THE TRANSITION EXPERIENCE OF SECOND CAREER RESPIRATORY

FACULTY: A PHENOMENOLOGICAL STUDY

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This phenomenological study investigated the transition experiences of clinical respiratory therapists who pursued second careers as respiratory faculty. Situated Learning Theory and Workplace Learning Theory were the frameworks for interviews with 11 second career respiratory faculty who had taught fewer than five years in baccalaureate degree programs. The goal of this study was to identify the major themes of their experiences.

Thematic analysis revealed five common experiences: under-preparation, challenges, overwhelmed feelings, personal responsibilities, and rewards. The common theoretical framework for all participants was the critical need to understand their communities of practice within their organizations.

From this study, respiratory department chairs and administrators may better understand the challenges and needs of clinical therapists as they transition into faculty positions. Positive experiences such as improved orientations and continued effective faculty support may promote a more rewarding and long-term practice.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ACKNOWLEDGMENTS</th>
<th>iii</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td></td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td></td>
</tr>
<tr>
<td>Conceptual Framework</td>
<td></td>
</tr>
<tr>
<td>Research Questions</td>
<td></td>
</tr>
<tr>
<td>Definition of Terms</td>
<td></td>
</tr>
<tr>
<td>Significance of the Study</td>
<td></td>
</tr>
<tr>
<td>Assumptions</td>
<td></td>
</tr>
<tr>
<td>Delimitations</td>
<td></td>
</tr>
<tr>
<td>Limitations</td>
<td></td>
</tr>
<tr>
<td>Organization of the Study</td>
<td></td>
</tr>
<tr>
<td>2. REVIEW OF LITERATURE</td>
<td>11</td>
</tr>
<tr>
<td>Overview</td>
<td></td>
</tr>
<tr>
<td>Retention and Turnover</td>
<td></td>
</tr>
<tr>
<td>The Transition Experience</td>
<td></td>
</tr>
<tr>
<td>Culture and Support</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>3. METHODOLOGY</td>
<td>26</td>
</tr>
<tr>
<td>Research Questions</td>
<td></td>
</tr>
<tr>
<td>Qualitative</td>
<td></td>
</tr>
<tr>
<td>Participants</td>
<td></td>
</tr>
<tr>
<td>IRB Consideration</td>
<td></td>
</tr>
</tbody>
</table>

iv
Instrumentation

Data Collection Data Analysis

Verification

Researcher Biases

Assumptions

Summary

4. FINDINGS ........................................................................................................... 36

   Introduction

   The Interviews

   Themes

   Analysis of Research Questions

   Summary

5. DISCUSSION, RECOMMENDATIONS, FUTURE RESEARCH .......... 70

APPENDICES ............................................................................................................. 75

REFERENCES ............................................................................................................. 81
“What am I doing here?” Six years ago as a new assistant professor I asked myself this question as I looked out at my audience of new respiratory care students. They sat with their pens poised as I cleared my throat and clicked the mouse to advance my carefully prepared presentation. I noticed them shifting in their seats and sizing me up, as they sensed my inexperience. “What am I doing here?” I asked myself again. “I am a respiratory therapist…and a good respiratory therapist…but not a teacher. How did I end up here in front of these students?”

The drive for this study came from my own personal experiences as a novice faculty member, past experiences as a respiratory therapist hospital educator, and frequent conversations with colleagues in higher education. Higher education is not a traditional career path for respiratory therapists. When respiratory therapy practitioners turned educators’ transition into the culture of academia they do not fully understand the art of teaching. It is important to develop an understanding about how new respiratory faculty conceptualize their roles, are socialized into the profession, and how they develop professionally (Murray, 2004). Respiratory faculty members are often recognized as clinical experts, and most have advanced degrees. However, few have formal preparation for teaching or working in the academic world.

Having the status of clinical expert does not automatically translate into the status as an education expert. Colleges and universities expect the faculty they hire to be effective teachers, competent researchers, and active participants in academic life (Adams, 2002). Several authors including, Crepeau, Thibaudex, and Parker (1999),
Boyden (2000), and Lewallen, Cran, Letvak, Jones, and Hu (2003) suggested that allied health professionals who leave their traditional practice to become educators are challenged to change their focus. It is difficult new educators to transition from the performance of skills to teaching those skills to students.

Many researchers have found that low satisfaction levels contributed to high attrition rates in healthcare faculty. According to Boyd and Lawley (2009), low satisfaction levels may be attributed to transition experiences from clinical practitioners to new faculty members. New faculty may find their transition to higher education difficult and confusing because of anxiety of what the role of faculty member should be. Different environments require them to emphasize different elements of their identity. The experiences of the new faculty member tend to encourage them to hold on to existing identities as a clinical practitioner rather than embrace new identities in academia (Boyd & Lawley, 2009). Healthcare professionals who leave their traditional setting to become faculty members are challenged to change their focus from the performance of skills to teaching skills to students (Anderson, 2009; Cleary, Horsfall, & Jackson, 2011; Crepeau, Thibodaux, & Parker, 1999; LaRocco, & Bruns, 2006).

In addition, the respiratory therapy profession is facing a new challenge of a shortage of respiratory therapist. With the growing number of elderly patients, hospitals need more respiratory therapist. Shortages of respiratory therapist will worsen through 2030 (Edwart, Marcus, Gaba, Bradner, Medina, & Chandler, 2004). According to Kacmarek, Barnes, and Durbin (2012), acute care hospitals predict a 10% increase in the number of respiratory therapist needed over the next decade. A recent nationwide survey of respiratory therapy education program directors found that the expected
number of respiratory therapist graduates per program is expected to increase by 25% over the next decade (Barnes, Kacmarek, & Durbin, 2011). To add to the challenge, the AARC 2009 Human Resources Survey reported that 75% of respiratory therapy faculty from accredited programs will retire by 2020 (AARC, 2009).

Statement of the Problem

As existing respiratory faculty retire and the need for additional faculty grows, it will become extremely important for colleges and universities to find ways to promote a rewarding long-term practice for new respiratory faculty. Previous work on transitioning into allied healthcare academia has been generic in the sense that it investigated the transition experiences of faculty across a wide range of disciplines and does not indicate why or how higher education institutions might assist with these challenges. Although several researchers have examined the clinician to academic transition in general or with regard to specific clinicians other than respiratory therapists, no published studies of the transition experiences of specifically second career respiratory therapy faculty were found. This overarching problem indicated a need for investigating experiences of second career respiratory therapy faculty as they transition into their new roles.

Purpose of the Study

The purpose of this study was to gain a deeper understanding of the transition experience of second career respiratory faculty who entered academia. The phenomenological inquiry, as part of uncovering meaning, articulated the “essences” of meaning of lived experiences when they entered the unknown world of academia.
The focus of the study was on second career respiratory faculty’s memories and their “lived through” experiences. The goal of the study was to discover common elements that second career respiratory faculty experienced when transitioning into academia and to distill these elements into a set of recommendations to higher education leaders for enhancing respiratory faculty experiences. Findings from this study will help promote positive long-term experiences of second career respiratory faculty. The broader goal of the study was to help with recruitment and retention of second career faculty.

Conceptual Framework

Situated learning theory provided a useful theoretical framework for understanding academic environments (Trowler & Knight, 2000; Knight, Tait & York, 2006). The main idea of situated learning theory is the relationship between individuals and communities through engagement and practice (Jawitz, 2009). According (Lave & Wenger, 1991), there is a need to focus on professional learning that is rooted in the workplace context and on the learning of new professionals as they are socialized with experienced colleagues within a community of practice. Such an approach has identified the importance of the quality of informal daily interactions for professional learning of new faculty (Trowler & Knight, 2000). Since teaching is not a traditional role for respiratory therapist, second career respiratory faculty often learn about teaching and the role of being a faculty member through on the job training. Mentors are often assigned to help new faculty transition into their new roles. Thus, faculty learns about teaching through apprenticeship and on-the-job training at colleges and universities. Situated learning theory emphasizes the importance of work-place learning in non-
formal conditions but the contribution of formal support should also be considered (Boyd & Lawley, 2009).

In addition to situated learning theory, workplace learning literature emphasizes the need to understand communities of practice within an organization. Wegner (1998) presents a model for professional learning of new professionals to complex workplace communities of practice and this study is a small-scale response to the proposal. Wegner considered that people define who they are through compromise and reconciliation as related to varying positions of membership of multiple communities (Boyd & Lawley, 2009). According to Wegner (1998), there is a “profound connection between identity and practice” (p. 149). Newly appointed faculty joins a new academic community with the prospect of becoming full participants in its practice.

Wegner (2000) stated that identity is important in social learning systems for three reasons: First, identity is a combination of competence and experience into a working knowledge. Second, the ability to deal productively with boundaries depends on the ability to engage and suspend identities. Third, identities are live vessels in which communities and boundaries are realized with experiences of the world. (p. 239)

Second career respiratory have chosen to leave a familiar environment as bedside respiratory therapist to move into the unfamiliar and sometimes overwhelming world of academia. People move from place to place carrying a piece of each community each place they go. In other words, when a respiratory therapist enters academia it does not mean they cease being a respiratory therapist when stepping out of the hospital. Second career respiratory faculty faces new and different challenges as
they enter the world of academia. Using this conceptual framework this study aimed to contribute to information about experiences of second career respiratory faculty and provided information needed to understand their transition experiences.

Research Questions

In an attempt to understand the experience of second career respiratory faculty the study investigated the transition of newly appointed respiratory faculties who had moved from clinical practice roles within the last five years. The following research questions guided my study:

Question 1: How do second career respiratory faculty perceive their transition experiences?

Question 2: How do second career respiratory faculty feel and experience their new professional identities?

Question 3: How do second career respiratory faculty experience institutional environments?

Question 4: How do second career respiratory faculty experience professional relationships in the college setting?

Definition of Terms

The following are definitions of terms that were used in this study.

Second career respiratory faculty - Second career respiratory faculty were defined as a respiratory therapist who leaves the traditional hospital setting to enter a second career as a full time faculty member in academia.

Transition experience - The individual experience associated with entering an academic community of practice. It is an active learning process with associated
emotional work, important tasks, and diffusion through role boundaries to assume new values and knowledge of the new role (Anderson, 2009).

Professional identities – Were defined as, an identity of self as established and maintained either through dialogue within social situations, or through professional roles that are internalized by the individual (Beijaard, Verloop, & Vermunt, 2000).

Orientation Program - An organized set of activities supporting growth forward competence in various dimensions of the faculty role (Suplee & Gardner, 2009).

Significance of the Study

Entering into academia as a respiratory educator requires a major transition from the practice arena to the world of education. New healthcare faulty often find their transition to higher education challenging and confusing because of the tensions in their subject, their department, and their original practitioner profession, over what a faculty member should be (Boyd & Lawley, 2009). Successful respiratory therapist and clinical experts suddenly find themselves to be newcomers in many aspects of their role when they accept faculty positions in higher education. The required competencies of respiratory faculty in the academic realm demonstrate the vastness of the new role. Academia has its own diverse culture with a different language, expectations (Siler & Kleiner, 2001), and behaviors and values (Schriner, 2007). In the practice, rewards and promotions are based on clinical expertise and competency (Danna, Schaubhut, & Jones, 2010). In academia value is placed on teaching, publishing, developing and implementing research programs, presentations, and writing grants (Schriner, 2007).

This qualitative study will contribute to understanding of the transition experience of second career respiratory faculty. While there has been documentation of an
impending respiratory faculty shortage, no research has been conducted on the early respiratory faculty experience. This study has implications for all of those concerned with enhancing the academic work environment for new faculty in professional education fields such as respiratory care. These included the need to recognize and respond to tensions within the work-place and to nurture non-formal collaborative learning. Administrators and department chairs will be able to use the information provided to improve transition experiences of second career faculty and help to promote a rewarding and long-term practice in higher education. Accomplishing all of these things is significant because it will help to recruit and retain second career faculty.

Assumptions

Assumptions of this study were that the first five years in the faculty role are the most critical and this is the time that needs to be examined and supported. New faculty are not clear on the expectations of their new roles (Staniforth & Harland, 2006). It was also assumed that second career respiratory faculty would be honest about their transition experience.

Delimitations

In order to gain a better understanding of the transition experience of second career respiratory faculty in bachelor degree programs the research only sought participants who taught in bachelor degree programs. The use of only second career respiratory faculty in bachelor degree programs did not allow the researcher to understand the transition experience of faculty who teach in associate degree programs.
Limitations

This study was limited by factors including, willingness of faculty members to participate and by the fact that some interviews were conducted via Skype. This prevented the research from seeing all non verbal communications which limited the richness of the interview experience. The researcher addressed this limitation by increasing the number of interviews conducted. A further limitation existed as this was a qualitative study of experiences; the findings cannot be generalized with the assumption that all second career respiratory faculty had the same experiences. Qualitative research does not provide the breadth that a quantitative study with a larger sample size would. Yet, by conducting a qualitative study deeper insight into the lived experience of second career respiratory faculty was found.

Organization of the Study

The early faculty experience can be a factor in determining successful role transition. With the impending respiratory faculty shortage the transition experience is a significant issue. The phenomenological study sought to understand the transition experience of second career respiratory faculty and discover how the experience may be improved to promote a rewarding and long-term practice for respiratory faculty.

This qualitative research study will be presented in five chapters. Chapter 1 includes the introduction, statement of the problem, purpose of the study, conceptual framework, research questions, definition of terms, significance of the study, assumptions, delimitations, and limitations of the study.

Chapter 2 presents a review of literature, which includes retention and turnover, transition and experience of new faculty, and culture and support for new faculty.
Chapter 3 describes the methodology that WAS be used for this research study. It also includes participants, data collection and analysis, role of the researcher, assumptions, and biases.

Chapter 4 presents the study’s findings including, analysis and results for the research questions. Chapter 5 provides a discussion of the complete study, as well as, recommendations, and future research.
CHAPTER 2
REVIEW OF THE LITERATURE
Overview

A search of literature surrounding the experiences and transitions of second career respiratory faculty into the academic setting revealed that research in this area is very limited. There was considerable research into the transition of other practitioners turned educator experiences of nursing, pharmacy, health information practitioners, and counseling. Retention, turnover, support, and challenges were also researched. No research dealing with the experiences of second career respiratory faculty entering into the academic setting was identified. Therefore, this literature review explored the integration of other practitioners into an academic setting. Examples from the literature of education were also included for understanding. The main topics included in this review are: (a) retention and turnover, (b) transition and experience of new faculty, and (c) culture and support for new faculty. This chapter builds on the framework for an investigation of the transition experiences of second career respiratory faculty.

Retention and Turnover

Researchers frequently cited issues with identity development from practitioner to educator and transitioning as reasons for healthcare faculty leaving academia (Bittner & O’Connor, 2012; Conklin & Desselle, 2007; Gormley & Kennerly, 2011; Radtka, 1993). Environment, salary, and workload of the college or university also has significant influence on turnover (Brady, 2007; Gormley & Kennerly, 2011; Spivey, Chisholm-Burns, Murphy, Rice, & Morelli, 2009; John, Papageorge, Jahangiri, Wheater, Cappelli, Frazer, & Sohn, 2011).
Gormley and Kennerly (2011) analyzed predictors of turnover intention in nurse faculty. Logistical regression was used to examine predictors of turnover intention. Findings suggested that environment, engagement, organizational commitment, and role ambiguity were predictors of turnover intention of nursing faculty. Bittner and O’Connor (2012) conducted a survey in New England to determine barriers to faculty job satisfaction. The study concluded that work environment, workload, and salaries contributed to overall satisfaction and predictors of turnover. Similarly, Brady (2007) concluded factors affecting retention of nursing faculty included the unique nature of the faculty role, workload and salary.

In other allied health care programs faculty turnover is high. According to Reed (2006), “In 2003-04, and estimated 74 faculty members in 109 PA programs left their positions, for a mean of 0.7 faculty members per program” (p. 30). The reasons for physician assistants leaving their academic positions included: returning to clinical practice, job dissatisfaction, career advancement, and salary dissatisfaction. Reed (2007) found that respected professional status, rank, and opportunities for advancement contributed to job satisfaction. A study conducted by Radtka (1993) found that 10% of physical therapy faculty resigned within a one year period. Radtka (1993) surveyed over four hundred physical therapy faculty and ninety two academic program directors. Findings suggested there was a significant correlation between high turnover and fewer years of employment, behavioral intentions to leave, lower salary, and higher job stress. Likewise, Conklin and Desselle (2007) found just over one in five pharmacy faculty indicated intentions to leave their academic institution. Excessive workload, low salary, and poor relationships with administrator were cited as reasons for leaving.
According to Spivey et al. (2009), development of a stimulating and supportive university culture may increase satisfaction and facilitate improved faculty retention.  

The Transition Experience

A number of feelings are evoked during the transition from one role to another. Healthcare professionals have reported feelings of difficulty in coping, insecurity, isolation, discomfort, role ambiguity, and anxiety during transition from clinician to faculty roles (Dempsey, 2007). The literature published has been largely focused on the experiences of faculty across a wide range of disciplines and does not indicate why or how higher education institutions might assist with these challenges. Several researchers have found that colleges and universities need to develop a better understanding of how second career healthcare faculty transition into their new roles (Murray & Cunningham, 2004; Jones, 2008; Sorcinelli, 1994; Cullen & Harris, 2008, & Feldman 1981).

Holmes and Rahe (1967) found that a change in career, without taking into account the environment, is a stressful life event. For inexperienced respiratory faculty beginning a new teaching position can create stress and anxiety. Rosser and King (2003) concluded that role transitions are often hindered by unrealistic high expectations since any role transition creates anxiety which is exacerbated when tied with transition into a stressful specialty. New faculty with academic preparation has difficulty transitioning to the expectations of full time faculty requirements (Austin, 2002). Transitioning to a faculty member is overwhelming for most new faculty and even greater stressor for second career healthcare faculty with little to no experience as faculty in academia (Kahanov, Eberman, Yoder, & Kahanov, 2012). McDonald (2010)
explained that second career faculty transition from a world where they were a clinical expert into a world where they are a novice educator. According to Janzen (2010), the transition from expert practitioner to educator is a multidimensional process. Novice educators pass back and forth between the role of practitioner and educator. Eventually, the process changes individuals in their role as educators and as humans (Janzen, 2010).

One concern identified that new faculty are not clear on the expectations of their new roles (Staniforth & Harland, 2006). Anderson (2009) conducted a study which presented insight into clinical experts transitioning into higher education. The qualitative study that involved 18 nurse practitioners and clinical nurse specialist in their first or second year of teaching in bachelor degree programs in the Midwest. The study revealed six patterns. She used a metaphor of a mermaid entering a “sea of academia” to describe the patterns. The six patterns included: “sitting on the shore, splashing in the shallows, drowning, treading water, beginning strokes, and throughout the waters” (p. 203). Anderson concluded that it is important to understand that being a clinical expert can facilitate transition into higher education, and that it should include tailored mentoring, orientation, and workload considerations based on individual experience. Anderson (2009) also reported that the findings could help provide reassurance to individuals that their experience is shared by other second career healthcare faculty.

Other common characteristic that participants described included: fitting in and establishing relationships, leaving a comfort zone, learning a new language of academia, facing reality and unrealistic expectations, needing and soliciting
feedback, adjusting to workload, finding work life balance, reacting to students
and student feedback, integrating expertise, and striving for excellence (p. 207).

Knowledge Deficit

Insufficient preparation in the knowledge and skills for education is one aspect of
the challenges facing expert clinicians who transition into the academic setting. With
any career change there is a learning curve. Schriner (2007) explored cultural
differences and similarities affecting the transition of nurses into the faculty role from
professional clinical practice. A thematic analysis was conducted including documents,
observations, field notes, and interviews. Schriner’s (2007) study found six themes: 1)
stressors and facilitators of transition, 2) deficient role preparation, 3) changing student
culture, 4) realities of clinical teaching and practice, 5) hierarchy and reward, and 6)
cultural expectations versus reality. The study concluded that a cultural disconnect
exists for new nurse faculty and that they bring values of their clinical practice roles to
academia. However, the values that guided their behavior in clinical practice differ from
values that are important for the success as faculty. According to Schriner (2007), all
rules are changed due to disconnect between rewards and values; faulty are caught
between values they embrace and values endorsed by academia.

Similar results were found by LaRocco and Bruns (2006) as eleven second
career academics participated a qualitative study. The researchers used network
sampling strategies. The median age of the participants was forty-one. All participants
had completed their doctoral degree. The study examined the perceptions of former
education professionals’ integration into academic responsibilities, relations to and
experiences with their academic environment, and relationships with colleagues.
Findings suggested that participants felt worried about feeling prepared to teach, to conduct research, and to publish. Participants also reported difficulty balancing their work life with home life.

Identity Development

A recent study by Smith and Boyd (2012) explored experiences of new faculty in UK higher education in midwifery, nursing, and allied health professions. The implications for the study included the need for nursing and allied health departments to clearly identify permissible academic identities that are valued within the institution and professional fields. The study focused on the first five years of experience after appointment in higher education. Smith and Boyd suggested that new lectures found their mid-career transition challenging but felt supported. However, new faculty tended to hold on strongly to their identity as a clinical practitioner rather than quickly embracing new identities as scholar and researcher. Smith and Boyd also concluded that higher education institutions need to provide support and set realistic expectations for workload of new faculty.

Boyd and Lawley (2009) found opposing views as their study suggested rather than developing a new professional identity in academia novice nurse educators should hold on to their identity as a clinical nurse. Semi-structured interviews were conducted with a sample of nine new nursing faculties who had moved from clinical practice to academia within the last four years. Convenience stratified sampling was used to select participants. Indications for the study included enhancing the academic work-place as a learning environment for faulty in professional education fields such as nursing. Boyd and Lawley (2009) concluded that newly appointed nurse faculty may need to be
supported to adopt a more critical stance towards emerging professional identity, their existing practitioner knowledge, and practices into the context of their new role.

Culture and Support

Barlow and Antoniou (2007) conducted a small scale case study in which data was gathered from seventeen new faculties in their first three years of teaching at the University of Brighton. The purpose of the study was to increase awareness of the experiences of new faculty and prompt improvements in these experiences. The goal of the study was to help support to new faculty as they develop into their academic roles. The authors also hoped that the gained knowledge would improve retention rates. Data showed that there were many ways in which new lecturers’ early experiences at the university could be improved.

A six year longitudinal study was conducted by Magnuson, Norem, and Lonneman-Doroff (2009) to study counselor educators who transitioned into full time faculty positions. The goal of the phenomenological study was to raise awareness of conditions that contribute to satisfaction, productivity, and longevity of new faculty. Forty-three participants were enrolled in the first phase of the study. During the final phase of the study twenty two participants remained. The study included interviews and questionnaires. Themes that emerged from the study included: experiences in the work environment, sources of satisfaction and pleasure, interplay between professional and personal domains, and change and transformation. Significant findings from the study reported levels of stress and satisfaction were often concurrently high when a connection with and confidence in support of colleagues were present. This finding was prominent and central throughout the longitudinal study. In addition, researchers
suggested that it is important for senior faculty to help and support new faculty members.

Mentoring

Novice faculties revealed inadequacies in the ways new faculty are prepared and mentored. Unlike a new graduate nurse who is closely precepted in early days of practice, novice faculty had to figure things out on their own or look for answers from more experienced colleges (Siler & Kliner, 2001). The same is true for new graduate respiratory therapist. In clinical practice they are mentored and precepted closely in early days of practice. According to Smith and Zsohar (2007), mentoring is an important strategy to improve the quality of nursing education by new faculty but also helps with retention of faculty. The authors point out that mentoring increases job satisfaction especially in the first few years of transition from clinical specialist to novice faculty member.

Berk, Berg, Mortimer, Walton-Moss, and Yeo (2005) provided the following definition of a mentor relationship:

A mentoring relationship is one that may vary along a continuum from informal/short-term to formal/long-term in which faculty with useful experience, knowledge, skills, and/or wisdom offers advice, information, guidance, support, or opportunity to another faculty member or student for that individual's professional development. (p. 67)

Berk et al (2005) also developed a Mentorship Profile Questionnaire to measure the outcomes of mentoring relationships. The effectiveness scale used is a 12-item six-point agree-disagree Likert scale. The research concluded that faculty mentoring
relationships in academia and medical school in particular, over the past twenty five years have produced definitions, functions, and programs. Yet, only a small amount evidence of effectiveness has been found. Results from the study suggested that effectiveness of medical faculty mentor programs intended to promote profession growth of junior faculty is based more on assumption than empirical evidence.

As stated by Leslie, Lingard, and Whyte (2005), new faculty identify relationships from which they receive guidance; however, limitations in these relationships result in a lack of mentorship on career direction and on balancing career with personal life. Faculty received guidance in two ways: through collegial working relationships, and through discussion with senior clinicians as part of the evaluative system in the department.

Schrodt, Cawyer, and Sanders (2003) conducted a quantitative study that investigated the relationship between academic mentoring behaviors and the organizational socialization of new faculty in the communication discipline. 259 faculty members from the National Communication Association participated in the study. The authors hypothesized that faculty who participated in a mentoring relationship would be more satisfied with the socialization process than non-mentored faculty. Results of a MANOVA analysis indicated a significant multivariate effect for mentee status on satisfaction with the socialization process. Three separate one-way ANOVAs were also used to interpret multivariate effect. Results indicated those mentors’ tendencies to provide support, a sense of collegiality, and assistance with research are related to new faculty’s feelings of connectedness with their institution. The study also suggested that the benefits of mentoring also benefited the institution.
Many formal mentoring programs have been studied. Cawyer, Simonds, and Davis (2002) examined the use of a formal mentoring relationship as a way for understanding the socialization process of new faculty. Findings from the case study concluded that mentoring relationships may smooth the progress of socialization because they provide a formal opportunity for new faculty to form interpersonal relationships and support from seasoned colleagues. Another import finding determined that for the relationship to be more effective, mentors need to be accessible.

Zwind, Zdanowicz, MacDonald, Parkhurst, King, and Wizwer (2005) also developed a formalized faculty mentor program at the Massachusetts College of Pharmacy and Health Sciences. The program included a mentorship subcommittee, faculty mentoring guidelines, orientation, workshops, and meetings with mentors. Questionnaires about the mentoring program were used to assess changes in perceived level of abilities of the new faculty and mentors in the areas of teaching, service, and scholarship. The program was evaluated for five years; 93 mentees and 73 mentors participated in the program. Findings suggested that self-perceived abilities of mentees increased in all areas addressed in the program. Perceived abilities of the mentors also showed an increase following the faculty mentoring program.

Researchers, Dunham-Taylor, Lynn, Moore, McDaniel, and Walker (2008) described mentoring as, “providing limitless benefits to new nursing faculty and preventing premature departure due to unrealized foals of those with potential” (p. 342). Informal interview with novice nursing faculty in various settings revealed that most of them felt a sense of isolation in their new role. Some of the needs the faculty members expressed included technology related to teaching activities, who to ask for help, a
general knowledge of how to organize a course, how to deal with student issues, understanding what additional non-teaching responsibilities were required, how to manage time, and a mentor to shadow (Duham-Taylor et al., 2008).

Orientation and Training

During the first few years of a faculty appointment, the potential for both stress and rewards is great. New faculty must learn organizational structures, missions, values, and expectations for performance and advancement of their new campus environment. Numerous researchers have stated that if colleges and universities want to retain faculty, they need to develop a better understanding of how faculty conceptualize their role, are socialized into the profession, and how faculty members develop professionally (Murray & Cunningham, 2004; Jones, 2008; Sorcinelli, 1994; Cullen & Harris, 2008, & Feldman, 1981). Many institutions are fortunate to have well-developed orientation and development programs for new faculty. Others have well-respected and frequently used teaching and learning centers (Jones, 2008). Orientation programs for new faculty vary widely between institutions (Clark, 1988; Morin & Romeo, 1994).

Clark (1988) examined the process of orientation for new nursing faculty. The purposes of the study were: (a) to describe orientation practices, (b) to determine whether orientations were primarily formal or informal, (c) to examine effectiveness of orientation, and (d) to explore relationships between orientation effectiveness, job satisfaction, and retention. Clark randomly selected 121 new faculty employed in baccalaureate and higher degree programs in nursing. Half of the participants were new to teaching and half had two or more years of experience. Results from the study
reported variance in orientation practices, yet the majority of participants rated their orientation as effective. Clark also found orientation effectiveness was predictive of a significant portion of the variance in both job satisfaction and retention.

A large national study by Morin and Romeo (1994) identified existing orientation protocols for expert nurse faculty who change academic positions and which orientation protocols these faculty perceived as helpful. Participants were drawn from 460 accredited baccalaureate programs. All subjects ($N = 372$) had a minimum of three year’s teaching experiences and a two-part questionnaire was used. Some form of orientation was offered to 81% of the sample, with 27% reporting an orientation of less than one day. The study found that orientation programs do exist but vary greatly in content and duration.

Genrich and Pappas (1997) examined the use of a formalized orientation program which was developed to help socialize new nursing faculty into the academic environment. A general and specific program was developed that started six weeks prior to employment and spanned into the first semester. Results indicated faculty benefited from a modular orientation approach, which included ongoing support meetings and the use of a mentor.

The College of Pharmacy at Western University of Health Science recently established a committed to focus on standardizing faculty orientation (Law, Jackevicius, Murray, Hess, Pham, Min, & Le, 2012). The committee used a continuous quality improvement framework to improve the orientation process. A three month orientation program for new faculty was developed. New faculty was encouraged to attend workshops on a wide range of topics which included scholarship, teaching, and
development. Evidence of the committee’s success was reflected by high levels of faculty attendance and positive feedback on workshop evaluations.

A phenomenological study by Haneline (2006) found faculty orientation and development occurs both formally and informally. The goal of the study was to determine the extent to which college and university orientation programs prepare health information faculty to deal with cultural differences between the professional practice and academic settings. Formal programs were perceived to be helpful in transmission of information about the institution, policies and procedure, and pedagogy. Informal interaction with mentors had perceived value in assisting in understanding of program specific issues, and relieving stress.

Stes, Clement, and Petegem (2007) conducted longitudinal study the impact of a faculty training program to find out if teacher training made a long term impact on individuals and the institution. Participants were novice faculty with less than five years of teaching experience. The study was limited to twenty participants in order to increase active involvement in the program. The goal of the training was to make teaching more student centered and teaching practice more professional. Individual and institutional impacts of training were investigated. Findings suggested that two years after the initial training there was still an impact on day-to-day teaching practice. However, institutional changes could not clearly be connected to the training.

Cullen and Harris (2008) also performed a longitudinal study that investigated a new faculty orientation program based on elements learner-centered pedagogy. The program assessed the outcomes of a learning-centered community that fostered advancement and collaboration. Participants consisted of thirty three individuals from
seven colleges and the library. The group was made up of thirteen females and twenty males. Their teaching experiences varied greatly. To determine the effectiveness of the program individual interviews were conducted two years after the program. The majority of participants reported keeping in contact with the members of their community. Participants also noted that they were more likely to keep contact with those colleagues within their own college than outside of their college.

A mixed method study by Taylor & Berry (2008) explored a faculty academy designed to promote growth of new pharmacy faculty members. Twenty-one faculty participated in the program and the study. Results indicated individualized, systematic approach to faculty development resulted in more engaged and productive faculty who were more likely to remain long term with the college.

Summary

A search of the literature surrounding transition of allied health practitioners into the academic setting revealed that research in this area was very limited. There was considerable research into the transition of other practitioners turned educator experiences of nursing, pharmacy, health information practitioners, and counseling. The literature cites difficulty with identity development for healthcare faculty as a reason for leaving academia (Bittner & O’Connor, 2012; Conklin & Desselle, 2007; Gormley & Kennerly, 2011; & Radtka, 1993). In general, the transition of healthcare faculty into the world of academia is stressful (Kahanov, Eberman, Yoder, & Kahanov, 2012). Colleges and universities have created support systems such as orientation, training, and mentoring programs for new faculty. However, numerous researchers found that colleges and universities need to develop a better understanding of how second career
healthcare faculty transition into their new roles (Murray & Cunningham, 2004; Jones, 2008; Sorcinelli, 1994; Cullen & Harris, 2008, & Feldman, 1981).

No identified literature dealing with the transition experiences of second career respiratory faculty into the academic setting was found. The lack of relevant literature combined with the impending necessity for new respiratory faculty suggests the need to study transition experiences of second career respiratory faculty.
CHAPTER 3

METHODOLOGY

A phenomenological study design was used to investigate the transition experience of second career respiratory faculty. A phenomenological study attempts to understand people’s perceptions, perspective, and understandings, of a certain situation (Leedy & Ormrod, 2013). The goal of qualitative phenomenological research is to describe a "lived experience" of a phenomenon. The overall purpose of this study was to gain a deeper understanding of the transition experience of second career respiratory faculty who enter academia. By conducting this study, it was hoped to discover how the transition experience could be enhanced to promote a rewarding and long-term experience of second career respiratory faculty. Full-time faculty teaching in baccalaureate degree programs that had moved from clinical practice roles within the last five years were the focus of this study.

Research Questions

The following research questions guided my study:

Question 1: How do second career respiratory faculty perceive their transition experiences?

Question 2: How do second career respiratory faculty feel and experience their new professional identities?

Question 3: How do second career respiratory faculty experience institutional environments?

Question 4: How do second career respiratory faculty experience professional relationships in the college setting?
The answers to these questions were sought by utilizing a qualitative approach. Because it is not the intent of the study to measure, count, or test a hypothesis, a qualitative approach was appropriate to gain a deeper understanding of the transition experience of second career respiratory faculty who enter academia. As a general rule qualitative research enables the researcher to gain insight about a particular phenomenon, develop new concepts or perspectives about the phenomenon, or discover issues that exist within a phenomenon (Leedy & Ormrod, 2013).

Qualitative

As stated by Fraenkel and Wallen (as cited in Creswell, 2009), qualitative research focuses on the process as well as the outcome. Meanings and interpretations are negotiated with human data sources because it is the subjects’ realities that the researcher attempts to recreate (Creswell, 2009). According to Merriam (2001), qualitative research has five significant characteristics: “First it is interested in the meaning that people have gained from their experiences; second it utilizes the researcher as the vehicle for gathering and analyzing data, third it involves field work; fourth it is an inductive research strategy and finally, it produces a product that is richly descriptive” (p. 7). The study fit into all of the characteristics stated by Merriam. The purpose of the study was to investigate the transition experience of second career respiratory faculty. The goal of the study was not to test a previously developed theory, but rather to understand the transition experience for new faculty. The researcher served as the primary instrument for collecting data by conducting interviews to gather information from second career respiratory faculty. Throughout the data collection process, the researcher responded to the presses of the participants and tried to obtain
greater detail to provide an enhanced understanding of their personal experiences. A qualitative design provides a holistic account, and greater insight as the larger picture emerges (Creswell, 2009).

A phenomenological approach was determined ideal because it was the intent of the study to determine how participants experienced the transition from respiratory practitioner into the educational setting. The term phenomenology referred to a person’s perception of the sense of an event, as opposed to the event as it exists external to the person (Leedy & Ormrod, 2013). According to Finlay (2009),

Phenomenological research begins with substantial descriptions of lived situations, first-person accounts, and avoids generalizations. The researcher proceeds by analyzing these descriptions, perhaps ideographically first, and then synthesizing. General themes are identified about the essence of the phenomenon. The phenomenological researcher aims to go beyond surface or explicit meanings to read between the lines so as to access implicit dimensions and intuitions (p. 10).

As stated in the introduction, the drive for this study came from the investigators own personal experiences as a novice faculty member, past experiences as a respiratory therapist hospital educator, and frequent conversations with colleagues in higher education. According to Leedy and Ormrod (2013), oftentimes the researcher has had personal experience related to the phenomenon in question and wants to better understand the experiences of others.
Participants

Sampling in qualitative research is almost always purposive (Creswell, 2009). Criterion sampling selecting participants who meet some criterion was used for this study (Lunenburg & Irby, 2008). Eleven second career respiratory faculty had taught for fewer than five years in baccalaureate degree programs were selected to participate in the study. A typical sample size for a phenomenological study is between five to twenty-five individuals, all of whom have had direct experience with the phenomenon being studied (Creswell, 2009; Leedy & Ormrod, 2013). Faculty was selected from baccalaureate degree programs across the United States. The researcher contacted respiratory department program chairs via e-mail and request that they forward my contact information to faculty fitting the criteria for the interviews. Selection criteria included the following:

- Participants had to be second career respiratory faculty who had taught in baccalaureate degree programs five or fewer years.
- Participants had to be full time faculty.
- Participants had to agree to an interview lasting one to two hours that was recorded.
- Participants had to agree to follow up calls for clarification purposes.

Instrumentation

The instrumentation for data collection was semi-structured interviews which were audio recorded and transcribed. Fifteen questions were prepared and used to guide the interviews. Additional questions for clarification, such as, “Can you expand on that issue?” or “How did that make you feel?” were also asked during the interviews.
The implementation of a phenomenological study is as much in the hands of the participants as it is in the hands of the researcher (Leedy & Ormrod, 2013). This design was chosen to facilitate an understanding of how the participants feel about their experience and what the transition from respiratory practitioner to educator has been like for them. Phenomenological researchers depend almost exclusively on long interviews (1 to 2 hours) with a carefully selected sample of participants (Leedy & Ormrod, 2013). The goal of the study was to identify common experiences, themes, and feelings that may lead to a better understanding of what transition experiences promote a rewarding and long-term practice for respiratory faculty.

IRB Considerations

In order for the participants to feel safe they were are not identified by name or by university they teach. It was important for participants not to feel as though their job was in jeopardy because of something they said in the interview. Recordings and notes were kept secured in a locked area that could only be accessed by the researcher. Participants signed an IRB consent form prior to participating in the study. Their participation was voluntary and they did not receive compensation for participating in the study. Interviewees were also told if they were uncomfortable with any of the questions asked, to let the research know immediately and the investigator would move to the next question. Participants were also given the choice to end the interviews at anytime.

Data Collection

Basic demographic information was obtained by having participants fill out a demographic sheet prior to interviews. Semi-structured one hour interviews were
conducted with the participants via Skype or in person at the American Association of Respiratory Care Congress. Ideally all interviews would have been done in person, however, due to distance, time, and cost the researcher was forced to do some interviews via Skype. The interviews allowed the researcher to explore the phenomenon of the second career respiratory faculty experience. Leedy and Ormrod (2013) stated, interviews should be unstructured in which the participants and researcher will work together to “arrive at the heart of the matter” (as cited in Tesh, 1994, p. 147). Open-ended questions were asked to each participant. Patton (2002) described this type of interview as important as it assures that each interviewee will be asked the same questions. The researcher encouraged participants to give a full description of their transition experiences, including their thoughts, feelings, images, sensations, memories, along with descriptions of the situations in which the experiences occurred. The researcher listened closely as participants described their daily experiences related to their transition into higher education.

It was important to listen for subtle but meaningful cues in participants' pauses, questions, or sidetracks (Leedy & Ormrod, 2013). Field notes were transcribed during the interviews and the interviews were audio recorded. As interviews were carried out, trends, themes, and patterns were identified in responses from the participants. Inferences based on the newly acquired information were continuously made. The data-gathering process continued until a continuous feedback loop between data, data analysis, results, and conclusions occurred. At this point information saturation in sampling was obtained (Teddlie & Tashakkori, 2009).
Data Analysis

Since the study was about the experiences of second career respiratory faculty members, its analysis was thematic and interpretive. Phenomenological research uses the analysis of significant statements, generation of meaning units, and development of essence descriptions (Creswell, 2009). The central task of a phenomenological study is to identify common themes in people's descriptions of their experiences (Leedy & Ormrod, 2013). The analysis of phenomenological data is to use an emergent strategy, to allow the method of analysis to follow the nature of the data itself. However, focus is on an understanding of the meaning of the description. To get at the essential meaning of the experiences themes were extracted. The interview recordings were transcribed. The field notes obtained during the interviews were read and re-read while searching for the meaning of ideas, reference, and descriptions which were recorded. Open coding, which is the process of naming or labeling phrases and words, was performed while exploring the data. Axial coding was then performed, which is the process of matching codes with common themes or relationships, and selective coding allowed the researcher to choose core categories or themes which emerged from the coded data (Creswell, 2009).

Field notes were also entered into NVivo 10 research software for coding and identifying themes. Various means were used to identify and develop an overall description of second career respiratory transition experiences as they experience it to develop themes.

The final result was a general description as seen through the eyes of people who have experienced the phenomenon first hand (Leedy & Ormrod, 2013). The focus
of the analysis was common themes in the experience but also considered diversity in
the individual and setting studied (Leedy & Ormrod, 2013).

Verification

Phenomenological research is somewhat subjective in interpretation. The
primary strategy that was utilized in the study to ensure validity was the provision of
thick, rich, detailed descriptions so that anyone interested in transferability will have a
framework for comparison (Creswell, 2009). Member checking was performed after the
data had been transcribed, coded, and reported to ensure trustworthiness of the
findings. Participants verified the transcripts and three of the eleven participants gave
additional feedback which deepened the findings. The participants were notified on the
consent form that they may be contacted by the researcher after the interview to clarify
their answers or comments.

Researcher Biases

I vividly remember my first year of teaching. I was given a few books and old
PowerPoint presentations that had been used by the previous faculty who taught the
course. I recall spending a lot of time studying the material that I taught. I remembered
thinking as long as I was one day ahead of the students everything would be fine. I felt
afraid that the students would ask a question she could not answer. I also recalled
feelings of unworthiness as she transitioned from knowing everything as a respiratory
practitioner to knowing nothing as a new professor. I felt dissatisfied and frustrated that I
did not get a better orientation. I also remember feeling overwhelmed in her new role.
Potential bias may have occurred in the study as these negative experiences were still
somewhat fresh in the researcher’s memory when the study was conducted.
Assumptions

According to Leedy and Ormrod (2013), throughout the data collection process, the researcher must suspend any preconceived notions or personal experiences that may influence what the research hears the participants saying. This was vital for the investigator to gain insight and understand of the experiences that participants had. The researcher recognized that she may have assumptions that need to be kept out of the interviews and analysis. Her experiences in making the transition from respiratory therapist to full time faculty member was recent enough that she remembered how she felt during the experience. During the study the investigator put aside her assumptions of what the participants would say and the experiences she thought they would have. This was difficult as Charmaz (2006) stated, we are a part of the world we study and the data we collect. Yet, it was essential to gain understanding of the experiences that people have had (Leedy & Ormrod, 2013).

Summary

This study used phenomenological research design and criterion sampling was used to selecting participants. Participants were full-time second career faculty teaching in baccalaureate degree programs that have been in their current position for five years or less. The instrumentation for data collection was semi-structured interviews. Data analysis followed by coding the transcripts to develop themes. The goal of this study was to develop common themes in the transition experience of second career respiratory faculty. This researcher study sought to explore the transition experiences of respiratory therapist who have been appointed to faculty roles within the last five years. By examining multiple perspectives on the same situation, the researcher can
make generalizations of what something is like from an insider’s point of view (Leedy & Ormrod, 2013). The study considered emergent themes and identified similarities and differences between perspectives of second career respiratory faculty transitioning into academia.
CHAPTER 4
FINDINGS

Introduction

In this chapter, the findings of the study will be presented and research questions will be answered. A qualitative research design is an appropriate way to understand the feelings that individuals hold regarding a particular situation or context. More specifically, the research approach of phenomenology is used to describe an experience from the individual’s perspective (Creswell, 2009). The phenomenon that was explored in this study was the transition experience of a respiratory therapist moving from a career as clinical practitioner to a new career as an educator in a baccalaureate degree respiratory program. Interview questions were designed to understand the perceptions of each participant regarding how they felt about the transition, and what it meant to them. Eleven interviews were scheduled during the months of October and November 2013. Four of the interviews were conducted in person and seven of the interviews were conducted via Skype. The study had a very broad representation of faculty from all over the United States.

The semi-structured interviews lasted approximately one hour and were conducted individually. All participants met the criteria of being in the first five years of their full-time faculty assignment; two of the participants were in their first year of full-time teaching. Program chairs of forty-nine Commission on Accreditation for Respiratory Care (CoARC) accredited baccalaureate degree respiratory programs were e-mailed and asked to forward the e-mail to faculty who met the research criteria. The response rate and interest from the program chairs was high. Several chairs responded back
saying they were interested in seeing the study published, as little research has been done in respiratory education.

The eleven participants who volunteered for the study met the criteria and were scheduled for interviews. Seven of the participants were male and four were female. All but one participant held a master’s degree. One participant was enrolled in a master’s degree program and three participants are currently pursuing doctoral degrees. All participants stated they identified most with the Caucasian, non-Hispanic ethnic group. The ages of the participants ranged from 30-58 years. Prior to teaching, the participants practiced as full time respiratory therapists ranging from 3-31.5 years. In addition to their faculty roles, five of the eleven participants still practice in the hospital as respiratory therapist. Scheduling of the interviews was somewhat challenging because of their busy schedules and the researcher’s own fulltime faculty obligations.

Despite the difficulty with scheduling, the participants were all very open to being interviewed and seemed excited to be able to tell their stories and have someone listen. They gave their time willingly and seemed eager to participate in the study, regardless of the lack of incentives or compensation. The participants seemed interested in the researcher’s goals and the purpose of the study, hoping to contribute to positive changes in how new respiratory faculty may begin their roles. Each of the participants discussed how the transition experience had affected their lives. It was clear that they enjoyed their work as respiratory faculty and wanted to make a positive difference in students’ lives. During the interviews, participants expressed their own, feelings, offered constructive feedback on positive and negative experiences, and discussed how it could have been better. They had ideas on what would improve the transition experience for
respiratory therapist becoming new faculty. All of the participants appeared to be open and honest in their responses.

The Interviews

The point of a phenomenological study is to gain an understanding of each person’s lived experience, therefore a profile of each participant is provided. The respiratory care community is small with so few baccalaureate degree programs. Great care has been given to not reveal identities of the participants. This chapter will begin with an introduction of the participants, followed by a presentation of themes which emerged from the data collected during the interviews. Each introduction describes the participants’ background, education, why they started teaching, and how their teaching experience is similar or different from their experience working as a practitioner.

Participant 1

The first participant has been teaching full time for three years and taught adjunct prior to becoming a full time faculty member. She holds bachelor’s degree and is currently working on her master’s degree. “I am correlating what I am learning with my students.” She says that some of her education has prepared her for her teaching role.

When asked what motivated her to leave a position as a respiratory therapist to become a full time respiratory instructor, she said she has always wanted to be teacher but her dad discouraged her. "He was a teacher and knew the downfalls to teaching such as, students having motivation, parent interactions, etc." She enjoyed teaching at the hospital clinical site and wanted transition to university.

When asked how this experience is similar or different from your experience working as a respiratory practitioner she stated the following:
In hospital setting, you get an adrenaline rush and feel good when you did something that helped the patient. On the teaching side gratification is when students do well on a test or are successful.

Participant 2

The second participant has been teaching full time for four years and taught adjunct prior to teaching full time. Prior to teaching full time he worked full time as a respiratory therapist for 12 years. He holds a master’s degree and is currently in a PhD program in which he is taking more education classes. In addition, to teaching and going to school he works in the hospital one day a week. He feels his undergraduate classes did not help much to prepare him for teaching. Formal teaching courses came from his master’s degree in higher education which helped to solidify teaching methods.

When asked what motivated him to leave a position as a respiratory therapist to become a full time respiratory instructor, he said he enjoyed teaching and thought it would be something he wanted to do full time. He wanted to be a hospital educator but found those positions were few and far between. Influence also came from a professor who taught in his master’s degree program. He got to see how influencing a professor could be. Somehow he connected with this and thought “maybe this is something I want to do.”

He explained the differences of his experiences working as an educator and working as a reparatory practitioner as follows:

Full time clinical practitioners do not worry about exams, students, books, etc. At the end of shift they clock out and go home. Your days off you are your days off. As full time faculty in reality you put in 60-70 hours a week and also take work
home. You can’t leave it at work. It is difficult on time with family. Sometimes my son does not understand why I always have to work.

Participant 3

The third participant has been teaching full time for four years. Prior to teaching she worked both as a hospital educator and a supervisor. She knew she did not want to go into management and started thinking of other avenues for respiratory therapist. Before teaching she had 16 years of experience as a respiratory therapist. She loved working at the bedside but knew that she knew personally she could not retire doing that. She enjoyed mentoring and working with new staff. She says she was working at a good job and was not looking to leave that job. However, a friend pushed her towards education. One day she got a call from her friend who told her about a position that was open at a university. At that point she had just worked a 60 hour week and was exhausted. She applied and got the job. Her graduate work started after she was teaching. Her master’s degree is in management. She said her undergraduate degree did not prepare her for teaching. “It came from experience at bedside and growing into a preceptor role.”

She explained how the experience of being an educator has been different from her experience working as a practitioner because it takes time to explain things. She explained that short cuts can’t be used with students. “With staff it is what can you do for them?” “With students you mentor and coach through things.”
Participant 4

The fourth participant currently works in a hospital as a respiratory therapist, in addition to teaching full time. He practiced full time has a respiratory therapist for 18 years prior to teaching. He has been teaching full time for four and a half years and is a department head. Prior to teaching he had opportunities to manage several respiratory departments. He was a manager when he was told about his current teaching job. He started out teaching adjunct to see if he wanted to do the job full time. At first he did not give teaching much thought. He has taught in the hospital, been a mentor for new hires, taught patients, and worked at children’s camps. He found these things rewarding and could see an extension of himself being taught to people.

He has a bachelor’s degree in respiratory care and a master’s degree in business. He says his skills for teaching were learned on the job. His business degree helped with the department head side of things. The business degree has helped him with dealing with higher ups (HR, administration). “My experience in the respiratory care field has helped more with teaching.”

When asked how this experience is similar or different from his experience working as a practitioner he says there are some similarities. However, there are a lot of differences, such as, “being aware of policies, decision making, and reacting in the hospital.” With teaching he has more time to expand on approaches, research, and more critical thinking. In academia he uses research and finds different ways to get an answer. In the hospital you don’t have time to approach things in multiple ways. If it works you stick with it. He still works at a hospital so I can continue to learn and be involved. “I never want to forget what got me where I am today.”
Participant 5

The fifth participant has been teaching for one year and practiced full time as a therapist for 13 years prior to teaching. He also worked in the hospital as an educator. He enjoyed the teaching aspect and the one on one aspect of sharing knowledge. He was unsure of changes within the hospital and management changes. He was “prepared with a master’s degree,” so when a teaching job came open he moved into academia. When asked if he felt that his education has prepared him for his role he said “no.” He is currently pursuing a doctoral degree which is helping to bridge some of the gaps. When asked how his experience has been similar or different from his experience as a respiratory practitioner he said:

I now value theory and the big picture more. Clinicians focus on individuals, point of care, productivity. I now have long term goals, such as, pass rates for board. In the hospital setting I had short term goals to do my best so that each patient did not die and got better.

Participant 6

Participant number six practiced as a respiratory therapist the longest prior to teaching. She practiced for 31.5 years prior to becoming a full time professor. She has taught full time as a professor for one year. Prior to teaching she was not looking for a job and was happy doing what she was doing. One day she got a call and was asked if she would be interested in teaching. This got her to thinking about teaching. She thought that teaching would be a great way to give back and be able to use her experience to teach. She knew it was a reputable school and the chair of the program was great. She also felt like “it was a good leadership opportunity to give back to the
profession.” Her bachelor and master’s degrees are Healthcare Administration Leadership. She feels her education did not prepare her to teach respiratory procedures. Her education did help with classroom management, communication skills, and motivating people. She feels her degree also helped with skills, such as, how to make good eye contact, time management, and learning styles.

When asked how she felt her experience was similar or different from her experience working as a practitioner she explained that “it is similar in that you are teaching students how to communicate with patients and provide evidence based therapy.”

Participant 7

Participant number seven is the youngest of the participants at the age of 30. He has been teaching full time for two and a half years. He has been on tenure track since he began teaching. He was a full time respiratory therapist for five years prior to teaching. He was a teaching assistant, clinical preceptor, and taught adjunct before teaching full time. He enjoyed teaching and improving critical thinking skills of students. He was the only participant that felt that his education had prepared him for his teaching role. He stated that he had a great mentor in his master’s degree program that mentored him on research and the academic environment “publications.” “I can see how people could get overwhelmed if they did not have this type of mentor.”

When asked how his current faculty position was similar or different from his experience as a respiratory practitioner he said:

My current position is drastically different as a working respiratory therapist because it requires one to be more self-motivated. As a working respiratory
practitioner, you had your assignment and know what needs to be done with each treatment round but as a faculty member, you need to be self motivated to complete your lesson plans and lecture material ahead of class. As a faculty member you are also striving to work on your service and scholarship responsibilities, in addition to teaching.

Participant 8

Participant eight practiced as a full time respiratory therapist for three years before transitioning into teaching. He has been a full time faculty member for three years. He said the reason he went into teaching is because at the time it paid better and had better hours. He has enjoyed teaching in the past. He has done missionary work that required him to take courses which helped him better understand and listen to people. He feels as though this has helped him to relate better with his students. He feels his respiratory classes were well rounded. He took specialty classes that taught him to teach patients how to take care of themselves as well as cultural diversities. He just finished his Master’s Degree in Health Administration and said that it helped more with the student side.

When asked how this experience is similar or different from his experience working as a respiratory practitioner he said it is similar in that you are still educating people with different backgrounds and getting people to see what the problem is. “There is not much bedside that you can take with you.” It is different because “you don’t slap on scrubs every day.” He misses the patient interaction and the situations that pop up in the hospital.
Participant 9

Participant nine has been full time faculty for two and a half years and practiced as a respiratory care practitioner for 30 years. She currently is pursuing her doctorate degree. She, “kind of fell into” a teaching position and was not sure if she would be good at it. She had work for several years in healthcare administration and was disenchanted with how healthcare was going. She decided she did not want to be in that environment anymore. She really loved teaching in the clinical setting and was also a clinical instructor so she decided to try teaching full time. She did not feel that her education has prepared for teaching. When asked how her experience as an educator has been similar or different from her practitioner experience she said the transition to teaching in the clinical setting was easy. “I was able to easily provide students a good experience in the clinical setting.” She says teaching in the classroom can be hard as it is more theory based.

Participant 10

Participant number ten had fifteen years of experience as a practitioner before he transitioned into teaching. He has been teaching full time for four years and has been on tenure track since he began his new position. He transitioned into teaching for the “longevity of the job and the upward mobility as an educator.” He also wanted to continue learning and achieve an advanced degree. He feels his bachelor’s degree prepared him for the “clinical side.” In his master degree program he took classes in adult learning theory and curriculum design that helped prepare him for teaching. “Overall, I still have a lot to learn but it is a good foundation for becoming an assistant professor.”
Participant 11

Participant eleven was not interested in becoming an educator but a position became available. He had been a practitioner 12 years prior to teaching. He has been teaching full time for only a couple of months. Prior to teaching full time he taught as an adjunct professor for two and a half years. He stated the following:

I felt could make a difference by influencing others. I support higher levels of education. I have always been a natural teacher. I took interest in developing new therapist and did not have problem speaking to groups.

He enjoyed education process. However, he had never thought about teaching. Likes research aspect and helping others. “In his heart he feels like this is how I am going to have the biggest influence on others in our profession.”

He did not feel his formal education prepared him for his teaching role. He started teaching adjunct while he was still in graduate school which helped him to understand things better. He has a Master’s Degree in Respiratory Therapy.

When asked how this experience as an educator is similar or different than his experience as a practitioner this was his response:

When I walked in as new grad therapist I had no idea what I was doing. I had a vision what wanted to do and be. I had basic knowledge but did not know how to get from point A to point B. This is similar to the experience now. I don’t know if I am teaching correctly. The clinical experience has taught me to just keep moving forward and try to get better.
Themes

Transcripts from each interview were sent back to each interviewee for reaction and accuracy of his/her response. Most interviewees concurred with the accuracy of his/her response. Three of the eleven participants gave additional feedback, which deepened the findings. The field notes from the interviews were recorded, transcribed, and entered into NVivo 10 research software for coding and identifying themes. The transcription resulted in about 52 double-spaced pages of data. Field notes were read and re-read while searching for the meaning of the ideas, references, and descriptions which were recorded. Open coding, which is the process of naming or labeling phrases and words, was performed while exploring the data. There were eleven pages of codes identified. Memo writing was also incorporated into this process to find common ideas and characteristics that were found during the interviews. Selective coding allowed the researcher to choose core categories or themes which emerged from the coded data (Charmaz, 2006). Interpretation of the emerging themes enabled the researcher to draw meaning from the data, leading to understanding about the participant's experiences.

The emerging themes were:

Theme 1: Underprepared
Theme 2: Challenged
Theme 3: Overwhelmed
Theme 4: Personal Responsibility
Theme 5: Reward
Theme 1: Underprepared

All but one participant felt underprepared as they transitioned from practitioner to full time educator. All participants were recognized as clinical experts and all but one had a master’s degree. “I had no formal teaching education” and “teaching is learned” were reoccurring statements. Several participants expressed their frustration through comments such as: “there was not a lot of teaching mentorship a lot of it was trial by fire,” and “I felt like I was tossed to the wolves.” Other comments suggested coping strategies like, “self-teaching,” “fumbling through it,” and “I stayed one chapter ahead.” Clearly, transitioning into the role of new faculty takes time and “it is helpful if you have support” and “there needs to be better orientation for incoming faculty.” Participant 1 supported this in the following statement:

There are many things that are taught in school that is not really applied in the clinical setting an example of this is formulas. I have been out of school for 17 years and some of the information that I learned in school has been forgotten. Like many new faculty I have had to relearn some of this information.

In contrast, one participant had formal preparation for teaching and working in the academic world. Participant 7 had a professor in his master’s degree program that helped to mentor him on research and the academic environment. “I knew what I was getting into.” He also participated in program for new tenure track faculty. He was assigned mentors. The other ten participants felt a lack of direction and wished they had a structured orientation about the program they would be teaching in, how to write exams and curriculum, how to use technology, how to use online software, how to handle difficult student situations, and other aspects of the job.
Six out of the eleven participants also mentioned they wished they had been assigned a mentor. Most participants who did have mentors sought them out. They also rely on other faculty members and program chairs for support. Participant 10 stated the following:

I would like to see a mentor program. The respiratory department is a small and sometimes I wish I had a mentor from a different department to ask insight and perspective on for tenure track. I would like to have a senior faculty from another program to bounce ideas off of. It is left up to the individual to find a mentor.

In his first year he was told “hey find a mentor.” The advice given to him was “find someone you can relate with.”

Several participants thought they would have a formal orientation similar to the hospital setting as they transitioned from the hospital setting into academia. However, this was not the case. All participants participated in a general orientation for their institution. One participant participated in a “program for new tenure track faculty.” A couple of participants stated there were resources available for new faculty but they were voluntary to participate in. However, they felt they did not have time to participate in the voluntary programs.

When participant 6 was ask if she participated in an orientation program, she said “no” in a frustrated voice. The following statement illustrates how she felt about her preparation for the transition into a new faculty role:

They do not have anything in writing. My training has consisted of being in class with other faculty. The chair has given me pieces of information as I go. I am still learning. I expected this coming from the hospital setting. The hospital has
orientations, policy and a procedure, education does not. I am kind of risk taker anyways. It did not paralyze me. I did ask questions and tried to figure out what to do. It made me think that the university was so busy they were focusing on other things.

Participant 5 said his orientation was not what he expected. He said they talked about benefits, time cards, payroll, everything but what to do in the classroom. He was expecting it would be a workshop to help him learn how to measure his effectiveness as a teacher. It did not help him prepare for his new role. “I took away that I needed to make sure my student evaluations were greater than a 4.0 on a 5.0 scale.”

Participant 9 did not participate in an orientation program and felt underprepared. These were her feelings on how her education has prepared her for her new role:

Just because you are a very capable respiratory therapist and are great at taking care of respiratory does not mean you are an adequate teacher. There is a lot that goes into teaching. Such as, being able to create objectives, create a course, measure outcomes, etc. Just because you are a great respiratory therapist does not mean you are a great teacher. They are two completely separate paths.

She said, “I was thrown right in” to the new role. “Thank goodness I was given a half class load the first semester.” She says most of her support has been sought out. There are a lot of resources in place but you have to “look for them.” “Things were not put in a nice package saying here are your resources.” She says there needs to be better orientation for incoming faculty and mentors need to be assigned to each new faculty member. The mentor should take the time to teach new faculty things they do
not know, such as, how to set up a class, and online software. “If you do not know how to use things you are stuck.” When she transitioned into the new role she “did not know what she was getting into” and she “felt thrown to the wolves.”

All but one participant felt they could have been better prepared for the transition through education, orientation, and mentorships. The participants wanted courses on how to interact with students, how to prepare a syllabus, how to use online software, how to navigate the university, and how to prepare for a semester.

Theme 2: Challenged

All participants transitioned into academia as clinical experts in the field of respiratory care. Many were in leadership roles, such as, managers, directors, and hospital educators. The participants were used to challenges in the hospital setting and enjoyed the “adrenaline rush.” However, when they transitioned into academia they were “the new kid on the block.” The transition was challenging for all participants. They used emotional charged words to describe their feelings during the transition experience. During the interviews participants talked about having self-doubt and feeling anxious, nervous, uncomfortable, and frustrated when they described their transition experiences. According to participant 11, “in the hospital clinicians get instant feedback.” When respiratory therapist provide therapy or treat a patient they get feedback fairly quickly. Clinicians know whether the treatment or intervention made a difference for the patient. In education faculty do not always get instant feedback. This posed a challenge for participants as they made the transitioned into academia. Participants felt challenged when they had to use materials from previous instructors.
Their initial interactions with students were also challenging as they transitioned into their new roles.

Participant 6 practiced as a respiratory therapist for 31.5 years prior to teaching. She was in a management role before she transitioned into teaching full-time teaching and took a pay cut. She was excited about her new job but did not know what she was getting into. She was in a new city and had started a new career. She said at first she was overwhelmed with emotions. The new position offered independence, panic, and fear. Her new job was challenging. Like most participants they were given materials from another person. This presented challenges as it is difficult to understand and follow other people’s materials. She said “I left and cried after the first day.” I went to the program chair and said, “I can’t do this.” Her program chair told her that she “can do this,” and you are going to have to do it because there is no one else that can teach the course. Participant # 6 said this helped her. She did not want to fail. She made the decision that she would either work through the challenges or come out as a well respected educator or she would transition into something else. “Everyone needs to feel good about what they are doing.” At first she felt like she had made the wrong decision about leaving her other job. Another challenge was waiting for feedback. She wanted to know if she was teaching at the level that was expected and if her students were learning from her style of teaching. “I had to wait 10 weeks to get that feedback.”

Participant 11 is in his first year of teaching. He practiced in the hospital for twelve years prior to transitioning into education. He stated the following:

I think that being an educator is more difficult than being a clinician. It is difficult because I don’t get rapid feedback, as clinician I get feedback that is more
instant. In the hospital if you fix something you see it get better or worse. Now it is more of a slower process to get feedback. I only hope the signal that I am sending is positive. I can’t gage if I am a good educator. It is a personal issue. I wish I had a meter to measure my effectiveness as an educator.

Participant 1 who is in her third year of teaching said she was also given the content from a previous instructor. She said his power points were very vague and she had to redo all of the power points and material. It took her awhile to find the right timing and rhythm with the students. However, she said she always felt like she had a “safety net” because the program director would not let her fall. Participant # 10 also found it “hard to teach off of someone else’s stuff.” Like many new educators he had to start from scratch rewrite the curriculum and create new exams. He felt, “I am not going to make it.” He said it was a little frustrating trying to get settled in.

Participant 2 felt like interacting with students was challenging. When he taught his first course he said he constantly asked students how things were going. It seemed like things were going well until he received his first evaluation and he was “blindsided.” The students “tore him apart” and wrote on the evaluations “maybe he needs to be relieved of his teaching duties.” This was very frustrating for him. The program chair met with the students to try and find out why the students were so upset. He could not “drill down” and find the problem. There were no constructive comments from the students. This was challenging because participant 2 did not “know how to improve.” Participant 7 who felt prepared for his transition into academia found his interactions with students “challenging at first.” Participant 7 was the youngest of all the participants. He began teaching at the age of 28. He said “I probably got walked on the first semester.” He gave
an example with students arguing with him over grades. He said “I don’t think that there is any course that could teach you how to interact with students.” He says interacting with students is a “growing experience.”

Participant 9 and participant 3 found their first few lectures challenging. Participant 9 said her first lectures were the worst experience she had as a new faculty member. She stated the following:

The first couple times I had to lecture I had that unknown feeling and felt inadequate. I was not good at talking to a group. This is very uncomfortable for me. I took a while to get over that. I have a hard time of thinking of key words. Sometimes I stumble on key words. I know these things about myself but it hard to overcome these things. Sometimes I think faster than I speak. It was a very difficult and uncomfortable first semester.

Participant 3 had a similar experience with her first lecture. “I did not know what expect.” She said it was hard communicating and speaking to the students.

Theme 3: Overwhelmed

Nine out of the eleven participants felt overwhelmed as they transitioned into their new faulty roles. Many of them talked about their work weeks being greater than 40 hours and taking work home. “Full time clinical practitioners do not worry about exams, students, books, etc. at the end of shift they clock out and go home.” One interviewee said “I don’t want to work this hard for that long.” New faulty often get the course “no one wants to teach.” While learning their new jobs, they are also required to participate on committees and begin research. Five participants work in hospitals, in
addition to their full time faculty jobs. Four participants are working on advanced
degrees. Participants felt overwhelmed and had difficulty finding a work life balance.

Participant 9 felt overwhelmed as she was constantly reading the material before
a lecture. “As a new faculty you are given the courses no else wants to teach.” It was an
uncomfortable first year for her and she felt spread too thin. When asked if she could
change anything about her job she said “cut back on the number of credit hours faculty
are required to teach.” She says she would like to do more with students like tutoring
but she does not have time. “Sometimes we get stuck between a rock and a hard
place.”

Participant 1 said when she first started teaching she felt overwhelmed at first.
She sometimes questioned “why did I do this?” When she started teaching she was
working on her master’s degree. During the first six months of her new position CoARC
also had a site visit to her program. Not only was she learning her new role she had to
help prepare for an accreditation visit. Participant 3 got her master’s degree while
teaching her first year. Below are her feelings about her first year:

I was overwhelmed with teaching at first and had to figure things out. I got my
master’s degree while teaching and had to juggle learning the position and
master teaching all at the same time. It was hard.

Participant 11 is in his first year as a full time faculty member. He was told “he
would hit the ground running” and he was willing to do so. However, he finds some
concepts in higher education foreign even in classroom situations. When asked what
other support might the university provide he stated, “protected time for training
programs.” When asked the same question participant 7 who is on tenure track said:
I would like to have had the first year to concentrate on teaching and not as much research. I would have liked to have started on research during my second year. That added a lot of pressure especially coming from a clinical setting. I had an idea of my research agenda but I was not sure.

Participant 10 said he has a lot of “stress” because it is difficult to find time for everything with all of his research and tenure track obligations. During his first year he found it difficult to “juggle the demands of students.” He recalled that the first semester it took him three and a half weeks to grade forty written exams. As a new faculty member he felt overwhelmed as he struggled with time management.

It was hard trying to juggle and get everything done. Whether you are ready or not the next day you have to be ready to present. You can’t say sorry guys I don’t have anything to tell you because I have not had to come up with anything.

Both participants two and six struggled with work life balance. Participant 6 is in her first year of teaching. She is not only a new faculty member but she also is the director of clinical education. She oversees and coordinates students in the clinical setting. When participant 6 was asked if she could change anything about her job this was her response:

I would have fewer hours. What I would change about me is working less hours be more productive and more focused. I would spend time taking care of myself, like working out and holistic care. My job is demanding. As a manager I knew how to multi-task. As an educator I am constantly working, answering e-mails and text at home. I would also not have myself as the director of clinical education.
Participant 2 is also a director of clinical education in addition to his teaching duties. He has a son who is four and he and his wife are expecting a new baby in the next few months. His wife has been very sick during her pregnancy. He feels torn between family and work. He said “my son does not understand why I have to work all the time.” He said as a full time faculty member you put in 60-70 hours a week and always take work home. When asked how long he planned to continue to teach this was his response:

There are days I question maybe going back to working clinically is not a bad idea. High expectations are placed on new faculty. My program chair burns the candle on both ends and expects his faculty to do the same. It is difficulty with my family life right now. Sometimes, I think maybe I had a misconception. I thought teachers had summers off. Then I got into this position and the reality hit. Maybe the reality expectations should be clearer for new faculty. I was not told that I would have to do research, service, and teaching. There should have been a clarification of the expectations. The first year was frustrating because I didn’t know what to focus on.

Theme 4: Personal Responsibility

As the participants transitioned into their new role some felt a great personal responsibility for the success or failure of their students. Respiratory therapists have a tendency to want to help everybody, as they do in the hospital environment. Participants felt a sense of responsibility to make sure their students are capable to enter the hospital environment. They also felt like it was their ultimate responsibility to help students pass board exams. If a student did not do well in a course or on an exam
participants felt the following emotions: “it is my fault” or “I have failed them.” Participants placed a great deal of pressure on themselves for the success of their students. They were all passionate about seeing their students succeed. Participant 6 said “my priority is the students.” “If they have issues I want them to feel comfortable talking to me.”

Participant 11 said “I hope that the signal I am sending is positive.” He cared deeply about his students because “this is my class.” His worst experience as a new educator was when he was going over an exam with his students. He felt like he had not prepared them well. “This was a bitter pill to swallow.” “I felt like it was my fault they were not prepared.” When asked what other experience or feeling do you think is important for me to know he said:

I want to change lives of students and the profession. As an educator I get to have a big impact on the profession while impacting patient care positively. If we get better at what we do the patients will benefit most.

During his first semester as a new faculty member participant 5 found himself having “self-doubt” and re-teaching things that may he may not have needed to re-teach. This put him in a time crunch and he felt rushed. “What if the students don’t do well on the board and it is my fault.” He tried to share knowledge on a very personal level. His course lacked structure and he often got off track from the syllabus. He was very concerned with making sure every student understood the material versus covering the material that needed to be covered. “I was more personal than I should have been.” He became very attached to his students. If a student failed an exam it had a huge negative impact on him. “I took their failures personal and felt like I had failed them.” This was not
something he was prepared for when he made the transition into education. He feels personal pressure to make sure students have the tools and knowledge when they get out and get a job. His worst experience as a new faculty member was when he had to tell a student that he did not pass the class. “I do not do well with crying.” He also had a student tell him that if he did not pass he was going to kill himself. He got help for this student immediately.

Participant 8 also said his worst experience as a new faculty member was telling students they did not pass a test or a course. It made him feel “distraught” and “uncomfortable.” He also felt a personal responsibility for his student’s success. Below are additional words he used to answer the question:

I did not like telling students that they had to alter their life plans because they failed. It does get easier. In education you feel a connection with the students. The transition can be daunting but it can be an opportunity to encourage a person maybe you otherwise would not have been able to.

Participant 10 felt his worst experience as a new faculty member was when he found out a student who was cheating in his course. Other students came to him and said the student was cheating and she was eventually caught. “I wanted to think I was doing good work and being an inspiration to my students to help them succeed.” “I did not want to take the fact that she was cheating in my course personal, but I did.” He showed frustration as he expressed these words “my goodness, I put a lot of time and effort into you and you are cheating.”
Theme 5: Reward

When asked how long to you plan to continue teaching all participants indicated that they would like to make “a career out of it” or “retire from teaching.” However, several participants had reservation. They would reevaluate their effectiveness as an educator each year. Participant 2 said “if I don’t get burned out I would like to make a career out of it.” He also said “I love to teach and would love to retire from it.” Participant 11 said he would stop teaching if he was ineffective. “It is not fair to the students, college, or program if I don’t have the talent to do it.” He also said “I enjoy being and educator.” Participant 4 said he was unsure at first, but he never regretted taking the job. “It has been very rewarding for me.” When asked if they have any regrets about their decision to move into a faculty role they all said “no.” Several participants did indicate that they do miss “the adrenaline rush” and being in “high risk situations.”

While the transition from clinical practitioner to full-time faculty member has been difficult for most participants they indicated that they enjoyed their jobs and feel their jobs are “rewarding.” They also like the “flexibility” of the job. Participant 5 said,” I enjoy not working weekends and the flexibility of my current job.” Participant 10 said, “It is a different perspective of I am not trapped in the hospital for 12 hour and can’t leave.” While the participants put in a lot of hours they don’t feel tied down like they did working in the hospital.

The participants also find reward in the status of being a professor. Participant 9 said her best experience as a new faculty member has been in the clinical setting. She said she is “well recognized” at the hospital. Her students are allowed to do a lot of things. “Their eyes light up because of what they get to see.” “It makes me happy
because they have a great experience.” Participant 10 found it very rewarding when he got his first publication during his first year as a professor. Participant 4 has found reward in the opportunity for changes in the field of respiratory care. In academia he has more time and opportunity to help make changes. He says that “these opportunities keep him vested and interested.”

Overwhelmingly, participants indicated that seeing students succeed and achieve goals is the biggest reward. At the end of his interview participant 11 stated the following when asked what experience or feeling do you think is important for me to know that you have not yet had the opportunity to express:

I enjoy being an educator. I feel my passion lies at the moment when I see a light bulb go off. I want to change lives of students and the profession. I like to think I get to have a big impact on the profession while impacting patient care positively. His best experience as a new faculty member was when his students gave him an award for outstanding clinical instructor. He felt like the students knew he put the time in and had a passion for his students. He said this was a “high” moment. He says he does not have any regrets about moving into the faculty role.

Participant 5 said the best experience he has had as a new faculty member is “the feeling that comes with seeing students that I have worked with achieve their goals and pass board exams.” He finds it rewarding when students tell him “I could not have done it without you” and “I appreciate you.” Participant 6 said she loves seeing her students graduate and get a job. Often times the students will contact her to let her know how they are doing. “I am kind of like a proud mom.” Participant 3 also found it rewarding to watch students progress through the program and seeing them be
successful. I like “seeing light bulbs go off” and “seeing their enthusiasm.” Participant 1 said she felt rewarded when the first class she taught had a 100% first time pass rate on their CRT exam. “It is a good feeling when you put in the work and you see the students are successful.” Participant 8 said the best experience for him as a new faculty member is “seeing students work hard and achieve success.” Participant 7 said, “I love to see students graduate.” The most rewarding experience for him as a new faculty member has been attending commencement. “I even go to commencement when I don’t have to.” He enjoys “the hand shake at the end of the program.” He said it “makes him feel like he made a difference.”

Analysis of Research Questions

The aim of this phenomenological study was to gain insight into the transition experience of second career faculty. Semi-structure interviews with guiding questions were conducted. This allowed the researcher to answer the following questions. Every attempt has been made to accurately capture and report the essence of their stories. The analysis and results are presented below:

Question 1: How do second career respiratory faculty perceive their transition experiences?

New respiratory faculty’s perceptions of their new roles reflected feelings of being underprepared, challenged, overwhelmed, and feeling personally responsible for students’ success and failures. With the adversity they also perceived their transition experiences as rewarding because they are able to influence the future of respiratory therapy. As new respiratory educators, they found themselves feeling inadequate in the
new world of academia. Participant 9 stated the following about her transition experience:

I felt inadequate, terrified, and had no clue how long it would take to do a lecture. If I started with 20 slides would this take 20 minutes or 40 minutes? I had nothing to go by, and did not know how to gauge anything. I did not know what I was getting into. I felt lost…I felt thrown to the wolves.

Their new roles required a lot out of them. They spent large amounts of time self-teaching, digging, and figuring things out. This left very little time for their personal needs and family life. Participant 2 stated, “In reality as new full time faculty you put in 60-70 hours a week and take work home.” Depending on how far into the transition they were, some had already experienced rewards in various forms, such as, seeing their students’ graduate and pass board exams. Their past experiences as practitioners greatly contributed to their new role; however, the majority of them wished they had more experience or training in teaching and learning strategies so that they could be more effective as new educators. Participant 4 said “my skills for teaching were learned on the job.” Interviewees also struggled with student interactions and not getting instant feedback that they were use to getting in the hospital setting. According to participant 11, “it is difficult as new faculty because I don’t get rapid feedback, as a clinician I got feedback instantly.”

The new respiratory faculty seemed to bring the familiar ethics of hard work that they maintained as a therapist into their new role as educators. They were willing to work many hours beyond what was required in their contracts. The caretaker personality, which is a quality common in practitioners, was carried into their educator
roles as they felt the need to take care of and protect their students. Healthcare practitioners focus on people; it is a blend of medical, behavioral, and social expertise. It is a commitment to caring, teaching, counseling and supporting patients that are characteristics of healthcare providers that make them uniquely qualified to care for others (Barykczynski, 2012). Ultimately, the interviewees enjoyed teaching respiratory students so much that the drawbacks of the job were not enough to make them leave.

When comparing these conclusions to the literature review about new allied findings were similar. For example, transitioning to a faculty member is overwhelming for most new faculty and even greater stressor for second career healthcare faculty with little to no experience as faculty in academia (Kahanov, Eberman, Yoder, & Kahanov, 2012). The findings differ in that second career respiratory faculty report that despite the negative aspects of the job they plan to make a career out of education or retire from teaching. Gormley and Kennerly (2011) analyzed predictors of turnover intention in nurse faculty. Findings suggested that environment, engagement, organizational commitment, and role ambiguity were predictors of turnover intention of nursing faulty. This was not the case for second career respiratory faculty.

Question 2: How do second career respiratory faculty feel and experience their new professional identities?

The participants found themselves in a position where they had formerly been valued as a clinical expert and they struggled with no longer being appreciated. Participant # 6 struggled with the transitioning from a clinical manger to becoming a new educator. She stated the following:
I was happy doing what I was doing, left a good job, and took a pay cut. I thought maybe this is the wrong decision. Am I teaching at a level they expect? Will my students learn what they need from my style of teaching? I did not want to fail.

The participants related more with the professional identity as a respiratory practitioner rather than an educator. Participants found teaching in the clinical setting much more comfortable than teaching in the classroom. The participants who were further along in their transition experience were beginning to identify more with the professional identity as an educator. They have chosen to leave a familiar environment as bedside respiratory therapist, educators, and managers to move into the unfamiliar world of academia. They carried pieces of their hospital communities with them into the classroom. When they transitioned into academia they did not cease being a respiratory therapist when they stepped out of the hospital. They used their identity as a respiratory therapist to teach students. They tell stories in the classroom of experiences they have had with patients and in the hospital environment. According to participant # 5, “the students nicknamed me the storyteller because I try to make things applicable to real life.”

Participants placed value on maintaining their place in the world as a respiratory therapist. For some, it was a struggle to find time to continue practicing in the hospital as a respiratory therapist. For others it was a job requirement that maintained practice. Participants expressed that they missed the adrenaline rush of the hospital environment. Participant # 6 stated, “I miss the ER adrenaline rush and miss being in high risk situations.” They value their skills as an experience respiratory therapist and
want to pass this knowledge on to their students. Findings are similar to research previously conducted on other healthcare faculty. According to Wegner (1998), there is a “profound connection between identity and practice” (p. 149). Janzen (2010) stated, the transition from expert practitioner to educator is a multidimensional process. Novice educators pass back and forth between the role of practitioner and educator. Eventually, the process changes individuals in their identity as educators and as humans (Janzen, 2010).

Question 3: How do second career respiratory faculty experience institutional environments?

The participants perceived experiences within the institutional environment as difficult to navigate. They felt that the universities had resources but they did not know how to find or use them. They stated that the university used a lot of terms and jargon that they did not understand. Participants felt uncomfortable using equipment, online teaching software, and technology. They felt that they did not get the structured support they really needed from their institutions. They felt “thrown in” to an unfamiliar environment. Most participants found the resource they needed on their own. According to participant 6, “If I would have had better support from the university I would not have worried so much.” Some institutions provided “training programs” for new faculty. The programs were not mandatory. However, participants felt they did not have the time to take advantage of these resources. They wished that they had reduced workloads and protected time for these training programs. A comparison of the literature review showed similar characteristics between new university faculty and second career respiratory faculty in this study. For example, university faculty in Anderson’s study
(2009) reported adjusting to a new workload, the desire to develop expertise and excellence, and needing feedback as important components of being new faculty.

Question 4: How do second career respiratory faculty experience professional relationships in the college setting?

The participants’ transition experience lacked formal support from colleagues and program chairs. Most felt supported and as they had people they could to “go to” for guidance or questions. Support for participants came from colleagues in their departments, program chairs, deans, and faculty in other departments. Three of the participants felt like their program chairs “are too busy” and did not have time for them. Participant 2 said, “Sometimes I feel my chair needs to make it a priority to develop new faculty.” “It feels like new faculty members don’t rank.” Several participants expressed that without their “go to person” they would not have made it through the first year. Most had colleagues who were very supportive and tried to help them by sharing lecture notes and presentation materials. Participant 10 described his interactions with his peers and supervisor as follows:

It is a small group. I think we all get along well and are very relaxed. We take care of each other. We collaborate and work on research together. I feel like everyone wants me to be successful. They try to help me gain tenure.

Participants also articulated desires to have formal mentors assigned to them. Participant 9 expressed the following:

New faculty should be assigned a mentor. The mentor should ask questions like:

Have you developed a class on your own? Do you know how to develop
outcomes and measures? For someone transitioning from a respiratory career to education this has to be done.

They felt like this would have helped smooth the transition. Despite this lack of formal support each of them expressed devotion toward their job. This was similar to research found in the literature review. Magnuson, Norem, and Lonneman-Doroff (2009) conducted study counselor educators who transitioned into full time faculty positions. Suggesting that it is important for senior faculty to help and support new faculty members.

Summary

The participants of the study became educators because they wanted to teach respiratory therapist of the future and they wanted to make a difference. Their transition was not easy. Many of them took a pay cut but did not go into the position expecting to make a lot of money. They accepted that fact because it was an exchange to have a more flexible job. They were surprised about the amount of time that is involved with being a successful respiratory educator. The interviewees also, felt underprepared and overwhelmed as they tried to figure out what they were supposed to do and how to effectively teach. They found their jobs challenging and felt a personal responsibility for their students. Their colleagues were supportive but most felt they were too busy to give much guidance. They felt “thrown to the wolves” as they were expected to walk into the job and know what to do. The participants did not get discouraged, despite these feelings. They gave up jobs where they felt important and confident. They took a new job that made them feel nervous, uncomfortable, and frustrated at times. Often times they had to deal with awkward situations where they taught something they did not
understand themselves while hoping they would know the answers to questions they may be asked. They dealt with difficult student situations. Despite the difficult transition experience most of the participants plan to retire or make a career out of education. They find reward in seeing students succeed. The participants wanted other faculty to have a better experience so they offered suggestions how they felt their transition experiences could have been better.

The participants seemed to experience their transitions in very similar ways. During the interviews they offered many suggestions on how to create a better experience for new respiratory faculty. Participants discussed how they felt while going through the transition, what they like about their new role, and what their biggest challenges have been. Some participants were further along in the transition but all were new enough to talk about their initial experience. Participants in this study enjoyed working with students and seeing them succeed. This seems to be what drives them to continue in their new roles. In addition, they enjoyed the flexibility of the new roles. Five themes were described in this chapter and organized in relation to the research questions. The research questions were addressed and compared to prior research. The following chapter will provide a summary, conclusion, and recommendations for further research.
Discussion

Participants struggled with the transition experience of becoming new faculty and oftentimes felt underprepared, challenged, and overwhelmed. They also felt a sense of personal responsibility for their students. The interviewees enjoyed the rewards of seeing students succeed and achieve goals. It should be noted that the feelings of being underprepared to teach are not unique to second career respiratory faculty. This is a common feeling among most new faculty. Findings revealed participants wished they would have had structured orientations, been assigned mentors, and had protected time for learning their new role. Participants felt this would have helped to make their transition experiences smoother. University administrators and respiratory program chairs need to recognize the importance of smoothing the transition from practitioner to educator. The findings of this study need to be taken into consideration as it will soon become more important to recruit and retain faculty with the impending retirements of many respiratory faculty. Supporting new faculty in their new roles as educators can help them have a rewarding experience so that they will want to continue until retirement. More needs to be done to improve the transition experience of second career respiratory faculty.

Recommendations

This study provided significant insight into the lived transition experiences of second career faculty members. Their needs for a successful rewarding transition were identified. The information provided by participants will be helpful finding ways to
support future second career faculty members. This study is valuable because of the lack of studies specific to respiratory care faculty. Based on what was learned from these interviews, a series of recommendations has been developed for higher education leaders for enhancing the transition experience of new respiratory faculty.

The first recommendation is for respiratory department chairs to provide a personalized orientation and training for new second career faculty. Second career respiratory faculty come from the hospital setting are used to structured orientations and policies. Unlike new graduate respiratory therapists who are closely monitored in early days of practice, novice faculty had to figure things out on their own or look for answers from more experienced colleges. The study concluded that participants felt underprepared as they transitioned into their new faculty role. As mentioned above, the feeling of being underprepared for teaching is not unique to new respiratory faculty. Like most new faculty, the participants found themselves self-teaching, digging, and figuring things out on their own. It is essential to provide structure and guidance that many of the participants mentioned that they needed. Program chairs should assess new faculty’s comfort level with specific things, for example: online teaching software, writing syllabus, developing curriculum, counseling students, and university resources. Not every new faculty has the same needs so it is essential to design and tailor the orientation plan to the individual. Participants mentioned that formal orientations would have been helpful in transmission of information about the institution, policies and procedure, and pedagogy. It should also be noted that most of the participants wanted personalized training and orientations that last throughout the first year of teaching.
The second recommendation is to provide new faculty with assigned mentors to guide them through the transition process. During the first few years of a faculty appointment, the potential for both stress and rewards is great. New faculty must learn organizational structures, missions, values, and expectations for performance and advancement of their new campus environment. While the participants felt supported several mentioned that it seemed like the senior faculty and programs chairs were too busy to spend a lot time with them. Participants often times felt overwhelmed, nervous, and uncomfortable during the transition. They wanted to be assigned a mentor they knew they could count on to go to for guidance. Mentors should make time for the new faculty and be available if for them when they have questions. They should help new faculty fit into the academic environment, establish relationships, and learn the language of academia. For example, mentors could introduce new faculty to key personnel on campus and help them to feel like a part of a team. Informal discussions between new faculty and mentors may add value in assisting with understanding program specific issues and help to relieve stress. These discussions may include adjusting to workload, finding work life balance, student interactions, and striving for excellence. Several participants mentioned that they wanted someone to evaluate them as new educators. They wanted feedback on how they were progressing in their new role. Second career respiratory faculty is used to having instant feedback in the hospital setting. Providing feedback may help new respiratory faculty feel more comfortable and smooth the transition. Lastly, mentors should work with new faculty and help them cope and understand the feelings of taking personal responsible for their students.
Respiratory therapists have a tendency to want to help everybody. It is important for new faculty to understand that as educators sometimes you can’t help every student.

The final recommendation is to provide new faculty with protected time. Participant often times felt overwhelmed as they juggled the demands of their new job. They mentioned it was difficult finding a good work life balance. They often worked over 40 hours a week and took work home with them. If possible, it would be beneficial if new faculty had reduced teaching loads. This would allow second career faculty time to learn their new roles, work with their assigned mentors, and to participate in new faculty training.

Future Research

The results of this study indicate that changes need to be made in the way that new respiratory faculty transition into the world of academia. This was the first study of any kind done on respiratory care faculty. The study has led to an understanding of what interventions new faculty might need for a smooth transition. Those interventions need to be tried and evaluated. Research in this area should begin with the appreciation of the fact that most respiratory faculty has no formal training on how to be educator or teach. They are experts when it comes to patient care and respiratory treatment. However, becoming an educator requires a whole new set of skills. One possible direction for research is to look at ways to develop training and mentor programs designed specifically for new respiratory faculty. Finally, further research needs to be conducted on the process of recruiting, training, and retaining new respiratory faculty. It should be determined if the rewards of the job are enough to retain future respiratory faculty. A longitudinal study following the eleven participants will be conducted to
determine if perceptions of their transition experience change as they become
seasoned educators. The study will also determine if the participants continue working
as respiratory faculty.
APPENDIX A

RECRUITMENT EMAIL
Dear (to be determined):

I am an EdD doctoral candidate in the Higher Education program at the University of North Texas. I am conducting a qualitative phenomenological research study as my dissertation. The title of my study is: The Transition Experience of Second Career Respiratory Faculty: A Phenomenological Study. I would like to interview respiratory faculty who teach in baccalaureate degree programs and are in the first five years of their career. The interviews will take approximately one to two hours and will be held at a time and place that is convenient for the participants. The interviews will be recorded for accuracy. The participant's identity will not be revealed in my study. Please forward this email to any of your faculty who qualify for the study. A summary of the themes and findings will be available to the participants.

Please do not hesitate to contact me with any further questions.

Thank you,

Jennifer Gresham, MA, RRT-NPS
General Introduction:

Thank you for your willingness to participate in this study. The interview should take approximately one to two hours. There are several questions I have prepared for this study. I may ask additional questions for clarifications such as, “Can you expand on that issue?” or “How did that make you feel?” If you are uncomfortable with any of the questions I ask, please let me know immediately and I will move to the next question. You may choose to end the interview at anytime. Your responses will help to provide insight into the transition experiences of second career faculty. Please understand that your identity will be kept confidential, and your responses to any of the questions will not be reported in a way that could reveal who you are or the university that you are employed by. Do you have any questions before we begin?

I would like to ask you some questions about your experiences as a new respiratory faculty member:

1. What motivated you to leave a position as a respiratory therapist to become a full time respiratory instructor?
2. Do you feel that your education has prepared you for this role?
3. Did you participate in an orientation program? If so did this help to prepare you for your new faculty role?
4. What type of support do you feel has been available to you in your faculty role?
5. What other support might the university provide that would greater assist you?
6. How well do you feel your department chair has prepared you for your teaching assignments?
7. How would you describe your interactions with your peers and supervisor?
8. How would you describe your interactions with your students?

9. How is this experience similar or different from your experience working as a respiratory practitioner?

10. What is the worst experience you have had as a new faculty member?

11. What is the best experience you have had as a new faculty member?

12. Do you have any regrets about your decision to move into the faculty role?

13. If you could, would you change anything about your job?

14. How long do you plan to continue teaching?

15. What experience or feeling do you think is important for me to know that you have not yet had the opportunity to express?

Concluding Remarks:

Thank you again, for your time and willingness to participate in this study. I will be reviewing my notes from the interview and may contact you again if I have further questions. If any questions arise do not hesitate to contact me. Here is my card.
Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

**Title of Study:** The Transition Experience of Second Career Respiratory Faculty: A Phenomenological Study

**Student Investigator:** Jennifer Gresham, EdD doctoral candidate, University of North Texas (UNT) Department of Counseling and Higher Education.

**Supervising Investigator:** Dr. Kathleen Whitson, University of North Texas (UNT) Department of Counseling and Higher Education.

**Purpose of the Study:** You are being asked to participate in a research study which involves an interview. The purpose of this study is to gain a deeper understanding of the transition experience of second career respiratory faculty who enter academia. The focus of the study will be on second career respiratory faculty’s memories and their “lived through” experiences. I hope to discover common elements that second career respiratory may experience when transitioning into academia, and to try to extract these elements into a set of recommendations to higher education leaders for enhancing respiratory faculty experiences.

**Study Procedures:** You will be asked to participate in an interview that will take about one to two hours of your time. The interview will be recorded for accuracy purposes. There are several questions I have prepared for this study. I may ask additional questions for clarifications such as, “Can you expand on that issue?” or “How did that make you feel?” If you are uncomfortable with any of the questions I ask, please let me know immediately and I will move to the next question. You may choose to end the interview at any time. Your responses will help to provide insight into the transition experiences of second career faculty.

**Foreseeable Risks:** No foreseeable risks are involved in this study.

**Benefits to the Subjects or Others:** Findings from this study may not be of any direct benefit to you, but we hope to learn more about the transition experience of second career respiratory faculty. The study may help to promote positive long-term experiences of future second career respiratory faculty. The broader goal of the study is to help with recruitment and retention of second career faculty.

**Compensation for Participants:** None
Procedures for Maintaining Confidentiality of Research Records: In order to maintain confidentiality you will not be identified by name or by university in which you teach. The interview transcripts and recordings items will be kept secured in a locked area that can only be accessed by the researcher. Field notes and information will be kept on a computer which will be locked and password protected. Dr. Whitson will maintain a copy of the collected research data on the UNT campus for three years past the end of the study.

Questions about the Study: If you have any questions about the study, you may contact Dr. Kathleen Whitson at Kathleen.whitson@unt.edu.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

Research Participants’ Rights:

Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Dr. Kathleen Whitson or Jennifer Gresham has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

__________________________
Printed Name of Participant

________________________________                                ____________
Signature of Participant                                Date

For the Investigator or Designee:
I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the participant understood the explanation.

______________________________________                    ____________
Signature of Investigator or Designee                  Date
REFERENCES


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