

Welcome: Activities that provide opportunities for newcomers to meet and socialize with other organizational members and/or celebrate the arrival of the newcomer.
- ☐ I received a personalized welcome (phone call, email, letter) from the university president, provost, or other university level leader.
- ☐ I received a personalized welcome (phone call, email, letter) from the dean or department chair.
- ☐ I was given a welcome kit or items with the university/nursing program logo on them.
- ☐ I was invited to participate in activities (faculty meetings, professional development) to get to know fellow faculty members.
- ☐ A gathering (meeting, welcome lunch) for me to meet other faculty and employees.
- ☐ I was invited to participate in a social event to get to know other faculty.
- ☐ My partner/family was invited to attend a social activity held outside of work.
- ☐ When I was hired it was announced in an email, on the college/university website, or newsletter.

Guide: Activities that provide a personal guide for each new hire.
- ☐ An experience clinical faculty member was assigned to be my mentor.
- ☐ I had a single point of contact that I could reach out to with any questions.
- ☐ Another faculty member was assigned as my "buddy" to help answer any questions I might have.

Appendix C
Inform-Welcome-Guide Onboarding Practices Survey for Administrators
(Delivered via Online Survey Platform – Format altered for Appendix)
Please answer regarding clinical adjunct faculty only

Below is a list of activities the institution may have use to help familiarize new adjuncts with the university, college, adjunct role, and other faculty/coworkers. For each item, please indicate whether that activity occurred formally, informally, or did not occur. Select "occurred formally" if the activity was required and preplanned. If the activity occurred but it was voluntary or appeared to be spontaneous, select "occurred informally." Select "occurred formally" if you are unsure, or if the activity occurred both formally and informally. No organization does all of these things and many are not relevant for all types of jobs, so it is fine to indicate that activities did not occur.

Occurred Formally   Occurred Informally   Did Not Occur

For those items rated as occurring (formally or informally) participants are also asked to indicate when that activity occurred and how beneficial the activity was:

When did this activity occur? If it occurred multiple times, answer the first time it occurred.
- ○ During recruitment & hiring
- ○ After hired but before 1st clinical teaching day
- ○ During the week after 1st clinical teaching day
- ○ During the month after the 1st clinical teaching day
- ○ During the first semester of employment
- ○ During the first academic year of employment
- ○ I don't remember / don't wish to answer

Whether your program offers this activity or not, how beneficial do you think it is for the adjustment of clinical adjunct faculty?
- ○ Not at all Beneficial
- ○ Slightly Beneficial
- ○ Moderately Beneficial
- ○ Very Beneficial
- ○ Extremely Beneficial
- ○ No opinion / don't wish to answer

If your program is not offering this activity but you believe it would be beneficial for adjuncts, what is preventing it from being offered?
- o   Not a university priority
- o   Not a nursing program priority
- o   Lack of time (administration)
- o   Lack of funding
- o   Lack of interest (nursing faculty)
- o   Lack of interest (new hire clinical adjunct
- o   N/A

Inform-Communication: Planned efforts to facilitate communication with newcomers. It includes both the provision of one-way messages and opportunities for two-way dialogues.

☐   A question and answer session is held where new adjuncts are able to ask nursing program or

university leaders questions.
- ☐ New adjuncts are invited to meet with the dean.
- ☐ The department chair sets aside a block of uninterrupted time to spend with new adjuncts.
- ☐ New adjuncts meet with a representative from Human Resources.

Inform-Resources: Making materials or assistance available to new hires. These efforts differ from communication in that the new hire takes the initiative to access them. New adjuncts are
- ☐ Shown how to find things on the university website
- ☐ Given an initial plan that outlines opportunities for their development.
- ☐ Given a glossary of abbreviations and "buzzwords" used throughout the university.
- ☐ Directed to a section of the university website specifically designed for new faculty.
- ☐ Given a list of names and contact information of important people within the university.

Inform-Training: Planned efforts to facilitate the systematic acquisition of skills, behaviors, knowledge. New adjuncts (are/have)
- ☐ Shown a new employee video.
- ☐ Time arranged to observe another clinical instructor for a period of time.
- ☐ Training at the clinical site from an experienced faculty from the nursing program
- ☐ Given a tour of the nursing department and nearby areas of the university
- ☐ Attend an orientation program with other new faculty or employees.
- ☐ Complete an on-line orientation program.
- ☐ Attend a session in the simulation lab (or other lab) where clinical faculty demonstrate tasks or procedures.

Welcome: Activities that provide opportunities for newcomers to meet and socialize with other organizational members and/or celebrate the arrival of the newcomer. New adjuncts…
- ☐ Receive a personalized welcome (phone call, email, letter) from the university president, provost, or other university level leader.
- ☐ Receive a personalized welcome (phone call, email, letter) from the dean or department chair.
- ☐ Are given a welcome kit or items with the university/nursing program logo on them.
- ☐ Participate in an exercise to get to know other faculty members.
- ☐ There is a gathering (meeting, welcome lunch) for new adjuncts to meet other faculty and employees.
- ☐ A new faculty welcome event is held.
- ☐ Are invited to participate in a social event to get to know other faculty.
- ☐ Partners/families are invited to attend a social activity held outside of work.
- ☐ Hiring of new adjuncts to the university/college is announced in an email, on the university website, or in a university newsletter.
- ☐ University/college t-shirts or other items with the name/logo are given to new adjuncts.

Guide: Activities that provide a personal guide for each new hire.
- ☐ Experience clinical faculty members are assigned to be mentors for new adjuncts.
- ☐ A single point of contact is given to adjuncts to answer their questions.
- ☐ Another faculty member is assigned as a "buddy" to help answer new adjunct questions.

Appendix D
Structured Follow-up Interview for the
Inform-Welcome-Guide Onboarding Practices Survey

Script	Action
As you know, my name is _____. I am a graduate student in the Rossier School of Education at the University of Southern California. I will be doing a semi-structured, follow-up interview for the survey you completed online. The purpose of this follow-up is to go into more detail about the onboarding practices your university used when you first became an adjunct faculty member.	Monitor nonverbal cues the subject understands. Clarify as needed.
Before we get started I need to remind you that when you originally agreed to participate your received an information sheet for non-medical research and volunteered to participate in this study. That form included consent to have the interview recorded. Are you still willing to have this interview recorded?	Show the subject a copy of the certified information sheet. If the subject agrees, begin recording (two recorders).
We are going to start with the activities you reported did occur when you were hired. Our goal is to get more details about how beneficial you found the activities and why you feel as you do.	Give a copy of responses, arranged in the order they will be addressed in the interview.
This interview is semi-structured because we talk about each item on the survey in a structured way to get some basic information. Once I get that information we will then talk about your experience of the activity so that I can fully understand what you thought of the experience, if you thought it was helpful, and so on.	Monitor nonverbal cues the subject understands. Clarify as needed.

For each item on the scale I'll be asking you to rate how beneficial the activity was using this 5 point scale. As you can see:
 	
    0 is for Not at all Beneficial;
 	
    1 is for Slightly Beneficial;
 	
    2 is for Moderately Beneficial;
 	
    3 is for Very Beneficial, and;
 	
    4 is for Extremely Beneficial
 	
If you have no opinion or don't wish to answer simply answer or point to NA. Any questions before we get started?
	Place a copy of the scale in front of the subject in a spot that can easily be read.
	
	Monitor nonverbal cues the subject understands. Clarify as needed.

Okay, let's start with Item # (<u>read the text of the item aloud</u>*). You reported that (*<u>read the time frame chosen aloud</u>*).	Point to the copy of the subject's

Using the scale I placed in front of you, how beneficial to you would you say this activity was?	responses that was provided earlier, and then to the scale on the table.

I'd like to know more details about why you made the rating you did. As best you can recall please tell me about this experience.
 	
    <u>Paraphrase, summarize, explore with questions like:</u>
 	
        1. *Why was that helpful?*
        2. *Could you tell me more about that?*
        3. *So you're saying that....?*
 	
    <u>After you have fully explored what happened, ask:</u>
 	
Is there anything about this particular activity you think could have made it more useful to you? (Tell me about that.)
	Listen and ask clarifying questions as necessary. The goal is to get both factual details of the experience **and** the subject's perceptions of the benefits of this activity.

Okay, let's go to the next item.	Repeat process above until all activities are discussed.

Now I'd like to turn to those activities on the survey that you indicated did not occur. I'd like you to use the same rating scale to indicate how beneficial the activity might have been had it happened.
 	
Let's start with Item # (<u>read the text of the item aloud</u>*). You reported this did not happen.*
 	
    Using the scale I placed in front of you, how beneficial to you would you say this activity would have been had it happened?
 	
    <u>Paraphrase, summarize, explore with questions like:</u>
 	
        1. *Why would that be helpful?*
        2. *So you're saying that....?*
        3. *How did you compensate for not receiving....?*
	Read, get ratings and discuss each item in sequence.
	
	Point to the copy of the subject's responses that was provided earlier, and then to the scale on the table.

Well we've gone over all the items on the survey. The items were derived from research into onboarding practices that have been found to be helpful for newly hired staff, but that doesn't mean it captures all of what was done for you by the university or clinical facility. Can you think of any noteworthy activities you participated in as a new hire that weren't covered in our conversation? *Anything that wasn't covered that you believe would have been particularly helpful?*	
That wraps it all up. Thank you so much for your time and willingness to participate in this study.	Turn off recorders.

Appendix E
Benefit Rating Scale for Interview Protocol

In your opinion, how beneficial was this activity or item in helping you to adjust to your new position or organization?

0 Not at all Beneficial
1 Slightly Beneficial
2 Moderately Beneficial
3 Very Beneficial
4 Extremely Beneficial
N/A No opinion or don't wish to answer

Appendix F

University of Southern California
Rossier School of Education

INFORMATION SHEET FOR NON-MEDICAL RESEARCH

ORGANIZATIONAL ONBOARDING PRACTICES AND ENGAGEMENT OF CLINICAL
ADJUNCT FACULTY IN UNDERGRADUATE NURSING EDUCATION

Clinical Adjunct Faculty

You are invited to participate in a research study conducted by Julie Elting, MSN, APRN under the supervision of Dominic Brewer, PhD at the University of Southern California, because you are a nursing clinical adjunct faculty member. This study is partially funded by Sigma Theta Tau Gamma Psi at-Large Chapter Your participation is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. You can print a copy of this form for your records.

PURPOSE OF THE STUDY
This study aims to examine the onboarding practices of your nursing program. The nursing faculty shortage is negatively impacting the educational system for professional nurses. One strategy to address this is the employment of clinical adjunct faculty. The purpose of this study is to identify onboarding practices (hiring, orientation, early training) used by undergraduate nursing programs with adjunct faculty and whether these practices are beneficial. Quality onboarding is one element of organizational socialization that leads to newcomer role adjustment and increases retention.

STUDY PROCEDURES
If you volunteer to participate in this study, you will be asked to complete a 30 question online survey with Likert-type scale responses. You will be interviewed privately with questions related to your answers on the survey. The interview is anticipated to take one hour and will be audiotaped with your permission, to ensure accuracy of your responses. If you do not want to be audio-taped, you cannot participate in this study.

POTENTIAL RISKS AND DISCOMFORTS
There are no foreseeable risks for you as a participant; however, problem areas may be identified in your program. It is possible that a reader could identify your institution from the sample description.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
You may not directly benefit from your participation. It is hoped that the results of this study will benefit your institution; the survey results may reveal, within the clinical adjunct sample,

aspects of your institution's onboarding process that adjuncts find beneficial. You will be able to compare your perceptions of benefit with those of nursing administrators. Data from the study may help shape policies and procedures to improve onboarding, newcomer adjustment, and potentially, increase retention. Retention of quality faculty improves educational experiences of students and supports the institution's mission.

CONFIDENTIALITY

We will keep your records for this study confidential as far as permitted by law. However, if we are required to do so by law, we will disclose confidential information about you. The members of the research team, the funding agency and the University of Southern California's Human Subjects Protection Program (HSPP) may access the data. The HSPP reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored in a cloud-based storage service. It will be removed from the online survey platform. Recordings will be transcribed by an independent transcription service. Once transcribed, the transcript will be made available for you to review. Recordings will be erased when the final transcripts are completed and approved. You will be asked to choose a pseudonym for use in the study. Your name will not be associated with your responses. The data maintained at the discretion of the researchers and may be used in future research studies. If so, your permission will not be obtained.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

INVESTIGATOR'S CONTACT INFORMATION

If you have any questions or concerns about the research, please feel free to contact Julie Elting, Principal Investigator jelting@usc.edu, 808-779-7670 or Dr. Dominic Brewer, dominicb@usc.edu, 1-213-821-1953.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns, or complaints about your rights as a research participant or the research in general and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact the University Park Institutional Review Board (UPIRB), 3720 South Flower Street #301, Los Angeles, CA 90089-0702, (213) 821-5272 or upirb@usc.edu

Last edits made on: **[June 6, 2014]** – Information Sheet for Faculty
USC UPIRB # UP-14-00312

Appendix G

University of Southern California
Rossier School of Education

INFORMATION SHEET FOR NON-MEDICAL RESEARCH

ORGANIZATIONAL ONBOARDING PRACTICES AND ENGAGEMENT OF CLINICAL
ADJUNCT FACULTY IN UNDERGRADUATE NURSING EDUCATION

Nursing Program Administrators

You are invited to participate in a research study conducted by Julie Elting, MSN, APRN under the supervision of Dominic Brewer, PhD at the University of Southern California, because you are a nursing clinical adjunct faculty member. This study is partially funded by Sigma Theta Tau Gamma Psi at-Large Chapter Your participation is voluntary. You should read the information below, and ask questions about anything you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. You can print a copy of this form for your records.

PURPOSE OF THE STUDY
This study aims to examine the onboarding practices of your nursing program. The nursing faculty shortage is negatively impacting the educational system for professional nurses. One strategy to address this is the employment of clinical adjunct faculty. The purpose of this study is to identify onboarding practices (hiring, orientation, early training) used by undergraduate nursing programs with adjunct faculty and whether these practices are beneficial. Quality onboarding is one element of organizational socialization that leads to newcomer role adjustment and increases retention.

STUDY PROCEDURES
If you volunteer to participate in this study, you will be asked to complete a 30 question online survey with Likert-type scale responses. You will be asked to share non-proprietary onboarding materials, checklists, and other relevant written information from your institution as allowed.

POTENTIAL RISKS AND DISCOMFORTS
There are no anticipated risks for you as a participant; however, problem areas may be identified in your program. It is possible that a reader could identify your institution from the sample description.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
You may not directly benefit from your participation. It is hoped that the results of this study will benefit your institution; the survey results may reveal, within the clinical adjunct sample, aspects of your institution's onboarding process that adjuncts find beneficial. You will be able to

compare your perceptions of benefit with those of faculty. Data from the study can help shape policies and procedures to improve onboarding, newcomer adjustment, and potentially, increase retention. Retention of quality faculty improves educational experiences of students and supports the institution's mission.

CONFIDENTIALITY

We will keep your records for this study confidential as far as permitted by law. However, if we are required to do so by law, we will disclose confidential information about you. The members of the research team, funding agency and the University of Southern California's Human Subjects Protection Program (HSPP) may access the data. The HSPP reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored in a cloud-based storage service. It will be removed from the online survey platform. Any materials shared from your institution will be returned to you or destroyed at the end of the study. Your name will not be associated with your responses. The data will be maintained at the discretion of the researchers and may be used in future research studies. If so, your permission will not be obtained.

PARTICIPATION AND WITHDRAWAL

Your participation is voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

INVESTIGATOR'S CONTACT INFORMATION

If you have any questions or concerns about the research, please feel free to contact Julie Elting, Principal Investigator, jelting@usc.edu, 808-779-7670 or Dr. Dominic Brewer, dominicb@usc.edu, 1-213-821-1953.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns, or complaints about your rights as a research participant or the research in general and are unable to contact the research team, or if you want to talk to someone independent of the research team, please contact the University Park Institutional Review Board (UPIRB), 3720 South Flower Street #301, Los Angeles, CA 90089-0702, (213) 821-5272 or upirb@usc.edu