

A PHENOMENOLOGICAL STUDY OF THE LIVED EXPERIENCES OF NURSE
EDUCATORS WITH PRIOR MILITARY CAREERS

by

Susan F. Ball

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

The purpose of this phenomenological study was to explore the lived experiences of nurse educators with prior military careers at various public and private colleges in the South Carolina, North Carolina, Georgia, Virginia, Rhode Island, and Indiana. The theory guiding this study was the concept of servant leadership explored first by Robert Greenleaf in 1977, and later expanded upon by numerous other researchers. The study was designed to answer four research questions: (a) What does it mean to be a nurse educator with a prior military career? (b) What drives individuals to choose nursing, military service, and nursing education as careers? (c) What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers? (d) How do nurses, military members, and nurse educators lead by serving? Ten nurse educator participants with prior military careers were interviewed, along with their colleagues and students; participants were observed instructing students in their classrooms, and written documents were reviewed to ascertain commonalities and shared meaning of their experiences. Data were analyzed through coding and horizontalization which resulted in theme development and a composite description of the phenomenon. Eight themes emerged: Managing the Dichotomy, Growing the Next Generation, Leaving a Legacy, Connecting with Students, Protecting Students, Leading by Example, Fulfilling the Mission, and Going Above and Beyond. Findings indicated the existence of servant leadership attributes as key elements of the manner in which participants experienced the role of nurse educator following a military career. Results of the study provided a foundation for the potential recruitment of retired military nurses into nursing education as a means of eliminating the nursing faculty shortage.

Keywords: Servant leadership, nursing faculty shortage, growing the next generation, retired military nurses

Dedication

To all of the nurse educators who have previously served or are currently serving this country as military members, I salute you. Your commitment to serving patients, families, students, and communities is the foundation upon which the next generation of nurses will be built. Your legacy will live on in the nurses you help grow and in the patients that receive excellent care from them. Lead on, warrior medics.

Acknowledgments

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List of Abbreviations

Accreditation Commission for Education in Nursing (ACEN)

Air Force Instruction (AFI)

American Association of Colleges of Nursing (AACN)

American Nurses Association (ANA)

Army Regulation (AR)

Chief Executive Officer (CEO)

Commission on Collegiate Nursing Education (CCNE)

Department of Defense (DoD)

Fiscal Year (FY)

Institute of Medicine (IOM)

Institutional Review Board (IRB)

Military Nurse Officers (MNOs)

New English Translation (NET)

New International Version (NIV)

Non-Commissioned Officer (NCO)

Research Question (RQ)

United States (U.S.)

CHAPTER ONE: INTRODUCTION

Overview

Just as nurses aspire to serve patients, educators seek opportunities to serve students, and military service members embrace careers to serve their country. All three of these professions are built upon the common denominator of service to others. The seemingly obvious overlap of commonalities and potential shared meaning has yet to be explored in the literature as a phenomenon, or as a potential solution to the growing nursing and nursing faculty shortage. This phenomenological study explored the lived experiences of nurse educators with prior military careers while considering the framework of servant leadership as its theoretical framework.

Background

As medical technology and pharmaceutical production improve with each passing year, people have ever-increasing options for treatment of a myriad of health conditions that once may have shortened their lives. The U. S. Department of Health and Human Services (2011) reported a global projected growth among people aged 65 years and older from 524 million in 2010 to 1.5 billion in 2050. This population growth among older adults is attributed to multiple factors, including increasing life expectancy at birth, as well as, a shift in the leading causes of death from infectious and parasitic diseases to chronic conditions (U. S. Department of Health and Human Services, 2011). “Given the increases in life expectancy and the sheer numeric growth of older populations, demographic momentum will likely raise the demand for care” (U. S. Department of Health and Human Services, 2011, p. 23). Chronic health conditions require periodic hospitalization, long-term care, or extended home health care. This phenomenon, coupled with government-subsidized or private health insurance, has contributed to the increasing demand for nurses to provide that care (Anderson, 2014).

The landmark Institute of Medicine (IOM, 2011) report, *The Future of Nursing: Leading Change, Advancing Health*, explored the changes needed in roles, responsibilities, and education of nurses to meet the increased demand for health care. One of the report recommendations was to increase the proportion of baccalaureate-prepared nurses from 50 to 80 percent by 2020. The report urged academic leaders, health care organizations, and accrediting agencies to work together to accomplish this goal. Although there is no shortage of potential baccalaureate nursing students to fill the need for nurses, there is a limitation on the numbers of students schools of nursing can admit based upon faculty and clinical space for experiential learning. The American Association of Colleges of Nursing (AACN, 2015) reported that nursing schools denied admission to 68,938 qualified applicants to baccalaureate and graduate nursing programs in 2014 due to insufficient faculty, classroom space, clinical space, preceptors, and financial constraints.

The inability to educate enough qualified students to assume roles as registered nurses has a direct impact on society's ability to meet its demand for clinicians to care for sick or injured patients, and furthermore, puts patients at risk for adverse outcomes due to increased workloads on currently licensed nurses (Allen, 2008). "There are simply not enough nurses and direct care workers to go around" (Adams, 2009, p. 349). The shortage of nurse educators in higher education has a direct impact on the ability of colleges to admit qualified nursing school applicants (Sims, 2009); thus, nursing programs need to recruit more faculty members, especially those with doctoral degrees, in order to increase enrollment at all levels of nursing education (National Academies of Science, Engineering, and Medicine, 2016). Nurse educators at the baccalaureate level must possess a minimum of a masters degree, as well vast clinical experience, to qualify them for teaching in higher education. Accrediting agencies, such as the

Accreditation Commission for Education in Nursing (ACEN) and the Commission on Collegiate Nursing Education (CCNE) require nursing programs to employ faculty who have sufficient academic preparation (ACEN, 2017; CCNE, 2013). Until recently, the ACEN standards for baccalaureate nursing education required programs to have at least 25 percent of full-time faculty doctorally-prepared (ACEN, 2013).

In addition to limited doctorally-prepared nurses, other contributing factors to the shortage of nursing faculty are related to the increasing age of experienced nurses, competing career options for those with advanced degrees and clinical experience, and non-competitive salaries (AACN, 2015; Allen, 2008). AACN (2015) reported 1,236 faculty vacancies in 714 baccalaureate and/or graduate programs surveyed in the United States in 2014 and a faculty vacancy rate of 6.9 percent nationally. McDermid, Peters, Jackson, and Daly (2012) also cited financial constraints, the need for advanced degree qualifications, the roles and responsibilities of nurse educators, the nature of the academic environment, and the transition to nurse educator experience as additional contributing factors to the shortage of nurse educators.

Littlejohn, Campbell, Collins-McNeil, and Thembisile (2012) suggested that developing incentives to encourage nurses to become educators is one way to meet the existing high demands for enrollment in nursing programs. Those who have both the academic preparation and clinical experience in nursing to serve as nurse educators often find that there are many other nursing administrative and clinical leadership positions that provide more competitive compensation than a career in education does. Sims (2009) asserted, “It is very difficult to pull a potential faculty member from the bedside making \$60,000 a year to teach at \$45,000 a year” (p. 222). However, retired military nurses who have served 20 years or more receive monthly retired pay entitlements and may be willing to consider the less competitive compensation of

teaching in exchange for the flexibility of a nurse educator's schedule. While military pay rates vary slightly from year to year, the approximate annual compensation for a retired military nurse officer with 20 years in service who reached the grade of O-5 (commonly attained by retirement age) is \$48,000 (Defense Finance and Accounting Service, 2016). Although low salaries may serve as a disincentive for recruitment and retention of nurse educators in general, financial compensation is not the only motivating factor for those who choose to become nurse educators. There are other non-monetary attractions to becoming nurse educators, such as schedule flexibility, an opportunity to contribute to the profession, and wanting to teach and see students learn, which may draw experienced nurses into the education field (Laurencelle, Scanlan, & Brett, 2016).

The need for eliminating the nursing shortage has not gone unnoticed by legislators. The Patient Protection and Affordable Care Act provides some funding for nursing student tuition assistance and educational institutions to recruit and hire more faculty members, but Congress will need to do more to incentivize continuing education and the development of educators to grow the next generation of nurses (Fischer, 2016). Senator Durbin (Illinois) proposed a bill entitled, "The Retired Troops to Nurse Teachers Act," in Fiscal Year 2007 (Block, 2006). Modeled after the current "Troops to Teachers" program that provides federal assistance for recruitment of retired or separated military members to teach in the public school system, this bill sought to incentivize retired military nurses to obtain advanced academic degrees in exchange for teaching nursing students in institutions of higher education. Although the bill never made it past committee discussion, it did serve to bring attention to the nursing faculty shortage and suggested a potential solution. Raising awareness of the nursing faculty shortage through lobbying legislators to provide funding for nursing students as well as advanced

education for those nurses interested in teaching is one way to bridge the gap between the supply and demand (Sims, 2009).

Perhaps one of the reasons this proposed legislation did not rise to the level of attention it deserves is that there is limited research linking the professions of nursing, nursing education, and military experience to serve as a foundation for the probability of success of such a solution. Lake, Allen, and Armstrong (2016) proposed one “potentially transformative solution is to capitalize, embrace, recruit, and mentor the talented, already prepared cadre of retired or otherwise separated men and women military nurse officers (MNOs) to transition to nurse faculty roles” (p. 243). Using a framework of servant leadership, similarities in these three separate but similar professions may be identified and could support future innovative ideas to capitalize on both the expertise and motivations of prior military nurses who have a desire to serve through teaching.

Greenleaf (1977), the “father” of servant leadership, characterized the concept as an innate desire to serve which is later followed by one’s choice to lead. He also noted that servant leadership requires one to put others’ needs above his or her own. In considering the three professions of nursing, nursing education, and military service, it is evident that all three engage in opportunities to put the needs of others above their own personal desires for growth. Trastek, Hamilton, and Niles (2014) considered nursing as a “life calling” (p. 380), and it is a profession that endeavors to establish a relationship of mutual trust with patients. Crippen (2010) characterized the opportunity to serve as an educator as “an honor and a privilege” (p. 34). Educators are clearly committed to the growth of students (Chonko, 2007), and of helping them achieve their optimal level of learning. Military leaders know their primary job is to care for their troops, and Braye (2002) affirmed military leadership is rooted in relationships “where

people are always considered more important than things” (p. 301). This was further confirmed by Laingen (2011): “If those we lead are willing to fight and potentially die for their fellow warrior, unit, and country, then a leader has a moral obligation to serve *them*; know them, care about them, reward them, and provide them the tools they need to feel valued and effectively do their jobs—and to do so at a level worthy of the degree of sacrifice being asked” (p. 11).

Given the service component of all three aforementioned professions, there appears to be a possible overlap in motivation for seeking such careers. Through this study, I discovered shared meaning among participants by seeking to understand what motivated them to enter all three of these service professions and how that drive affected what they experienced and how they experienced it.

Situation to Self

As a registered nurse, a retired military officer, and a nurse educator, I developed my own view of what it means to be a nurse educator with a prior military career. Through conversations with colleagues with similar backgrounds, I discovered what may be a pattern of behavior, common values, and shared meaning; however, I found limited research to validate my perceptions of the experience. I was aware of the continuing shortage of qualified nurse educators and the subsequent effect of producing an insufficient number of nursing graduates to fill the nursing shortage. Therefore, my research was aimed at exploring the potential shared meaning among nurse educators with prior military careers as a means of illuminating a possible pool of future nurse educators.

Creswell (2013) identified four philosophical assumptions that guide researchers in formulating their inquiries and in pursuing information to answer their questions. The ontological assumption seeks to provide information on the “nature of reality” (Creswell, 2013,

p. 21), and drives researchers to open their minds to multiple realities that may or may not be what they expect to find. Although I have a personal background in the career fields explored in this study, I held the assumption that the participants all have their own individual views of reality and their own personal perspectives of what it means to be a nurse educator.

As I interviewed participants, observed them in their classrooms, viewed their written documents, such as their publications, and interviewed their colleagues and students, the epistemological assumption enabled me to have a firsthand understanding of how they perceived and characterized their version of reality (Creswell, 2013). This opportunity to immerse myself in the participants' world provided a lens through which they saw and interpreted their own experience of being a nurse educator with a prior military career.

The axiological assumption emphasizes that both the researcher and the participants bring a set of values and biases to the study (Creswell, 2013). In positioning myself in the study, I recognized the potential for over-interpretation of the data based upon my values and the need to ensure I characterized the data accurately. Maintaining objectivity as I collected data from interviews and observations was critical to ensuring the validity of any findings; thus, I bracketed and openly set aside my personal values, attitudes, and behaviors before collecting or interpreting any data.

The final assumption was that the methodology of the data collection, analysis, and interpretation was sound, and reflective of a process of using inductive logic, or building generalizations from the detailed data collected (Creswell, 2013). Additionally, the research questions and analysis were, in a sense, a "living" process. I remained open to modification during the study as experiences in the field dictated, and at times adjusted class observation times to the availability of the nurse educator. I also adjusted interview length based on the

willingness and openness of the participants to reflect on their experiences. Some interviews were shorter than others for participants who provided brief answers, while others shared numerous life experiences with me during the interview process and used the time to reflect openly on their military and nurse educator experiences.

Creswell (2013) outlined multiple interpretive frameworks employed by qualitative researchers in conducting their studies. For the purpose of this research, social constructivism was the underlying framework, as I sought to derive shared meaning from the data collected. Each participant possessed a background of nursing, education, and military experience that collectively shaped her into who she was at the point in time of the study and colored both *what* she experienced and *how* she experienced it. As these individuals described their responses to my general questions, I had an opportunity to analyze and interpret the meaning they attributed to their personal, lived experiences.

Problem Statement

Increasing life expectancy and subsequent growth of the older adult population has raised the demand for health care in the United States (U.S. Department of Health and Human Services, 2011). Survival into older adulthood is associated with chronic illness and the need for periodic hospitalization, long-term care, and extended home health care, which creates a need for more registered nurses to provide that care (Anderson, 2014). However, AACN (2015) reported a shortage of nursing faculty as a contributing factor to the inability of schools of nursing to admit all of the qualified applicants. Thus, an insufficient number of nurse faculty limits the ability to grow the next generation of nurses to meet increasing societal demands for nursing care. In order to develop enough nurses to meet the demand, the United States must develop incentives to

increase the number of nurse educators (Littlejohn, Campbell, Collins-McNeil, & Thembisile, 2012).

One possible solution may be the recruitment of prior military nurses who possess a range of skills that may translate well to a nurse educator role (Lake, Allen, & Armstrong, 2016). Additionally, military members are trained with a servant-oriented mindset (Earnhardt, 2008; Laingen, 2011) that coincides with the values of educators.

Servant leadership has been well explored in the literature related to the disciplines of education and business; however, there is limited research on the value of servant leadership attributes in health care providers, specifically nurses, or military service members. Other than the Lake, Allen, and Armstrong (2016) proposal for recruiting prior military nurse officers into nurse educator positions, there is little documentation of consideration of this pool of military nurse officers as a viable potential solution to the nurse faculty shortage. While studies such as Laurencelle, Scanlan, and Brett (2016) explored the meaning of being a nurse educator, there is a gap in the literature related to the meaning of being a nurse educator with a prior military career.

Research on the lived experiences of nurse educators with prior military careers may serve to provide a basis for recruitment of retired military nurses into educator positions. The problem is that if the nursing shortage continues as expected due to the ongoing shortage of nurse educators, patient outcomes may be adversely affected (AACN, 2014; Allen, 2008); yet, a partial solution may be recruiting from a ready pool of retired military nurses with a skill set and value system that is compatible with nursing education.

Purpose Statement

The purpose of this phenomenological study was to describe the experiences of ten nurse educators with prior military careers at various public and private colleges in Virginia, Georgia,

North Carolina, South Carolina, Rhode Island, and Indiana. Participants for the study were registered nurses serving as nurse educators in baccalaureate nursing programs who had previously served as a nurse in a branch of military service. The theory that guided this study was Robert Greenleaf's (1977) concept of servant leadership as it is embodied by nurse educators with prior military careers who demonstrated a consistent guiding motivation to put the needs of others above their own. The characteristics of servant leadership—listening, empathy, community building, awareness, conceptualization, healing, persuasion, foresight, withdrawal, and language and imagination—were similarities that exist in nurse educators with prior military careers.

Significance of the Study

“Servant leadership aligns well with the needs for leadership in health care because health care providers’ work, and their life calling, is to serve their patients” (Trastek, Hamilton, & Niles, 2014, p. 380). Additionally, in a study of community health nursing, Sturm (2009) identified characteristics of servant leadership—listening, empathy, healing, awareness, persuasion, stewardship, commitment, and building community—as factors that are important in increasing job satisfaction, retention, and collaboration. Servant leadership values are ingrained in military leaders as a means of communicating trust and empowerment both “up and down the chain of command” and are unquestionable elements that bind leaders and members together toward a common mission (Laingen, 2011, p. 11).

Similarly, educators communicate the servant leadership characteristics of trust and empowerment by demonstrating they value each student’s inherent dignity and worth and by fostering growth in the learning environment (Chonko, 2007). Crippen (2010) affirmed that the servant leadership paradigm “situates itself comfortably within the scholarship of teaching and

learning as well as serving and leading” (p. 34). It follows then that nurse educators with prior military careers possess a combination of servant leadership values that motivate them to serve first and then to lead, the key principle of Greenleaf’s (1977) servant leadership. Findings of the study provided additional support for Greenleaf’s theory and its direct application to nurse educators.

While there is research in servant leadership in the disciplines of education, business, and healthcare, there are no studies that explore the possible link in motivations, behaviors, and values related to servant leadership that exist among professionals who choose nursing as a first career, then a military career, and later a nursing education career. Findings of this study may positively impact the nursing shortage by illuminating a potential pool of future nurse educators from among those retired or retiring from military nursing. On a broader scale, increasing the number of nurse educators may enable schools of nursing to admit more qualified applicants to answer the growing nursing shortage (Sims, 2009). More qualified nurse educators can produce more qualified nurses, who may potentially decrease or eliminate the nursing shortage. Exploration of the overlapping values of nurses, military service members, and educators provides evidence that may encourage recruitment of nurse educators from retiring military nurses. This may serve to ultimately increase the numbers of qualified nursing students who are admitted to nursing schools and gradually improve overall nurse staffing, ensuring patients receive safe care (Allen, 2008).

Research Questions

The research questions were designed to discover any shared meaning from the participants related to their career history as nurses, military service members, and nurse educators. The study provides answers to the following questions:

1. *What does it mean to be a nurse educator with a prior military career?* This

question's purpose was to conceptualize how nurse educators with prior military careers viewed themselves in an effort to reduce those individualize experiences to a "universal essence" (Creswell, 2013, p. 76) of what they experienced and how they experienced it (Moustakas, 1994). Given the lack of research on nurse educators with prior military careers, this question provided new information to the field of nursing education.

2. *What drives individuals to choose nursing, military service, and nursing education as*

careers? This question derived specific motivations that led to individuals' selections of these service-oriented professions. Newton, Kelly, Kremser, Jolly, and Billett (2009) discovered four common themes motivating both recruitment and retention of nurses: "a desire to help, caring, sense of achievement, and self-validation" (p. 392). Penn, Wilson, and Rosseter (2008) indicated one of the strongest motivating factors of nurse educators is the opportunity to mold the future generation of nurses. For military members, commitment to the organization and the collective "team" is considered a top motivating factor (Metscher, Lowe, Barnes, & Lai, 2011).

3. *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with*

prior military careers? The purpose of this question was to determine if individuals who chose the professions of nursing, education, and military service had similar attitudes, beliefs, and behaviors. Garber, Madigan, Click, and Fitzpatrick's (2009) research findings indicated that RNs have a more positive self-perception of their servant leadership characteristics than physicians have of their own. Likewise, the military promotes an expectation of servanthood that is ingrained in their culture. "Selfless service" and "service before self" are found in the Army and the Air Force's, respectively, core values (Laingen, 2011, p. 13).

4. *How do nurses, military members, and nurse educators lead by serving?* Greenleaf's

(1977) concept of servant leadership crosses professional boundaries and has little to do with positional authority. Rather, servant leadership is characterized by behaviors such as listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of followers, and community building (Spears, 2010). This research explored the individual experiences that demonstrate similar behavioral themes evident of servant leadership characteristics.

Research Plan

This qualitative research employed a phenomenological design. Creswell (2013) characterized phenomenological research as that which describes the common meaning for multiple individuals who have experienced the phenomenon. The purpose of this design was to determine the meaning of an experience for persons who have had the same experience, and then to document a comprehensive description of it (Moustakas, 1994). I solicited volunteer participants from four-year colleges, both public and private, with baccalaureate nursing programs in Virginia, North Carolina, Georgia, and South Carolina. Additional participants were obtained through snowball sampling.

Criteria for nurse educator participation included: (1) actively teaching either part-time or full-time in schools of nursing in Virginia, North Carolina, Georgia, or South Carolina; and (2) a history of previous military service of at least 15 years. Data were collected from interviews with participants, interviews with participants' colleagues and students, classroom observation, and review of participants' written documents. Open coding was used to analyze the data collected, horizons were derived, and a process of reduction and elimination and clustering was used to identify nine themes from the data. A composite description (essence) of the lived experiences of nurse educators with prior military careers was developed from individual

participants' textural and structural descriptions. Lastly, I designed a diagram depicting the central themes derived from data analysis.

Delimitations

Delimitations are defined as boundaries of a study (Glatthorn & Joyner, 2005). A conscious delimitation of including only nurse educators from baccalaureate-granting institutions was used for this study. The basis for limiting the institution type was based upon the Institute of Medicine's Future of Nursing Report (2011) that advocates for increasing the number of baccalaureate degree nurses. Although entry level for registered nurses, and consequently, nursing degree-granting institutions, includes associate degree graduates, the impetus for the future of nursing is on increasing entry level to baccalaureate degree nursing graduates. Since one of the aims of this study was to provide information that may be useful in illuminating a potential pool of future nurse educators from among retired military nurses, the pool of participants was limited to educators who taught at the baccalaureate level, and thus, found value in the baccalaureate versus the associate degree nurse graduate. Another delimitation of the study was an intentional avoidance of recruiting any nurse educators well-known to me to prevent any bias related to personal relationships. Only participants over the age of 18 years were solicited to avoid the use of a vulnerable population.

As a nurse educator, I have experience teaching at two four-year institutions in Georgia and South Carolina. To increase the opportunity to obtain multiple perspectives (Creswell, 2013), I did not solicit participants from either institution where I have worked or am currently employed.

A phenomenological study design is used as a means to identify commonalities of meaning among a group of participants with similar backgrounds and experiences (Creswell,

2013). “The empirical phenomenological approach involves a return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essences of the experience” (Moustakas, 1994, p. 13). This design was selected over alternative qualitative designs as the focus of the study was to extract shared meaning from participants with the same type of career choices: nursing, military service, and nursing education.

A sole geographic region in the southern United States--Georgia, South Carolina, North Carolina, and Virginia--was selected for the initial participant pool due to the geographic proximity with me since interviews with nurse educator participants, classroom observation, and interviews with participants’ colleagues and students were expected. An initial participant pool of 6-12 individuals was identified to allow for in-depth interviews, while also considering the potential of gaining additional participants through snowball sampling (Creswell, 2013). Seven participants from Georgia, South Carolina, North Carolina, and Virginia were obtained initially. The remaining three participants were obtained through snowball sampling and were from Rhode Island and Indiana. Participants were from both public and private colleges and universities.

Definitions

The following terms were pertinent to the study:

1. *Acceptance and empathy* – Receiving what is offered from a person while projecting oneself into another’s consciousness; tolerating the person in spite of imperfections (Greenleaf, 1977).
2. *Awareness* – A widened perception that enables one to gain more through sensory channels and environmental signals than people usually take in (Greenleaf, 1977).

3. *Community building* – Demonstrating unlimited liability, or love, for a group of people (Spears, 2010).
4. *Conceptualization* – The ability to think beyond the day-to-day realities and exercise vision in problem-solving (Spears, 2010).
5. *Empowerment* – Enabling followers with a sense of personal power (Van Dierendonck & Nuijten, 2011).
6. *Foresight* – Ability to understand lessons from the past, realities of the present, and make projections regarding the future (Greenleaf, 1977; Spears, 2010).
7. *Healing* – Process of restoring to wholeness (Greenleaf, 1977).
8. *Humility* – Acknowledgment of one's limitations while actively seeking the contributions of others to overcome those limitations (Van Dierendonck & Nuijten, 2011).
9. *Language and imagination* – Connecting verbal concepts to the hearer's own experience through an imaginative leap (Greenleaf, 1977).
10. *Persuasion* – Seeking to convince rather than coerce to one's way of thinking (Spears, 2010).
11. *Servant leadership* - A leadership style grounded in a desire to serve others by putting their needs above one's own (Greenleaf, 1977).
12. *Withdrawal* – Ability to step back from the stresses of the moment to prioritize the important from the less important (Greenleaf, 1977).

Summary

Despite efforts to increase the enrollment of nursing students, the nursing shortage persists, largely due to the limited availability of qualified nursing faculty. Nurses with military

experience desiring a second career are a potential untapped pipeline for nursing school faculty. While there is significant research in the field of servant leadership as it pertains to education and business, there is a lack of research in this population of potential nurse educators. Nurses with prior military experience have a service-oriented background. Capitalizing on their strengths and availability and recruiting them for teaching positions can fill the nursing faculty shortage while enhancing the quality of education for students. This research is a first step in attempting to characterize the shared meaning of nurse educators with prior military careers in the hopes it will serve as supporting evidence for future recruiting of retired military nurses into higher education.

CHAPTER TWO: LITERATURE REVIEW

Overview

Nurses, educators, and military service personnel share the occupational expectation of putting the needs of others above their own personal needs. A desire to serve others is indicative in their career choices and underscores potential commonalities in attitudes, values, and behaviors among their professions. The nature of their vocations requires them to demonstrate leadership through service to patients, students, and subordinates. The combination of an attitude of service, coupled with a drive to lead selflessly, unites them as exemplars of servant leadership. Moreover, the overlapping of shared attitudes, values, and behaviors of these three professions provides a platform for a potential solution to the ongoing nursing faculty shortage.

As the nursing shortage continues worldwide, there is an imminent need for nurse educators to grow the next generation of nurses. A persistent lack of qualified nurse educators limits the population of students enrolled in nursing programs, and ultimately, affects the ability of hospitals, clinics, and long-term care facilities to provide safe and effective nursing care due to unavailability of qualified registered nurses (RNs). Improvements in quality healthcare for the future depend in part on the recruitment of motivated nurses to leave clinical practice for careers as educators. However, non-competitive salaries in higher education deter experienced and well-compensated clinical expert RNs from returning to the classroom to teach. While there is much research into the causes of the nursing shortage, few viable solutions have been offered.

The connection between shared servant leadership values of nurses, educators, and military nurses may provide a key to the relatively untapped pool of potential nurse educator recruits among the rolls of military retirees. This chapter explores the relevant literature on servant leadership as a theoretical framework for understanding shared attitudes, values, and

behaviors among nurses, educators, and military service personnel as a starting point for resolving the nurse faculty shortage.

Theoretical Framework

Greenleaf (1977) coined the term “servant leadership,” turning traditional views of the leader-follower relationship upside down. He based his somewhat radical beliefs on author Herman Hesse’s *Journey to the East*, which chronicled the tale of a group of men on a mythical journey. Leo, a servant, was the central character in the story, and his primary job was to perform menial chores for the other travelers. Greenleaf (1977) noted that Leo also sustained his fellow travelers “with his spirit and his song” (p. 21). The group in this story fell apart and abandoned the journey following the disappearance of Leo, only to learn later that Leo was a noble leader, not a servant at all. “Leo was actually the leader all the time, but he was servant first because that was what he was *deep down inside*” (Greenleaf, 1977, p. 21). The concept of servant leadership points to the understanding that leadership is not bound by position; rather, it erupts from one’s inner value system and often manifests itself in unexpected ways. Some may even consider it a calling (Blanchard & Hodges, 2008; O’Brien, 2011).

Hesse’s (1956) fictional rendering of the nature of servant leadership in Leo mirrored the Christian experience of Jesus Christ’s leadership example. When the character Leo was questioned regarding the law of service, Leo responded, “He who wishes to live long must serve, but he who wishes to rule does not live long” (Hesse, 1956, p. 34). Likewise, during the Lord’s Supper account in the Book of Luke, Jesus imparted words of wisdom concerning the value of humility and service in leadership to his disciples:

A dispute also arose among them as to which of them was considered to be greatest.

Jesus said to them, “The kings of the Gentiles lord it over them; and those who exercise

authority over them call themselves Benefactors. But you are not to be like that. Instead, the greatest among you should be like the youngest, and the one who rules like the one who serves. For who is greater, the one who is at the table or the one who serves? Is it not the one who is at the table? But I am among you as one who serves.” (Luke 22:24-27, NIV)

Building further upon his understanding of Leo, Greenleaf (1977) characterized the servant leader as one who first possesses an innate desire to serve others, and then subsequently chooses to lead. “It begins first with the natural feeling that one wants to serve, to serve *first*. Then conscious choice brings one to aspire to lead” (Greenleaf, 1977, p. 27). This is in sharp contrast to one who presents himself first as a leader and later may serve others as a means to attain power or material possessions. Kouzes and Posner (2007) cautioned against the perils of such leaders who become “infected with the disease of hubris” (p. 347) rather than maintain an attitude of humility. Servant leadership is characterized by a lack of pride and a willingness to put the followers’ best interests before the leader’s own. This view of leadership is in stark contrast to the traditional “me first” approach that has at its core an individualistic, capitalistic underpinning that implies survival is dependent upon one’s strength (Parris & Peachy, 2012). Indeed, Parris and Peachy (2012) noted that servant leadership may serve as the best framework and ethical perspective to address twenty-first-century issues, such as disease, rising terrorism, technological advancements, and other societal challenges.

Tidball (2012) suggested that the character of Leo was closely akin or even patterned after the Biblical example of Jesus. “In your relationships with one another, have the same mindset as Christ Jesus: Who, being in very nature, God, did not consider equality with God something to be used to his own advantage; rather, he made himself nothing by taking the very

nature of a servant, being made in human likeness” (Philippians 2:5-7, NIV). The ultimate servant leader, Jesus, taught his followers that humility was preferable to arrogance, and that to lead, one must serve. “Instead, whoever wants to become great among you must be your servant and whoever wants to be first must be your slave—just as the Son of Man did not come to be served but to serve, and to give his life a ransom for many” (Matthew 20:25-27, NIV). Humility enables a leader to reap higher levels of performance from followers who see the leader as a human being rather than someone who is detached from his followers (Kouzes & Posner, 2007).

Gordan McDonald (as cited in Blanchard & Hodges, 2008) identified a distinct difference between people who serve out of a self-centered drive and those who serve out of a calling. The distinction is critical in understanding the motivation behind true servant leaders. He characterized “driven” people as those who operate from a seat of ownership. They believe they own everything from their possessions to their relationships. Their identity is wrapped up in the sum total of what they own. Conversely, “called” people do not feel they own anything and feel that their possessions and relationships are on loan. Rather than hold tightly to their possessions and relationships like driven people do, called people act out of a sense of stewardship (McDonald, as cited in Blanchard & Hodges, 2008). It is from this perspective that servant leadership emerges. Rather than separate the two concepts of being driven and experiencing a calling, Winston and Fields (2015) combined them to form one of the essential behaviors of servant leadership, that is, feeling driven toward a goal as a result of a calling by a higher power.

Greenleaf (1977) purported that servant leaders set out to serve, not to lead, initially. They put others’ needs above their own, desiring that their followers’ priority needs are met. They positively impact the growth of their followers, and consequently, make them better people who strive themselves to emulate servant leadership. Blanchard and Miller (2007) described this

leadership trait as “creating an expectation that those around them will grow” (p. 26). Roussel, Thomas, and Harris (2016) agreed that the primary role of a leader is to ensure their followers grow, and that they have the resources necessary to be successful and achieve their goals. By providing the necessary resources and support, followers are empowered to reach their goals while simultaneously meeting those of the organization. A contemporary example of this philosophy is the popular fast-food restaurant, Chick-fil-a, which adopted a service model that teaches their leaders they are not leading to their full potential unless they are developing their employees (Blanchard & Miller, 2007). The goal of leaders, then, is to create more leaders by creating opportunities for followers to lead by exercising their gifts (Agosto, 2005).

In addition to growing followers, Greenleaf (1977) posited that servant leaders demonstrate adeptness in listening and understanding, language and imagination, the ability to withdraw and re-orient, acceptance and empathy, foresight, awareness and perception, persuasiveness, conceptualization, healing, and community-building. Genuine listening requires leaders to actively concentrate on what followers are saying, both through their words and their actions (Grohar-Murray & Langan, 2011). Autocratic leaders, by definition, typically make decisions based upon their myopic view of the world. Conversely, servant leaders practice legitimate listening that focuses on the speaker and explores his or her thoughts and feelings rather than simply hearing the words (Wheeler, 2012). A hallmark of servant leaders is their investment of time in hearing the yearnings of their followers, and consequently, developing a shared vision that takes into account their personal needs while meeting the organizational goals (Boone & Makhani, 2013). “The very best leaders understand that their key task is inspiring a *shared* vision, not selling their own idiosyncratic view of the world” (Kouzes, & Posner, 2007, p. 117).

Greenleaf's (1977) inclusion of language and imagination as a skill of servant leaders suggested that leaders exercise caution in not over-communicating with words at the risk of impeding abstract, creative thought. Along with this same thought, Kouzes and Posner (2007) recommended leaders look outward for inspiration rather than seeking contentment in the routine. This ability to gather input from various sources enables leaders to capitalize on innovative ideas and avoid the pitfall of settling for the status quo. Few organizations, including those involved in health care and education, can afford the luxury of the routine; rather, change is the currency of innovation and survival in the fast-paced economy of the 21st century.

The art of learning how and when to withdraw from stressful situations is essential for servant leaders. Greenleaf (1977) noted that servant leaders learn how to pace themselves to avoid burnout by managing their most intimate resource—themselves. The ability to withdraw and then reorient oneself ensures leaders maintain a full tank of emotional energy to handle emergency situations as they occur, and when one's business involves people and relationships, those opportunities are bound to arise. Still, servant leaders demonstrate acceptance and empathy toward followers when their performance falls short of expectations. "People grow taller when those who lead them empathize and when they are accepted for what they are, even though their performance may be judged critically in terms of what they are capable of doing" (Greenleaf, 1977, p. 35).

Leaders understand their view of the world must be dynamic, rather than static, and they must be consistently looking forward to the future while keeping their eyes on the daily events as well. Greenleaf (1977) referred to this as foresight and described this quality of servant leaders as a schizoid trait. Boone and Makhani (2013) recounted the importance of foresight, or vision, as an energizing force that keeps leaders and followers on track toward achieving their

objectives. Situational awareness is another tool for keeping leaders focused on what is important. Awareness is the gift of being able to step outside of oneself, withdraw, even if only momentarily, to allow creative insight to understand and respond to situations (Greenleaf, 1977; Spears, 2010). Such creative insight gives way to conceptualization, a tool for dreaming of a future beyond the day-to-day realities and pressing onward to one's vision (Spears, 2010).

Servant leaders demonstrate the ability to use persuasion to accomplish their objectives rather than force. Born out of Greenleaf's Quaker background, persuasion is valued over using positional power in making decisions. The object is to convince others rather than coerce them, which is a clear distinction between traditional leadership behaviors and servant leadership (Spears, 2010).

Greenleaf's (1977) recognition of healing as a necessary characteristic of servant leaders speaks to the humanity of both leader and follower. Implicit in the understanding of healing is the mutual acceptance that both are vulnerable to pain and brokenness, and both, likewise, need each other to mend. Spears (2010) commented, "Many people have broken spirits and have suffered from a variety of emotional hurts. Although this is a part of being human, servant leaders recognize that they have an opportunity to help make whole those with whom they come in contact" (p. 27). Greenleaf's (1977) concept of healing leads into community building, the idea of drawing individuals who work together into an identity as a group to encourage and support their individual and collective growth.

The unique blending of these characteristics culminates in the practice of servant leadership. Building upon Greenleaf's work, Spears (1995) identified ten attributes of servant leaders: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, growth of people, and community building (p. 22). Russell and Stone (2002) later

developed a model of servant leadership based on a comprehensive review of the literature on the topic. Their model contains nine functional attributes: vision, honesty, integrity, trust, service, modeling, pioneering, appreciation of others, and empowerment. In addition, they concluded an exhaustive list of eleven accompanying attributes of servant leaders: communication, credibility, competence, stewardship, visibility, persuasion, listening, encouragement, teaching, and delegation. These accompanying attributes are complementary, not secondary to the functional attributes (Russell & Stone, 2002).

Listening is perhaps the simplest, yet most important, attribute of servant leaders. The point of concentrated, intentional listening is not so much to hear, but to understand what the follower is conveying. Even those leaders who are not naturally servant leaders can acquire the skill of listening (Greenleaf, 1977). “True listening builds strength in other people,” (Greenleaf, 1977, p. 31), and as Kouzes and Posner (2007) noted, provides a personal demonstration that the leader cares. When leaders truly listen to their followers, they signal a willingness to position themselves at the bottom of the pyramid (Bowman, 2005). Roussel, Thomas, and Harris (2016) identified this approach as a stark contrast to those leaders who believe the staff is there to serve them. However, an inverted pyramid approach requires an attitude of humility and authentic recognition of the leader’s own strengths and limitations along with an understanding of the extreme responsibility of caring for their followers (Hunter, 2004).

As servant leaders care for their followers, they build connections with them. Caring stems from deep personal regard for followers as individuals first, as opposed to what each can contribute to the organization. Blackaby and Blackaby (2011) asserted, “Leaders cannot truly serve people they do not love” (p. 199). While “love” may seem misplaced in a work environment, it is important to recognize there are many connotations to the word. Rather than

an emotional feeling, love, in the context of a leader-follower relationship can best be described unconditional, positive regard. Greenleaf (1977) considered love as “unlimited liability” (p. 52) and a non-negotiable requirement of true servant leadership. The relationship between leader and follower then is without conditions, a mutual vulnerability that enables a closer personal and professional kinship. Patterson’s Model of Servant Leadership conceptualized agapao love, or a sense of moral concern for followers that values the individual more than his contributions to the organization, as the basis for servant leadership (Waddell, 2006). Vito, Suresh, and Richards (2011) recognized agape love as a crucial attribute of servant leadership, and one defined by choice and behavior rather than romantic feeling. Wheatley (2012) described the value of love in leader-follower relationships as demonstrating vulnerability and the act of being present as part of that relationship.

In his allegory on leadership, *The Servant*, Hunter (1998) outlined the attributes of servant leaders as the following: patience, kindness, humility, respectfulness, selflessness, forgiveness, honesty, and commitment. Hunter (2004) further explored the concept and role of love in the life of a servant leader by distinguishing the type of love demonstrated from a servant leader as volitional love, or rather, a willful choice to meet the legitimate needs of others. “Leadership is built upon authority or influence, which is built upon love. When you lead with authority, you will, by definition, be called upon to extend yourself, love, serve, and even sacrifice for others” (Hunter, 1998, p. 124). The attributes Hunter (1998) described bear a striking resemblance to the Apostle Paul’s identification of the fruits of the spirit in Galatians 5:22-23 (NET), which include love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. These same attributes are the subject of one of the most quoted chapters in the Bible, 1 Corinthians 13, frequently called the “love chapter.” “Love is patient,

love is kind. It does not envy, it does not boast, it is not proud. It does not dishonor others, it is not self-seeking, it is not easily angered, it keeps no record of wrongs. Love does not delight in evil but rejoices with the truth. It always protects, always trusts, always hopes, always perseveres” (1 Corinthians 13: 4-7, NIV).

Building on a Christian perspective, Wong and Page (2003) developed a multidimensional model of servant leadership that begins with a focus on one’s character, or rather the condition of his or her heart. This coincides with Blanchard and Hodges (2008) belief that transforming leadership from self-interest to a servant style starts on the inside with the heart. They argued that most leadership books and seminars are works-based and emphasize changing one’s behavior, or the outside appearance of one’s work. Yet, the key to servant leadership rests in an inner condition of the heart. Leaders internally motivated by self-interest tend to put their own agendas and needs above those they lead, as opposed to leaders self-motivated to serve others (Blanchard & Hodges, 2008, p. 40). Wong and Page’s (2003) four-pronged approach to conceptualizing servant leadership begins with one’s character orientation, or heart, and then moves on to people orientation, task orientation, and process orientation. Integrity, humility, and servanthood compose character orientation, while caring, empowering, and developing others are people orientation behaviors. Visioning, goal-setting, and leading make up task orientation behaviors. Lastly, modeling, team building, and shared decision making complete the model as process orientation. The researchers noted that without the presence of a servant heart, the remaining leadership tasks are unattainable (Wong & Page, 2003).

Van Dierendonck and Nuijten (2011) further explored the conceptualization of servant leadership through development and validation of an instrument to measure it. Consolidating

insights from the literature, they designed a preliminary model based upon what they identified as indicators of servant leadership: empowerment, accountability, standing back, humility, authenticity, courage, interpersonal acceptance (forgiveness), and stewardship. Their research marked the introduction of the first valid and reliable tool for measuring the essential elements of servant leadership. The application of the elements of servant leadership is well-known in the business community. Schwantes (2015) stated that one-third of the top 35 businesses on Fortune magazine's List of Best Companies to Work For in 2014 practice servant leadership, and include names, such as Starbuck's, FedEx, Marriott, and Southwest Airlines to name a few.

Although there is significant research in the field of servant leadership as it pertains to leadership in business and education, there are limited studies focusing upon the concept within professional nursing, healthcare, or military service (Farmer, 2009; Garber, Madigan, Click, & Fitzpatrick, 2009; O'Brien, 2011). Similarly, there is a gap in the literature related to servant leadership and nurse educators with prior military experience. This research addressed the concept of servant leadership through a phenomenological study of the lived experiences of nurse educators with prior military careers and added to the body of literature on servant leadership by identifying attributes present in the participants.

Related Literature

The following section describes current literature related to various aspects of servant leadership in nurses, educators, nurse educators, and military members. Relevant literature on the nursing faculty shortage is also discussed.

Nurses as Servant Leaders

Nursing is clearly a service profession. No tangible goods are produced from the exchange between nurse and patient, no marketing of services is necessary, and the goal is to

return customers to a state of health that no longer requires the nurse's service. In essence, nurses serve in order to work themselves *out* of a job rather than to create more opportunities for self-employment. While much of the recent literature on nursing leadership focuses on transformational leadership in nursing, Hutchinson and Jackson (2012) propose embracing new ways of thinking about nursing leadership, including exploring servant leadership as a model for understanding leadership characteristics. In truth, transformational leadership and servant leadership are closely akin. Transformational leadership presents common goals and a vision and then helps followers reach those goals, while servant leaders focus first on developing individuals (Allen, Moore, Moser, Neill, Sambamoorthi, & Bell, 2016).

Fahlberg and Toomey (2016) submitted that nursing's roles, values, and responsibilities are a natural fit with the principles of servant leadership. Whether or not nurses recognize their actions as indicative of servant leadership, they are frequently involved in activities that correlate with its respective concepts. For example, nurses are leaders in mentoring new nurses, listening to patients and families, advocating for their care, assisting colleagues to complete their work, and ensuring safety and quality initiatives accomplished (Fahlberg & Toomey, 2016). Such behavior fosters a culture of servant leadership that may well be one of the reasons nurses historically top the Gallup poll for honesty and ethics among all professionals (Gallup, 2015). The confirmation by this public opinion poll suggests there may be a relationship between servant leadership behaviors and perceived honesty. Indeed, one of the essential behaviors of servant leadership reported by Winston and Fields (2015) is honesty.

The uniqueness of the exchange of services between nurse and patient is based upon a relationship grounded in selflessness and trust, and includes a blending of love, humility, healing, listening, commitment, patience, kindness, and empathy. This familiar combination of

attributes nourishes the fertile ground for servant leadership in the nursing profession. In O'Brien's (2011) words, "There is a marriage of attitudes, behaviors, practices, and goals between the centuries-old profession of nursing the sick and the decades-old theory of servant leadership" (p. 23).

The combination of service leadership attributes present in nurses was documented by O'Brien (2011) in her research entitled, "Called to Serve: The Lived Experience of a Nursing Vocation." She explored both the vocational calling of nurses, as well as, the potential intersection of study participants' perceptions and experiences as nurses and the presence of servant leader characteristics. O'Brien (2011) defines the nurse's call to serve as "a felt spiritual call to serve the ill and the infirm" (p. 89). From her phenomenological study, five themes emerged of nursing's call to serve: A Blessed Calling, Passionate Caring, Ingrained in the Spirit, the Extra Mile, and A Privilege (p. 101).

The theme of a Blessed Calling reflected the perception of the participants that their occupation as a nurse was not merely a job, but a divine appointment to serve patients. Furthermore, they conveyed a passionate drive to live out their calling through a life of ministry to the sick. Rather than stumbling upon nursing as a lucrative, marketable profession, study participants conveyed a sense of feeling led to nursing while deriving guidance and strength from a Christian philosophy. This inner spiritual drive fueled their Passionate Caring, or compassion, in caring for patients and families and was at the very heart of their personal and professional identity (O'Brien, 2011).

O'Brien (2011) defined the theme Ingrained in the Spirit as a "deeply felt confidence" that one was in the profession God had ordained (p. 113). Study participants described nursing as essential to their personalities, a vocation they were born to do, and the very fiber of who they

saw themselves as people. Compelled by a passionate desire to serve and reassured by self-confidence in their call, nurses then expressed a desire to go the extra mile in caring. O'Brien (2011) defined the Extra Mile theme as a drive to ensure patients and families received everything they needed to make their care complete. A Privilege, the final theme related to nursing as a vocational calling in O'Brien's (2011) study, described a deep sense of gratitude participants expressed for the opportunity to care for others. The perspective of one's life work as a privilege rather than a duty illuminates the stark difference between those who endeavor to serve others as a means of manipulation to obtain personal ambitions and those who are compelled to serve out of a deep, spiritual calling.

It is appropriate to point out that O'Brien (2011) noted a significant difference in nurse servant leaders and business servant leaders. Business leaders are typically only responsible for the well-being of their staff or workforce of that organization. However, nurse leaders possess a dual service responsibility, not only to their staff, but also to the patients and families under their organization's care. For many nurses, this willingness to accept such responsibility emanates from the perception of a vocational calling, characterized by a deep desire to serve the sick or a quiet inner knowledge that one is meant to serve in this way (O'Brien, 2011).

Waterman (2011) suggested the principle of service was deeply embedded in the historical, often religious, roots of the profession of nursing. O'Brien (2011) suggested that nurses are called to a life of service in a similar manner as those called to an occupation of religious ministry. Historical nursing textbooks and other writings cite the profession of nursing as "Divine service" (O'Brien, 2011, p. 61), grounded in the "love of God" (p. 61), and a God-ordained purpose (p. 62). Florence Nightingale, perhaps the most widely-recognized historic leader of the profession of nursing, experienced a deeply felt call to serve rooted in her spiritual

beliefs (O'Brien, 2011). Establishing the first school for nurses and single-handedly elevating nursing to a profession built upon both the arts and sciences (O'Brien, 2011, p. 47), Nightingale's influence and spiritual underpinnings remain the bedrock of professional nursing. The *Florence Nightingale Pledge*, written by Mrs. Lystra E. Gretter and the Committee for the Farrand Training School for Nurses, Detroit, Michigan, in 1893, and recited by nurses upon graduation still today, begins with a nod to the spiritual force behind the profession: "I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully" (ANA, 2015, para. 2).

O'Brien's (2011) work further contributed to the body of knowledge on servant leadership in nursing through the emergence of nine behavioral themes consistent with Spears (2010), Russell and Stone (2002), and Greenleaf (1977): Listening with the Heart, Giving of Yourself, Doing Ministry, Assessing Needs, Becoming an Advocate, Discerning Decisions, Making a Difference, Embracing a Higher Purpose, and Being There to Serve (p. 129). The similarities in themes previously documented by Spears (1995; 2010), Russell and Stone (2002), and Greenleaf (1977) validated the presence of servant leadership in nursing.

Listening with the Heart involves an underlying attitude of caring and concern that communicates genuine attentiveness and a desire to meet the needs of patients, families, and other staff members (O'Brien, 2011). A primary aim of nursing is to restore patients and families to their optimal level of health, or in a sense, return the power over their lives back to them rather than the healthcare institution. According to Greenleaf (1977), authentic listening is a foundation for building strength in people. Spears (2010) added the component of hearing one's own inner voice, or reflecting, to the act of listening.

O'Brien's (2011) recognition of Giving of Yourself as a behavioral theme in nursing confirmed the practice of nurses going the "extra mile" and exercising empathy when caring for patients. The underlying behaviors coupled with this theme are the inclination toward self-sacrifice and the ability to put oneself in another's "shoes" for the sake of seeing the world from their perspective. Spears (2010) and Greenleaf (1977) spoke of empathy as a type of unconditional acceptance of the *person*, though not necessarily of that person's *actions*.

The theme of Doing Ministry reflected a consortium of concepts related to nursing care including making connections, empathizing as wounded healers, and establishing a sacred trust (O'Brien, 2011). Nurse leaders in O'Brien's (2011) study revealed that making connections with patients, families, and staff members enabled them to enter their respective lives and impact them for the better. The nurses' own life experiences fashioned them as wounded healers, enabling an understanding of the situations patients, families, and staff members were living and an ability to minister to their needs. The sacred trust afforded to nurses by virtue of their reputation as a profession earned them the opportunity to enter sensitive healthcare situations. Doing Ministry coincided with Greenleaf's (1977) explanation of healing, which suggests that everyone is searching for completeness, or healing. "There is something subtle communicated to one who is being served and led if, implicit in the compact between servant leader and led, is the understanding that the search for wholeness is something they share" (p. 50). Evident in the human experience is the presence of broken spirits and emotional pain, thus, the healing connection is as much recognition of this as it is therapeutic for both servant leader and follower, nurse and patient (Spears, 2010).

At face value, the theme of Assessing Needs sounds like a reference to nurses determining the needs of patients, families, and staff. While this is indeed one definition of the

theme, O'Brien (2011) used this terminology also to document the nurse leaders' understanding of a need to remain personally grounded and self-aware. Not only did the nurse participants in O'Brien's (2011) study recognize the value of assessing patient, family, and staff member needs, they likewise indicated a need for taking time out to feed their own personal needs. Maintaining a spiritual and emotional grounding was critical to ongoing job satisfaction, as was taking time to feed their spiritual needs (O'Brien, 2011). Similarly, Greenleaf (1977) proposed the concepts of awareness and perception as attributes of servant leadership that allowed the leader to withdraw for a time to allow creative insight to flow. Reminiscent of the expression of one being "unable to see the forest for the trees," withdrawing as a means of increasing perception allows one to more fully assess a situation from an integrated, holistic perspective (Spears, 2010, p. 27).

Becoming an Advocate as a theme clearly denoted the role of the nurse leader to support and protect his or her patients, families, and staff members (O'Brien, 2011). As patient advocates, nurse leaders recognize their role is to serve as the mouthpiece for the vulnerable. Building community is a related concept embraced by both Greenleaf (1977) and Spears (2010) who asserted that servant leaders operate with a commitment of "unlimited liability" (Greenleaf, 1977, p. 52) for their followers and a desire to protect them at all costs.

Another servant leadership attribute discovered in O'Brien's (2011) Called to Serve study was that of Discerning Decisions. Nurse leaders recognized the tremendous responsibility placed on them for making decisions related to patient care and noted the need to remain focused on their profession as a service while making those decisions. In an era when cost-containment and managed health care are the focus of business leaders in healthcare organizations, nurse leaders with a servant mindset identified the need to focus first on their commitment to effective and safe patient care (O'Brien, 2011). Discernment is closely akin to foresight, the ability to

make rational decisions based upon knowledge of the present and the expectation of future projections (Greenleaf, 1977). Spears (2010) characterized foresight as a tool for enabling the servant leader to simultaneously understand past lessons and present realities while considering the need for future decisions. Nurse leaders possess a keen awareness that decisions they make may have huge implications for the health and well-being of patients and families, and thus, require a melding of logic and intuition (O'Brien, 2011).

As nurse leaders discern decisions, they do so with an eye to desired outcomes. The theme of Making a Difference was documented by O'Brien (2011) in the Called to Serve study and was characterized as contributing to positive outcomes for the individuals being served. Making a difference is indeed the reward for servant leadership in nursing and other professions. Spears (2010) considered this a commitment to the growth of people. Making a difference in the lives of others answers Greenleaf's (1977) questions in the affirmative: "Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?" (p. 27).

In the Called to Serve study, the theme of Embracing a Higher Purpose related to the calling many nurses feel brought them to the profession of nursing and suggested that nurse servant leaders understand their profession is grounded in spiritual purpose as well. (O'Brien, 2011). O'Brien (2011) viewed the innate drive toward helping others for a cause greater than oneself as analogous to the concept of credibility, in which leaders gain legitimacy through engendering trust (Russell & Stone, 2002). As leaders are driven by a higher purpose for their work, they demonstrate conceptualization in thinking beyond the day-to-day operations, and hence, inspire followers to reach beyond the here and now (Spears, 2010).

O'Brien's (2011) theme of Being There to Serve authenticated the big picture of servant leadership and transcended nursing. "Servant leadership, like stewardship, assumes first and foremost a commitment to serving the needs of others" (Spears, 2010). Indeed, serving others is an expectation of all healthcare professionals, and typically one of the reasons that drives individuals to the health professions. The conscious decision to serve others is grounded in one's personal philosophy (Dameron, 2016).

Sturm's (2009) ethnographic study on servant leadership exemplified by community health nurses provided additional evidence that nurses practice from a value system deeply rooted in service to others. In field observations, Sturm (2009) noted community health nurses demonstrated equal commitment to both their colleagues and patients. When one of the nurses was unable to work due to illness, other registered nurses took the initiative and redistributed her workload to ensure patients received the care they needed (Sturm, 2009). This pervasive attitude of care and concern for all involved, colleagues and patients, coincides with Spears (2010) identification of empathy and stewardship as servant leader attributes.

The concept of service may still carry a negative connotation, such as that of nurses acting as "doctors' handmaidens;" however, the underlying premise of focusing on meeting the needs of patients first is a well-ingrained value of all healthcare providers. The traditional role of nurses is to serve others by caring for them, and while they may not view themselves as leaders, the demands of directing and coordinating the care for a team of patients requires daily leadership and collaboration with other members of the health care team. On the other hand, physicians often view themselves as leaders of patient care rather than servants. This difference in perspective on leadership was identified by Garber, Madigan, Click, and Fitzpatrick (2009) who conducted one of the first studies on servant leadership in the healthcare environment.

Findings indicated registered nurses perceived themselves more positively as servant leaders than physicians viewed themselves.

Ironically, nurses have less formal education than physicians, yet, many are placed in positions of supervisory responsibility early in their careers when they must oversee and delegate duties to unlicensed assistive personnel, such as nursing assistants or unit secretaries. Regardless of whether or not they seek out leadership opportunities, nurses are thrust into responsibilities requiring they act in a leadership capacity. Dameron (2016) suggested that a nurse's role as a servant supersedes positional authority. Their natural inclination to service first, and their subsequent choice to lead, validates their propensity toward servant leadership. Buskey (2014) validated this by intimating that servant leaders actually prefer the ground work, but choose to sacrifice themselves for the good of the team by serving in a leadership position out of a feeling of responsibility to their co-workers.

Yancer (2012) provided a personal example of her implementation of servant leadership as the Chief Executive Officer (CEO) for a hospital that had lost the confidence of its medical staff and community. Yancer, an RN with 25 years of experience, was selected to lead a 268-bed acute care hospital following a no-confidence vote of the medical staff on behalf of hospital nurses and staff. Using the principles of servant leadership, including developing trust, establishing relationships, and listening to staff members, Yancer aided the hospital in recovering and returning to a healthy culture (Yancer, 2012). This is one example of the practical usefulness of servant leadership behaviors in effecting positive change and confirmed Wheatley's (2012) belief that the uncertainty of the world in which we live requires leadership through the power of relationships. As she boldly proclaimed, "No other model can work in the world but servant leadership" (Wheatley, 2012, p. 203).

While the literature on servant leadership in healthcare vocations is sparse, it is evident that nurses, as well as other healthcare providers, embody characteristics of servant leadership. Trastek, Hamilton, and Niles (2014) asserted that all healthcare providers have a “life calling” of serving their patients (p. 380). They further emphasized that this relationship borne out of mutual trust and empowerment improves the quality of health care and lowers its cost, which leads to improved value of health care. Thus, they concluded, “Servant leadership is best aligned with the professional and ethical duties of health care in delivering the high-value care patients deserve” (Trastek, Hamilton, & Niles, 2014, p. 380). The propensity toward the principles of servant leadership provides a method of framing decisions in the healthcare environment with a lens focused on quality outcomes for patients and the community while ensuring compassion and understanding drive the process (Waterman, 2011).

Educators as Servant Leaders

The basic premise of servant leadership, putting others’ needs above one’s own, is as evident in educators as it is in nurses. Bowman (2005) termed education as a career choice, “self-inflicted accountability,” (p. 257), and related that educators strive to inspire student growth through harnessing their creativity and energy. In a very real sense, educators are the catalysts for growth. In the same manner that nurses empower patients to achieve physical and emotional success, educators empower students to achieve academic and career success.

Chonko (2007) explored the philosophy of teaching, which he termed “servant teachership” with Greenleaf’s (1977) work on servant leadership as his foundation. He posed the question, “Why am I teaching?” and analyzed the motivation of college professors. Greenleaf (1977) suggested higher education faculty members possess greater loyalty to their discipline than to their college or even to their students, which seems contradictory of servant leadership

principles. On the contrary, Chonko's (2007) philosophy of teaching is completely student-centered, community-focused, and emanates from a belief that students are worthy of education and educators are accountable to provide it for them. In reflecting on student growth, he noted that teachers with a servant approach to education are committed to creating a learning environment that ensures mutual enrichment (Chonko, 2007). Furthermore, there is an expectation of stewardship over the resources (students) that are entrusted to educators, and there is a responsibility to return them to the larger community with the knowledge they need to become contributing citizens (Chonko, 2007). Noland and Richards (2015) indicated the main goal of teaching is to ensure students learn and develop. In a study comparing the relationship between servant teaching and student outcomes, they found evidence to support servant teaching was positively correlated to student learning and engagement (Noland & Richards, 2015).

Wheeler (2012) viewed stewardship as a key responsibility of servant teachers who focus on service rather than self-interest and are committed to the long-term gains of making a difference in future generations. Good stewards of resources, especially when those resources are students, care for, lead, and manage them with an eye to their future possibilities. Practicing servant leadership in education means keeping an eye on the "preferred vision" (Wheeler, 2012, p. 138) while equipping students with the skills they need to meet long-term goals and future commitments. Wheeler (2012) noted there are three types of people in organizations: (1) those who make things happen, (2) those who watch things happen, and (3) those who wonder what happened. Servant educators recognize their role as one that leads students to be the ones who make things happen.

In addition to leading as a servant and as a good steward, Runn (2011) posited that there is an additional Biblical metaphor for leadership—shepherding. This related concept reminds

the astute servant leader that his or her followers, or students, are not equipped with everything they need to reach their goals. The shepherd's role is to guide and protect, to prod and steer, to motivate and nurture. "Be shepherds of God's flock that is under your care, watching over them—not because you must, but because you are willing, as God wants you to be; not pursuing dishonest gain, but eager to serve; not lording it over those entrusted to you, but being examples to the flock" (1 Peter 5:2-3, NIV). The willingness to serve students selflessly is the point at which service, stewardship, and shepherding converge. Wheeler (2012) defined educational stewardship as a willingness to be accountable to students and the greater public with an attitude of service rather than control.

Educators accept this responsibility because they are passionate about what they teach, and they know their passion can only live on when shared with students. Moreover, Crippen (2010) considered teaching both an honor and a privilege and asserted that establishing effective relationships with students provides an investment in their future. The choice to become an educator, just as in nursing, is first about serving others and meeting their needs on a personal level, and to a larger extent, the needs of the community. Leading comes as a secondary responsibility inherent in the position of educator.

Another connection with nursing lies in Greenleaf's (1977) identification of healing as a characteristic of servant leadership. Spears (2010) recognized healing as a force for restoring broken spirits and emotional pain. Healing, in a nursing sense, indicates an attempt to restore to an optimum level of wellness in sick patients. Crippen (2010) noted "sickness" in students may not be as visible, and includes the emotional pain associated with poverty, violence, addiction, and abuse. Educators who are servant leaders act as healers by creating a positive school environment that promotes a sense of wellness for students, parents, and staff (Crippen, 2010).

Just as nurses treat patients holistically, taking into account the physical and emotional well-being, educators recognize students are not solely academic, but also emotional beings. The uniqueness and similarity of the intimate relationship between nurse-patient and educator-student allow an opportunity for both leader and follower to grow. This coincides with Greenleaf's (1977) observation of healing as a shared search for wholeness, indicating that the leader, too, relies on the relationship with followers to attain emotional wellness.

The importance of the relationship between leader and follower is a central component of servant leadership. "Teaching is all about making connections with people," (Crippen, 2010, p. 27). Nichols (2011) suggested that students need to believe their teachers care about them and their success academically and personally. Servant leaders know their followers, what is important to them, and their hopes for the future (Wheeler, 2012). As educators establish and foster positive relationships with students, they communicate love, or unconditional positive regard, and they demonstrate a willingness to spend the time necessary to know their students truly.

The relational value of making connections with students forms the basis for Nell Noddings Ethics of Care theory (Kawamura & Eisler, 2013). This theory is based on relations rather than individuals and focuses on needs more than rights (Kawamura & Eisler, 2013). Noddings also cited a difference in the act of caring and that of caregiving, indicating that individuals can be caregivers but lack the attribute of caring. This is an important distinction in the long-term effects educators have on students. Students perceive caring through educators who listen to their needs, wants, and how they view things, as well as in the amount of time those educators devote to them. Noddings noted that there is a universal desire to feel cared for, yet what it means to feel cared for differs among individuals (Kawamura & Eisler, 2013). This way

of thinking coincides with Greenleaf's (1977) vision of caring, upon which he asserted is the foundation for building a good society.

Those caring connections form the foundation for positive organizational climates in schools in which students are motivated to reach their full potential. Not surprisingly, a mixed-method study by Black (2010) revealed a positive correlation between perceptions of servant leadership practices and school climate. Focus group interviews indicated a mutually supportive environment in which faculty felt empowered and appreciated, and administrators valued shared leadership in decision-making (Black, 2010). A positive organizational climate nourished by educators who embody servant leadership attributes is the foundation of an educational system that produces students who will impact the culture positively and permanently.

Nurse Educators as Servant Leaders

Keeping pace with the constantly changing healthcare environment requires an urgency to transform leadership in both nursing administration and academia (Tropello & DeFazio, 2014). Robinson (2009) suggested the application of servant leadership principles in nursing education as a method of growing professional nurses who will be able to transform the healthcare environment by achieving improved safety and quality outcomes. "Because the United States still ranks number [one] worldwide in cost for healthcare, the need for reform and transformation to decrease waste and increase quality and safety are paramount, while delivery systems must change accordingly" (Tropello & DeFazio, 2014, p. 60). Adopting a model of servant leadership in clinical areas, as well as academia, provides a basis for the needed transformation. Tropello and DeFazio (2014) asserted that nurse educators who practice the principles of servant leadership possess a "powerful gift" (p. 60) that inspires students to achieve. In a study exploring the meaning of servant leadership among nurse educators, Lambert (2015)

also found that participants described their role in educating students as a calling to serve in a way that fostered students' growth and success.

Using that gift, or calling, to encourage and motivate students as a nurse educator involves the enactment of servant leadership attributes. Robinson (2009) confirmed that listening and empathy are among the most important skills of nurse educators, as students need opportunities to "tell their stories" (p. 6). Recognizing the unfamiliarity of the nursing landscape to students, servant educators validate students' insecurities and empathize with their feelings of being overwhelmed. Listening to students is a way of connecting and empowering them (Lambert, 2015). As students experience nurse educators modeling effective listening and empathizing, they learn servant leadership skills that they will later apply to patient care.

Fields, Thompson, and Hawkins (2015) recognized the value of a servant leadership approach in teaching students pursuing degrees in the helping professions. Servant leadership concepts are compatible with the code of ethics that guide the helping professions. By deliberately incorporating the servant leadership model into the students' capstone experience, Fields, Thompson, and Hawkins (2015) discovered that growth occurred in students as they applied servant leadership principles to their practice. Students completing the capstone course experienced an increased awareness of their responsibility toward others and the value of community building. Similarly, Anderson (2016) implemented servant leadership and emotional intelligence education as part of a nursing leadership course and found positive benefits for students in applying these principles to patient care. The educational experience armed students with skills for developing relationships and collaborating with other health care professionals with the ultimate goal of serving the community (Anderson, 2016).

“Schools are all about relationships” (p. 197), according to Crippen (2012), and those relationships are enriched by listening, caring, trusting, and collaborating. Along the leadership-followership continuum, there are opportunities to practice authenticity by understanding and being true to oneself, and trying to understand others’ perspectives (Crippen, 2012). These are valuable tools in developing from nursing student to nurse as they help students frame the healthcare experience from a patient’s perspective, experience empathy, and collaborate with physicians and other healthcare providers with the patient’s best interests in mind.

While encouraging students to apply servant leadership principles to patient care prepares them to be effective health care team members, modeling those behaviors communicates that faculty cares about their well-being. Penn and Rosseter (2008) noted the value of faculty behaviors, such as approachability, listening, patience, and genuine interest in students, as indicators of support and factors in retention. Higher levels of perceived faculty support are associated with persistence and academic success (Penn & Rosseter, 2008). Consequently, retention of students contributes to building the pool of available nurses and reducing the nursing shortage.

Servant Leadership and Military Members

Military members voluntarily enter their nation’s service for a variety of reasons. Some sense a calling to serve, some seek adventure, and yet others sign up out of sheer uncertainty of what they want to do with their lives. Regardless of the reason they enter, however, all are indoctrinated in a culture of service and core values that provide meaning and direction for its members. The U. S. Air Force core values include integrity, excellence, and service before self (U. S. Department of the Air Force, AFI 1-1, 2012). The U. S. Army supports the following values: loyalty, duty, respect, selfless-service, honor, integrity, and courage (U. S. Department

of the Army, AR 600-100, 2007). The U. S. Navy affirms honor, courage, and commitment as their core values, where commitment includes the expectation to facilitate teamwork while caring for the well-being of subordinates (U. S. Department of the Navy, Core Values Charter, n.d.). Indeed, the desire to serve may not always be the primary motivating factor for one to enter the military, but it may be one of the reasons they choose to remain in service.

Outsiders may view the bureaucracy of the military environment as a top-down, hierarchical organization steeped in an archaic rank system. That view could not be further from the truth. While the entire system is built upon a traditional rank structure that rewards exceptional performance, military leaders understand they are no better than their lowest-ranking member. Rather than typical leadership pyramid with the leader residing at the top with mid-level leaders, supervisors, and workers filling in the lower levels, the service-before-self way of military life appears as an inverted pyramid (Marshall, 2012). In this model, the leader serves his subordinates by ensuring they have the resources to accomplish their mission safely.

Military leaders learn early on to take care of the troops, and they will take care of the mission. For example, it is common practice in the U.S. military to ensure the troops (enlisted members) eat first, and the officers last (Hunter, 2004). Both commissioned and non-commissioned officers operate within a culture of service, and that attitude of service extends beyond the obvious devotion to their country, and further, to their subordinates. Using Page and Wong's Servant Leadership Profile—Revised, Farmer (2009) discovered that 80 percent of senior military officers surveyed demonstrated the following servant leadership traits: empowering and developing others, serving others, open participatory leadership, inspiring leadership, visionary leadership, and authentic/courageous leadership.

Braye (2002) asserted the foundation of military leadership is rooted in relationships, “where people are always considered more important than things” (p. 301). She further suggested Greenleaf’s attributes of servant leadership can be categorized into three major components for comparison to military leadership: self (awareness, foresight, conceptualization), relationships (listening, empathy, healing, persuasion, commitment to growth of others, building community), and tasks/resources (stewardship). When military leaders stray from their service-oriented values, the result is an inability to retain the best and brightest, and a subsequent decline in overall morale and productivity. Even those military members who did not enter service because of an innate desire to serve cannot help but see the value in an organization that places the highest value on its members’ needs. Braye (2002) concluded that servant leadership is not only attainable by everyone who chooses to enact its characteristics, but also critical to preserve the military culture.

Although there are limited references to servant leadership within a military context, one study by Earnhardt (2008) explored the validity of Patterson’s (2003) model of servant leadership among military members. Findings revealed that the seven constructs of Patterson’s model--love, humility, altruism, vision, trust, empowerment, and service--existed within the military culture. This would come as no surprise to military leaders who understand the necessity of each of these components in maintaining a motivated, energized, and innovative workforce. Perhaps the reason there are limited references to servant leadership in the military environment is simply that servant leadership is the expectation rather than the exception.

Mattson (2013) noted that even the term for non-commissioned officers in the United States Army, “sergeant,” is derived from a French word for “servant.” The expectation for leaders in the Army is that they will put others’ needs above their own while helping

subordinates develop and perform to their optimum capability. The goal of these non-commissioned officer leaders is on achieving the mission, yet not at the expense of individuals. The end does not justify the means; rather, servant leaders are concerned with how the desired outcomes are achieved. Wesson (2013), a retired U.S. Army non-commissioned officer (NCO), asserted that the NCO Creed establishes proof of servant leadership principles expected of all NCOs and is a testament to servant leadership as the foundation for relationships in the Army. “I will not use my grade or position to attain pleasure, profit or personal safety.... Officers of my unit will have maximum time to accomplish their duties; they will not have to accomplish mine.... I know my Soldiers, and I will always place their needs above my own” (Wesson, 2013, para. 12).

Leadership, even in the military, is not solely based upon rank or experience. Conner (2012) validated this by his observation that some junior enlisted Airmen demonstrate more leadership potential than seasoned service members. In keeping with Greenleaf’s (1977) characterization of servant leadership attributes, Conner (2012) identified successful Air Force leaders as those who empower followers, listen to them, focus on developing each individual, create unity, and demonstrate an awareness of the organization and its members. Chief Master Sergeant Tyrone Davis (2011) described the combination of humility, respect, kindness, commitment, honesty, and authority as a recipe for successful servant leadership.

In the Air Force, leadership is defined as the art or skill to influence people to accomplish the mission. To influence people, you must have authority. To gain authority, you must establish relationships. To establish relationships, you must serve and sacrifice for your people. When you serve and sacrifice for your people, you are demonstrating servant leadership. (Davis, 2011, para. 18)

Retired U. S. Navy Captain Christopher Johnson (2014) pointed to the essence of leadership as a combination of attributes that anyone can possess regardless of job position. He cited passion, curiosity, vision, the willingness to act, commitment to teamwork, a sacred bond with subordinates, and humility as vital to successful leadership, whether in the military or civilian arena. Passion is the inner fire that propels leaders to take risks, while curiosity enables them to move forward. Together, passion and curiosity converge to fuel one's passion. Decisive action is the result of a willingness to act, even in the face of great uncertainty, insufficient information, or inadequate analysis, as may occur in emergent situations. Johnson (2014) professed a commitment to teamwork is the hallmark of a leader's true occupation—that is, shepherding teams to accomplish the mission. A sacred bond with subordinates cements the mutual loyalty between leader and follower. Finally, humility rejects power and self-centeredness and leads to "selfless pursuit of progress" (Johnson, 2014, p. 142).

Parham and Gordon (2016) reported that military members are taught to value self-sacrifice and teamwork, and they learn to focus their attention on a common mission. They are also resilient and highly adaptive to change, qualities that will serve them well as educators post-military service (Parham & Gordon, 2016). They are used to finding ways to be successful and fulfill their mission. However, the greatest challenges they face in their transition to an educator role is the lack of guidance and feeling of isolation they experience coming from a team-oriented, collaborative military environment. This can be mitigated by an active faculty mentoring program that serves to provide a supportive network to ease the transition from military life to teaching (Parham & Gordon, 2016).

Nursing Faculty Shortage

The demand for nursing care is higher than ever as people are living longer with greater access to health care. Improved diagnostic technology and medical treatment are providing life-saving and life-prolonging care that was once unattainable for many with chronic debilitating and life-threatening illnesses. Yet, nursing schools find themselves unable to keep up with the demand for registered nurses. The American Association of Colleges of Nursing (AACN, 2014) reported nursing schools denied admission to 78,089 qualified applicants from baccalaureate and graduate nursing programs in 2013. Lack of clinical space, preceptors, funding, and classroom space are among the numerous factors limiting the capacity of schools to accept qualified applicants. However, nearly two-thirds of schools surveyed by AACN during 2013 indicated a shortage of nursing faculty as a reason for turning away qualified applicants.

This worrisome trend poses a risk to the health care gains of technology and improved medical treatment. If there are not enough registered nurses to care for patients, then access to medical care and the quality of that care is diminished. Allen (2008) noted that a shortage of nurses coupled with an increasingly demanding health care environment can contribute to adverse patient outcomes. Thus, to even begin to resolve the nation's nursing shortage, it is necessary to address the reasons for nurse faculty vacancies first.

Increasing age, competing career options, non-competitive salaries, and limited doctorally-prepared nurses are some of the reasons for the current nurse faculty shortage (AACN, 2014; Allen, 2008). The average age for nursing serving as faculty is between 51 and 61 years of age, and most of those will be eligible for retirement between now and 2018 (AACN, 2014). Secondly, the nursing profession continues to be dominated by females, and the range of career options for women has grown exponentially over the years. Additionally, the experienced

nurses—the ones needed to grow the next generation of nursing students—are often reluctant to give up clinical positions with much higher financial compensation than faculty jobs. And lastly, masters and doctoral nursing programs are producing an insufficient number of potential nurse educators to fill the needed positions in academia (AACN, 2014; Allen, 2008).

Cash, Daines, Doye, Tettenborn, and Reid (2009) explored the issues related to recruitment and retention of nurse educators and discovered a key component to their satisfaction or dissatisfaction with academia was the quality of nursing leadership. Other factors considered important by nurse educators included a need for mentoring to enhance collegial relationships and the need for support and guidance in managing complex educational issues (Cash et al., 2009). Once again, the need for leaders who value sustaining relationships with their followers is reiterated. Given the critical need for more nurses to care for increasing numbers of patients, it seems that recruiting nurse faculty with experience in servant leadership behaviors may be a possible solution to alleviating the nursing faculty shortage and ensuring retention of experienced faculty.

An innovative partnership between the University of Maryland School of Nursing and the United States Army Nurse Corps explored this potential solution to the nursing shortage (Murphy, Zangaro, & Gadsden, 2012). During this pilot program, six active duty Army Nurse Corps officers worked as nursing faculty members at the University of Maryland in both clinical and classroom environments. Following the pilot program, students were interviewed regarding their experiences with the military nurse faculty members. Murphy, Zangaro, and Gadsden (2012) reported the military nurse educators' servant leadership attributes humanized them in the students' eyes, and provided a basis for fostering the students' growth.

This idea is not a new one, as Senator Dick Durbin (Illinois) offered a legislative initiative targeting retired military nurses for faculty service in Fiscal Year (FY) 2007 (Block, 2006) and again in FY 2008 (S. 2705, 2008). “Retired Troops to Nurse Teachers,” a bill proposing federal funding to incentivize Department of Defense (DoD) partnerships with academic institutions to provide nurse faculty in return for paid, advanced graduate education, presented a potential solution to the nursing shortage (DoD, 2011). The bill contained multiple provisions aimed at alleviating projected nursing shortages in the military Services by providing experienced nurses as faculty members at academic institutions (S. 2705, 2008). Senator Susan Collins (Maine) co-sponsored the bipartisan effort to increase the availability of nurse faculty members, which would also potentially alleviate civilian nursing vacancies in Maine and other states (U. S. Federal News Service, 2006). Language supporting the bill was included in the FY 2008 National Defense Authorization Act, and required the Secretary of Defense to conduct a study to determine whether such a program could help alleviate the shortage of nurses (DoD, 2011). While the DoD report recognized the value of partnering with academic institutions as a means of resolving the nursing shortage, it did not support the use of DoD funding to support the initiatives outlined in the “Retired Troops to Nurse Teachers” program. Thus, to date, there has been no appropriations funding at the federal level to support incentivizing retiring nurse officers to seek positions as nurse faculty in academic institutions.

Even though federal funding was not awarded for the troops to nurse teachers program, this federal legislative language was a step in the right direction toward recognition of the nursing and nursing faculty shortages. Prior military service nurse leaders bring a unique skill set to the academic arena and have much to offer educational institutions in the way of leadership and followership. While some of these experienced nurses find their way to academia on their

own, many others are potentially waiting for the opportunity to continue to serve the greater community following retirement and may constitute a veritable pipeline of faculty members.

Summary

The concept of servant leadership in the literature can be traced back to the 1970s when Robert Greenleaf first introduced it, although, in retrospect, Jesus was the living example of it over 2,000 years ago. The apostle, Paul, a follower of Christ, included serving, teaching, and leading as spiritual gifts in his letter to the Roman Christians:

We have different gifts, according to the grace given to each of us. If your gift is prophesying, then prophesy in accordance with your faith: if it is serving, then serve; if it is teaching, then teach; if it is to encourage, then give encouragement; if it is giving, then give generously; if it is to lead, do it diligently; if it is to show mercy, do it cheerfully.

(Romans 12:6-8, NIV)

While Biblical examples and Greenleaf (1977) provided the earliest supply of servant leadership exploration, there is a growing body of knowledge across disciplines on the topic (Table 1). Many of the concepts discovered by various researchers related to servant leadership overlap and validate Greenleaf's (1977) conceptualization of a brand of leadership focused on others first rather than the traditional focus on self.

The attributes of service-before-self leadership appear especially prevalent in the nursing, education, and military professions. As the gifts nurse educators cultivate over their careers converge—serving, teaching, showing mercy, and leading—they establish a rich foundation for the profession. It seems plausible that there are shared values, attitudes, and behaviors related to servant leadership among nurse educators with prior military experience that have yet to be explored. Their discovery and documentation may provide a solution to the growing shortage of

registered nurses and faculty to educate them. This review of the literature provided a basis for research in the exploration of the lived experiences of nurse educators with prior military careers.

Table 2.1

Servant Leadership Attributes

<u>Researcher</u>	<u>Attributes</u>
Greenleaf (1977)	Listening, empathy, community building, awareness, conceptualization, healing, persuasion, withdrawal, language and imagination, foresight
Patterson (2003)	Love, humility, altruism, vision, trust, empowerment, service
Spears (1995; 2010)	Listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, building community
Van Dierendonck & Nuijten (2010)	Empowerment, accountability, standing back, humility, authenticity, courage, interpersonal acceptance, stewardship
Russell & Stone (2002)	Vision, honesty, integrity, trust, service, modeling, pioneering, appreciation of others, empowerment
Hunter (1998; 2004)	Patience, kindness, humility, respectfulness, selflessness, forgiveness, honesty, commitment
Wong & Page (2003)	Leading, servanthood, visioning, developing others, team-building, empowering others, shared decision making, integrity
O'Brien (2011)	Listening with the heart, giving of yourself, doing ministry, assessing needs, becoming an advocate, discerning a decision, making a difference, being there to serve, embracing a higher purpose

CHAPTER THREE: METHODS

Overview

This purpose of this study was to describe the lived experiences of nurse educators with prior military careers and their perception of how their military service background contributed to their service as faculty while enhancing the educational experience of their students. My objective was to compose a description of the essence of what it means to be a nurse educator following a career in military service using Greenleaf's (1977) theory of servant leadership as the framework. The research design, questions, participants, selected sites, and procedures for data collection and analysis are reviewed in this chapter, as is clarification of my potential bias and ethical considerations for this study.

Design

A phenomenological approach was selected for this study to explore the shared meaning experienced by nurse educators with prior military service careers. Creswell (2013) noted that phenomenological studies describe "the common meaning for several individuals of their lived experiences of a concept or phenomenon" (p. 76). The combination of prior military service and the subsequent choice to serve as nurse educators indicated some unexplored commonalities related to service-oriented professions. Educators who chose nursing as a profession, military service, and education held similar values of servant leadership. Phenomenology allowed the exploration of the lived experiences of several nurse educators to describe shared meaning related to servant leadership attributes, attitudes, and behaviors as a basis for their selected professions.

Creswell (2013) discussed two approaches to phenomenological research—the hermeneutical approach and the transcendental approach. Hermeneutics relies heavily on

interpretation of the data and seeks to uncover underlying meaning and intention in the lived experience (Moustakas, 1994). The transcendental approach is grounded in the *Epoche*, a Greek word meaning to refrain from judgment and the ordinary, everyday way of perceiving (Moustakas, 1994). Applying a transcendental approach requires a setting aside of preconceived ideas regarding a phenomenon and then experiencing them with a fresh perspective (Moustakas, 1994).

The transcendental phenomenological approach was used in this study to provide a clear, unbiased description of the experiences of the study participants (Moustakas, 1994). The lack of research on nurse educators with prior military careers coupled with the various studies on servant leadership in nurses, educators, and military service members provided fertile ground for a transcendental approach that transformed data from participants into textural and structural descriptions and “an overall essence of the experience” (Creswell, 2013, p. 80). A critical step in employing this approach was bracketing of my personal experiences to allow future readers to judge for themselves the validity and accuracy of the study findings.

Research Questions

Creswell (2013) stated that qualitative research questions should be non-directional and open-ended to explore a central phenomenon. This study provided answers to the following questions:

RQ1: *What does it mean to be a nurse educator with a prior military career?*

RQ2: *What drives individuals to choose nursing, military service, and nursing education as careers?*

RQ3: *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?*

RQ4: *How do nurses, military members, and nurse educators lead by serving?*

Setting

Due to the relative scarcity of nurse educators with prior military careers and the desire to promote diversity and variability in the study, multiple locations were used to collect data from participants. Eight sites were used, and included various sized four-year colleges: One in Georgia, two in North Carolina, two in Virginia, one in South Carolina, one in Indiana, and one in Rhode Island. Five of the sites (62.5 percent) were public and three (37.5 percent) were private institutions. Two (25 percent) of the sites were large institutions with more than 14,000 students enrolled. Three (37.5 percent) were medium-sized institutions with between 3,000-14,000 enrolled students. Three (37.5 percent) were small institutions with less than 3,000 enrolled students. Participants from each site were employed by their respective college and were situated administratively within the college's department or school of nursing. Leadership for each nursing department consisted of a dean, director, or department chair. Pseudonyms were used to protect the confidentiality of participants and their institutions. Table 3.1 includes a list of nurse educator participants and their institutions using assigned pseudonyms.

Table 3.1

List of Participants and Institutions

<u>Participant</u>	<u>Institution</u>	<u>Size</u>	<u>Funding</u>
Daniel	University of Judea	Medium	Public
Miriam	University of Judea	Medium	Public
Ruth	Greater Philippi University	Large	Public
Matthew	Corinth University	Small	Private
Lydia	University of Gad	Medium	Public
Abigail	University of Gad	Medium	Public
Luke	Benjamin City University	Large	Public
Esther	Eastern Judah University	Small	Private
Naomi	Bethlehem University	Medium	Public
Sarah	Samaria College	Small	Private

Participants

The study included ten nurse educator participants with prior military careers, defined as those who retired from any branch of the United States military after at least 15 years of active or reserve duty. Although traditional military service retirement occurs following a minimum of 20 years of service, the Department of Defense has previously offered an early retirement option at 15 years for some military members (Defense Finance Accounting Service, 2012). All of the nurse educator participants in this study served a minimum of 20 years on active, reserve, or combined active and reserve duty. Additional data were collected from colleagues and student participants of the identified nurse educator participants for the purpose of triangulating data

received from the primary participants. Nine colleagues of the nurse educator participants were interviewed. One was a colleague of two of the nurse educator participants and provided data for each. Ten students of the nurse educator participants were interviewed.

The planned sample size was six to twelve participants based upon findings by Guest, Bunce, and Johnson (2006), who discovered data saturation in qualitative research within the first twelve interviews and the presence of meta themes within the first six interviews. Furthermore, their findings suggested six interviews were sufficient to develop underlying themes and interpretations if the researcher was in search of “high-level, overarching themes” (Guest, Bunce, & Johnson, 2006, p. 78). Data saturation, defined by Guest, Bunce, and Johnson (2006) as the absence of no new information or observed themes was obtained after ten nurse educator participant interviews. Criterion-based sampling was employed to solicit participation of nurse educators who retired from military service and were currently working in four-year institutions of higher education. Purposeful, criterion-based sampling ensured all participants had experience with the phenomenon and could provide a greater understanding of shared meaning (Creswell, 2013). Participants were solicited from all four-year, baccalaureate in nursing degree-granting institutions within the Southeastern states of Virginia, North Carolina, South Carolina, and Georgia, initially, to provide for convenience of obtaining face-to-face interviews and classroom observation. Creswell (2013) noted that maximum variation sampling increases the probability of obtaining different perspectives. Determining criteria in advance of the study to differentiate sites and participants and then selecting those that differ on the predetermined criteria ensures variability in the sample (Creswell, 2013). Including participants from a variety of public and private institutions ensured a variation in sampling to increase the likelihood of different perspectives. Due to limited availability of prior military nurse educators, only those

volunteer participants who did not meet the criteria of military retirement after at least 15 years of service were excluded. Differences in gender, age, race, branch of military service, and the type of educational institution related to size and source of funding (public or private) provided further variability in the sample.

Seven nurse educator participants were identified through the initial recruitment process. The additional method of snowball sampling was employed in the study to widen the variability of participants and increase the sample size. Snowball sampling identifies cases of interest from study participants who may know of other potential participants who meet criteria for inclusion (Creswell, 2013). Nurse educator participants were asked if they knew other nurse educators with prior military careers who would be willing to contribute information to the study. Snowball sampling allowed the inclusion of three additional nurse educator participants from Rhode Island and Indiana. Nurse educator participants were also asked to provide the names of colleagues and students who could contribute information regarding the nurse educator's experience in teaching. Inclusion of these third-party observers of the educators allowed for a richer, broader perspective of the educator's behavior as it relates to the phenomenon.

The group of ten nurse educator participants included seven females (70 percent) and three males (30 percent). Age ranged from 45 to 70, with eight participants 60 to 70 years old (80 percent), and two between 45 and 60 (20 percent). Participants represented all three branches of military service with one Navy (10 percent), three Army (30 percent), and six Air Force (60 percent) retired nurses. One participant (10 percent) was African American and the remaining nine participants were Caucasian (90 percent). Participant information related to age, gender, ethnicity, branch of service, and length of service was obtained during the interview process.

Procedures

The names of all four-year, baccalaureate of science in nursing degree-granting institutions in Virginia, North Carolina, Georgia, and South Carolina were obtained from each respective state's board of nursing website. The name and email address of the dean, director, or department chair of each of those schools of nursing were obtained through internet searches and each of them were contacted to determine if they had potential candidates for participation that met the criteria for participation, and if they would provide a preliminary letter of approval to proceed with recruiting potential candidates from their schools pending Liberty University's Institutional Review Board (IRB) approval and their institution's IRB approval. Eighty-five emails to deans, directors, and department chairs were sent. After obtaining ten preliminary letters of approval from ten institutions, an application to Liberty University's IRB was submitted and approval was granted to begin recruiting participants. See Appendix A for IRB approval.

The next step was applying for IRB approval at the schools whose deans, directors, or department chairs had provided preliminary approval. Following receipt of IRB approval at each school, a recruitment letter was sent by email to the respective dean, director, or department chair of nursing with a request that they share it with their nurse educators. See Appendix B for the recruitment email. Of the original ten schools that provided preliminary approval, only three had nurse educators who were willing to participate. Three additional school deans, directors, and chairs forwarded letters of preliminary approval following the initial Liberty University IRB approval. IRB approval was obtained at these additional schools and a recruitment letter was emailed to their respective dean, director, or department chair. Two additional schools were added through snowball sampling.

Interested nurse educator participants contacted me by email, and a date and time for a face-to-face interview and classroom observation at their schools was arranged. Each voluntary participant was sent a consent form at least one week prior to the interview to ensure he or she understood the purpose of the study, the role of the researcher, and the opportunity to end participation at any time during the study. Any questions or concerns were clarified prior to my arrival at the participants' respective campuses. Signed consent forms were obtained prior to interviewing the participants. See Appendix C for consent forms.

Participants were asked to provide names of colleagues and students who may be willing to participate in face-to-face, online, or telephone interviews to provide an additional perspective of the nurse educator participant's behavior. Recruitment emails were sent to colleagues and students identified by the nurse educator participants. See Appendices D and E for recruitment emails for colleagues and students. Consent documents were emailed to volunteer colleague and student participants at least one week prior to their interviews. Signed consent forms were collected prior to the face-to-face interviews. See Appendices F and G for consent forms. When possible, interviews with colleagues and students were conducted on the same day as the interviews with the nurse educator participants. All interviews with nurse educator participants, their colleagues, and students were conducted privately, and confidentiality was protected by the use of pseudonyms. If face-to-face interviews could not be arranged due to work or school schedules, interviews were conducted via video calls (Skype) or telephone calls. In those cases, consent was confirmed via email and signed documents were scanned and emailed to me by participants.

A pilot test with a peer reviewer was conducted prior to interviews with participants to ensure the interview questions were clear and gathered the anticipated data. No changes to the

interview format or questions were implemented following the pilot text as the questions elicited the expected data.

The Researcher's Role

As a nursing educator and previous Chair of the Nursing Department's Admissions, Recruiting, and Retention Committee, I witnessed a continuing pattern of lack of capacity in our nursing program to accept all of the qualified applicants. This inability of nursing programs across the United States to educate all of the qualified applicants contributes to the ongoing shortage of nurses. I believe the nursing shortage could be eliminated if there were more qualified nursing educators willing to serve the profession rather than serve their own personal ambitions. The key is recruiting experienced nurses who are willing to sacrifice their time and earning potential for the betterment of a population of students, and ultimately, patients, who need educated, competent nurses to provide excellent health care.

My personal belief in the value of serving others led me to career choices in nursing, the military, and education. I retired from the Air Force in 2010 after 23 years of service and began teaching nursing immediately after retirement. As a Christian, my values stem from a belief in service before self as a model for successful leadership. This comes both from my Christian beliefs and from the core values ingrained in me during my Air Force nursing career: Integrity First, Excellence in All We Do, and Service Before Self (Laingen, 2011, p. 13).

I believe in the power of a personal "calling" into one's profession, and that holds true for military members, educators, and nurses. All three of my personal career choices—nursing, military, and education—were the result of feeling called into service. Introduced to the concept of servant leadership as an Air Force officer, and later being placed in positions of authority over hundreds of service members, taught me the value of putting my own desires and needs below

those of my employees as a means to achieve the greater organizational good. That service-minded worldview prepared me for entry into nursing education.

Following my military career, I had the opportunity to enter into healthcare administration and receive significantly greater financial compensation than that afforded in higher education. However, my desire to continue to serve the larger profession of nursing through educating students superseded my desire for financial security. My military retirement financial compensation also allowed me to accept a position in line with my personal values rather than solely based upon financial need.

In anecdotal discussions with other nursing educators with military backgrounds, I discovered commonalities of vision, and a desire to grow the next generation of nurses through continued public service as educators. I became interested in exploring the validity of possible shared experiences as an impetus for recruiting nurses with military service into the educator role as a means of reducing the nursing shortage.

I selected participants for this study with whom I have no personal or professional relationship to minimize the potential for bias. I specifically avoided recruiting participants from schools of nursing from where I have previously been employed or am currently employed. Although I have many personal friends from my Air Force career who are currently nurse educators, I specifically excluded them from the study in the event there may be some underlying similarities that contribute to our friendship and that may inadvertently affect the study results.

Data Collection

Gathering multiple perspectives through various methods provides a broad view of the phenomenon under exploration (Creswell, 2013). Data for this study were derived from interviews with nurse educators with prior military careers, reviews of written documents,

classroom observation, and interviews with colleagues and students of the selected nurse educators. Sequencing of data collection with each nurse educator participant began with an interview and was followed by classroom observation of participants. Face-to-face, video, or telephonic interviews with colleagues and students were conducted at the convenience of participants following nurse educator participant interviews and classroom observation. Some were available for interviewing on the same day as the nurse educator interview, and some were conducted within several weeks following the nurse educator interview depending upon the volunteer participants' availability. Written documents, such as syllabi, publications, curriculum vitae, and emails were collected and reviewed from nurse educator participants following the interviews and classroom observation. This sequence—interviews with nurse educator participants, classroom observation, interviews with colleagues and students, and then document analysis—allowed me to develop an understanding of the nurse educator participants' views of themselves first before obtaining data from others' perspectives. Ending the data collection on each participant with document review enabled me to complete the analysis with additional evidence in support of his or her attitudes and beliefs concerning the role of educator.

I conducted all of the interviews and classroom observations with nurse educator participants, as well as their identified colleagues and students. All participants were provided an email form of the Liberty University Institutional Review Board stamped, approved consent document prior to the interview. Volunteer participants were instructed verbally prior to the interview of their right to withdraw from the study at any time by notifying me. They all verbalized understanding and none of the nurse educator participants or their colleagues or student participants have withdrawn from the study. Interviews were conducted at times convenient for the participants and occurred from December 9, 2015 through October 6, 2016.

Of the ten nurse educator participants in the study, nine of the interviews were conducted face-to-face at their institutions. Only one of the participants was not available for a face-to-face interview; therefore, the interview was conducted via Skype. Interviews with the colleagues of nurse educator participants were conducted face-to-face when possible, and via Skype or telephone when participants were not available for face-to-face interviews. Observation was conducted for seven of the participants who were teaching face-to-face courses at the time of this study. Data saturation from classroom observations occurred after five participant observations. No new information was obtained from subsequent observations; however, an additional two classroom observations were obtained following data saturation. Observation was not available for three of the participants due to the fact that one was recently retired from teaching, and two were online faculty at their institutions. This was not a limitation in the findings of the study as data saturation was obtained previously.

Written, hard copy forms of the interview protocol (See Appendix H) and observation protocol (See Appendix I) were completed for each nurse educator participant. Interview protocols were also used for interviewing the nurse educator colleagues and students. Interviews with nurse educator participants ranged from 27 to 74 minutes with an average interview time of 40 minutes. Interviews with colleagues of nurse educators ranged from 9 to 21 minutes with an average of 14 minutes. Interviews with students of nurse educator participants ranged from 7 to 21 minutes with an average of 12 minutes. All of the interviews were transcribed using Transcribe online dictation and transcription software.

Interviews with Nurse Educators

Moustakas (1994) described the phenomenological interview as an informal, interactive process utilizing open-ended questions to collect data on the central topic of the research.

Creswell (2013) identified multiple interview types appropriate for qualitative research studies. Semi-structured interviews allow the researcher to follow an interview protocol with pre-determined core questions, while also allowing participants to add anecdotal information that enriches the study. As a novice interviewer, I used a semi-structured style of interviewing and an interview protocol to add consistency and reliability to the study. The interview protocol enables the interviewer to take detailed notes of the participants' responses and helps to organize the interviewer's thought processes during the interview (Creswell, 2013).

Following IRB approval from the identified sites, a recruitment letter was provided via email to the respective deans, directors, or department chairs of the nursing programs and it was requested that they share the letter with their faculty. Interested faculty contacted me via email, and a determination was made whether they met the study criteria or not based upon their previous military service. If they did not meet the criteria of serving in the military for at least 15 years prior to retirement, they were thanked for their willingness to participate and advised that they did not meet the study criteria. If they did meet the study criteria, a copy of the consent document was emailed to them and a time was arranged to meet with them face-to-face and conduct the interview and classroom observation.

Voluntary consent was obtained from participants and they were interviewed face-to-face in their own college office settings when possible. Of the ten nurse educator participants, nine were able to participate in face-to-face interviews at their teaching locations. There was one nurse educator that was unable to meet face-to-face due to the extreme distance, and that interview was conducted via Skype. The semi-structured interviews were scheduled at times convenient for the participants and lasted 27-74 minutes. Interview questions are contained in the interview protocol (See Appendix H) and are also listed here.

Standardized Open-Ended Interview Questions

1. What attracted you to a career in nursing?
2. What attracted you to a military career?
3. What attracted you to a career in nursing education?
4. Tell me what it means to you to be a nurse educator.
5. How would you describe your philosophy of nursing education?
6. What similarities do you see in military nursing and nursing education?
7. How would you describe your leadership philosophy?
8. What professional competencies of military nurses translated into the nursing educator role for you?
9. What experiences, if any, in your previous military career prepared you for your role as a nursing educator?
10. What other nurse educators with prior military experience do you know who may be interested in participating in this study?
11. What colleagues and students have you worked with who might be able to provide further insight into your experience as a nurse educator?
12. Is there anything else you would like to add about your experience as a nurse educator with a prior military career?

The purpose of questions one through three was to derive the motivating factors that led the participants to select nursing, military service, and education as career paths. O'Brien's (2011) concept of a Blessed Calling indicated that those who seek nursing as a vocation are driven toward it out of a desire to fulfill a divine appointment and to live out their calling through ministry to the ill. Wheeler (2012) identified the strength of a vocational calling as the ability to

endure setbacks or inconveniences due to a commitment of accomplishing a higher purpose. These questions provided data for the purpose of answering RQ2: *What drives individuals to choose nursing, military service, and nursing education as careers?*

Questions four and five were designed to provide data to answer RQ1: *What does it mean to be a nurse educator with a prior military career?* This question was the core inquiry of the study, and the aim was to hear what it meant to the individual participants to be a nurse educator. Englander (2012) noted that in phenomenological research, while the participant is asked to describe the phenomenon, the researcher must remember that the phenomenon, rather than the person, is the central object of investigation. The first three questions allowed the participants to describe their paths to nursing education, and this fourth question required them to articulate their experience with the phenomenon. As Bevan (2014) stated, the goal is to obtain the participant's description of the phenomenon; however, how he or she described the phenomenon varied since the researcher cannot control how participants express their experience. Understanding each participant's philosophy of education was important to derive meaning from what was important to him. Dameron (2016) asserted that making a conscious decision to serve others is indeed grounded in one's personal philosophy. In attempting to learn if an orientation toward servant leadership was present, I inferred this would likely be found in the participant's philosophy.

Question six sought to gather data to answer RQ3: *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?* While observation provided some information to answer this research question, allowing the nurse educator participants to reflect and respond to this interview question also provided insight based upon their experience with both nursing education and military service. As Garber, Madigan, Click, and Fitzpatrick

(2009) pointed out, registered nurses demonstrate a positive self-perception of their own servant leadership characteristics; therefore, this question was aimed at exploring the participants' articulation of any similarities of servant leadership attributes. For example, Braye (2002) and Crippen (2012) both cited the presence of relationships as foundational for military service and education, and valuing relationships is a key component of Greenleaf's (1977) servant leadership attribute of acceptance. Probing into the participants' comparison of military service and education was a way of encouraging them to think of both professions simultaneously and to identify commonalities.

Questions seven, eight, and nine were designed to provide data for RQ4: *How do nurses, military members, and nurse educators lead by serving?* Greenleaf (1977) noted that servant leaders do not set out to lead initially, but rather they set out to serve their followers. Question seven was specifically designed to be abstract and to elicit the participants' underlying beliefs related to leadership and to compare the words they used with attributes of servant leadership for possible congruence. It was expected this would be a question that many of them may not have previously considered or articulated, thus, rendering an unrehearsed, raw explanation of their honest views on how they enacted leadership. Questions eight and nine allowed the participants to think more concretely while considering competencies learned and experiences that contributed to their enactment of the role of nurse educator. The words they used to describe their personal experiences were compared to Greenleaf's (1977) definition of servant leader attributes.

The purpose of question ten was to identify other possible participants as a means of increasing the sample size through snowball sampling. Question eleven was a means of identifying nurse colleagues and students of the nurse educator participant to provide additional

insight through interviews as a means of triangulating data. The process of data triangulation contributes validity to the study findings by corroborating evidence in different data sources (Creswell, 2013). Question twelve completed the interview by allowing the participants to express any additional thoughts relevant to the previous questions.

Sampson (2004) recommended pilot testing prior to performing actual study interviews to refine the interview questions and format. I conducted a pilot test with a peer reviewer prior to conducting interviews with participants. Detailed notes were collected during the pilot process, and no changes to the format of the interview were implemented as the interview questions collected the type of information I needed to answer the proposed research questions.

The participant interviews were audio-recorded using a handheld digital voice recorder. Audio recordings were transcribed by me and anonymity of participants was protected by using pseudonyms in the transcribed data. The interview protocol (Appendix H) was used to ensure consistency among interviewees, and observational and reflective notes were taken during the interview using the template. At the end of the interview, participants were asked if they could provide names and contact information for other nurse educators with prior military experience who may be interested in participating in the study as a means of snowball sampling. Participants were also asked to provide a list of colleagues and students with whom they have worked that could provide further insight into their experience as nurse educators. The following research questions were answered with information collected through the interview process:

RQ1: What does it mean to be a nurse educator with a prior military career?

RQ2: What drives individuals to choose nursing, military service, and nursing education as careers?

RQ3: *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?*

RQ4: *How do nurses, military members, and nurses lead by serving?*

Observations

“Observation is one of the key tools for collecting data in qualitative research,” (p. 166) according to Creswell (2013). Following IRB approval, identification of participants, and obtaining appropriate consent from the volunteer participants, a time was arranged to observe the nurse educator participants interacting with students in the classroom setting for approximately one hour. Scheduling depended upon the participant’s class schedule. I conducted all of the participant classroom observations on dates and times convenient for the participant and approved by his or her institution and department leadership. The classroom observations were conducted on the participant’s campus while he or she was leading a nursing class. The purpose of the classroom observation was to examine the presence of specific behaviors or verbalization related to servant leadership attributes, such as listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of followers, and community building (Spears, 2010). Data gained from classroom observation was used for the primary purpose of answering Research Question 4: *How do nurses, military members, and nurse educators lead by serving?* The classroom observations were not audio recorded due to the ethical consideration of maintaining a non-attribution environment for the students and educator involved.

Creswell (2013) outlined four possibilities for observation: Complete participant, participant as observer, nonparticipant, and complete observer. The role of complete participant requires the researcher to be fully engaged with the participants he or she is observing and may

detract from the ability to perceive the full experience objectively. Likewise, the role of participant as observer includes a dual focus requiring the researcher to be more focused on participating than on observing. While the complete observer role is perhaps the most objective perspective, it is unlikely to be available in a classroom setting. The nonparticipant observer role provides an objective view as an outsider of the group under observation without the distraction of participating in the experience (Creswell, 2013) and provides the least disruptive insertion to the classroom environment available. I acted as a nonparticipant observer, recording notes on the physical setting and classroom interactions, as well as developing a behavior portrait of the nurse educator.

Creswell (2013) recommended the use of both observation and interview protocols as a means of organizing thoughts and maintaining consistency of data collection. For observation purposes, the protocol consisted of a predesigned form used to record descriptive notes and reflective notes. The descriptive notes section allowed me to describe and summarize the activities of the classroom in chronological order. The reflective notes section allowed me to take notes on the process and my running thoughts during the observation (Appendix I). Creswell (2013) also recommended preparation of the researcher's full notes immediately after the observation. After departing from the observation site, I prepared detailed, thick and rich descriptions of the people and events observed.

The purpose of the classroom observation was to provide data for answering Research Question 3: *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?*

Interviews with Colleagues and Students

An email was sent to nurse educator participants' identified colleagues and students to request their voluntary participation in interviews. The purpose of engaging colleagues and students of the nurse educator participants through interviews was to elicit additional perspectives of how the nurse educators with prior military careers were perceived. Locating evidence of a theme in a different source of data collection provides data triangulation and validates research findings (Creswell, 2013).

Either face-to-face, telephone, or Skype interviews were arranged depending upon the colleagues' and students' availability. One colleague and one to two students of the nurse educator participants were interviewed. Following their voluntary consent, I engaged in dialogue using a semi-structured interview approach and an interview protocol (Appendix H) as in the nurse educator interviews. Questions posed are contained in the interview protocol. Interviews with the nurse educator participants' colleagues and students provided information to answer the following research question: How do nurses, military members, and nurse educators lead by serving?

Interviews lasted 7-21 minutes. Audio recordings of the interviews were obtained using a handheld digital voice recorder and a back-up computer voice recorder. The recordings were transcribed by me using Transcribe software. Participants' anonymity was protected by using pseudonyms in the transcription.

An interview protocol (Appendix H) and an observation protocol (Appendix I) were used and captured both objective and subjective data during the collection process. This allowed data analysis to begin through reflection and comparison immediately rather than waiting until all of the data was collected. The interview protocol ensured each interview was conducted in a semi-

structured manner by promoting a scripted outline of the questions to ask and in what order to ask them. Maintaining continuity and structure in the interview process with the use of a protocol while also allowing some flexibility in conversing with the participants provided a foundation for collecting data critical to answering the research questions. The form also provided a space to document non-verbal behaviors and observations during the interview that contributed to my understanding of the participants' responses. The items each participant had in their office or hanging on their walls were noted, and how they managed interruptions to the interview time was observed. Interruptions were usually due to students who needed their assistance.

Standardized Open-Ended Interview Questions for Colleagues of Nurse Educators

1. What attracted you to a career in nursing education?
2. What characteristics do you believe are important in nursing educators?
3. Describe your experience in working with the participant.
4. How would you characterize the participant's philosophy of nursing education based upon your experience in working with him/her?
5. What is it like to work with a nurse educator with a prior military career?
6. How would you characterize the participant's leadership ability?
7. Is there anything else you would like to add about your experience in working with (state nurse educator participant's name)?

The purpose of questions one and two were to open the conversation by building a rapport and allowing the colleague to tell their own story as a means of connecting with them as individuals first. Creswell (2013) suggested core interview questions should follow initial questions that encourage the interviewee to talk openly. Focusing on the colleague's experience

first before asking about their experience with the nurse educator participant allowed me to demonstrate genuine interest in them and thus, build a trusting rapport. Quinney, Dwyer, and Chapman (2016) asserted that establishing mutual respect and trust with the interviewee enables the interviewer to extract deep, rich data.

Questions three and four allowed the colleague participant to describe their experience in working with the nurse educator participant and provided the context surrounding their professional relationship. This data was useful in answering RQ3: *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?* As noted by Bevan (2014), understanding of one's experience is achieved through consideration of the biography and context from which that experience gains meaning. Listening to the nurse educator's colleague describe her experience with the participant and her perception of the participant's philosophy of education provided the context and depth of their relationship. This was important in validating that the colleague knew the nurse educator participant sufficiently to describe her behavior, attitude, and beliefs.

Questions five and six served to elicit data regarding perceptions the colleague may have related to the nurse educator participant's prior military service and its effect on her teaching and leadership characteristics. The military values of self-sacrifice, teamwork, passion, vision, and humility are inherent in military service members (Davis, 2011; Johnson, 2014; Parham & Gordon, 2016). Responses to this question served as evidence to the presence or absence of such behaviors related to servant leadership, as well as to the possible recognition of the connection of these types of behaviors to the nurse educator's prior military service. Lastly, question seven provided an opportunity for the colleague participants to state any additional information they felt was relevant.

Standardized Open-Ended Interview Questions for Students of Nurse Educators

1. Tell me about your nursing instructor (the nurse educator participant).
2. How is your nursing instructor the same or different from other nursing instructors you have experienced?
3. What qualities do you believe are important in nurse educators?
4. How do you think your instructor's prior military background has influenced his/her teaching strategies, behavior, or attitude?
5. Is there anything else you would like to add about your experience in being a student of (state nurse educator participant's name)?

The purpose of the first question was to engage the students in talking about their experience with the nurse educator participant by describing his behavior and characteristics to determine if there were examples congruent with servant leadership attributes. Noland and Richard (2015) identified the primary goal of teaching is to ensure students learn and develop. Their study supported a correlation of servant teaching behaviors to learning and engagement. By asking the student participants to describe the nurse educator participant, evidence was collected to determine if students identified servant behaviors that promoted learning and engagement.

The second question was included to require the students to compare the nurse educator with a prior military career to other nurse educators in general. Tropello and DeFazio (2014) confirmed that nurse educators who practice servant leadership principles inspire students to achieve. The practice of validating students' insecurities, empathizing with their feelings, and listening to their stories is an effective way to model servant leadership (Lambert, 2015; Robinson, 2009). Data gathered from this question provided evidence to answer RQ3: *What*

similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers? and RQ4: *How do nurses, military members, and nurse educators lead by serving?*

Additional data related to RQ4 was elicited through question three, which sought to identify qualities the student participants believed were important in nurse educators. Russell and Stone's (2002) model of servant leadership attributes built upon both Greenleaf's (1977) and Spear's (1995) work and included vision, honesty, integrity, trust, service, modeling, pioneering, appreciation of others, and empowerment. Student participants' answers to this question provided data that indicated what qualities they valued in nurse educators, and their responses validated or disputed their desire for educators who demonstrated servant leadership.

Question four allowed student participants to consider the nurse educator's teaching behavior in relation to her previous military career and provided insight into the perception of whether this influenced how she taught. This data was useful in answering RQ4: *How do nurses, military members, and nurse educators lead by serving?* The core values of the U.S. Air Force, U.S. Army, and U.S. Navy are part of the uniformed service culture and are expectations of behavior of service members (U.S. Department of the Air Force, 2012; U.S. Department of the Army, 2007; U.S. Department of the Navy, n.d.) and overlap with many servant leadership characteristics. The final question offered an opportunity for students to add any additional thoughts they had about the nurse educator participant.

Document Analysis

Document analysis was used as a data collection strategy and a means to further triangulate information concerning the study participants. Bowen (2009) proposed that diverse sources of data provide a more complete picture of the phenomenon under study and aid in corroborating other sources of data collection, such as interviews and observation, while

minimizing the potential for bias and enhancing credibility of the research. Data triangulation, or locating evidence to document a theme or code in different sources of data adds validity to research findings (Creswell, 2013). Study participants were asked to provide written documents, such as written or electronic copies of their personal philosophy of nursing education, personal letters, notes, or emails from students or colleagues they had received that were especially meaningful to them, and copies of syllabi they had authored. They were also asked to provide information related to any publications they have authored that may contribute to the overall picture of their experience as a nurse, a military member, and an educator. Names were redacted from any documents prior to use in this study. The purpose of collecting written documents was to provide data for answering Research Question 3: *What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?*

Data Analysis

Analysis prepared and organized the data collected into understandable terms while sorting it into common themes. The purpose of the analysis was to allow reasonable interpretation of the data into useful information for the reader. For this study, multiple forms of data analysis yielded findings that contributed to the understanding of shared meaning among participants.

Reflective Field Notes

A system of taking comprehensive, descriptive field notes on observations and reflective thoughts while interviewing and observing was employed. Both interview and observation protocols (Appendices H and I) were used to capture objective and subjective data during collection. This process allowed data analysis to begin from the start of the research by

reflectively considering personal thoughts and ideas while collecting raw data rather than waiting until all data were collected to begin analysis (Creswell, 2013).

Open Coding

Creswell (2013) defined coding as “aggregating the text” into smaller, more manageable pieces of information. This provided an opportunity to sort through large volumes of text, finding patterns, commonalities and shared meaning. Moustakas’ (1994) seven steps of analyzing phenomenological data in human science research were used to ensure a thorough and organized, systematic study.

1. Listing and preliminary grouping (Moustakas, 1994, p. 120): Any significant statements or quotes from the transcribed interviews, observation notes, and written documents that provided an understanding of the participants’ experience of being a nurse educator with prior military experience were highlighted. Using Moustakas’ (1994) practice of horizontalization, each statement was considered of equal worth, and a list of non-overlapping statements was developed.

2. Reduction and elimination (Moustakas, 1994, p. 120): Each expression identified in Step One was tested for two requirements: “Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it?” and “Is it possible to abstract and label it?” (Moustakas, 1994, p. 121). Any highlighted statements or quotes that did not meet these two requirements were eliminated, leaving the remaining ones as invariant constituents of the phenomenon.

3. Clustering and thematizing the invariant constituents (Moustakas, 1994, p. 121): Following reduction into the invariant constituents, the remaining statements were clustered into the core themes of the data.

4. Final identification of the invariant constituents and themes by application

(Moustakas, 1994, p. 121): The invariant constituents and their themes were compared against the transcribed interviews, observation notes, and written documents to determine if they were expressed explicitly, and if not, if they were compatible. Any invariant constituents or themes that did not directly represent the data in the interviews, observations, or written documents were deleted.

5. Construct an individual textural description of the experience (Moustakas, 1994, p. 121): A textural description that summarized the experience of each nurse educator with a prior military career was composed using verbatim statements from the collected data sources.

6. Construct an individual structural description of the experience (Moustakas, 1994, p. 121): A structural description that summarized the context within which each participant experienced being a nurse educator with a prior military career was composed using statements from the collected data sources.

7. Construct a textural-structural description of the essence of the experience for each participant (Moustakas, 1994, p. 121): A composite description combining both the textural and structural elements of the experience for each participant was composed. The description captured what it meant to be a nurse educator with a prior military career.

Finally, Moustakas (1994) recommended synthesizing the individual textural-structural descriptions into a composite description of the shared meanings of the experience as a representation of the group as a whole (p. 121). Individual participants' textural-structural descriptions were used to compose a description of the essence of being a nurse educator with a prior military career to fully capture both what it was like and how it was experienced.

Representing the Data

After the data analysis process was completed, a diagram representing central themes of the data and their interconnectedness was designed. This process allowed the abstract data to be presented in more simple, concrete language while preserving the meaning of the lived experiences and the relationship of the themes (Creswell, 2013).

Trustworthiness

Standards of validation in qualitative research differ significantly than those used to demonstrate validity and reliability in quantitative studies (Creswell, 2013). Lincoln and Guba (1985) proposed techniques such as triangulation of data sources, prolonged engagement with participants, and thick description to establish credibility and transferability in qualitative research. Various validation strategies were used in this study to confirm the accuracy of the data interpretation and ensure transferability of its findings. Clarifying researcher bias, member checking, rich, thick description, and triangulation are tools used to verify authenticity.

Credibility

Credibility refers to the accuracy of the data collected (Lincoln & Guba, 1985). Member checking, or the process of returning data, analyses, interpretations, and conclusions, to the participants so that they can “judge the accuracy and credibility” of the findings was used during this study (Creswell, 2013, p. 252). This process allowed the participants to provide a critical review of data since the study was about them and to inform me of any misinterpretations or missing information.

Dependability

Similar to reliability in quantitative studies, dependability refers to the consistency and stability of the coding process as a method of ensuring the study could be replicated (Lincoln &

Guba, 1985). Detailed observational notes, an interview template, and a digital voice recorder were used during the study, and I was the sole transcriber and coder to provide consistency of data collection and interpretation.

Transferability

Transferability ensures the research findings are applicable to other settings and contexts than those employed in the study (Lincoln & Guba, 1985). Creswell's (2013) concept of rich, thick description was used to present detailed, complex descriptions of participants' characteristics, their physical and contextual environment, and their behavior, along with their responses to interview questions, to provide the reader with a "big picture" view of the findings. This process allows the reader to consider the transferability of the findings (Lincoln & Guba, 1985) to other settings and to other nurse educators with prior military careers.

Confirmability

Confirmability refers to the recognition that the researcher or the research process may be influenced by bias (Lincoln & Guba, 1985). Triangulation, or the use of multiple methods to "corroborate evidence" (Creswell, 2013, p. 251) was used to maximize the confirmability of research findings. Additionally, Creswell (2013) noted the importance of documenting personal experience with the subject matter from the outset so the reader is aware of any possible bias. Such clarification increases validity of the study by informing the reader from the beginning what the researcher's bias, values, and presuppositions are that may affect the interpretation of data. Due to my background as a nurse educator with prior military experience, there was a potential for me to inadvertently shape the data interpretation based upon my personal bias of what I expected to find.

It was expected that nurse educator participants would describe their experiences, attitudes, and teaching strategies and behaviors with terms related to servant leadership attributes, such as listening, empathy, healing, and serving. It was also expected they would indicate a “calling” that drew them to the service-oriented professions of nursing, military duty, and education. In anticipation of this personal bias, an interview protocol was utilized and detailed reflective notes were taken to ensure the participants’ experience was documented from their perspective rather than from my own.

Ethical Considerations

Creswell (2013) noted that ethical issues may arise during any phase of the research process from prior to conducting the study to dissemination of the findings. Throughout the course of this study, potential ethical issues were considered during all phases of the research in an effort to mitigate any conflicts of interest, perceived power imbalances, disclosure, consent, or privacy issues. Additionally, the potential emotional vulnerability of the participant population was anticipated, particularly related to previous exposure to combat situations. None of the participants declined to answer any of the questions related to their prior military experience or admitted to any sensitivity when discussing it.

Data were gathered from participant interviews, classroom observation, and written documents. Prior to collecting data, permission was obtained from the participants’ employers’ institutional review boards. All of the participants’ campuses were open to the public; however, visitors’ parking passes were required and obtained for three of the campuses. Voluntary consent for participation was obtained from nurse educators, their identified colleagues, and their identified students (Appendices C, F, and G). During the consent process, participants were advised that they may end their participation at any time without providing an explanation.

Student participants met the age criteria of 18 years old or older to avoid perceived vulnerability related to using child participants. No sites in which I had no previous or current employment relationships were used to eliminate the possibility of a conflict of interest in the study findings. No compensation for participation was provided.

The purpose of the study was fully disclosed to participants on the voluntary consent form, as well as prior to interviews. Data collection was conducted on the college campuses during spring, summer, or fall sessions. Interviews and classroom observation were arranged in collaboration with the department administrators to ensure as little disruption as possible to the academic environment. Participants' demographic information, including email addresses or mailing addresses, were voluntarily obtained for the purpose of disseminating the research findings following the study. Participants maintained the right to refuse to provide any requested information during the interviews and could withdraw their participation at any time. No participant refused to respond to any questions, and no one withdrew from the study.

There was a potential for nurse educator participants and student participants to share negative information during their interviews. To allay any concerns regarding dissemination and publication of the findings, all responses were catalogued under pseudonyms for each nurse educator, colleague, and student participant to maintain confidentiality. Colleague and student information was not attributed or aligned with any specific individual nurse educator participants in order to protect their confidentiality.

To reduce the perception of a power imbalance through the relationship of interviewer to interviewee, and researcher to student participant, participants were fully informed of my role as a nurse faculty member at another institution. This was disclosed to the nurse educator, colleague, and student participants during the consent process and again prior to the interviews.

Creswell (2013) asserted it is important to build trust with the participants and to avoid asking “leading questions” (p. 60) to minimize the potential perceived power imbalance. Responses were elicited using open-ended questions with periods of silence when appropriate to allow participants to freely verbalize their thoughts during the interview process. Any appearance or indication of judgment related to their responses was avoided.

To protect participant confidentiality, both written and electronic data collected during the study were secured in a locked environment when not in my immediate possession. Written notes, digital recordings, and computer drives containing information related to the study were maintained in my locked home office. All electronic data collection files were password protected and accessible only by me. Names of participants were protected by using pseudonyms in written data collection forms, such as the interview protocol and the observation protocol forms.

Lastly, it was recognized that nurse educators with prior military service may experience emotional distress when discussing their military history, especially if events that occurred during their service, or deployment, were particularly stressful. Prior to the interviews, participants were if they had any conditions, such as post-traumatic stress disorder or anxiety that could be exacerbated by discussions of military service. None of the participants stated that had any post-traumatic stress disorder or anxiety related to their previous service.

Summary

The goal of this study was to describe the shared meaning experienced by nurse educators with prior military careers as a foundation for further exploration of potential recruiting of nurse educators. A phenomenological design was chosen as the best vehicle to discover commonalities among the nurse educator participants. The collection of data through interviews with

participants, as well as, colleagues and students of those participants, classroom observation, and review of written documents provided a basis for me to elicit the information believed necessary to answer the research questions posed. Multiple data sources were used to ensure triangulation to support the validity of the study. Analysis using the coding process, horizontalization, and development of themes allowed organization of abstract data into concrete terms in which to communicate the findings.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this study was to describe the lived experiences of nurse educators with prior military careers. Participants, identified by pseudonyms, are introduced using thick, rich descriptions. Interviews with the primary participants, nurse educators with prior military careers, as well as interviews with their colleagues and their students, classroom observation, and review of written artifacts provide rich data that enabled me to formulate a composite of each nurse educator, and themes related to their lived experiences. Additionally, further analysis allowed me to identify the shared meaning of being a nurse educator with a prior military career, similarities in the nurse educators' behaviors, attitudes, and beliefs, their motivation for selecting careers in nursing, military service, and nursing education, and how they lead by serving others.

Participants

Ten nurse educators with prior military careers participated in the study. While the initial intent was to include six to twelve participants, data saturation was reached with ten participants and the limited availability of participants who met the study criteria prevented the addition of any more to further validate the findings. A composite of each participant was constructed using data obtained from interviews with them, colleagues identified by them, and students identified by them, classroom observations, and review of artifacts, such as syllabi, publications, photographs, and emails they shared.

Daniel

Daniel explained in his interview that he was a retired Army nurse who first entered military service as an enlisted member in the Army Reserves to avoid the draft. As a college student, he was interested in medicine and veterinary medicine, but stated he was introduced to

nursing by a classmate. His reported lack of “stellar grades,” the perceived improbability of being accepted into veterinary school, and the encouragement of his classmate led him to pursue a nursing degree. His positive experience as an enlisted service member and the need to provide for his growing family later motivated him to return to the Army following graduation from nursing school. He credited the Army with teaching him how to teach, and during his career, he honed his skills as a clinical mental health nurse while taking on leadership roles in directing and educating fellow healthcare providers.

He saw his role as a responsibility to “seed the future,” not solely for the purpose of replenishing the nursing workforce, but more importantly, to help students develop empathy for their patients and the struggles they are going through. This sense of commitment to patients was coupled with an equivalent personal and professional commitment to his students. Role modeling professional behavior, he demanded the best of his students and of himself. Furthermore, he conveyed that his responsibility to the future of nursing did not end with his commitment to the students, but also included mentoring the next generation of nurse educators.

Miriam

Miriam identified herself as a retired Army nurse who always wanted to be a nurse from the time she was a young child and lived near a hospital. Her desire for nursing was strengthened by her Catholic school experience which encouraged the girls to become nuns or nurses. She found that the Army was a vehicle to fund her nursing education, and although she only planned to remain in service for three years, a career fit in with her family’s lifestyle. Following her retirement, she was encouraged to teach by a colleague “because she could explain things well.” She subsequently moved into academic education after spending some time as an educator in a civilian hospital setting.

Miriam characterized herself as a supporter and nurturer of nursing students and desired to instill a sense of responsibility and an understanding of the obligation to provide safe patient care while ensuring that their clinical experiences were not more stressful than they needed to be. She believed that students must participate to learn rather than simply receive information from her as the instructor, and she indicated that she felt great compassion for her students, especially those who struggle with learning the challenging nursing content.

Ruth

Through my interview with Ruth, I learned that she was a retired Navy nurse who felt called to nursing from a very young age. Her association with the military was primarily through her parents who were civilians working on a military base, and when the opportunity to join military service herself as a nurse presented itself, she joined the Navy. She recounted her most pivotal assignment as an overseas tour caring for hundreds of civilian evacuees during the Vietnam War. She adopted the career-long practice of steering subordinates and colleagues toward the more glamorous assignments, while she quietly sought opportunities to advance her Navy career through less than desirable, but ultimately, more valuable, assignments. Because of this, her Navy career flourished with numerous opportunities to command, as well as an opportunity to serve as an advisor for the Navy Surgeon General. She later sought the opportunity to combine the two things she loved, nursing and education, as a nurse educator, first in the civilian staff development arena, and later as an academic instructor.

According to Ruth, the driving force behind her career as a nurse educator was the opportunity to influence student nurses to become the best nurses they could be. She combined discipline, professionalism, fairness, and consistency with the ability to share knowledge in an

effort to help others learn and grow. Further, she taught that the formula for success is professionalism combined with respect and responsibility.

Matthew

Matthew explained that he was a retired Army nurse who began his military career first as an enlisted medic and later became a cook. A self-proclaimed “worthless” high school student, Matthew stated that he took the Armed Forces Vocational Aptitude Battery (ASVAB) test to get out of class. He recounted that one visit with an Army recruiter was all it required to convince him to join the Army. As it turned out, he loved the military way of life, and every time he considered leaving the Army, they offered him another incentive to stay, eventually including a nursing education. He had always wanted to be a teacher, thus, he found himself drawn to obstetrical nursing and nurse midwifery, which provided ample opportunity to teach couples how to become families.

Matthew embraced teaching nursing as an opportunity to grow the next generation of nurses and simultaneously impact the future of both nursing and healthcare. He was driven to be the best at his craft and believed nurses need to be the best so that they can advocate for their patients. He credited the Army with cultivating his lust for knowledge, personal responsibility, and desire for constant improvement. However, he placed the responsibility for learning on his students and believed it was 100 percent up to them whether they chose to do the work of learning or not.

Abigail

Abigail identified herself as a retired Air Force nurse who planned on being a nurse her entire life. She attended Catholic nursing school and was later drawn to the Air Force by her sister, also a nurse. Strong mentors encouraged her to pursue her BSN degree, and a wise, feisty

visiting home health nurse advised her to begin pursuing her masters degree as she stayed home with her newborn daughter. A career in the operating room instilled in her a desire to transform the culture in which nurses practice, and she saw nursing education as a vehicle for building a better practice environment. She recognized that much of her preparation for the nurse educator role came from her Air Force experience in teaching medical technicians how to care for patients.

Abigail characterized herself as a nurturer who believed in creating a learning environment in which students felt safe, accepted, and able to learn from their mistakes. She modeled a teamwork philosophy in the classroom where students learned to delegate and fulfill their tasks in order to accomplish the mission of the team. Her positive work ethic and can-do attitude make virtually any task or challenge attainable. She believed in developing empowered students who understand their role is to stand up for themselves and their patients and to advocate on their behalf, even when it is not popular with other health care providers. However, she related that standing strong must not equate to being unwavering, as she believed that there were times a leader must take a thoughtful step back, reflect, and re-evaluate a situation before moving forward.

Lydia

Lydia, a retired Air Force nurse, stated she was influenced to enter the nursing profession by her mother, also a nurse, as well as by an altruistic desire to serve and care for people. She viewed nursing and the military as opportunities to leave home, travel, and experience many different facets of her profession. An Air Force midwife, Lydia found that midwifery was a natural extension into nursing education and characterized her role as an educator as “midwifing the student.”

She admitted to having little regard for her own earned rank in the military or academia and preferred to work behind the scenes with students and colleagues to facilitate their success and foster their development. She valued role modeling and forming connections with students, and had a positive outlook on helping students and colleagues succeed. According to Lydia, while some retired-military-nurses-turned-educators might convey an aggressive, confrontational style with students, she preferred a diplomatic, encouraging approach to facilitate success. She engaged students in problem-solving and working through their own issues and found great pleasure in watching them blossom.

Luke

In an interview with Luke, I discovered that he first entered military service as a Navy corpsman working in the healthcare field to avoid being drafted into the Army. The son of a Navy veteran and spouse of a nurse, he later pursued a nursing degree in part because of his experience in patient care in the Navy, but also because nursing “made sense” to him based upon his understanding of science. His teaching experience began while he was a senior corpsman in the Navy, and he demonstrated a natural ability to translate complex concepts into easily understandable terms for less experienced staff. Although he noted that he initially planned to pursue an advanced practice role as a nurse anesthetist, his gift for teaching was recognized by his dean of nursing who encouraged him to consider nursing education. Unlike the other participants, Luke became a nurse educator as a civilian, and later was commissioned into the Air Force. His skills as an educator were honed in the Air Force through numerous opportunities to educate medical technicians and nurses, as well as opportunities to exert supervision in management and leadership roles. He returned to civilian nursing education after his retirement from the Air Force.

Luke sees his influence as a nurse educator reaching beyond the classroom to the patients his students will ultimately care for. He believes nurse educators are not responsible for what students learn, but rather for “setting the table” in preparation for their learning. He has high expectations of students and sets that vision for them, yet he holds them accountable for their learning. As a leader, his philosophy was that relationships were more important than tasks. In his view, leaders have to be able to set a vision and maintain high expectations regardless of the task, and then they must be willing to hold followers accountable for meeting the organization’s goals and for constantly improving.

Esther

Esther revealed in her interview that she was a retired Air Force Reserve nurse who always felt called to help people, although at one time she felt some uncertainty over what occupation she should seek. Seeking clarity in finding a career path after high school graduation, she prayed that God would show her what she should do. She felt led to pursue nursing, and a strong sense of patriotism fueled her desire to serve in the military. After receiving her masters degree in nursing, she wanted to use her degree to educate nurses through staff development in the hospital setting. However, layoffs and lack of opportunities in staff education led her to enter academic nursing education.

She considered her role as a nurse educator both a gift and a privilege to be able to share with students and to give back to the profession. Esther treasured the opportunity to share the ministry of healthcare with both patients and students, and loved being able to minister to students and to teach them how to minister to patients’ needs. She felt the best way to connect with students and colleagues was to love them and to speak the truth in love, especially when it was necessary to confront poor behavior. The core of her leadership philosophy was based on

mutual care and respect for others, and it translated across the disciplines of professional nursing and nursing education.

Naomi

Naomi shared that she always wanted to be a doctor, until she spent time as a candy striper (teen hospital volunteer) caring for patients and their families. It was then that she was exposed to the fundamental difference in medicine and nursing in terms of the time spent with patients, and she changed her career path to nursing. Patriotism was instilled in her from her father who taught her that she had a responsibility to give back to the country that had given her family so much. She put this value in action by joining the Air Force as a flight nurse during the Vietnam era and loved every minute of her career in the military.

While she felt she was effective as a civilian clinical nurse and a nursing administrator following military retirement, she yearned for the opportunity to make a greater impact on the profession she loved so much. This time, the desire to give back was focused on giving back to nursing, and she found the greatest avenue for impact was through nursing education. Her mission as a nurse educator was to impact lives—not just students' lives, but also patients' lives. Continuing the practice of giving of herself to others, she role modeled what clinical nursing should look like and set high expectations for her students while equipping them with the tools to meet those expectations.

Sarah

In an interview with Sarah, I learned that she did not grow up wanting to be a nurse as some do; rather, she earned her nursing degree because someone dared her that she could not do it. She did. A shortage of civilian jobs for new graduates in her desired specialty, obstetrical nursing, along with an inspiring Air Force recruiter, led her to join the Air Force nurse corps

after college. Her final two years on active duty involved leadership of education and training for the medical group as well as first aid training for the larger base population, yet she was not drawn to nursing education immediately upon retirement. Instead, she was more attracted to an administrative position in a medical center and eventually became the Chief Nursing Officer in that facility.

Recognizing that the work ethic and commitment of civilian employees did not match her previous experience with military service members or her expectations, she resigned her position after several years. A dean at a local college encouraged her to pursue a nurse educator position, and subsequently, Sarah interviewed, was hired, and began her career as a nurse educator.

Sarah prided herself in leaving a legacy on the nursing profession by creating nurses who value professionalism, personal accountability, pride in the uniform, and sacrifice through caring for patients. She was a self-proclaimed “rule follower” who believed in leading by example and was unafraid to make authoritative decisions when necessary. However, she shared that she practiced the art of listening and participative leadership when situations allowed time for shared decision-making.

Nurse Educator Colleague Participants

Each nurse educator interviewed provided the name of one to two colleagues who provided insight into the experience of working with a nurse educator with a prior military career. I assigned each of the colleagues a pseudonym, and in order to further secure their confidentiality, I ensured that their verbatim or paraphrased comments were not directly attributed to a specific nurse educator participant in this study. One colleague provided insight into two nurse educator participants. There were nine colleague participants: Delilah, Deborah, Leah, Elisabeth, Eunice, Martha, Rebekah, Tabitha, and Noah.

Nurse Educator Student Participants

Each nurse educator provided the name of one to two students who provided insight into the experience of being taught by a nurse educator with a prior military career. I assigned pseudonyms to the students, and in order to further secure their confidentiality, I ensured that their verbatim or paraphrased comments were not directly attributed to a specific nurse educator participant in this study. There were ten student participants: Phoebe, Candace, Anna, Mary, Dinah, Eve, James, Joanna, Lois, and Hannah.

Results

Interviews with volunteer nurse educator participants provided the majority of the data collected in this study. Additional data were obtained through interviews with colleagues and students identified by the nurse educator participants, as well as observation of the nurse educator participants in their classroom environment and review of personal and professional documents. From 30 verbatim transcripts, 192 significant statements relevant to the experience were highlighted. A list of 100 significant horizons from those statements (Table 4.1) was generated, and each word was tested to meet Moustakas' (1994) two requirements: (1) "Does it contain a moment of the experience that is a necessary and sufficient constituent for understanding it? (2) Is it possible to abstract and label it?" (p. 121). Expressions not meeting these two test questions and repetitive or vague expressions were eliminated. The remaining 41 invariant constituents (horizons) were then clustered into themes. Eight themes became evident through data analysis and are presented in Table 4.2.

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
Interviews—RQ1	<p>Responsibility to seed the future</p> <p>Give as much as the students give</p> <p>We can do it together attitude</p> <p>Clinical doesn't need to be more stressful than it already is</p> <p>Responsibility</p> <p>Students must understand their obligation to patients</p> <p>Opportunity to influence</p> <p>Knowledge is power, but only if it's shared</p> <p>What makes me powerful personally is sharing that knowledge and giving others the opportunity to learn and grow</p> <p>I get to grow the next generation of nurses</p> <p>Get to impact the future of nursing</p> <p>Want nurses to advocate for their patients</p> <p>Personal responsibility</p> <p>Always accomplish the mission</p> <p>Goal-focused</p> <p>Emotional about her role</p> <p>You have a chance to make a difference</p> <p>Philosophy is self-esteem enhancement; if you take the stress out of what they're doing and build them up, then they learn better</p> <p>Students have to feel safe, worthwhile, and good about themselves to learn</p>	<p>Opportunity</p> <p>Privilege</p> <p>Responsibility</p> <p>Seed the future</p> <p>Impact lives</p> <p>Influence patient care</p> <p>Role model</p> <p>Grow next generation</p> <p>Make a difference</p> <p>Leave a legacy</p> <p>Self-esteem enhancement</p> <p>Build them up</p> <p>Safe</p> <p>Support</p> <p>Blossom</p> <p>Ministry</p> <p>Gift</p> <p>Tough but fair</p> <p>Connect with students</p> <p>Always accomplish the mission</p> <p>Midwifing the student</p> <p>Advocate for patients</p> <p>Personal responsibility</p> <p>Creating learning space</p>

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
	Stand up for what you believe in Role modeling Support Love students Creating a learning space It's a kick to see someone blossom I need that connection with students "Midwifing the student" Helping them have the vision Tough but fair Influence you have on patient care To give back Gift to be able to share Privilege to be able to share Connecting with each learner The opportunity to share in the ministry of healthcare Minister to students who are also wounded, disadvantaged Privilege to be able to minister to students' needs and to teach them how to minister to patients' needs Opportunity to impact lives— both students and patients Role model for students Leaving a legacy on the profession Connecting with one student at a time	
Interviews—RQ2	Didn't want to get drafted Needed to get bachelor's degree Motivated by being married, obligations, and positive	Drafted Motivated Obligation Responsibility Like hospitals Catholic school Wanted to be nurse

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
	experience as enlisted	Staff development role
	Not right for admin after retirement	Identified by others
	Responsibility to seed the future	Calling
	Liked hospitals as a child	Experienced clinician
	Always wanted to be a nurse	Wanted to be a teacher
	Catholic school	Mother was a nurse
	Worked in hospital staff development before nurse educator role	Transform nursing culture
	Was told by others she would be good faculty member	Altruistic
	Nursing has always been my calling from very young age	Service
	Always wanted to be a teacher, so now I finally get to do what I want	Caring
	Always knew she wanted to be a nurse	Midwifing led to teaching
	Chose career in nursing education to transform the practice environment	Patriotism
	Mother was a nurse	Giving back
	Altruistic, service and caring mindset	Making a difference
	Midwifing is a natural extension into teaching	
	Felt called to help people	
	Went into military because she was very patriotic and wanted to give back to the country she felt had given me so much	
	Father instilled a desire to give back to country (patriotism),	
	so went in AF flight nursing	
	Later wanted to give back to nursing, so went into nursing education	
	Military because there were no	

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
Interviews—RQ3	<p>OB jobs unless you had experience, and AF offered the opportunity to work in OB</p> <p>Strict, firm, controlling and willingness to listen, help guide students, approachability</p> <p>Meticulous organization</p> <p>Desire to connect with students</p> <p>Sense of commitment to students, patients, mission</p> <p>Knowing when not to say anything</p> <p>Storytelling</p> <p>Uses humor as tool</p> <p>Standard that must be met, but doesn't want to scare them to death</p> <p>Gentle</p> <p>Kind</p> <p>Easy to talk to</p> <p>Students feel valued</p> <p>Connected with students in classroom</p> <p>Nurturing students</p> <p>Compassionate, especially to those who are struggling</p> <p>Strong work ethic</p> <p>Can-do attitude</p> <p>You have to be empowered to stand up for yourself, to stand up for your patients</p> <p>Rank is not jewelry on your shoulders—get your education if you want a seat at the table</p> <p>Motherly approach</p> <p>Goal-oriented</p> <p>Not very flexible</p> <p>Organized</p>	<p>Strict</p> <p>Firm</p> <p>Willing to listen</p> <p>Approachable</p> <p>Organized</p> <p>Commitment</p> <p>Mission oriented</p> <p>Storytelling</p> <p>Humor</p> <p>Standard must be met</p> <p>Gentle</p> <p>Kind</p> <p>Easy to talk to</p> <p>Values students</p> <p>Connected to student</p> <p>Nurturing</p> <p>Compassionate</p> <p>Strong work ethic</p> <p>Can-do attitude</p> <p>Empowering</p> <p>Motherly</p> <p>Caring</p> <p>Not flexible</p> <p>Goal-oriented</p> <p>Organized</p> <p>Invested</p> <p>Going the extra mile</p> <p>Fostering growth</p> <p>Stepping up to the plate</p> <p>Engaged</p> <p>High standards</p> <p>Paradoxical</p> <p>Build relationships</p> <p>Stand up for yourself/patients</p> <p>Going extra mile</p> <p>Motherly approach</p>

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
	Very caring	
	Invested time in students	
	Very formal, but also relaxed, hard to describe	
	Did extra things (going the extra mile)	
	Love working with people	
	Cool to work with colleagues in the making	
	Believes in fostering growth, facilitating	
	Stepping up to the plate when resources not available, doing a lot with a little	
	Engaged with students	
	High standards	
	Facilitates students' success	
	Builds relationships with students	
	Mentors	
	Organized	
	Not a top down approach; engaging and collegial	
	Very kind	
	Respectful	
	Very organized	
	Consistent	
	Had expectations and wanted students to meet her halfway	
	Personable with students	
	Conversational teaching method, treated students as colleagues	
	Sat while talking with them (put herself on same level)	
	Written email to student encouraging her	
	Detail-oriented	
	Always willing to fill in	
	High expectations of learners	

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
	Patient, kind, understanding, knowledgeable	
	Able to reframe situations so students could be more comfortable	
	Not responsible for what students learn; table-setter	
	Believes in constantly improving	
	Set high expectations and hold people accountable	
	Gift to be able to share	
	Privilege to be able to share	
	Opportunity to share in ministry of healthcare, to teach students how to care for patients	
	Also an opportunity to care for students	
	Empowering others to reach their goals	
	Servant leader	
	Kept others accountable	
	Set the standard	
	Structured	
	Did whatever she could to help students succeed	
	Mentor	
	Sees role as motivational, but students have to want to learn	
	Very caring but also rigid at times	
	High expectations, sometimes	
	militaristic approach	
	Paradoxical person	
	Connection to students through storytelling	
	Help students reframe their thinking from negative to positive	

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
Interviews—RQ4	Try to listen more than talk Take time to respond to questions (7 second delay) Helps colleague grow as a person, educator, clinician Seemed tough at first, but fair and understanding Inspiring Able to talk to her personally and know it's confidential Trusted Exemplifies leadership Very strict Would do anything to help anybody	
	Demanded best of students Took faculty member "under his wing" Mentoring Role modeling Protective of students Sigma Theta Tau delegate Faculty advisor for SNA Nurture, but instill sense of responsibility, obligation People trust her Pillar that people rely on Understanding of different learning styles Student is primary Visionary Don't get bogged down in trivial issues; let's get to the important stuff like taking care of patients, building our practice, innovative ideas Goal-focused Took the time Stayed late Always keep improving	Took under wing Mentoring Role modeling Protective Nurturing Delegated Leads by example Behind the scenes leader Learner-centered Groom for leadership Supportive Teamwork Walked the walk Servant leader Inspirational Visionary Above and beyond Took the time Stayed late

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
	Leads by example	
	Sense of humor	
	Delegated well; demonstrated how to work as a team even at classroom event	
	Colleague didn't see her as much of a leader, but as a participator	
	Rank not important	
	More behind the scenes	
	leader; come in the back door, not the front	
	If there's a problem, ask how can I help	
	Clinical research	
	Just received tenure	
	Offers support to faculty and students	
	Views relationships as more important than tasks	
	Not afraid to break the rules if it means getting more understanding in education	
	Established chapter of American Association of Men in Nursing	
	Mentors students	
	Learner-centered	
	Served others	
	Servant leader	
	Lived by philosophy, "It's nice to be important, but it's more important to be nice"	
	Want to inspire people to do the right thing, to live up to their potential, not because of rank	
	Share personal stories to inspire students	
	Walked the walk	
	Puts students first	

Table 4.1

Code List for Interviews

<u>Method of Collection</u>	<u>Significant Statements</u>	<u>Horizons</u>
	Groom for leadership	
	Teach students how to delegate, to think and make decisions	
	Lead by example	
	Rule follower	
	Teamwork	
	Participative style, but autocratic if a decision needs to be made quickly—can think on my feet	
	Above and beyond	

Table 4.2

<i>Emerging Themes</i>	
<u>Invariant Constituents</u>	<u>Core Themes</u>
Tough but fair Strict Approachable Caring Paradoxical Understanding	Managing the Dichotomy
Seeding the future Opportunity to learn and grow Midwifing the student Growing the next generation	Growing the Next Generation
Responsibility Obligation Leaving a legacy Make a difference Transform nursing culture Patriotism Giving back Influencing patient care Ministry of healthcare	Leaving a Legacy
Always accomplish the mission Pillar that people rely on Goal-oriented Strong work ethic Stepping up to the plate	Fulfilling the Mission
Love students Build relationships Connect with students	Connecting with Students
Advocate for patients Personal responsibility Stand up for yourself/patients Servant leader Role modeling	Leading by Example

Table 4.2

<i>Emerging Themes</i>	
<u>Invariant Constituents</u>	<u>Core Themes</u>
Going extra mile Took the time Stayed late Goes above and beyond	Going Above and Beyond
Build them up Creating a learning space Nurturing Supportive Protective	Protecting the Student

Theme Development

Theme 1: Managing the Dichotomy. One of the most common themes that emerged from the interviews and observations with participants was the combination of the traits of kindness, compassion, and fairness coupled with a firm, strict, and rigid demeanor. While not all nurse educators seemed aware of this dichotomy in their behavior, it was most notably recognized and identified by their colleagues and students. Nurse educator colleagues, specifically, cited the harshness of the nurse educator participants' behavior as reminiscent of what one might consider stereotypical for prior military service members, and in some ways could be problematic in relationships with students. Delilah, a colleague of one of the participants, explained how the military experience may have influenced his behavior.

I think he's very open. However, I certainly saw that military background with him. And it's kind of hard to explain. Just the way he ran the classroom. He ran it in a very strict way. Not overly strict, but he took control. He was very fair. With that said, he kept it fun...And so he didn't always come across as that very stern, I don't want to say

scary because that's not what he was, but intimidating at times. He was able to play both advocates when necessary. (Delilah, interview, February 2, 2016)

Elisabeth described the communication style of one of the participants as somewhat harsh at times. "He's very direct...He's used to telling people what to do, you know, in an authoritative role, and sometimes that can come across in a non-military, not that type of setting, it can come across as short and abrupt...That's just his personality" (Elisabeth, interview, March 17, 2016).

Tabitha, a colleague of a participant, described the dichotomy in behavior as varying from extremely caring to rigid and harsh: "I think that she's a very caring person. I think that fundamentally she probably has a lot of similarities to me, but I almost feel like there's somewhat of a dyad in perspective, because I think that fundamentally she is very caring, but then there is this kind of rigidity and harshness on the other side. It's an interesting combination" (Tabitha, interview, October 6, 2016).

Noah described her colleague as a "rule follower" who does everything "by the book." She found her forthrightness refreshing and preferable to those who avoid speaking the truth out of fear of hurting another person's feelings. "She just speaks how she feels and you're going to know exactly what's wrong. You don't have to like, sometimes with me you have to kind of dig because I don't want to hurt people's feelings. When it comes to being a leader, she doesn't tell you what you want to hear. She tells you the truth" (Noah, interview, September 13, 2016).

Similarly, Deborah found her colleague's behavior of being "very kind but firm with the students" as an asset. Like Deborah, students identified the dichotomous behavior as a positive aspect of the nurse educators' teaching ability, even though some perceived the behavior as stereotypically military in nature at first. They verbalized respect for the instructor and an understanding of their high expectations coupled with a desire to meet them.

When I first met _____, I was like, “Oh my gosh! She’s tough! It’s going to be hard.” And people had the same perception. She walked by you and it was like, “Oh! She’s tough!” But then once you get her understanding you kind of know what her expectations are, so everything kind of falls into place...There’s just something about her when she walks in the class...It’s not like she’s mean. (Anna, interview, September 13, 2016)

Another student, Lois, noted there was a preconceived notion among students of how the nurse educator participant would behave in class. This expectation of stereotypical behavior seemed to match his initial presentation to the class, but the students quickly identified that his portrayal of a professor was not really who he was.

There was a perception in my class as a whole of him being strict, um, you know, steel backbone kind of, you know, the typical colonel, if you want to put it that way...What we found out was part of that was actually true because he was trying to portray this image of a professor and it’s not him, you know, the big, staunch, iron-back, kind of really strict professor. That’s not him. (Lois, interview, March 17, 2016)

Joanna, a student, initially attributed the harshness in attitude and behavior to her nurse educator’s military background, but noticed a change in his behavior over time.

I guess he thought that coming into the classroom he was going to be teaching soldiers because a lot of times, the wording would come off a bit harsh when critiquing our papers...Over time, we did start to have that open dialogue with each other. He really started to like, come to his own. Like, the class, he made the class his own. (Joanna, interview, March 21, 2016)

Other students, like Dinah and Hannah, noticed what they considered stereotypical military behavior in the nurse educator participants, but found that they benefited from it and that it elicited better behavior from them. “She was sort of strict, like she has the military vibe in her...And in the end, she’s actually more helpful because of the whole higher expectations brings the best in us” (Dinah, interview, March 30, 2016).

But anyway, _____ is a very, very, kind person. So that’s my first connection with her, you know, when I first met her...I’m not organized the way she is, and I actually used to think that was, I used to see this sort of military discipline thing come out. When she called, umm, you called her back type thing. When she said she would do something, she did. (Hannah, interview, August 5, 2016)

While not all nurse educators verbalized an awareness of this dichotomy of behavior in themselves, the ones who did offered an explanation for the intentionality of their actions.

And I will say, because practically all the students told me, and other people have told me, I come off very strong. But I believe that it’s better to come in strong and gain their respect than it is to, and then you can ease up, but if you come in soft then you’re never going to have the respect and you’re never going to be able to lead them or show them where they need to be. (Sarah, interview, September 13, 2016)

It’s a disciplined profession, and for me, translating that discipline to a nursing student is very important...And one of the things that a lot of my students say is that until they get to know me, I’m scary to them because of my demeanor, but I firmly believe in leading by example, and I try to be as professional as possible at all times...Professionalism, professional demeanor, discipline—very important to me. Um, discipline in the sense that I shouldn’t have to tell you twice, and I make things very clear, very specific up

front, and then they have the choice as to whether to participate, whether to follow the rules. If they don't there are consequences, and it's as simple as that. (Ruth, interview, March, 18, 2016)

Lydia told me that she does not routinely tell students that she was in the military, and when I asked her why, she stated, "Why would I bring that up, you know? Um, but I think there's a stereotype of a military nurse that becomes a nurse educator...And it's not the warm and fuzzy way I've tried to describe my philosophy. It wouldn't be" (Lydia, interview, April 26, 2016). In referring to overhearing a student discussing her as an instructor, Lydia noted, "She said I'm tough, but I'm fair. And she said I'm compassionate. So I can take that" (Lydia, interview, April 26, 2016).

Matthew expressed some difficulty learning how to communicate with students when he first began teaching: "I have a habit of not mincing my words, being very direct, and that gets me into trouble still from time to time...Learning how to speak to students has been different." He realized early on in his newfound career as a nurse educator that he did not always get the same results when using the direct, matter of fact approach that worked for him during his military career. When observing his class, I witnessed his direct approach when talking with students. When students complained about having multiple exams in one week and were attempting to persuade him to change the date of their exam, his response was, jokingly, "Oh, cry me a river" (Class observation, March 17, 2016).

Theme 2: Leaving a Legacy. Not only did participants feel responsible for growing the succeeding generation of nurses, they also wanted to "give back" to the profession of nursing, and furthermore, to affect the care that patients received. They expressed a desire to "make a difference," not only in the lives of their students, but ultimately in the lives of future patients.

Educating nursing students was seen as creating nurses who would contribute to positive patient outcomes for many years in the future.

And as I really reflected back on what did I want to be remembered for, it was the legacy that I would leave on my profession. And that legacy is reaching one individual at a time. When you connect with a student, and that student starts to believe in themselves, that's very gratifying to me, very satisfying. (Sarah, interview, September 13, 2016)

I guess what it means is an opportunity to better humanity, an opportunity to better healthcare...I can maybe teach five or six nurses on the floor, but if I teach twenty nurses every semester, then they grow. And they'll teach two friends, and they'll teach two friends...I have this lust for knowledge, and I always want to learn more so I can be the best. And that way, if I'm the best, then my students will be the best, and you know, I'm going to pass that on. (Matthew, interview, March 17, 2016)

I have to look myself in the mirror every night, and I want to know that I've done the very best for you [students], that you're getting your money's worth, and that the patient is safe and we're doing the very best we can for them. (Naomi, interview, September 2, 2016)

It's amazing the influence you have on patient care...You know, students will contact you years later and talk about where they are and what they've done. I may not do a lot of stuff well, but I can teach. (Luke, interview, May 19, 2016)

Leaving a Legacy looked different for each participant. For Abigail, leaving a legacy meant transforming the culture of her specialty area, the operating room (OR), through mentoring students. She envisioned her role as a vehicle to create a generation of nurses who treated each other better, no matter where they would work in the future.

I was an OR nurse, and I don't know if you know much about the culture in the OR, but it's a violent place. And I decided that I could make a difference as a mentor, and so I chose education because I knew there had to be, there was a better place to practice, that nurses didn't have to beat each other up constantly, and that I could make a difference in that way, so I became an educator. (Abigail, interview, April 26, 2016)

For Esther, Leaving a Legacy was more about ministering to the students she teaches and to the patients she cares for with her students in clinical.

I think it's the opportunity to share the ministry of healthcare. We do so much with our patients...It is overwhelming that our patients are so needy. They're so vulnerable. And so, to meet them where they are and to teach the student to meet them where they are. And students themselves are in their own path. They are bombarded and sometimes wounded and disadvantaged, and so the caution is, and the privilege is to minister to their needs and show them how to minister to patients' needs. (Esther, interview, May 20, 2016)

For some, Leaving a Legacy meant they were able to reciprocate, or "give back," to the profession of nursing that had played such a defining role in their own lives.

They [parents] lived through the Depression, and my father taught me, all of us, from the time I was a kid, that this was the greatest country in the world, that things shouldn't be automatic. That you should give back... I wanted to be able to give back to something that has been so good to me and that I love. (Naomi, interview, September 2, 2016)

It isn't about who I teach. It's about kind of really helping support the professionalism, supporting the success, um, so I guess that's why I'm in it [nursing education]. And I think I'm in it for all the right reasons. (Lydia, interview, April 26, 2016)

Students did not conceptualize the legacy effect of the actions of nurse educators. Rather, they recognized the influence these nurse educators had on their lives and attributed a personal connection of the education they received to them. Phoebe described the influence of a nurse educator participant in this way: “I take a piece of him with me, because he taught me what I do” (Phoebe, interview, July 13, 2016). The effect of prior military nurse educators on students Hannah and Lois was profound. “I can tell you that she really changed my life...I mean I really think that she is someone that I look to for wisdom” (Hannah, interview, August 5, 2016). “I don’t think anyone will walk away from this school being taught by him without being somehow influenced by him, somehow, because he’s just that kind of person (Lois, interview, March 17, 2016).

In addition to interviews with participants, their colleagues, and students, artifacts provided by the participants indicated a lasting legacy on the profession of nursing as well. Four of the ten nurse educator participants indicated they had published professional nursing articles or presented at conferences. Miriam shared a research article on shaken baby syndrome, Daniel listed four journal articles and ten presentations on various topics on his curriculum vitae, Matthew has presented and maintains a blog on lactation, and Lydia lists over one hundred presentations or journal articles on her curriculum vitae.

Theme 3: Growing the Next Generation. When asked what it means to be a nurse educator, participants saw their role as one of building or growing future professional nurses. Sarah stated, “I think that my military training allowed me to take them [students] from the street and start creating or building them into a nurse” (Sarah, interview, September 13, 2016). There was recognition of a responsibility and an obligation to create nurses out of students who would one day replace them. They articulated this by using words such as, “seeding the future,”

watching students “blossom,” and “growing the next generation.” Daniel likened himself to “a Johnny Appleseed” with “a responsibility to seed the future” (Daniel, interview, December 9, 2015). Other participants characterized their responsibility similarly. Matthew stated, “What I love about being a nurse educator is that I get to help grow the next generation of nurses, you know. And I think I can really impact the future of nursing, the future of healthcare by teaching them while they’re young” (Matthew, interview, March 17, 2016). Lydia used the term “blossom” when describing the experience of watching students grow into professional advanced practice nurses. A nurse midwife herself, she compares her role as an educator to the experience of “midwifing” a mother.

It’s all about role modeling. It’s about support. It’s about creating a learning space. It’s a kick to see somebody blossom. It’s a challenge to see someone struggle, but can we work on that together? Yeah...Midwifing the student is not a whole lot different than midwifing the women in our family. It’s pretty cool to work with your colleagues in the making. (Lydia, interview, April 26, 2016)

The significant impact nurse educators can make on students is one reason some of the participants gave for continuing in nursing education, and the additional opportunity to impact the lives of patients through students was yet another. As Naomi said, “Well, to me it means the opportunity to impact lives. I think that as an educator I’m very involved with my students, but I still have an opportunity to impact patients, but more so to be an example and a role model for the students (Naomi, interview, September 2, 2016). Ruth’s philosophy of education is quite simply put, “learn and grow,” and she sees herself as a vital part of the educational process through the sharing of her knowledge, which translates to imparting power to the students.

To me being a nurse educator is an opportunity to influence. My whole philosophy is knowledge is power, but only if it's shared. Quite often you hear people hold knowledge in because that makes me powerful, but what makes me powerful personally is sharing that knowledge and giving others an opportunity to learn and grow. So I consider myself a person who grows the next generation, and that's what nursing and nursing education means to me, is helping others become the best that they can be, and to be able to do the best that they can do...I want people to learn and grow. (Ruth, interview, March 18, 2016)

Growing the Next Generation did not seem to end with the students either. In addition to growing the next generation of nurses, some participants engaged in growing the next generation of nurse educators also. In describing how one of the participants influenced her, Noah remarked, "She would offer advice, or tell me how to handle certain situations and it really helped me grow in the last year as a person, as an educator, as a clinician" (Noah, interview, September 13, 2016). Delilah felt that one participant took her "under his wing" and felt that he was grooming her so that she could take his position as a course leader when he retired (Delilah, interview, February 2, 2016).

Theme 4: Connecting with Students. Participants verbalized a need to build relationships with students so that they knew the educator not only cared about what they were learning, but also, that they cared about the student as a person. Nurse educator participants did not see their role solely as a teacher imparting knowledge to the students. They recognized part of their job as assessing and meeting the emotional needs of students. They viewed this connection as integral to successfully achieving their mission. Luke explained this need for Connecting with Students as relationship-based. "Relationships are more important than tasks"

(Luke, interview, May 19, 2016). Sarah and Esther described supportive relationships with student as necessary in creating a learning environment where students could thrive academically while managing challenges in their personal lives simultaneously.

They [students] look to you to further explain things. They test boundaries with you.

They have life problems that they bring into the program. They have child care issues.

They have spouse issues. They have divorce issues. They have abuse issues. And some of these things come out based upon what you talk about in class. And so it's not just merely going to class for an hour and fifteen minutes twice a week. You truly get involved in these students' lives, and you know you've been successful when they graduate and they want to be your friend. They want to be your peer. (Sarah, interview, September 13, 2016)

But it just highlights that the way to connect with a student is to love them. You know, without that, you really don't have a basis except a lot of facts, a ton of facts in nursing, and a lot of hard work. You're teaching them the rigor to survive, and hopefully, thrive rather than dive out there, and you know, so that became to me a real turning point with connecting, because unless I focused on that first, how to love a student without enabling bad behavior, without tolerating disrespect, without tolerating lack of preparation, and I say that very gently, because they're kids. (Esther, interview, May 20, 2016)

Lydia found the connection with students as something she also needed, and this required an active process. "I want to know about them and talk to them, and I'd work my brain around the room and get to know them. I do need that connection" (Lydia, interview, April 26, 2016). Lydia shared the following text of an email with a student that clearly demonstrates her active, supportive role. The student shared a photo of her new granddaughter in the email.

Hi, _____, Hope all is well. I will not be in class today, my daughter just had the baby and I gave [sic] been at the hospital since 11:30 last night. I appreciate all of your help this semester. As you know, the past three minths [sic] have been fraught with complications, and exceedingly difficult at times. Thank you so much for your patience and encouragement. God bless you, _____. P. S. beautiful baby girl named _____ (Student email to Lydia, April 26, 2016)

Dear _____, Congratulations. She is so beautiful. I am excited for you and your family. I love her name! It has been a pleasure to have you in class. I appreciate all the time and effort you have put into this class! You are a different person than when you started!...Now go get some rest:). (Lydia's email to student, April 26, 2016)

Colleagues and students also sensed the ability of participants to connect with students during the educational process as part of creating a safe, productive learner-centered environment. In describing one nurse educator participant, Eunice remarked, "I think she really believes that faculty-student interaction and faculty-student connection is really key to the best possible learning-teaching environment" (Eunice, interview, May 26, 2016). Martha noted that her colleague "really does care," and that "he cares about his students' body, mind, and spirit" (Martha, interview, May 19, 2016).

Eve, a student of a participant, appreciated the openness and willingness to listen of her instructor. "She was very easy to talk to. She was very open with us and she definitely treated us more along the lines of colleagues rather than an instructor...She was more about like forming a relationship and being there, whereas other teachers it was like a, more of like a professional relationship" (Eve, interview, June 27, 2016).

Theme 5: Protecting the student. Participants verbalized that they felt a responsibility to provide some emotional and physical protection for their students. They recognized their vulnerability as learners and desired to provide a learning environment that minimized the stresses students were experiencing from the demands of nursing school. The safety net they provided consisted of listening to their problems and concerns and responding to them positively rather than negatively.

I think that you have such a chance to make such a difference in, what my philosophy with them is, self-esteem enhancement because I feel that if you can take the stress out of what they're doing and build them up. They get knocked around enough in life that it doesn't have to happen to them while they're learning... They have to feel that they're safe. They have to feel worthwhile. They have to feel good about themselves in order, I believe, my personal philosophy, to learn. (Abigail, interview, April 26, 2016)

Similarly, Miriam relayed that she wanted to be the type of nursing instructor that supported students' learning needs rather than frightened them with a harsh demeanor, especially in the clinical area. "I'm not going to be that kind that makes students so stressed that they can't work with somebody breathing down their neck, you know? They're stressed enough as it is, and so I try and be supportive and make the learning environment comfortable for them to make them successful" (Miriam, interview, December 9, 2015). Leah, a colleague, remarked that both she and the participant stressed the need to follow a standard in clinical practice, but at the same time, their philosophy was "not to scare them to death that they can't ask questions" (Interview, September 13, 2016).

Daniel confirmed that the desire to provide a healthy learning environment meant ensuring the students felt safe during their clinical experiences, especially in the mental health

clinical area where individuals may attempt to take advantage of the young, female nursing students. “I was always very protective of the students, making sure that they were aware of who might be an issue on any particular day, or someone that we might not need to talk with, and teach them how to set limits verbally” (Daniel, interview, December 9, 2015).

The protective instinct was recognized by students of participants, as well as colleagues. Anna, a student, found her instructor “nurturing” (Interview, September 13, 2016). Eunice, a colleague, described one of the participants as having a “motherly kind of approach” (Interview, May 26, 2016).

Theme 6: Leading by Example. Role modeling acceptable, professional behavior was another core belief of the participants. They and their students and colleagues stressed that the nurse educators modeled expected behavior and demonstrated respectful attitudes toward others, and they generally felt that the participants would not ask them to do any task that they themselves would not do. Daniel commented, “When we're in clinical, I'm in clinical. I'm there, on the unit, whether it's a quiet, calm day. I'm there as a role model. If they're struggling, learning to interact with somebody, I'll say, ‘Come on. Let's sit down and talk.’ Or ‘Let's see if we can't get this person to talk.’ Or ‘Have you tried this?’” (Daniel, interview, December 9, 2015). Sarah described Leading by Example as her personal leadership philosophy. “I think it’s lead by example. I would never expect a student to do something that I was not willing to do, and I believe that learning the role of nurse, living the role of the nurse, it’s not always easy, but you are the patient’s advocate and you need to understand that” (Sarah, interview, September 13, 2016).

Miriam credited her military experience as laying the foundation of a sense of duty, or personal responsibility, and that is one value she tries to convey to her students.

The military always gave me a sense of responsibility and what's required for the job. I don't, I think I had to call in sick one time when at _____ and it was almost more than I could...I just, you know, it just appalls me still when I see nurses calling in sick for everything. I talk to the students about what your role is and you need to understand your obligation and what's required of you, and that is, that was ingrained in us. And it just became your normal way of life... You know, if you're not going in, somebody else is going to be doing it for you. (Miriam, interview, December 9, 2015)

Elisabeth, a colleague of a nurse educator participant, recognized him as someone who is willing to help whenever and wherever he's needed. She stated, "He probably leads by example... Whenever people need to volunteer to go and be a faculty for a club that's having a bake sale, you know... He's a doer, a man of action. And he's very giving of his time" (Elisabeth, interview, March 17, 2016). Similarly, Martha characterized her colleague as "a terrific leader" who "wouldn't ask anybody to do anything unless he would do it himself" (Martha, interview, May 19, 2016).

Candace, another colleague, remembered seeing a wall plaque in one nurse educator participant's office that characterized the way the participant lived her life. She identified her selfless behavior as servant leadership.

And it said, "It's nice to be important, but it's way more important to be nice." And that was her philosophy. She could disagree in a really nice way, and she could hear you out in a really respectful way. She didn't disagree before she would hear you out... She looked at the team as a team, and her role was how can I serve you to reach your goals? You know, how can I empower you to reach your goals? What resources can I bring

your way? Or where do you need to go? What conferences do you need? I mean, she was just, she was a servant leader. (Candace, interview, September 6, 2016)

Theme 7: Fulfilling the Mission. Participants expressed a deep sense of responsibility to achieve the goals, or mission, of their work. For nurse educators, the mission was conceived as empowering the learner and instilling responsibility for learning and accountability for safe patient care. Regardless of which branch of service the participants previously belonged, they understood this as the “mission” and inherent expectation of the role of nurse educator. For Matthew, Fulfilling the Mission was the driving force behind everything he does, and the message he instills in his students. “I’ve got a mission and I’m going to achieve my mission...What I can’t tolerate is someone who doesn’t accomplish their mission...Do your mission the way you’re going to do your mission, but by God, always accomplish the mission” (Matthew, interview, March 17, 2016).

Naomi related an example of a personal experience with fulfilling a military mission and how that enduring drive propels her to encourage her students to meet their mission as professional nurses.

And I remember looking at the young medical crew director, and I said, “I don't know how we're going to do this.” And she said, “Well, I'm going tell you how we're going to do it. We're going to stay calm. We're going to work together. We're going to prioritize what we do. We're not going to worry about things we can't control.” I said, “Fine.” And it worked. And mission after mission it worked based on those principles. Something that nurses today don't understand... We have a mission and people depend on you to do that mission. (Naomi, interview, September 2, 2016)

The drive to fulfill the mission of a nurse educator included concepts such as work ethic and discipline that were recognized by one of the nurse educator colleagues as different from other non-prior military educators. Martha, a colleague of one of the participants, as well as one who has previously supervised many prior military nurse educators, identified the difference in work ethic.

I had quite a few [prior military nurse educators] on my faculty and I think there is, they are, the ones I've worked with are very self-disciplined, self-directed. They don't necessarily wait for someone to command them to do something. They are go-getters. They have lots of energy and ideas and are willing to do the work, whatever to accomplish the, whatever the task or whatever our goals and objectives are for a certain project...There's a discipline and a commitment and a work ethic that sometimes in academia they're [non-prior-military nurse educators] not driven as much sometimes. (Martha, interview, May 19, 2016)

Ruth characterized that desire to fulfill the mission as a willingness to do anything that is required for the organization to succeed. "I'm the type of person that says, 'You've got a hole? I'll fill it, as long as it's not OB, peds, or psych'" (Ruth, interview, March 18, 2016). Abigail and Lydia also offered a similar perspective of the work ethic that motivates them to do whatever it takes to accomplish the mission.

It was just a work ethic that was expected, and there was no job that was undoable. There was no job anyone ever asked you to do that you didn't say, "Okay. Yes." And so, even now, even if you didn't want to do it. If my dean calls me and says will you, I roll my eyes a little bit, but there's nothing that I would ever say, "No, I won't." How could you say no? I couldn't say no to my dean. "No. I won't do it?" I couldn't. You can make

anything happen. Truly your mindset is that you can make it happen. (Abigail, interview, April 26, 2016)

I have a really strong work ethic...I don't mind staying extra hours. I don't punch a clock...I don't do things for the money. If I did, I wouldn't do this job. I took a 50 percent pay cut. (Lydia, interview, April 26, 2016)

Theme 8: Going Above and Beyond. Although none of the participants identified themselves as “going above and beyond” what was expected of them, students and colleagues of theirs noted this as a significant attribute. “Going above and beyond” was characterized as doing more than other instructors would do or doing more than was required to instruct either a didactic or clinical course. Deborah, a colleague of a nurse educator participant, noted the absence of a need for monetary compensation as a motivator in doing more than what was expected.

I don't know if she told you, but we're kind of under the gun with the Board of Nursing for our NCLEX [National Council on Licensure Exam] scores. And so, she's been one of the ones that's been part of the team that's been answering what the Board of Nursing is asking us to do. Absolutely gives 200 percent in that. She's a nine-month employee which most of our faculty are. And if they work over the summer, we can give them a small stipend. It's not huge. But she'll do the work whether she gets the stipend or not. (Deborah, interview, August 12, 2016)

Hannah, a student, remarked that she felt her prior military nurse educator “always went that extra step” (Hannah, interview, August 5, 2016). Rebekah identified her nurse educator demonstrated a “more structured” approach, set very clear expectations, “took the time” to ensure they understood the course content more than other professors, and “stayed late” if students had questions (Rebekah, interview, July 15,

2016). Dinah, Lois, and Joanna, students of other nurse educator participants, recounted specific instances of their nurse educator participants providing additional instruction or clinical activities that were not required for the course, but that provided them with valuable learning experiences.

When I was doing my nursing educator [course] with her, she was giving me tons of opportunities and she would even call different instructors to see if I could shadow them or listen out for meetings, which is not even required for her to do. She goes above and beyond for her students, and I think that's really great about her. (Dinah, interview, March 30, 2016)

He's willing to go way out of his way to get us to where we need to be in whatever subject it is. Like I said, he's my advisor, and I'm doing a presentation for our undergraduate symposium, and he read my 18-page paper on Aristotle and nursing that has nothing to do with any class in this entire program, and he went out of his way to read my 18-page paper and give me comments on it. (Lois, interview, March 17, 2016)

He offered a non-pharmacological birthing method. And he put that together where we were able to meet midwives. They came to the school and talked to us, so I appreciate him really going above and beyond to make this class work for us and that was something I wasn't expecting. (Joanna, interview, March 21, 2016)

Research Questions

RQ1: What does it mean to be a nurse educator with a prior military career?

Participants did not seem to think of themselves as a nurse educator with a prior military career, but rather, they just viewed themselves as a nurse educator. While some verbalized the effect of the military experience on their teaching philosophy or the manner in which they taught, the fact

that they had a military career prior to their role as educator was not necessarily how they viewed themselves.

The themes of Growing the Next Generation and Leaving a Legacy best illustrate the participants' responses to this research question. While each participant possessed a slightly different view of what it means to be a nurse educator, the summation of all of their points of view presented included the arrival of a personal understanding that they had the knowledge others needed to become nurses, and they felt a responsibility to share that knowledge with their students. To some, that responsibility was conceptualized as an opportunity, and to others a privilege. Daniel felt "a responsibility to seed the future" (Daniel, interview, December 9, 2015), while to Miriam, teaching was a natural progression of her role as professional nurse. "Well, I think as you progress, you have enough knowledge [to teach]" (Miriam, interview, December 9, 2015).

Luke found his identity as a nurse educator in impacting patient care. "It's amazing the influence you have on patient care... You know, students will contact you years later and talk about where they are and what they've done. I may not do a lot of stuff well, but I can teach" (Luke, interview, May 19, 2016). Naomi and Ruth also described their role as educators as an opportunity to influence the profession of nursing and to impact both students' and patients' lives.

To me it's the opportunity to impact lives. I think that as an educator I'm very involved with my students, but I still have an opportunity to impact patients, but more so to be an example and a role model for the students. (Naomi, interview, September 2, 2016)

To me being a nurse educator is an opportunity to influence. My whole philosophy is power, but only if it's shared. Quite often you hear people hold knowledge in because

that makes me powerful, but what makes me powerful personally is sharing that knowledge and giving others an opportunity to learn and grow. (Ruth, interview, March 18, 2016)

This opportunity to influence students and “grow the next generation” was experienced as a way to “make a difference,” or “leave a legacy” on the profession of nursing according to Matthew, Abigail, and Sarah. That ability to shape the profession through educating student nurses was both motivating and satisfying.

What I love about being a nurse educator is that I get to help grow the next generation of nurses, you know. And I think that I can really impact the future of nursing, the future of healthcare by teaching them while they’re young. (Matthew, interview, March 17, 2016)

I think that you have such a chance to make such a difference in, what my philosophy is with them is, self-esteem enhancement because I feel that if you can take the stress out of what they’re doing and build them up to, um, they get knocked around enough in life, that it doesn’t have to happen to them while they’re learning...So they have to feel safe. They have to feel worthwhile. They have to feel good about themselves. In order, I believe, my personal philosophy, to learn. (Abigail, interview, April 26, 2016)

I’ve been a nurse for 31 years, and I have held different roles in the military, and since I retired from the military, about every two to three years, I am changing jobs in the civilian world. I know that comes from the military because I tend to bore easily, and looking for that next challenge...And as I really reflected back on what did I want to be remembered for, it was the legacy that I would leave on my profession. And that legacy is reaching one individual at a time. When you connect with that student, and that

student starts to believe in themselves, that's very gratifying to me, very satisfying.

(Sarah, interview, September 13, 2016)

Lydia viewed educating students as a supportive role, and one that is analogous to her clinical experience as a nurse midwife. "It's about role-modeling. It's about support. It's about creating a learning space. It's a kick to see somebody blossom. ..I would say midwifing the student" (Lydia, interview, April 26, 2016). Esther was emotionally moved in talking about what being a nurse educator means. Rather than viewing her role as a responsibility or an obligation, she perceives it as a gift and a ministry.

Is this where most people start to cry? Well, it's a gift to be able to share. It's a privilege to be able to share. It takes a while to figure out how to do that for each learner, because you have to connect with each learner, and so you almost become married to it...I think it's the opportunity to share the ministry of healthcare. (Esther, interview, May 20, 2016)

RQ2: What drives individuals to choose nursing, military service, and nursing education as careers? Selecting nursing as a career for some was described as a calling, for others it was an occupation they desired from childhood, and for yet others, it was at best, coincidental based upon circumstances. What was the same, however, is that once they undertook careers in nursing, military service, and nursing education, they never looked back. Their individual paths converged to support Fulfilling the Mission of Growing the Next Generation of nurses while Leaving a Legacy on the profession of nursing.

Reasons for choosing nursing as a career. All three of the male nurse educator participants spent time in military service as enlisted members before they attended nursing school. The threat of being drafted was the main reason both Daniel and Luke initially enlisted in military service, although both later returned to serve on active duty as nurses. Matthew also

enlisted in military service after high school and served as a cook. All three men were influenced by others who encouraged them to explore nursing as a profession.

I was 20 years old and attending _____. And I was really interested in veterinary medicine and/or medicine. I was not the most focused student at that point in my life, and I met a young man in I think it was a biology course, one that had several hundred students... We just got to be talking, and you know, about school and things, and he was married, and he happened to mention that he was a nurse. And I thought, what? He's a guy. How could he be a nurse? And so then he began to share with me his experience in nursing school... I met his wife and family, and he really encouraged me to consider nursing and because I didn't have stellar grades, I knew my likelihood of being accepted, especially to _____ for veterinary medicine school was improbable... So I got interested in nursing, and so I decided I would apply to a couple of schools. (Daniel, interview, December 9, 2015)

My first experience in the military was as a Navy corpsman, so I was introduced to critical care, and the kind of things that nurses do. My wife is a critical care nurse also. I figured out very early on that was something I could do. I was pretty good at it, and I knew it would be secure, and if not lucrative, at least comfortable. But I had a background in sciences anyway from college. I could make sense of that. (Luke, interview, May 19, 2016)

I was a young Army cook, and I decided I wanted to be a history professor, and so I told my colonel I was getting out of the Army and going to study history, and he said, "What do I need to do to keep you in the Army?" And I said, "Well, I need a degree." So he

sent me to nursing school...And I became a nurse. I love nursing. It's a wonderful job.
(Matthew, interview, March 17, 2016)

Six of the female nurse educator participants expressed a desire or somewhat of a calling from early in life to "help people." Miriam "always wanted to be a nurse" (Miriam, interview, December 9, 2015), as did Ruth. "Nursing has always been my calling from a very, very, young age" (Ruth, interview, March 18, 2016). Abigail's grandmother wanted to pursue nursing, but was unable to and instead married and raised a family. "And so my whole life I was going to be a nurse. I can never remember when I wasn't going to be" (Abigail, interview, April 26, 2016). Lydia's mother was a nurse, "and there was a bit of that altruism about serving and caring for people," as well as a desire to use nursing as "a vehicle that you can do a lot of different things and not the same thing all the time, and also a vehicle for traveling around the world" (Lydia, interview, April 26, 2016).

Esther knew from her youth that she wanted to serve people in some way, although nursing was not her initial goal. Seeking spiritual help in determining how she could best "help people," she felt led to pursue nursing.

Graduating high school, I knew I wanted to help people...and I honestly, had no clue what I wanted to do...I didn't necessarily feel called into nursing. I felt called into helping people. And so I went to the altar and asked the Lord to show me, and this was right after graduation. It was like, "Lord, can you show me what I should do," because my parents did not think I was college material. They told me, "Just find a secretarial job, and so, I went to the altar and after I finished praying, the idea came, "Well, be a nurse," you know, so who knows how all of this works except, you know, there's

biochemistry and the Holy Spirit, and so, I'm not going to claim theological thoughts on that. (Esther, interview, May 20, 2016)

Naomi initially wanted to be a physician, but later discovered from volunteering at a local hospital that nurses were more involved in patients' care than physicians. This was pivotal in her life and caused her to change her career plans.

From the time I was little, I wanted to be a doctor. Our good family friend growing up was a physician...When I was in the ninth grade, though, of high school, I decided to volunteer at the local hospital as a candy striper, and back then, candy stripers, we weren't so legally bound like we are today. And we gave baths, we fed patients, I mean a lot of hands on, and I loved it. I loved it! I couldn't believe the difference. I watched the doctors come and go. I watched them come in the room and spend two minutes and leave, and I got such joy from talking to people and have them thank me for spending time with them...And all of a sudden, I watched nurses and compared it to doctors, and I said, "I don't want to be a doctor anymore. I want to be a nurse." So from 9th grade on, it was just something that I had to do. (Naomi, interview, September 2, 2016)

Of all of the participants, Sarah was the only one who verbalized choosing nursing for a somewhat unorthodox reason. She claimed her entrance into nursing was to prove someone wrong who did not believe she could do it.

Well, I can't say that I grew up wanting to be a nurse like a lot of people do. It truly was more of a dare. "I don't think you can do that." So that's what I decided to do, and I didn't decide that until I went to freshman orientation in college. (Sarah, interview, September 13, 2016)

Reasons for choosing military service as a career. There were four major reasons that each of the participants selected careers as military nurses—the pursuit of educational benefits, a sense of patriotism, the opportunity to gain experience in a particular clinical area, and the desire for adventure. One of the main reasons Daniel and Miriam were drawn to military nursing was for the educational benefits. “I was the oldest of seven kids and it was a good way to pay for school” (Miriam, interview, December 9, 2015). For Daniel, the educational benefits coupled with a previous positive experience as an enlisted service member motivated him.

And the Army Nurse Corps was offering a direct commission as a second lieutenant and two years of full tuition, books, everything, and full pay, um, and I knew I needed to get my degree. I had a very positive experience as an enlisted person, and that was my motivator—being married, obligations, and positive experience. (Daniel, interview, December 9, 2015)

For Matthew, already an enlisted cook in the Army, the choice of nursing was driven by encouragement of his commanding officer.

I was a young Army cook, and I decided I wanted to be a history professor, and so I told my colonel I was getting out of the Army and going to study history, and he said, “What do I need to do to keep you in the Army?” And I said, “Well, I need a degree.” So he sent me to nursing school, and umm, I said, “What do nurses do for a living?” And he said, “You’ll figure it out when you get there. Just go to nursing school.” And I became a nurse. I love nursing. It’s a wonderful job. (Matthew, interview, March 17, 2016)

For others, the sense of adventure offered by a military way of life was intriguing. Ruth had experienced military life vicariously through watching her father work for the Army and the Air Force as a civilian. “I had thought about a career in the military at one time...It just so

happened that during my sophomore year, the Navy recruiters came to campus, and I thought, ‘You know what? I’ve lived with the Army and the Air Force. Why don’t I go Navy?’ And that’s what I did” (Ruth, interview, March 18, 2016).

Abigail, the product of an all-girls, Catholic, diploma nursing program, was convinced by her sister to join the Air Force. “And I said, okay, so we jumped in the car and went off to _____ and became flight nurses. And we jumped in the back of a C-130 and we never looked back” (Abigail, interview, April 26, 2016). Lydia joined the Air Force so that she could leave home and travel (Lydia, interview, April 26, 2016).

Having served as a prior enlisted corpsman in the Navy, Luke initially had no intention of returning to a life in uniform until a co-worker shared her weekend experiences as a Reserve nurse with him. He was intrigued by the opportunity for adventure and subsequently accepted a commission as a nurse officer.

I was on faculty at _____ and I worked with somebody who was a flight nurse for a Reserve unit out of _____. She badgered me for two years to look into this. And I said, "I've been in a uniform before. It's not going to happen." And I remember we were on a committee together and I came in and I said, "I had a really good weekend. I went to Myrtle Beach this weekend." She said, "I had a good weekend, too. I just got back from Germany." "Really? Tell me about it." She was going to Germany, Panama, the Azores, flying all over the country on weekend duty. So I said, "Well maybe I should look into that." So I did that. I investigated that. I applied for a commission in the Air Force, in the Reserves, and I flew with _____ Aerovac in _____ for four years.

Although she was not necessarily looking for military adventure, Sarah wanted to pursue

a career in obstetrical nursing following graduation, but there were no opportunities as a newly graduated civilian nurse. All of the available civilian obstetrical nurse positions required experience, of which she had none.

But if you're a new grad, how do you get experience if nobody will let you work? So it was kind of a catch-22, and in January/February timeframe, the college actually had a job fair, and there was an Air Force booth there, so an Air Force nurse recruiter, she was a major at the time, and after talking with her, I probably would have strapped myself to a rocket and flown to the moon if that's what she had told me to do. So, they actually did a base tour over Spring break that year, and so she was one of the recruiters for the state of _____, and she took a busload of soon-to-be graduate nurses and we went to Scott Air Force Base...And so that's where flight nursing, it was one of the hubs, and for the 141s, no, the C-9s, so we got to tour a C-9, tour the hospital. So I was commissioned in May, and the Air Force had an OB-Gyn residency, so I applied and was accepted into that. So I graduated in May of '85 and went on active duty in January of '86 and did the residency program. (Sarah, interview, September 13, 2016)

For Esther and Naomi, it was not the educational benefits, nor the opportunity for experience or adventure that attracted them to military service. Rather, it was a sense of duty and patriotism that drove them to join.

My family had all served, and so, I had just gone through a divorce, a completely, life-shattering divorce, so you know, I thought, I'm turning 30, you know. It's something, I'd love to serve. I was extremely patriotic anyway, and so, I just, I mean I've always loved our country and I had gone, in high school, again we had done an international travel with concerts, and so, getting back to the U.S., it was like, "Oh my goodness. We are so

privileged here." And it had been the shed blood of others, you know, like the shed blood of Christ, and so, basically, coming back, I literally kissed the ground, you know, like many of the kids did when we got back. And I thought I really want to give back, again I want to give back. (Esther, interview, May 20, 2016)

They [parents] lived through the Depression and my father taught me, all of us, from the time I was a kid, that this was the greatest country in the world, that things shouldn't be automatic. That you should give back...But when I was in--this tells you how hold I am--when I was in high school, John F. Kennedy was elected President of the United States. I'm gonna cry. And he said, "Ask not what your country can do for you, but what you can do for your country"...So when Vietnam was really hot and heavy and I was at _____, the recruiters were coming by all the time begging for nurses. And I first talked to the Army, um, to work in a staging facility on the battlefield, but my brothers--I had three brothers--they were all Marines. And um, I don't know, I would have done it, except the Air Force recruiter came along, and it was during the time, when it was '69 when the Tet Offensive and the number of casualties were huge. And they were looking for flight nurses, and I said, "Ooh! That's appealing to me." So that's why I joined the Air Force. Loved every minute of it. (Naomi, interview, September 2, 2016)

Reasons for choosing nursing education as a career. Participants varied in their responses of why they chose nursing education after their military careers. For Daniel, Matthew, and Lydia, they felt the military prepared them for teaching and were eager to use their abilities in nursing education.

So, I had all those teaching assignments [in the military], and then when I finally retired after almost 22 years, I had that decision, what am I going to do?...And I really didn't have direction. I had friends who were on active duty and had retired and had moved into nursing administration in hospitals. And I wasn't really sure that was my forte. I didn't feel like I had the right mix of skills and personality to be an effective manager, so I knew I didn't want to do that, and an opportunity came, or a position opened up at _____, and having had lots of teaching experience and done lesson plans and written many tests and feeling like I could do clinicals, etc., um, I applied for that and I was accepted for it. (Daniel, interview, December 9, 2015)

Well, going back to why, how I became a nurse, what I wanted to do was teach. That was always my interest. I loved to teach people things, and so, umm, you know, the only reason I ever went to college was to be a teacher...My entire life I've sought the opportunity to teach people. I was the sergeant who was always teaching sergeant's time and I was the one who was always leading PT so I could teach people exercise concepts. And as a nurse, I focused heavily on nursing education which is how I ended up in OB, was that's where you get to teach the most, you know... I just love teaching. I always say I'll teach anybody, anything, anytime. Just give me somewhere to stand, and I'll teach them something (Matthew, interview, March 17, 2016).

Well, if you read my bio, um, midwifery is just a natural extension into teaching and my bio says, "Midwifing the student is not a whole lot different than midwifing the women in our family." Um, it's pretty cool to work with your colleagues in the making. It's not a power trip at all. It's about, "Okay. I may be able to help foster/facilitate." (Lydia, interview, April 26, 2016)

Sarah, Luke, and Miriam found their way to nursing education through suggestions of colleagues who knew their abilities and encouraged them to pursue academic teaching.

I guess I always had that in the back of my mind, and I will say, one time I remember doing a presentation. I went to conference in D.C. when I was stationed at Walter Reed, and one of the other women, umm, that I was there with--we had to do a little presentation--I remember she said, "You should teach." She told me that...She just said I could explain things easy to make people understand. I always thought teaching would be good. You know, instead of strictly bedside nursing forever. I thought, yeah, there's some opportunities. (Miriam, interview, December 9, 2015)

When I was in the Navy, I was a senior corpsman on intensive care, and I realized that I was able to take fairly complex concepts and turn them into fairly concrete terms that other people could understand. I did a lot of teaching in that role as a senior corpsman. And, bless her heart, it was my dean at _____ that recognized it. And she's the one that said--because, you know, anesthesia, like every other man I know--anesthesia was where I was headed. And she said, "You need to think about education, because the way you think things through and the way you present things, it's a better fit for you." (Luke, interview, May 19, 2016)

I had made some acquaintances when I was in that [nurse administrator] position and one of them happened to be the dean at a local college. And so through discussion with her, she said, "Have you ever thought about being a nurse educator?" And I said, "Quite honestly, no. Not ever. That thought never crossed my mind." And she said, "Well, I think you'd be really good. Why don't you consider that?" So I thought about it, prayed about it, talked about it, and decided, well, yeah, okay. In the military you move every

three years, so I had been at that hospital for three years so it was time to try something new, so I interviewed and was hired and started in January and worked three and a half years in that position. And I very much enjoyed the students. I enjoyed that one-on-one interaction with the students. I enjoyed watching that light bulb come on, that "aha" moment. (Sarah, interview, September 13, 2016)

What led both Ruth and Esther to pursue careers in academic nursing education was a feeling of being unfulfilled in their clinical positions as nurses. Ruth was working as a nurse educator in a hospital system and also using her MBA to work in the business side of healthcare. She grew to dislike the business aspect of healthcare and realize that what she really loved was education.

I started working at _____ as a nurse educator, so my nursing education experience actually started in 1981...I realized early on that healthcare was changing to a business environment, so I got my MBA to accommodate that and have used every bit of it from the minute I started that program. But because of that, I thought, okay, let me go into the business side of it, and I hated every minute of it. And I realized I am an educator. I've always been an educator, and the two things I love are nursing and education, so stick with it...I've got the best of both worlds. I've got nursing, and I have education. (Ruth, interview, March 18, 2016)

After completion of her MSN degree in nursing education, Esther pursued positions as a staff educator, but due to multiple lay-offs during this time, she was not able to find positions in which she could use her degree. An opportunity to work for her alma mater arose, and she decided to take the position as an academic nurse educator rather than wait for a staff educator position.

You know, again, kind of by default. I, umm, this was in 1983 that I graduated with my MSN, and I was working for _____ and wanted to be staff education clinically, and my alma mater had called and said, "Hey, we have a position open, and we hear you're about to graduate? Do you want to interview?" So, when I graduated I flew up and interviewed, and they offered the position and, but I really wanted staff education. And so, I turned it down... Well, at that time, layoffs began. It was all simultaneous. Layoffs began and I was still working nights in open heart by the time August rolled around. And I was like, goodness, I really want to use my degree, and so, I umm, called back up to my alma mater, to _____, and said, "You know, this isn't working here. I had been offered my choice of three different positions, all of which had been torn up and trashed, all because they [the hospital] couldn't afford it now. And so I, yeah, when I called they said, "We have one person that we've offered it to and we're pending her decision." Well, she turned it down, so I said, they called me back the next day, and so I, the semester had already started, I packed up. (Esther, interview, May 20, 2016)

Naomi and Abigail sought positions in nursing education to "give back" and "make a difference," respectively. They desired to transform the profession of nursing, and they realized that working with students could make a significant impact.

I wanted to be able to give back to something that has been so good to me and that I love. And when I was in administration, um, I think I was good at it, and I was effective because I'd monitored everything they did. But I thought, you know, if I could teach and maybe impact a larger group, even if I had a class of 10 and 1 or 2 would be better for it, then that's what I should do... Administration, I wouldn't do it again if you paid me a

million dollars. I just wouldn't do it. So it was kind of a dual thing, it was a giving back and trying to impact nursing, but it was also I didn't want to deal with the stuff. (Naomi, interview, September 2, 2016)

Because I was an OR nurse, and I don't know if you know much about the culture in the OR, but it's a violent place. And I decided that I could make a difference as a mentor, and so I chose education because I knew there had to be, there was a better place to practice, that nurses didn't have to beat each other up constantly, and that I could make a difference in that way, so I became an educator. (Abigail, interview, April 26, 2016)

RQ3: What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers? Observing nurse educator participants in their classrooms provided interesting data about their behavior, attitudes, and beliefs. Connecting with Students and Protecting Students while Managing the Dichotomy of firmness coupled with kindness are themes associated with this research question. All of those I observed spent time walking around and talking with students before class and during breaks. They talked with them about personal, as well as, professional issues. Humor was frequently used in the classroom. However, they also demonstrated a command of the classroom, and when they spoke, students became quiet and listened. There was a “no nonsense” kind of approach when managing the classroom, and while they could laugh and joke with the students, there was no doubt that was in charge. Their firmness in presenting the course content and their expectations of behavior from the students was juxtaposed to their congeniality and kindness when talking with the students one-on-one.

Miriam expressed concern to students concerning traffic and asked if any of them had difficulty getting to the school that morning. When a student walked into class late, Miriam

recognized her and said, “Our homecoming queen!” (The student had been elected homecoming queen at the college.)

While lecturing, Ruth appeared to be swatting an invisible fly in the air, and she said, “Did you see that go by? That was a test question.” The students laughed. When students asked questions in class, she walked over to them rather than standing at the podium to answer their questions. She checked understanding with students periodically, asking, “Did I answer everybody’s questions?” At the end of class, she asked students if they could handle a take-home test rather than the one scheduled for the upcoming week. Students expressed deep sighs, began to talk excitedly, and laughed as they assured her they would approve of a take-home test in lieu of an in-class test.

Matthew used a questioning approach with students, asking them what they found interesting in the readings, and seeking their input as to when they wanted to take a break. When several students jokingly complained about having two exams in the same week, with one of them being in his course, he responded with a smile, stating, “Oh, cry me a river!” The students responded to his questioning and congenial approach by answering his questions and engaging in the lecture.

Lydia’s class was different from the others observed because it included graduate rather than undergraduate nursing students. Her approach to class was conversational in nature, and she sat while she discussed the course content. The students had brought food items they had prepared, and Lydia asked them if they wanted to eat first or have lecture first. In discussing an upcoming assignment, she advised the students that they could contact her if they were unable to meet the due date.

Naomi spent time before class and during breaks walking up to various students in a large class (63 students) and talking to them personally. I noticed one of them showing her something on her phone, and they both smiled when viewing it. Throughout the class, Naomi shared personal stories about her experience as a nurse in the Air Force. She also shared a personal story about her father's hospitalization and subsequent death. The students listened intently and made eye contact with her throughout class. In addition to discussing the course content, Naomi also talked with the students about how to succeed in life. She told them, "Don't let your circumstances define you. You define your circumstances." She used humor throughout the class by laughing at herself at times, such as when she stated, "I have a whiny voice. I apologize."

Sarah's class was a review of the birth process, and she used a graphic video of a birth to engage students in the topic. She used humor when talking about the process, such as stating, "Why would a baby want to leave that environment?" She also included humorous pictures in her slides. Prior to the class beginning, Sarah asked, "Will you give me three minutes?" She used the time before class to discuss an upcoming project. Although the class time had not officially started, the students nodded and listened to her as she talked about the project.

RQ4: How do nurses, military members, and nurse educators lead by serving?

Leading by Example and Going Above and Beyond what was expected best describe how participants lead by serving. All of the nurse educator participants retired from the military in the rank of Army or Air Force Lieutenant Colonel or Colonel, or Navy Captain, which are considered high ranking titles in all branches of the military. Their identity as professionals was not related to their retired rank, and in fact, they did not directly share their rank with students or colleagues. Eunice, a colleague of a participant, found one participant to be "collegial in her

approach,” rather than using a “top-down approach” (Eunice, interview, May 26, 2016). Naomi confirmed that she did not rely on her rank to get work done even while on active duty. “I never told people what rank I was [in the Air Force]. And even with my rank, I wanted people to do the right thing. I wanted to inspire them to do the right thing and to be, to live up to their potential and not do things because I told them to do it” (Naomi, interview, September 2, 2016).

The majority of participants were not in formal leadership positions in their schools of nursing, yet, they were recognized as leaders by colleagues and students. Students and colleagues recognized their leadership ability in behaviors, such as mentoring or serving others. Delilah, a colleague of a participant, spoke of being “groomed” for a leadership position in their school of nursing, and Noah shared a similar experience with another participant.

Then I started my grad school, and he somewhat took me under his wing, let me teach a couple of courses here and there just to get experience. And I think probably that he knew that his time was coming that he would retire again, umm, so I’m not sure that he always saw that in me to replace him, but it felt that way, like he was doing everything he could to groom me and make me feel comfortable to apply when the position came open. (Delilah, interview, February 2, 2016)

So luckily, when _____ came last year, she kind of just took me right under her wing, and she is such an incredible leader and she exemplifies everything I would think a leader should have. She’s one of the most fair people. She doesn’t let emotions rule her sometimes like I would. She would offer me advice, or tell me how to handle certain situations and it really helped me grow in the last year as a person, as an educator, as a clinician. (Noah, interview, September 13, 2016)

In addition to mentoring, students and colleagues of participants also found them to be

supportive, respectful, approachable, and accessible, especially when confronted with clinical situations that they did not understand or have the experience to manage.

He also, um, with his approachability was really good to talk things out to because I have some emotional issues dealing with the psych patients 'cause I have psychiatric illness that runs in parts of my family. It's really hard for me to be around that and I felt comforted by him being with me. I never told him that. He never knew that, but I felt that with him being here. (Mary, interview, February 4, 2016)

He was able to reframe what was going on [in clinical] so that I could feel comfortable...He was just so, so helpful. (Phoebe, interview, July 13, 2016).

Maybe a couple of times I didn't meet a deadline that she had asked me to meet, and I felt that she was incredibly respectful of me. She wanted to know what was going on, you know, why-- it was clear that it wasn't okay-- but she did it in such a kind, respectful way that it wasn't intimidating, and it allowed me to explain myself and she accepted that, and sometimes even helped me brainstorm how to get past that. (Hannah, interview, August 5, 2016)

He was a leader in establishing our chapter of the American Association of Men in Nursing, and you know, providing mentoring for the students. And I know that he has, is very student-centered, learner-centered...He's willing to be accessible to talk to students. (Martha, interview, May 19, 2016)

Being supportive of students and colleagues was a core value verbalized by nurse educator participants. Lydia considers herself a "behind the scenes kind of leader" who offers support and assistance when she recognizes a problem (Lydia, interview, April 26, 2016). Esther summarized her leadership philosophy succinctly: "to respect one another" (Esther, interview,

May 20, 2016). For Ruth, being supportive was characterized by her philosophy of “learn and grow.” “That’s why I step aside and let my staff do the things that let them learn and grow. I help them find those opportunities, sometimes to my disadvantage because then I don’t get to appreciate and enjoy all those things” (Ruth, interview, March 18, 2016).

Anna, a student of a participant, characterized her as a leader who set the example for students and did not merely tell them what the expectations were, but also modeled the expected behavior. “The entire group became really close because we realized that she, you know, she set expectations like I said. She walked the walk, and then also, she’s available to help you” (Anna, interview, September 13, 2016). Additionally, Candace, a student, identified one participant as someone who facilitated others reaching their goals. “She looked at the team as a team, and her role was ‘how can I serve you to reach your goals?’” (Candace, interview, September 6, 2016). This coincided with the perspective of Deborah, a colleague, who described a participant as someone who “puts the student first” (Deborah, interview, August 12, 2016).

In addition to comments derived from interviews, observations of the participants’ interactions with students provided insight into their ability to lead by serving. One of the class observations was an end of the semester clinical presentation day, during which students discussed and presented their projects. Following the presentations, a luncheon was held for the students. The nurse educator participant delegated tasks to each of the eight class members in preparation for the meal. The significance of the meal preparation was that the students had to work as a team and collaborate on their efforts to reach their goal of sharing a meal together. The nurse educator modeled leadership for the students through providing a vision for the meal, delegating tasks, equipping them with adequate resources, and performing some of the meal

preparation herself while giving encouragement and feedback to each student on her performance in completing the assigned tasks.

Textural Descriptions

Textural description of Daniel's experience of being a nurse educator with a prior military career. Daniel credited the Army with preparing him for the role of nurse educator.

“And they taught me how, they, the Army, taught me how to teach.” His motivation for educating nurses was a desire to “seed the future” by preparing nurses for future careers. “I have a responsibility to seed the future. I always considered myself a Johnny Appleseed, and seeding the future of nursing and to try to impress upon students the importance of, one, practicing from a theory base” (Daniel, interview, December 9, 2015).

His role of seeding the future also meant mentoring future nurse educators. “When you find somebody who kind of sees the world the way you do and has your goals and your drive for, I won't say perfectionism, but excellence, you know, and you have lots of integrity, you want to try to encourage and promote that person as much as you possibly can” (Daniel, interview, December 9, 2015).

Textural description of Miriam's experience of being a nurse educator with a prior military career. Miriam's military experiences prepared her for the nurse educator role by allowing her to serve in leadership roles and instilling a sense of responsibility and obligation to care for patients, which she passes along to her students.

Well, I think, especially as a nurse manager, you have to nurture some of the younger lieutenants and help them along...So they supported you in your leadership roles and gave me comfort in that, and to think the students look up to us in sort of the same

way...I don't want to be their mother...But I also think the military always gave me a sense of responsibility and what's required for the job.

And while she did not want to serve students in the role of "mother," she did believe it was important to be supportive of them and avoid stressing the students more than they were already stressed. "I'm not going to be that kind [of instructor] that makes students so stressed that they can't work with somebody breathing down their neck, you know. They're stressed enough as it is, and so I try and be supportive and make their learning environment comfortable for them to make them successful." She modeled her approach to teaching after two instructors she had that were very kind and supportive of students (Miriam, interview, December 9, 2015).

Textural description of Ruth's experience of being a nurse educator with a prior military career. Ruth's tour of duty in Guam during the Vietnamese evacuation of South Vietnam was pivotal in her early career as an active duty Navy nurse. "I was sent to Guam during the Vietnamese evacuation of South Vietnam, and probably learned the most about nursing, and what influenced my career the most was that experience." After gaining experience in many clinical and administrative areas in the Navy Nurse Corps, she left active duty for a period of time to attend graduate school so that she could teach. "After five and a half years I realized, you know, I'm not going to be able to move on and do the things I'd wanted to do, which was teach." The realization that she was and has always been an educator propelled Ruth into nursing education after successful military and civilian nursing careers.

Being a nurse educator to her meant "an opportunity to influence." She strived to share her knowledge with students rather than "holding" knowledge as she stated that some experienced people do. "My whole philosophy is knowledge is power, but only if it's

shared...What makes me powerful personally is sharing that knowledge and giving others an opportunity to learn and grow” (Ruth, interview, March 18, 2016).

Textural description of Matthew’s experience of being a nurse educator with a prior military career. Matthew had a “lust for knowledge” and a belief in “personal responsibility” that he claimed “were definitely bred into me in the Army” and influenced his teaching style and mission-oriented approach. “I’ve got a mission and I’m going to achieve my mission. And I use those words all the time. My kids, it drives them crazy. My students, it drives them crazy. They know that I’m an Army officer by the way I talk, you know. So I think that structure that the Army gives you is, it’s really come into here as well.” He viewed his mission as a nurse educator as an opportunity to “grow the next generation of nurses.” By doing so, he believed he could “impact the future of nursing, the future of healthcare.” Moreover, it is “an opportunity to better humanity, an opportunity to better healthcare.” He depended upon that lust for knowledge as a driving force to accomplish his mission. “I have this lust for knowledge, and I always want to learn more so I can be the best. And that way, if I’m the best, then my students will be the best, and you know, I’m going to pass that on” (Matthew, interview, March 17, 2016).

Textural description of Abigail’s experience of being a nurse educator with a prior military career. For Abigail, transforming the culture of nursing into a better, safer place to practice began with her role as an educator.

Because I was an OR nurse, and I don’t know if you know much about the culture in the OR, but it’s a violent place. And I decided that I could make a difference as a mentor, and so I chose education because I knew there had to be, there was a better place to practice, that nurses didn’t have to beat each other up constantly,

and that I could make a difference in that way, so I became an educator (Abigail, interview, April, 26, 2016).

The role of educator was familiar to her, as she was “constantly teaching med techs” in the Air Force. Being a nurse educator to her meant “a chance to make a difference,” and she did that by creating a nurturing, safe academic environment for students to learn.

In order for kids to learn, they have to be in a safe place because they have to share with you that they don’t know, and if they are stressed, or if they’re afraid, then they show no weakness and they won’t tell you that they don’t know, and they will just look at you and they will shake their head and say, ‘Yes,’ yet sometimes they don’t know.

Military service also built in her a work ethic, or “can-do” attitude that carried over into her role as a nurse educator and was translated to her students. “It was just a work ethic that was expected, and there was no job that was undoable...And so, even now, even if you didn’t want to do it. If my dean calls me and says, ‘Will you?’ I roll my eyes a little bit, but there’s nothing that I would ever say, ‘No. I won’t’” (Abigail, interview, April 26, 2016).

Textural description of Lydia’s experience of being a nurse educator with a prior military career. Lydia’s role in the Air Force as a nurse midwife easily translated into her philosophy of “midwifing the student,” or creating future colleagues by facilitating their growth. “Midwifing the student is not a whole lot different than midwifing the women in our family. It’s pretty cool to work with your colleagues in the making” (Lydia, interview, April 26, 2016).

In describing the overlapping of professional competencies of military nursing and nursing education, Lydia found communication skills, work ethic, and diplomacy served her well in working with students and colleagues.

Well, obviously you have to be a good communicator. You have to understand both sides. You have to have the ability to sit at the table. You have to have the ability to compromise, if needed. I'm pretty politically correct, but not to a fault. I'm diplomatic. The military taught me that...I have a really strong work ethic. Probably the thing that's more important to me than anything is integrity. When I don't see it in my fellow faculty, and when I don't see it in my students, that really tears up my gut, and I have to pursue that, figure that out. (Lydia, interview, April 26, 2016)

She believed "there's a stereotype of a military nurse that becomes a nurse educator," and she worked hard to combat that by providing a supportive "learning space." She was very flexible in her role as educator and willing to teach whatever and wherever she was needed. "So it isn't about who I teach. It's about kind of really helping support the professionalism, supporting the success, um, so I guess that's why I'm in it [education]. And I think I'm in it for all the right reasons" (Lydia, interview, April 26, 2016).

Textural description of Luke's experience of being a nurse educator with a prior military career. The experience for Luke involved influencing patient care through building relationships with his students.

It's amazing the influence you have on patient care. I had an undergraduate student who has stayed in touch with me. She graduated in the same class as [name omitted], and she called me a couple of years ago--she's a travel nurse now--and it was so funny. She came back and said, 'You know what you taught me?' Who knows? She said, 'You would ask people about the last time they had a bowel movement. Particularly for seniors. It was really important that they maintained some regularity because it would be devastating for them to get obstructions.' So she said, 'I started asking all my patients, and what I

learned was six days since you had a bowel movement?' She said, 'I became known as the BM nurse.'...But it's stuff like that that comes back. You know, students will contact you years later and talk about where they are and what they've done. I may not do a lot of stuff well, but I can teach. (Luke, interview, May 19, 2016)

While he did not see himself as responsible for what his students learn, he did see his job as one of setting the standards for their performance as future nurses. "I don't think I'm responsible for what students learn. I think I'm responsible for setting the table, and I try to tell them that. You get out of education what you invest in it..." His military experience instilled a sense of professionalism in him that drove what he did as a nurse educator. "I think there is a sense of professionalism, though, that drives both of those [military nursing and nursing education]" (Luke, interview, May 19, 2016).

Rather than Luke finding nursing education, it seemed to find him through a series of relationships (father, wife, dean) and experiences. The ability to influence patient care through positive relationships and high expectations of personal and professional accountability were the core of who he was as a nurse educator and leader.

Textural description of Esther's experience of being a nurse educator with a prior military career. The theme of Esther's life could be characterized as "giving back," both to her country through military service, and to her profession as an educator who saw her role as a gift and privilege to minister to the needs of students and patients. Although she "didn't necessarily feel called into nursing," she did feel "called into helping people." She related that nursing education was "a gift to be able to share," and stated, "It's a privilege to be able to share" (Esther, interview, May 20, 2016).

It's the opportunity to share the ministry of healthcare. We do so much with our patients...It is overwhelming that our patients are so needy. They're so vulnerable. And so, to meet them where they are and to teach the student to meet them where they are. And students themselves are on their own path. They are bombarded and sometimes, wounded, and disadvantaged, and so the caution is, and the privilege is to minister to their needs and show them how to minister to patients' needs. (Esther, interview, May 20, 2016)

Esther's life work has been a series of opportunities to give back—first, to her country through a sense of patriotism, and later, as a nurse educator giving back to her profession. She viewed her role as an educator as a ministry, meeting the needs of both patients and students through nursing care.

Textural description of Naomi's experience of being a nurse educator with a prior military career. Like Esther, Naomi's service as a nurse educator sprang from a desire to "give back" to the profession by impacting both students' and patients' lives. "Well, to me it means the opportunity to impact lives. I think that as an educator I'm very involved with my students, but I still have an opportunity to impact patients, but more so to be an example and a role model for the students. Not just teach 'em stuff in class" (Naomi, interview, September 2, 2016).

She credited her military experience in teaching her how to care for many different varieties of patients, as well as exposing her to a "fast pace of what we had to deal with" and teamwork. Role modeling was important to Esther, as she strived to connect with students by sharing personal stories and trying to inspire them.

And I've always tried to be that kind of a leader to inspire people to have that. And that's what I try to do with students. Look at yourself and find your potential. And that's why I

tell a lot of personal stories because there's always somebody who's been in that situation. And I say, "Well, you know maybe if she could do it, I could do it." (Naomi, interview, September 2, 2016)

Textural description of Sarah's experience of being a nurse educator with a prior military career. Sarah viewed her role as an educator as a creator and builder of new nurses. Although she did not initially seek a position as an educator following her military service, she was drawn to academia by the desire to try something different than nursing administration and by the encouragement of an acquaintance who was a dean at a college of nursing.

So it wasn't as much initially about teaching them the skills related to nursing, but how to look like a nurse, and think like a nurse, and act like a nurse, because I really believed that if you didn't have confidence in yourself when you went into a patient's room, if you didn't have confidence in yourself, how were they going to have confidence in you? You may not know what you're doing, but you need to look like you know what you're doing. (Sarah, interview, September 13, 2016)

She believed in personal accountability, responsibility, and professionalism, traits that she already possessed prior to military service, but that were honed during her Air Force career. Additionally, connecting with individual students was important to her as she strived to leave a legacy on the profession of nursing, one student at a time.

And as I really reflected back on what did I want to be remembered for, it was the legacy that I would leave on my profession. And that legacy is reaching one individual at a time. When you connect with a student, and that student starts to believe in themselves, that's very gratifying to me, very satisfying. (Sarah, interview, September 13, 2016).

Structural Descriptions

Structural description of Daniel’s experience of being a nurse educator with a prior military career. Daniel’s compassion for mental health patients fueled his desire to teach students how to “develop an empathy” for their suffering. He “seeded the future” by demanding the best of students, giving “as much as they [students] did,” and making himself available to them to discuss concerns or issues. He indicated that he would “work as hard as the students will work” and protected his students by ensuring they were not exposed to patients who might endanger them in the clinical area (Daniel, interview, December 9, 2015).

Structural description of Miriam’s experience of being a nurse educator with a prior military career. Miriam was a nurturing educator who strived to be supportive of students through “making the learning environment comfortable for them to make them successful.” She encouraged students and worked with them to help them succeed, while at the same time instilling an understanding of the obligation they have to care for patients. She conveyed that sense of responsibility to students while avoiding creating fear in the clinical practice environment (Miriam, interview, December 9, 2015).

Structural description of Ruth’s experience of being a nurse educator with a prior military career. Professionalism, respect, and responsibility were Ruth’s formula for success for herself and for her students. She exercised consistency and firmness in her role as an educator and expected students to “follow the rules,” and if they did not, then to expect consequences. “Learn and grow” was her philosophy, and she shared her knowledge freely to empower her students. Living a disciplined life and modeling that through professionalism in dress and behavior were central to how she experienced the nurse educator role (Ruth, interview, March 18, 2016).

Structural description of Matthew’s experience of being a nurse educator with a prior military career. Matthew was a goal-focused, driven nurse educator who had a zest for teaching and nursing. He engaged students by being “vibrant and funny and energetic,” and by “making them answer questions.” He loved teaching and nursing, and his passion is contagious to his students. He lived by the philosophy that each student has the responsibility for their own learning experience, and while he strived to excite them about the course content, he did not take ownership of their learning. He was mission-focused and had a lust for knowledge that is never quenched (Matthew, interview, March 17, 2016).

Structural description of Abigail’s experience of being a nurse educator with a prior military career. Abigail created an environment in which students felt safe enough to learn and safe enough to ask questions when they did not know the right answer or the right way to perform a nursing intervention. She nurtured students by helping them feel “worthwhile,” “safe,” and “calm enough to connect the dots.” She role modeled a strong work ethic by always finding a way to do whatever she was asked to do, but also by teaching students the value of advocating for their patients even when it was difficult to do so (Abigail, interview, April 26, 2016).

Structural description of Lydia’s experience of being a nurse educator with a prior military career. Lydia practiced role modeling and supporting students by giving them personalized feedback about their progress and behavior. Her love for teaching as a nurse midwife carried over into her educator role of “midwifing the student.” She engaged students in shared decision-making, helping them reflect and evaluate their strengths and their “strengths under construction.” She was approachable and open to offering both colleagues and students

advice and feedback to guide them and help them stay on track to achieve their goals (Lydia, interview, April 26, 2016).

Structural description of Luke's experience of being a nurse educator with a prior military career. Relationships were key to educating students for Luke. He “set the table” for them by first providing a vision and expectations for his students and then holding them accountable. He communicated with them that grades are less important than what they learn, and he invested time into students by building positive, supportive relationships with them (Luke, interview, May 19, 2016).

Structural description of Esther's experience of being a nurse educator with a prior military career. Esther felt a deep love and respect for her students and her colleagues. Her primary aim was to “give back” to the profession, and she did this by first focusing on loving the student “without tolerating lack of preparation.” She felt privileged to minister to students who will, in turn, minister to patients when they become registered nurses (Esther, interview, May, 20, 2016).

Structural description of Naomi's experience of being a nurse educator with a prior military career. Naomi felt a sense of duty “to give back to something that has been so good to me and that I love.” She practiced a philosophy of honesty and integrity, always setting high standards for students because she wanted to ensure students got what they needed from her teaching so that they would ensure patients were safe in their care. Even though she may have taught a course many times, she continually did research each semester and changed the course to improve it. She used storytelling frequently to help students connect with the content and to inspire them to achieve their goals (Naomi, interview, September 2, 2016).

Structural description of Sarah's experience of being a nurse educator with a prior military career. Sarah role modeled professional nursing for her students by listening to students and colleagues. "I try to listen more than I talk." She committed herself to the job of creating nurses out of a desire to leave a legacy, and not because of the pay or the hours. She practiced her philosophy of leading by example and demonstrating to students how to live the role of a nurse (Sarah, interview, September 13, 2016).

The Essence of the Lived Experiences of Being a Nurse Educator with a Prior Military Career

Daniel. Growing the next generation of professional nurses, or "seeding the future," came from a compassion for mental health patients and a desire to see them cared for appropriately by nurses who have empathy for their suffering. Protecting students while helping them grow and mentoring future nurse educators was the meaning he derived from his role as a nurse educator.

Miriam. Nurturing and protecting students by creating a learning environment free of as much stress as possible enabled students to learn how to care for patients. Role modeling, or leading by example, assisted students to develop skills and appreciate the obligation they have for patient care.

Ruth. Sharing her knowledge with nursing students as they "learn and grow" was an opportunity to influence healthcare through growing the next generation. Role modeling disciplined, responsible, and respectful care was how she led by example.

Matthew. Growing the next generation of professional nurses responsible for bettering healthcare was the mission, and fulfilling the mission was the primary goal.

Abigail. Protecting students by creating a safe learning environment while transforming the culture of nursing into a better place to practice left a lasting legacy on the profession. Modeling a strong work ethic and can-do attitude contributed to fulfilling the mission of a nurse educator.

Lydia. “Midwifing the student” is how nurse educators grow the next generation of professional nurses. Supporting and connecting with the student provided the foundation upon which to leave a legacy.

Luke. Connecting with students through building relationships is how nurse educators influenced patient care, and ultimately, left a legacy on the profession.

Esther. “Giving back” to the profession of nursing by ministering to the needs of students and patients left a legacy on healthcare and nursing in general. Connecting with students by loving them created a firm foundation for educating them.

Naomi. Nursing education was a way to “give back,” or leave a legacy, on the profession of nursing while also impacting patient care. Growing the next generation through role modeling behaviors inspiring nursing students ensured they learn to value the gravity of their mission and the need to fulfill it for the sake of their patients.

Sarah. Connecting with students was the first step in growing the next generation. Leading by example through role modeling professionalism created nurses out of students and left a legacy on the profession one student at a time.

Composite Description of the Lived Experiences of Nurse Educators with Prior Military Careers

Nurse educators with prior military careers were compassionate, yet firm, protective and empowering, givers and leaders, who had a desire to leave a legacy on their profession. They

fulfilled the mission they have been entrusted through “growing” the next generation of nurses, connecting with their students personally and professionally, protecting them from stressful learning environments, and leading by example in role modeling professional behavior. Their prior military careers influenced their role as educators in (1) how they related to students, which included sometimes managing a dichotomy of attributes, such as kindness, compassion, and fairness with a firm, strict, and rigid demeanor, and (2) going above and beyond the expectations of their jobs to meet the needs of their students.

Representation of the Data

Figure 4.1 is a graphic representation of the themes descriptive of the lived experiences of being a nurse educator with a prior military career. The foundation of the experience was the desire to leave a legacy on the profession of nursing while managing behaviors seen as dichotomous in nature, but effective in accomplishing the mission. The active process of Growing the Next Generation of nurses, Connecting with Students, Protecting Students, and Leading by Example enabled nurse educators to Fulfill their Mission. Finally, nurse educators with prior military careers experienced Going Above and Beyond mission fulfillment to provide additional support and learning opportunities for their students, and thus, exceeding their expectations.

Figure 4.1. Graphic Representation of the Lived Experiences of Nurse Educators with Prior Military Careers

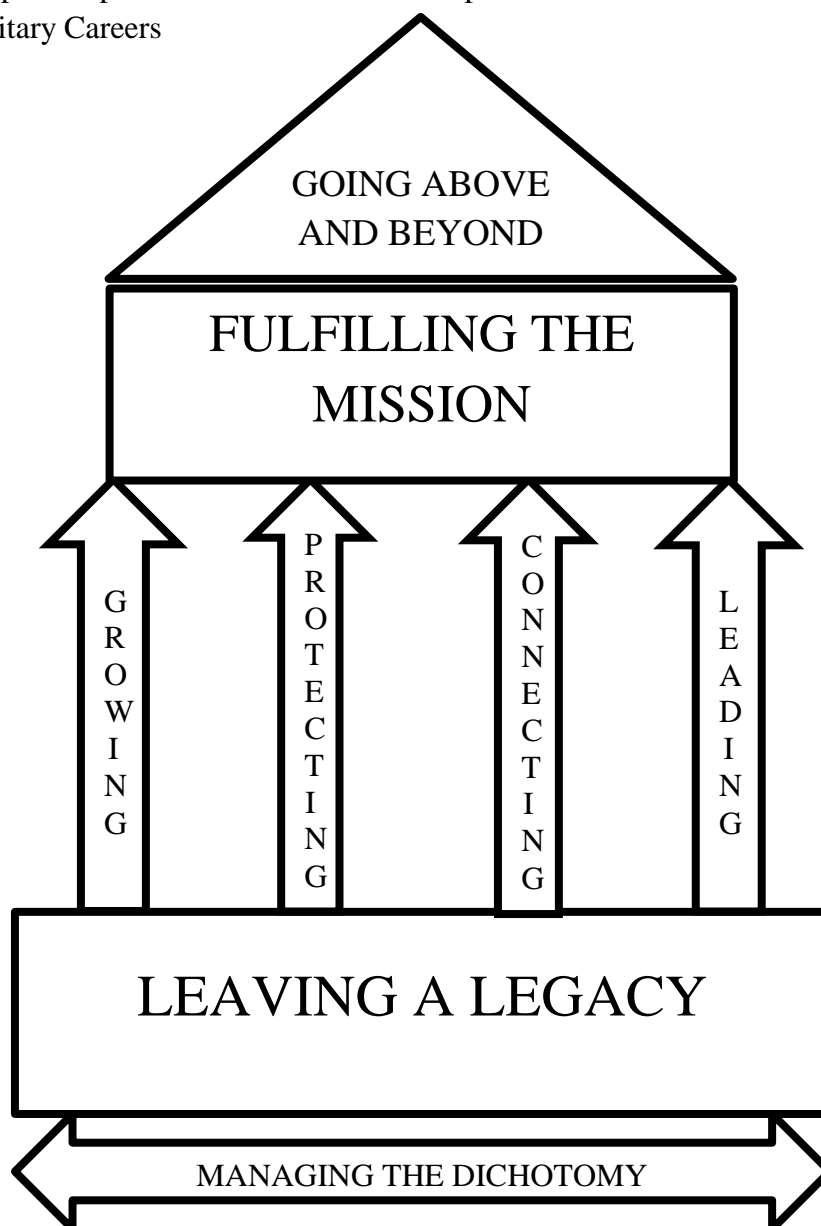


Figure 4.1. Model depicting the lived experience of being a nurse educator with a prior military career.

Summary

Interviews with nurse educator participants, colleagues, and students of nurse educator participants, along with classroom observation, and evaluation of documents provided by nurse educator participants resulted in the emergence of eight themes related to the phenomenon of the lived experience of being a nurse educator with a prior military career. Collected data provided answers to the research questions posed based upon the themes of Managing the Dichotomy, Leaving a Legacy, Growing the Next Generation, Connecting with Students, Protecting Students, Leading by Example, Fulfilling the Mission, and Going Above and Beyond.

CHAPTER FIVE: DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Overview

The choice to become a nurse, serve in the military, and finally, to teach nursing is a unique career path not traveled by many, yet rich in experience, passion, and a sense of duty. While their reasons for becoming nurses, educators, and entering the military varied somewhat among the participants, the reasons they pursued nursing education and how they enacted the role demonstrated some distinct similarities. As the nursing shortage continues, in part due to limited availability of experienced nursing faculty, nurse educators with a desire to grow the next generation of nurses are needed. The results of this study support the possibility that retired military nurses with experience in clinical nursing and leadership and a desire to leave a legacy on the profession of nursing may be one solution to the nursing shortage.

Summary of Findings

This study sought to answer four research questions related to the experience of being a nurse educator with a prior military career. First, “What does it mean to be a nurse educator with a prior military career?”(RQ1). Nurse educators with prior military careers had a desire to grow the next generation of nurses and felt a responsibility to leave a legacy on the profession of nursing by ensuring those nurses were well-educated and would provide safe, compassionate, and competent care for their future patients. These educators relied on their clinical and leadership experience gained through their military careers as a foundation upon how they enacted the educator role.

Secondly, “What drives individuals to choose nursing, military service, and nursing education as careers?” (RQ2). They were driven by various reasons to become nurses, military service members, and educators. Most of the female participants felt called to nursing, or to help

others, from a young age, while the males found that nursing fit with their natural abilities. They entered military service for reasons varying from a need for educational benefits to patriotism, and a desire to serve by “giving back” to the profession of nursing. The drive to fulfill the mission that they learned in military service fueled their service to students as educators as they recognized their mission was to graduate nursing students who will replenish the nation’s supply of competent, caring nurses.

Next, “What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers?” (RQ3). They shared similarities in behaviors that ranged from a stern demeanor that demanded high expectations from students to a compassionate, loving desire to connect with them on a personal and professional level and protect them from the sometimes harsh clinical environment.

And lastly, “How do nurses, military members, and nurse educators lead by serving?” (RQ4). These nurse educators employed an attitude of Leading by Example that ensured students saw them role modeling professional, disciplined behavior. They served students by Going Above and Beyond expectations to provide them with learning experiences and support to help them grow into professional nurses.

Discussion

The purpose of this phenomenological study was to explore the lived experiences of nurse educators with prior military careers. Ten nurse educators with prior military careers were interviewed, and they identified colleagues and students who were also interviewed to provide insight from another perspective into the nurse educator participants’ behaviors. Classroom observation was conducted for seven nurse educator participants who taught face-to-face classes; the remaining three were online educators. Written documents provided by the nurse educator

participants were reviewed for the possibility of obtaining additional insight into their values and beliefs. Themes were derived through coding of the interviews and reflective field notes. Eight themes were discovered which provided answers for the four research questions and evidence to support the presence of servant leadership attributes related to the theoretical framework and empirical literature on servant leadership.

Findings Related to Theoretical Framework

Greenleaf's (1977) theory of servant leadership provided the framework for this study. He described the servant leader as one who first desires to serve others, and later chooses to lead. This attribute was evident in all of the participants, as none of them entered the professions of nursing, military service, or education with a desire to lead. While their reasons for entering military service varied, the most common reason for becoming a nurse was a feeling of a calling, or the desire to serve others, and their philosophy of nursing education was most often born of a desire to "give back" to the profession or "make a difference." The themes of Growing the Next Generation and Leaving a Legacy supported Greenleaf's (1977) concept of a desire to serve. And while most participants did not hold positional titles within their schools attributed to administrative leadership, they demonstrated the ability to lead by example, not because of position, but because they chose to do so. They practiced the art of putting others' needs ahead of their own, as evidenced by the theme of Going Above and Beyond, which meant they stayed late at times and sought additional clinical opportunities for students. They gave of themselves which is a core value of servant leadership. Leading by example involved role modeling desired behavior, which included the various aspects of developing servant leadership attributes, such as putting the needs of patients and their family members, first. While none of the participants characterized this type of "others first" behavior as an example of humility, the servant

leadership concept of putting others' needs first, as nurses, military service members, and these nurse educators did was an example of humility. The absence of recognition of humility in oneself accompanying behavior that demonstrated service to others before self was in itself evidence of personal humility.

Another attribute of servant leadership that is evident in the nurse educator participants was the ability to listen to their followers, or students. Greenleaf (1977) pointed out that "only a true natural servant automatically responds to any problem by listening first" (p. 31). Spears (1995) and O'Brien (2011) likewise validated the critical value of listening as the mark of a servant leader. The theme of Connecting with Students was built upon the nurse educators' ability to set their personal agenda aside and spend the time to understand who their students were, what struggles they might be managing, and what they needed from the instructor in the way of support. Listening was also a way to connect with students and to empower them (Lambert, 2015), and empowerment is considered another attribute of servant leadership (Russell & Stone, 2002; Van Dierendonck & Nuijten, 2011; Wong & Page, 2003). The theme of fulfilling the mission related to the primary role of the nurse educator participants to empower nursing students so that they can take over the role of registered nurses upon graduation.

Listening was the beginning of forming positive professional relationships with students through a personal connection that some called "love." As Greenleaf (1977) and Blackaby and Blackaby (2011) suggested, serving followers is not possible without first loving them. The participants demonstrated love for their students by making themselves available before, during, and after class. They chose to demonstrate love for their students by making themselves mutually vulnerable to them by sharing personal stories of patient care. They made a willful choice to connect with their students as a means of serving them. As it relates to servant

leadership, this was evidence in support of community building, defined by Spears (2010) as demonstrating unlimited liability (love) for a group of people.

As noted in 1 Corinthians 13:7, love “always protects,” (NIV). Protecting Students was another theme that was derived from the study and was demonstrated by participants encouraging students and creating a safe, nurturing learning environment. Just as a shepherd watches over and protects his flock (1 Peter 5:2-3, NIV), so nurse educator participants verbalized the practice of reducing the fear students had in clinical areas and ensuring they felt emotionally comfortable enough to learn. Minimizing stress in an intense clinical environment was a concern of participants, and they felt a responsibility to provide a safety net of emotional protection for them so that they could learn. This desire to protect students likely emanated from the need to protect patients who are at their most vulnerable when they are ill. Love for followers led to a desire to protect them, which built a community that mutually cared for and regarded each other positively, all key aspects of servant leadership.

Yet, while protecting them was a priority, participants maintained high expectations for their students, and this sometimes came across as firmness, or strictness juxtaposed with kindness and compassion. Managing this dichotomy of behavior in itself was not representative of servant leadership attributes, but it in some way mirrored Greenleaf’s (1977) concept of acceptance and empathy. In his view, servant leaders could unconditionally accept individuals while at the same time not accept performance that fell short of expectations. Participants verbalized a “tough but fair” (Lydia, interview, April 26, 2016) approach, but noted that there were consequences for poor performance.

The concept of healing, or the process of restoring to wholeness, was another of Greenleaf’s (1977) foundations of servant leadership. As Esther so poignantly remarked, “It is

overwhelming that our patients are so needy. They're so vulnerable. And so, to meet them where they are and to teach the student to meet them where they are. And students themselves are on their own path. They are bombarded and sometimes wounded, and disadvantaged..." (Esther, interview, May 20, 2016). This coincided with Spears' (2010) recognition that people have "broken spirits and have suffered from a variety of emotional hurts" (p. 27) and supported evidence of healing in the participants' behavior.

Conceptualization, or the ability to think beyond the day-to-day realities and exercise vision in problem-solving (Spears, 2010) and foresight, the ability to simultaneously combine an understanding of the past, present, and future (Greenleaf, 1977; Spears, 2010) are similar servant leader attributes. The theme of Growing the Next Generation was built upon the participants' drive to "seed the future" (Daniel, interview, December 9, 2015), and to ensure there was a well-educated, competent "crop" of nurses to replenish the nursing workforce. Nurse educators realized they have a responsibility and a professional obligation to contribute capable nurses so that patients can receive safe and effective care. The participants had the clinical and leadership experience of their past to inform their instruction of students and to prepare them both for caring for patients in clinical courses and in the future. In a sense, these educators recognized their role as the gatekeepers of the profession, ensuring they did their part to groom future nurses and nurse educators. They were not only Growing the Next Generation of competent clinicians, they were also growing leaders through role modeling servant leadership, which resulted in creating new leaders, as advocated by Agosto (2005), or "creating an expectation that those around them will grow" (Blanchard & Miller, 2007, p. 26). "Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to

become servants?” (Greenleaf, 1977, p. 27). If servant leadership is being practiced, then indeed students should grow into wiser, more autonomous, servant leaders themselves.

Many of the attributes of servant leadership—putting others’ needs first, a desire to serve, community building, conceptualization, empowerment, foresight, healing, and humility—were supported in the data collected and analyzed. There was not sufficient evidence in the data to support the attributes of awareness, language and imagination, persuasion, or withdrawal. It may be that awareness is more of an introspective attribute that is not easily observed or openly discussed, and thus, not evident through interview or classroom observation. The imaginative leap expected with the attribute of language and imagination (Greenleaf, 1977) was not observed, quite possibly because all but one of the nurse educators I observed used a lecture style of class with the instructor doing the majority of the talking. Persuasion was also not gleaned from the data. I suspect it is more difficult in an academic setting to demonstrate this type of leadership because students have specific assignments they must meet, and if they do not, there are consequences, which could be viewed as more coercive than persuasive. Perhaps if I had been able to observe their leadership behavior with other colleagues in faculty meetings or committee meetings, I might have had the opportunity to witness their use of persuasion in those settings. Lastly, withdrawal, or the ability to step back from the stresses of the moment, was not witnessed in the brief period of time I was with the nurse educator participants, and multiple opportunities for observation were not feasible due to geographic distances between me and the participants.

Findings Related to Empirical Literature

Six of the female nurse educator participants identified a calling, or a strong desire to serve as a nurse, led them to pursue nursing as a career. This supported O’Brien’s (2011) study

findings on the lived experience of nursing vocation that identified the theme of a “Blessed Calling” as a factor in pursuing nursing as a vocation. Furthermore, she noted that her study participants described nursing as a vocation they were born to do, just as many of this study’s participants described nursing or teaching as something they always wanted to do from a young age. O’Brien’s (2011) theme of the Extra Mile, or ensuring patients had everything they needed to make their care complete, was similar to this study’s theme of Going Above and Beyond. She noted that nurse leaders possess a dual responsibility to their staff and to the patients that they serve (O’Brien, 2011), which coincided with the dual responsibility to students and patients that nurse educators in this study felt.

O’Brien (2011) also noted the emergence of nine behavioral themes consistent with Greenleaf (1977), Russell and Stone (2002), and Spears (2010). Findings of this study supported six of her behavioral themes of Listening with the Heart, Giving of Yourself, Doing Ministry, Becoming an Advocate, Making a Difference, and Being There to Serve. Listening with the Heart implied a deep listening that takes into account the needs of the speaker, and in the case of nurse educators, the needs of their students. While the aim of listening to patients was to assist with restoring them to optimal health, the aim of listening to students was to provide support, encouragement, and sometimes, advice. Giving of Yourself referred to the practice of empathizing with a person and trying to see the world from their perspective, closely aligned to Greenleaf’s (1977) concept of acceptance and empathy.

Doing Ministry, similar to Greenleaf’s (1977) healing concept, included making connections with emotionally wounded students who need the protection of nurse educators to guide them through nursing school. O’Brien (2011) described Becoming an Advocate as a role of supporting and protecting patients, families, and staff members, which aligned with the study

theme of Protecting Students. O'Brien's (2011) Making a Difference theme directly correlated to this study's theme of Growing the Next Generation, and her theme, Being There to Serve, equated to this study's theme of Fulfilling the Mission, which is a commitment to serve others.

This study also supported the findings of Chonko (2007) who asserted that teaching is student-centered, that servant teachers are committed to creating a learning environment that fosters mutual growth, and that educators have a responsibility to return students to the larger community with the knowledge they need to become contributing citizens. One of the nurse educator participants called her experience as an educator "a privilege" (Esther, interview, May 20, 2016) which correlated with Crippen's (2010) description of teaching as "an honor and a privilege" (p. 34).

The theme of Leaving a Legacy built upon Robinson's (2009) suggestion that applying servant leadership principles in nursing education was a way to grow nurses who will be able to transform the healthcare environment to achieve safer care and improved patient outcomes. When students learned servant leadership in nursing school, they were better prepared to mediate the challenges of the real-world clinical environment.

While there are limited studies specifically on servant leadership in military members, Braye's (2002) assertion that the foundation of military leadership was rooted in relationships was supported by the findings of this study. Participants validated an appreciation for the value of relationships over tasks during their military experience and their roles as nurses and educators. This was evident in the theme of Connecting with Students, which drove educators to form meaningful, supportive relationships with students.

Given the limited available research on servant leadership in military nurses, nurse educators, and prior military nurse educators, this study offered new insight into the related

attributes as applied in the nursing education discipline. Although the study findings did not corroborate all of Greenleaf's (1977) identified servant leadership concepts, it supported the presence of the following behaviors: putting others first, a desire to serve first followed by a choice to lead, community building, conceptualization, empowerment, foresight, healing, and humility. Overall, the findings supported the convergence of servant leadership behaviors, attitudes, and beliefs with the role of prior military nurse educators. This added to the body of knowledge on servant leadership, specifically in the fields of nursing, education, and military service.

Implications

Findings of this study have theoretical, empirical, and practical implications. From a theoretical perspective, the findings expanded the evidence base supporting the existence of servant leadership concepts. While Greenleaf (1977) and others (Hunter, 1998; O'Brien, 2011; Patterson, 2003; Russell & Stone, 2002; Spears, 2010; Van Dierendonck & Nuijten, 2010; Wong & Page, 2011) have explored the theory of servant leadership over the past thirty-plus years, it has recently attracted significant attention as organizations seek the most effective leadership practices to reach their goals and remain competitive in disciplines such as healthcare, education, and business in a society becoming more focused on relationships than tasks. Leadership discussion has evolved from the simplistic great man theory and trait theory to contingency, transformational, and transactional theories. Recently, servant leadership, with its relationship-oriented approach, is now being included in the conversation. This study's findings provided additional support for servant leadership theory, especially as it relates to nursing education.

Empirical research on the existence or correlation of servant leadership behaviors in nursing and nursing education is especially limited, and this study contributed new information

that could be useful in identifying effective methods of leading in these environments. Servant leadership theory fits nicely into the service-oriented approach of nursing and nursing education, and has often been the unspoken, unidentified special factor that defined effective nurse leaders. This study served to label and validate those behaviors, attitudes, and beliefs that underscore the philosophy and practices of effectiveness of nurse educators.

Furthermore, the findings of this study provided a basis for the potential recruitment of prior military nurses into the nursing education career field. The growing population of older adults with chronic health conditions is increasing the demand for healthcare at the same time that there is a continuing shortage of nurses. To make the situation worse, nursing schools are turning away qualified applicants due to limited clinical and classroom space and a faculty shortage. Experienced clinical and administrative nurses who could be valuable contributors as educators often find the non-competitive salaries and the need for advanced degrees deterrents for pursuing careers in higher education. However, there is a ready pool of nurses with experience in clinical areas, administration, and leadership retiring from military service every month who have a foundation in the principles of servant leadership which make them an excellent fit for nursing education. Additionally, nearly all of them already have a minimum of a masters degree in nursing along with a military pension that may minimize the need for competitive compensation. Institutions of higher education, legislators, and military transition assistance programs may find this study helpful in providing at least a partial solution for the nursing faculty shortage.

Institutions of Higher Education

Recruiting nursing faculty can be expensive, and every dollar spent on recruiting is one less that could be used to invest in capital improvements to the institution, offer scholarships to

students, or expand academic programs. The qualities of servant leadership are desirable in academia, as in any organization, and their prevalence in military service members and nurses is a key reason to direct recruiting efforts toward retired or retiring military nurses.

Upon retirement, military nurses still have much to offer the profession of nursing, and they are often searching for the next challenge, or mission, to undertake. Nursing school administrators may find that building relationships with local military healthcare agencies is instrumental in recruiting nurses into academia as they transition out of military service and into civilian employment. Forming clinical partnerships with those agencies would be mutually beneficial in exposing nursing students to military nursing as a potential employment opportunity, as well as, introducing military nurses to the professional benefits of serving as clinical educators.

Institutions of higher education also have a responsibility to newly hired, inexperienced nurse educators to ensure they transition well to the educator role by capitalizing on their strengths while mentoring them in educator-specific competencies. While career military nurses bring a wealth of clinical and leadership expertise to nursing education, they may have a limited understanding of the expectations or responsibilities of academic nurse educators. Instituting formal mentoring programs that pair new nurse educators with experienced nurse educators is one way to ease the transition into academia and lay the foundation for retention of qualified prior military nurses.

Furthermore, schools of nursing can ensure nursing students are educated on the benefits of servant leadership as a model for caring for patients, families, communities, and colleagues. The intentional inclusion of servant leadership theory and its application through clinical assignments in both undergraduate and graduate nursing programs may facilitate the

development of professional behaviors that align well with careers in nursing, military service, and education. Introducing nursing students to the possibility of a dual nursing-military service career or a future nurse educator career provides them with additional possibilities for service-oriented occupations that they might not have otherwise considered.

Legislation

As the nursing shortage continues, creative solutions will be required to provide the staffing both inpatient and outpatient facilities need to care for patients. Legislatively driven initiatives or partnerships between the branches of the military services and institutions of higher education aimed at recruiting retiring military nurses to serve as faculty may be one solution to minimizing the nursing faculty shortage, and subsequently, the nursing shortage.

Bills, such as the previously considered, “Retired Troops to Nurses Teachers Act,” may gain more support if legislators are presented with findings in studies like this. Additionally, nurse educators have a responsibility to the profession of nursing to ensure their voice is heard on legislative initiatives. This requires intentional political advocacy that may include visits to state and federal legislators and letter or email writing campaigns to raise awareness of the need for recruiting additional nursing faculty, especially those with clinical and leadership expertise, such as prior military service nurses. Nurse educators can engage in and share success stories of local partnerships between military healthcare agencies and institutions of higher education as a strategy for raising awareness and inspiring legislative support through funding of mutually beneficial recruitment initiatives and partnerships.

Military Transition Assistance Programs

Lake, Allen, and Armstrong (2016) proposed capitalizing on the “already prepared cadre of retired or otherwise separated men and women military nurse officers to transition to nurse

faculty roles” (p. 243) as one possible solution to address the shortage of nurse educators. As military nurses prepare to retire, they are often pursuing second careers. During the transition process from active or reserve service to civilian life, these servant leadership oriented nurses may be open to hearing of opportunities to leave a legacy on the profession of nursing in a new way. Transition Assistance Programs could partner with local nursing schools to offer information to retiring nurses on available job openings.

Limitations

There were several limitations, or potential areas of weakness in the study (Liberty University School of Education, 2016), that may affect the transferability of findings. First, there was a limited pool of available participants for the study. While participants were sought only from baccalaureate-degree granting institutions from a relatively small geographic area (Southeastern United States) for the purpose of convenience for conducting face-to-face interviews and classroom observation, this limited the potential pool of participants significantly. Using only participants from baccalaureate-degree granting institutions increased the likelihood that the participants had terminal degrees, which may have influenced the data obtained. Nurse educators who choose employment after military retirement at junior colleges or schools offering only associate degree nursing programs may differ in their values, beliefs, and attitudes and the meaning they ascribe to their role as nurse educators. Additionally, since seven (70 percent) of the participants work at schools in the Southeastern United States, their views may differ from those of educators in other geographic locations. However, three (30 percent) of the participants were from the Northeastern or Midwestern United States, so that did offer some confirmation of the reliability of the data. While diversity in gender (30 percent male and 70 percent female) provided an adequate cross-section of the current population of nurse educators and nurses,

limited ethnic and racial diversity among participants is a shortcoming of this study that could be improved with intentional selection of a more diverse group of participants.

Another limitation of the study included the identification by nurse educator participants of colleague and student participants for the study. Each nurse educator participant was asked to identify one to two colleagues and students who could offer some insight into their experience. It is likely that the colleagues and students identified, and who subsequently volunteered to participate, were those who were thought of favorably by the nurse educator participants. In other words, it is unlikely that nurse educator participants would have provided names of colleagues or students who might have a negative perception of the nurse educator's behavior.

The classroom observations were scheduled at the convenience of the nurse educator, and in fairness to the students, the nurse educator participants made the students aware of researcher presence in the class. Students may have behaved differently in the classroom due to the Hawthorne effect. It is possible that they participated more intentionally and treated the educator differently because of a desire to please the instructor and researcher. Likewise, the educators themselves may have behaved differently due to the knowledge that their behaviors and interaction with students was being observed.

Recommendations for Future Research

This study was focused solely upon nurse educators with prior military careers and how they experienced the phenomena; thus, future comparative research exploring the lived experience of nurse educators without military careers may be useful in determining if the behaviors, attitudes, and values revealed are more related to the nurse educator role itself than the combination of military service and nursing education. It may also be helpful to examine the lived experiences of educators from other disciplines with prior military service to determine if

similarities exist with nurse educators with prior military services. Quantitative research using a servant leadership attribute tool to assess the existence of identified behaviors, attitudes, and practices could also be useful in determining the prevalence of this type of leadership philosophy among educators, nurses, and military members.

Expanding the research to include nurse educators with prior military careers working in two-year associate degree nursing programs may provide different findings related to servant leadership attributes. There may be differences in those who seek educator roles in two-year versus four-year programs that were not evident in the limited scope of this research. Also, since many facets of servant leadership theory correspond with Biblical principles of service-oriented leadership, it would be informative to conduct comparative research of nurse educators in private, Christian colleges with those serving in public institutions of higher education.

Summary

The purpose of this study was to explore the lived experiences of nurse educators with prior military careers as a means to derive commonalities in behavior and practice in educating and leading nursing students. The findings confirmed the presence of many servant leadership attributes in the participants, and supported the implication that retired military nurses may be a viable resource pool from which to recruit nurse educators at a time when a nursing faculty shortage contributes to limitations on enrollment in nursing schools, and subsequently, to a nursing shortage. Institutions of higher education, legislators, and military transition assistance programs may find this study useful in informing policies and creating innovative partnerships that serve to increase the availability of competent, servant-minded nurses to care for a growing population of patients.

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APPENDIX A: IRB APPROVAL

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

October 15, 2015

Susan F. Ball

IRB Approval 2271.101515: A Phenomenological Study of the Lived Experiences of Nurse Educators with Prior Military Careers

Dear Susan,

We are pleased to inform you that your study has been approved by the Liberty IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year, or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,



Administrative Chair of Institutional Research
The Graduate School

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APPENDIX B: NURSE EDUCATOR RECRUITMENT EMAIL

Date:

Dear Nurse Educator:

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Educational Leadership. The purpose of my research is to explore the lived experiences of nurse educators with prior military careers, and I am writing to invite you to participate in my study.

Eligible participants for this study are nurse educators with prior military service of 15 years or more. If you are 18 years of age or older and are willing to participate, you will be asked to allow me to interview you and to share your teaching philosophy and any publications you have authored. It should take approximately 30 minutes for you to complete the interview. You will also be asked to allow me to observe you teaching in your classroom for approximately one hour. You will be given a pseudonym for the purpose of collecting data during the interview, and your name and any personally identifying information will be removed from any written documents you provide and replaced with your pseudonym.

To participate, please email me at sball13@liberty.edu or call me at XXX-XXX-XXXX to schedule an interview.

A consent document will be emailed to you no later than one week before the interview. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of the interview.

Sincerely,

Susan Ball

Liberty University Graduate Student

APPENDIX C: CONSENT FORM FOR NURSE EDUCATOR PARTICIPANTS

The Liberty University Institutional
Review Board has approved
this document for use from
10/15/15 to 10/14/16
Protocol # 2271.101515

CONSENT FORM FOR NURSE EDUCATOR PARTICIPANTS

A Phenomenological Study of the Lived Experiences of Nurse Educators with Prior Military

Careers

Susan F. Ball

Liberty University

School of Education

You are invited to be in a research study of nurse educators with prior military careers. You were selected as a possible participant because you are a nurse educator with a prior military career. I ask that you read this form and ask any questions you may have before agreeing to be in the study.

Susan F. Ball, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information:

The purpose of this study is to explore the lived experience of nurse educators with previous military careers prior to becoming educators.

Procedures:

If you agree to be in this study, I would ask you to do the following things:

Engage in a face-to-face interview with the researcher for approximately 30 minutes in your office;

Share documents concerning your philosophy of teaching, publications you have authored, and syllabi you have authored;

Share notes, letters, or emails from students concerning your teaching; and

Allow observation of your classroom teaching for one 60-minute period.

Risks and Benefits of being in the Study:

The study has several risks: There is a possibility of minimal risk involved with participation in this study. The risks are no more than you may encounter in everyday life. You may experience some anxiety in responding to the interview questions or in reflecting on your experiences as a nurse, an educator, or a military member. You are free to stop your participation at any time and for any reason.

If you elect to participate, you will not receive any direct benefit from participation. The indirect benefits of participation are providing educators and administrators with valuable information related to the leadership behaviors of nursing faculty with prior military experience. This information will be helpful in understanding how prior military service influences the behaviors and practice of nurse educators.

Compensation:

No compensation will be provided for participation in this study.

The Liberty University Institutional
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Protocol # 2271.101515

Confidentiality:

All of your answers to the interview questions will be kept confidential. Your name will not appear in any of the results. The results of the study will be reported under a pseudonym for both your name and your school. Any written documents you provide will likewise be kept confidential and reported only under a pseudonym. Again, your name or identifying information will not be reported along with these comments. The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records.

Audio recordings and written documents related to this research will be kept in a locked office at the researcher's home. The audio recordings and written documents will be destroyed after three years following dissertation approval by Liberty University. Electronic documents will be password protected by the researcher and destroyed after three years following dissertation approval by Liberty University.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If at any time during the study you wish to withdraw your participation, please notify the researcher in person or in writing via email at sball13@liberty.edu. You are not required to provide a reason for your withdrawal. All audio, electronic, and written documents pertaining to your participation will be destroyed upon receipt of notification of your decision to withdraw.

Contacts and Questions:

The researcher conducting this study is Susan F. Ball. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at XXX-XXX-XXXX or sball13@liberty.edu. You may also contact the researcher's faculty advisor, Dr. Cynthia Goodrich, at cgoodrich@liberty.edu. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Carter 134, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

☐ The researcher has my permission to audio-record.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

APPENDIX D: RECRUITMENT EMAIL FOR NURSE EDUCATOR COLLEAGUES

Date:

Dear :

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Educational Leadership. The purpose of my research is to explore the lived experiences of nurse educators with prior military careers and includes gathering information about those nurse educators from their colleagues. You have been identified as a colleague of a nurse educator with a prior military career, and I am writing to invite you to participate in my study.

*Eligible participants for this study are colleagues of nurse educators with prior military service of 15 years or more. As a colleague participant, **you do not need to have military experience yourself**. If you are 18 years of age or older and are willing to participate, you will be asked to allow me to interview you. It should take approximately 30 minutes for you to complete the interview. You will be given a pseudonym for the purpose of collecting data during the interview.*

To participate, please email me at sball13@liberty.edu or call me at XXX-XXX-XXXX to schedule an interview.

A consent document will be emailed to you no later than one week before the interview. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of the interview.

Sincerely,

Susan Ball

Liberty University Graduate Student

APPENDIX E: RECRUITMENT EMAIL FOR NURSE EDUCATOR STUDENTS

Date:

Dear :

As a graduate student in the School of Education at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Educational Leadership. The purpose of my research is to explore the lived experiences of nurse educators with prior military careers and includes gathering information from students of nurse educator participants. You have been identified as a student of a nurse educator with a prior military career, and I am writing to invite you to participate in my study.

*Eligible participants for this study are students of nurse educators with prior military service of 15 years or more. As a student participant, **you do not need to have military experience yourself**. If you are 18 years of age or older and are willing to participate, you will be asked to allow me to interview you. It should take approximately 30 minutes for you to complete the interview. You will be given a pseudonym for the purpose of collecting data during the interview.*

To participate, please email me at sball13@liberty.edu or call me at XXX-XXX-XXXX to schedule an interview.

A consent document will be emailed to you no later than one week before the interview. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of the interview.

Sincerely,

Susan Ball

Liberty University Graduate Student

APPENDIX F: CONSENT FORM FOR NURSE EDUCATOR COLLEAGUES

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CONSENT FORM FOR NURSE EDUCATOR COLLEAGUE PARTICIPANTS

A Phenomenological Study of the Lived Experiences of Nurse Educators with Prior Military Careers

Susan F. Ball

Liberty University

School of Education

You are invited to be in a research study of nurse educators with prior military careers. You were selected as a possible participant because you are a colleague of a nurse educator with a prior military career. I ask that you read this form and ask any questions you may have before agreeing to be in the study. Susan F. Ball, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information:

The purpose of this study is to explore the lived experience of nurse educators with previous military careers prior to becoming educators.

Procedures:

If you agree to be in this study, I would ask you to do the following:

Engage in a face-to-face, telephone, or online interview with the researcher for approximately 30 minutes

Risks and Benefits of being in the Study:

The study has several risks: There is a possibility of minimal risk involved with participation in this study. The risks are no more than you may encounter in everyday life. You may experience some anxiety in responding to the interview questions or in reflecting on your experiences as a nurse educator. You are free to stop your participation at any time and for any reason.

If you elect to participate, you will not receive any direct benefits of participation. The indirect benefits of participation are providing educators and administrators with valuable information related to the leadership behaviors of nursing faculty with prior military experience. This information will be helpful in understanding how prior military service influences the behaviors and practice of nurse educators.

Compensation:

No compensation will be provided for participation in this study.

Confidentiality:

All of your answers to the interview questions will be kept confidential. Your name will not appear in any of the results. The results of the study will be reported under a pseudonym for both your name and your school. Again, your name or identifying information will not be reported along with these comments.

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The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely and only the researcher will have access to the records.

Audio recordings and written documents related to this research will be kept in a locked office at the researcher's home. The audio recordings and written documents will be destroyed after three years following dissertation approval by Liberty University. Electronic documents will be password protected by the researcher and destroyed after three years following dissertation approval by Liberty University.

Voluntary Nature of the Study:

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study:

If at any time during the study you wish to withdraw your participation, please notify the researcher in person or in writing via email at sball13@liberty.edu. You are not required to provide a reason for your withdrawal. All audio, electronic, and written documents pertaining to your participation will be destroyed upon receipt of notification of your decision to withdraw.

Contacts and Questions:

The researcher conducting this study is Susan F. Ball. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at XXX-XXX-XXXX or sball13@liberty.edu. You may also contact the researcher's faculty advisor, Dr. Cynthia Goodrich at cgoodrich@liberty.edu. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Carter 134, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

☐ The researcher has my permission to audio-record.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

APPENDIX G: CONSENT FORM FOR NURSE EDUCATOR STUDENTS

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CONSENT FORM FOR NURSE EDUCATOR STUDENT PARTICIPANTS

A Phenomenological Study of the Lived Experiences of Nurse Educators with Prior Military Careers

Susan F. Ball

Liberty University

School of Education

You are invited to be in a research study of nurse educators with prior military careers. You were selected as a possible participant because you are a student of a nurse educator with a prior military career. I ask that you read this form and ask any questions you may have before agreeing to be in the study. Susan F. Ball, a doctoral candidate in the School of Education at Liberty University, is conducting this study.

Background Information:

The purpose of this study is to explore the lived experience of nurse educators with previous military careers prior to becoming educators.

Procedures:

If you agree to be in this study, I would ask you to do the following:

Engage in a face-to-face, telephone, or online interview with the researcher for approximately 30 minutes

Risks and Benefits of being in the Study:

The study has several risks: There is a possibility of minimal risk involved with participation in this study. The risks are no more than you may encounter in everyday life. You may experience some anxiety in responding to the interview questions or in reflecting on your experiences as a student. You are free to stop your participation at any time and for any reason.

If you elect to participate, you will not receive any direct benefits of participation. The indirect benefits of participation are providing educators and administrators with valuable information related to the leadership behaviors of nursing faculty with prior military experience. This information will be helpful in understanding how prior military service influences the behaviors and practice of nurse educators.

Compensation:

No compensation will be provided for participation in this study.

Confidentiality:

All of your answers to the interview questions will be kept confidential. Your name will not appear in any of the results. The results of the study will be reported under a pseudonym for both your name and your school. Again, your name or identifying information will not be reported along with these comments.

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How to Withdraw from the Study:

If at any time during the study you wish to withdraw your participation, please notify the researcher in person or in writing via email at sball13@liberty.edu. You are not required to provide a reason for your withdrawal. All audio, electronic, and written documents pertaining to your participation will be destroyed upon receipt of notification of your decision to withdraw.

Contacts and Questions:

The researcher conducting this study is Susan F. Ball. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at XXX-XXX-XXXX or sball13@liberty.edu. You may also contact the researcher's faculty advisor, Dr. Cynthia Goodrich at cgoodrich@liberty.edu. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Carter 134, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information to keep for your records.

Statement of Consent:

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

(NOTE: DO NOT AGREE TO PARTICIPATE UNLESS IRB APPROVAL INFORMATION WITH CURRENT DATES HAS BEEN ADDED TO THIS DOCUMENT.)

☐ The researcher has my permission to audio-record.

Signature: _____ Date: _____

Signature of Investigator: _____ Date: _____

APPENDIX H: INTERVIEW PROTOCOL

Interview with Nurse Educator Participant: What does it mean to be a nurse educator with a prior military career?

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Interviewer's observations of place (layout of office, personal items in office, etc.)

Interviewer briefly describes project and personal background

Interviewer reminds interviewee that he/she can withdraw permission for the interview at any time

Interviewer asks interviewee if he/she has any health concerns that may be exacerbated by questions related to his/her military experience

Questions:

1. What attracted you to a career in nursing?

2. What attracted you to a military career?

3. What attracted you to a career in nursing education?

4. Tell me what it means to you to be a nurse educator.

5. How would you describe your philosophy of nursing education?

6. What similarities do you see in military nursing and nursing education?

7. How would you describe your leadership philosophy?

8. What professional competencies of military nurses translated into the nursing educator role for you?

9. What experiences, if any, in your previous military career prepared you for your role as a nursing educator?

10. What other nurse educators with prior military experience do you know who may be interested in participating in this study?

11. What colleagues and students have you worked with who might be able to provide further insight into your experience as a nurse educator?

12. Is there anything else you would like to add about your experience as a nurse educator with a prior military career?

Thank the interviewee for his/her participation. Assure him/her of confidentiality of responses and the use of pseudonyms in the study.

Interview with Nurse Educator Colleague: What is it like to work with a nurse educator with a prior military career?

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Interviewer's observations of place (layout of office, personal items in office, etc.)

Interviewer briefly describes project and personal background

Interviewer reminds interviewee that he/she can withdraw permission for the interview at any time

Interviewer asks interviewee if he/she has any health concerns that may be exacerbated by questions related to the nurse educator's military experience

Questions:

1. What attracted you to a career in nursing education?

2. What characteristics do you believe are important in nursing educators?

3. Describe your experience in working with the participant.
4. How would you characterize the participant's philosophy of nursing education based upon your experience in working with him/her?
5. What is it like to work with a nurse educator with a prior military career?
6. How would you characterize the participant's leadership ability?

7. Is there anything else you would like to add about your experience in working with (state nurse educator participant's name)?

Thank the interviewee for his/her participation. Assure him/her of confidentiality of responses and the use of pseudonyms in the study.

Interview with Nurse Educator Student: What is it like to have a nurse educator with a prior military career?

Time of interview:

Date:

Place:

Interviewer:

Interviewee:

Interviewer's observations of place (layout of office, personal items in office, etc.)

Interviewer briefly describes project and personal background

Interviewer reminds interviewee that he/she can withdraw permission for the interview at any time

Interviewer asks interviewee if he/she has any health concerns that may be exacerbated by questions related to the nurse educator's military experience

Questions:

1. Tell me about your nursing instructor (the nurse educator participant).

2. How is your nursing instructor the same or different from other nursing instructors you have experienced?

3. What qualities do you believe are important in nurse educators?

4. How do you think your instructor's prior military background has influenced his/her teaching strategies, behavior, or attitude?

5. Is there anything else you would like to add about your experience in being a student of (state nurse educator participant's name)?

Thank the interviewee for his/her participation. Assure him/her of confidentiality of responses and the use of pseudonyms in the study.

APPENDIX I: OBSERVATION PROTOCOL

Start time: _____ End time: _____ Total observation time: _____	
<i>Descriptive Notes</i>	<i>Reflective Notes</i>
General: What similarities exist in behaviors, attitudes, and beliefs of nurse educators with prior military careers? How do nurses, military members, and nurse educators lead by serving?	
Layout of classroom	
Class introduction	
Physical appearance, dress, behavior, mannerisms of nurse educator	

Response of students to nurse educator	
Response of nurse educator to students	
Details of class time (i.e., lecture topic, student activities, teaching methodology)	
Additional comments	