

2025

Promoting Scholarship Diversity for Faculty Retention in Nursing Academia: A Place-based Policy Approach

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Recommended Citation:

Sak, H. (2025). Promoting scholarship diversity for faculty retention in nursing academia: A place-based policy approach. *Midwest Journal of Education*, 2(2).
<https://doi.org/10.69670/mje.2.2.3>

Empirical

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Midwest Journal of Education

30-47

Volume 2, Issue 2, 2025

DOI: <https://doi.org/10.69670/mje.2.3.3><https://mje.williamwoods.edu/>**Holly Sak, Ed.D.****Abstract**

Nursing faculty shortages threaten workforce capacity, while rank and tenure policies historically designed for research-focused doctorates may inadequately serve an increasingly diverse academic workforce. This quality improvement project assessed correlations between terminal degree type, tenure status, and faculty role strain while conducting policy analysis to identify recommendations promoting scholarship diversity and retention. A cross-sectional survey utilizing the Role Strain Scale-Persian (RSS-P) was administered to full-time nursing faculty (n=32) at one college. The Center for Disease Control Policy Analytical Framework guided comparative policy analysis with stakeholder review. Clinically-oriented doctoral faculty reported significantly higher role incongruity (p=.005) and role ambiguity (p=.010) than research-oriented faculty. Policy analysis identified inclusive promotion criteria and operationalized scholarship definitions as essential for equity. Place-based policy reform using evidence-based frameworks can reduce role strain, enhance faculty retention, and advance diversity, equity, and inclusion in nursing academia.

Keywords

Nursing Faculty, Academic Tenure, Role Strain, Scholarship Diversity, Policy Analysis

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Acknowledgements: Jack Taylor, PhD; Creighton University, Biostatistician, technical project review

Introduction

The future of a strong, diverse nursing workforce necessitates robust educators equipped to prepare nurses both clinically and academically. Stability within academic systems requires clear guidance and equitable pathways for faculty to work for promotion and advancement in the workforce (Ashcraft et al., 2021; Smith et al., 2016). Faculty positions at accredited colleges and universities utilize a tripartite model for tenure and promotion, requiring faculty to engage in teaching, service, and scholarship excellence to meet evaluation standards. In 1999, the American Association of Colleges of Nursing (AACN) expanded nursing scholarship to endorse new knowledge through research discovery, translation, application, and dissemination (AACN, 1999). Differentiated doctoral degrees aimed to rear nurse educators, clinicians, leaders, researchers, and policy experts continue to expand professional capacities and transform the nursing profession through scholarship (Institute of Medicine, 2011). Additionally, younger faculty bring diversity of credentials and scholarly expertise.

Academia is steeped in tradition seen through rank and promotion policies framed by a historically narrow scholarship research paradigm that existed before 2004 with the introduction and academic endorsement of the clinically-focused Doctor of Nursing Practice terminal degree (AACN, 2022). Currently, 70% of nursing faculty are not on a tenure track, serving teaching contracts of 12 months or less (AACN, 2021). The expansion of varied nurse doctorates in academia has increased competition and concern about job descriptions historically aligned with generative research – serving as a barrier to inclusivity and scholarly collaboration (National League for Nursing [NLN], 2018). Modern functionality of tenure as a retention strategy amidst a diversifying workforce is under significant scrutiny (Lee et al., 2022; Smith et al., 2016). Academic institutions are challenged to adapt to these changes and advocate for hiring and evaluation practices that foster inclusion and diversity among divergently credentialed doctorally-prepared nurse faculty. Policies that expand nursing scholarship hold the capacity to mitigate tensions present between clinically-focused and research-focused doctoral faculty (NLN, 2018).

The United States faces an estimated nursing shortage of more than 260,000 registered nurses by 2025 (IOM, 2011). Nursing schools deny tens of thousands of applicants each year due to a widening faculty educator shortage. Experts cite correlating factors including an aging workforce and competition from higher paying clinical positions (AACN, 2021). The COVID-19 pandemic negatively impacted academic workforce capacities due to higher rates of early retirement and mental health strain (NLN, 2021). The aging workforce and swelling faculty shortages necessitate research focused on hiring and retention strategies (Lee et al., 2022; Smeltzer et al., 2015). In the present landscape, nursing faculty report process-related challenges navigating tenure, with statistically negative effects on work-life balance (Smeltzer et al., 2015), job satisfaction (Chung & Kowalski, 2012), rank (Ashcraft et al., 2021), and intention to stay (Lee et al., 2022). Qualitative research examining faculty perceptions illustrates significant process confusion, decreased career

satisfaction, and role strain surrounding rank and tenure (Ashcraft et al., 2021; Cherrstrom & Alfred, 2020). Furthermore, safety and stress in the academic work environment are established barriers to faculty job satisfaction (Bittner & O'Connor, 2012).

Role strain and job satisfaction are retention indicators that can be statistically assessed using standardized ordinal data survey methods (Bittner & O'Conner, 2012). Role strain is a complex concept incorporating the subjective perceptions of role conflict, role ambiguity, role overload, role incongruity, and role incompetence (Bittner & O'Conner, 2012). Role conflict depicts the presence of clear and opposing expectations (Conway & Hardy, 1978). Role ambiguity is defined as a lack of clarity regarding expectations and methods to fulfil a role (Conway & Hardy, 1978; Kahn et al., 1964). Role overload is present when expectations surpass personal time and resource capacity, forcing a conflict between quality and quantity of work efforts (Conway & Hardy, 1978). The term role incongruity occurs when expectations associated with role performance are misaligned with self-perceptions. The term role incompetence is present when there is a self-perceived lack of knowledge or skills present necessary to occupy a role.

Each of these constructs - role conflict, role ambiguity, role overload, role incongruity, and role incompetence - have been researched indicators positively associated with job dissatisfaction and job relocation (Kolagari et al., 2014). To support faculty development, leaders in nursing education need to conduct timely organizational assessments and initiate action plans (IOM, 2011). The NLN recommends place-based approaches to promote an environment of inclusion and equity in the workforce to overcome workforce challenges (NLN, 2018).

The Construct of Academic Tenure

Rank and terminal degree status are demographic variables tied to faculty position and tenure status. Progressive ranks within nursing academia range from non-tenured instructor to tenure-track assistant professor to tenured associate or full professor. Historically, tenure policies are agency specific with emphasis on research discovery (Banks, 2012). Achieving tenure results in a permanent position within the school of nursing and offers economic security for educators and better career advancement opportunities (Ashcraft et al., 2021; Billings & Hallstead, 2020). College administrators align tenure policies with nursing school missions, research classification, funding channels, and publication notoriety (Banks, 2012).

Tenure policies designed for Doctor of Philosophy (PhD) faculty face criticism of applicability to a changing workforce. Beginning in 2004 with the AACN endorsement of a standardized model for Doctor of Nursing Practice (DNP) programs for advanced practitioners, the number of nurses pursuing clinical doctorates has steadily increased (AACN, 2022). Trends depict decreasing availability of professors credentialed with a PhD and a steady influx of clinically trained DNP and varied doctoral scientists (NLN, 2018). Additionally, one third of full-time nursing faculty are age 60 and older and plan to retire by 2025 (AACN, 2021). Nurses of color with advanced degrees

increasingly seek clinical-practice tracks and remain disproportionately underrepresented in nursing academia, stifling efforts to grow an ethnically diverse and culturally competent nursing workforce (Brooks et al., 2022). Additionally, clinically trained faculty are aware of higher compensation opportunities in hospital and private-sector settings, posing barriers for academic retention (AACN, 2021). Furthermore, active policies and rank and tenure boards remain predominantly comprised of PhD faculty evaluating diversified terminal degrees while retaining research-intensive scholarship criteria.

Advancement Through Scholarship Diversity

Scholarship is an integral facet of a nursing faculty's job description. To expand the field of nursing science, the AACN supports adoption of Ernest Boyer's broadened model of scholarship to equitably include the concepts of discovery, integration, application, and teaching (AACN, 1999). Modernizing this definition offers significant meaning for clinical doctorates by validating scholarly contributions as experts in application science and translational research. In advocacy of education and advancements in nursing, the NLN challenges academic nursing leaders to adapt hiring and evaluation policies which embrace scholarship and doctoral diversity among faculty (NLN, 2018). Academic rank and tenure-track policies are under scrutiny as lacking inclusion and equity alignment to divergent frameworks present in the faculty workforce (Bice et al., 2019). Diversity and inclusion standards are only present in 22 percent of collegiate tenure policies (AAUP, 2022). Inequities in access to tenure statistically correlate with lower perceptions of worth of non-tenured faculty and increased tension between tenure and non-tenure tracks (Ashcraft et al., 2021; Bice et al., 2019; Lee et al., 2022).

To offset workforce challenges and enhance diversity, colleges of nursing are pioneering quality improvements for tenure guidelines using a Boyerian lens, streamlining scholarship and promotion for clinical and research faculty (Banks, 2012; Honig et al., 2013; Smith et al., 2016). Due to a lack of standardization in tenure policies and a dearth of high-quality evidence available in the literature, the effectiveness and modern applicability of tenure remains elusive. Traditionalism found in academia creates friction against change; therefore, innovative hiring and promotion strategies are needed to overcome current and future faculty shortages (Honig et al., 2013; Wade et al., 2024; White-Lewis et al., 2020). Research supports an increased need for place-based tenure policies that offer clear and practical guidance to support current and future faculty (Ashcraft et al., 2021; Lee et al., 2022).

Aims

The purpose of this quality improvement project had dual aims. The primary aim was to assess how tenure track status and terminal degree correlate with reported role strain and job satisfaction among nursing faculty at a private college of nursing. The secondary aim was to explore current

approaches to rank and tenure conferral through an integrated policy analysis, identifying practice recommendations that promote scholarship diversity and workforce retention.

Methods

Setting

The setting for this project was a college of nursing located at a faith-based private university with campuses in Nebraska and Arizona. The college was founded in 1958 and is accredited by the Commission on Collegiate Nursing Education (CCNE). The institutional mission statement promotes social justice and identifies key values of inclusion and service for others. The mid-sized college offers traditional and accelerated baccalaureate nursing programs along with graduate-level Master of Science in Nursing and Doctor of Nursing Practice degree programs. The target population for this project included nursing faculty of all ranks and positions within college. At the time of the study, the agency employed 59 full-time nursing faculty working in a combination of settings including on-site, remote, and hybrid teaching roles. Project planning steps began with internal stakeholder selection and a SWOT analysis to assess project feasibility. A letter of support was endorsed by the Assistant Dean of Faculty Development within the college of nursing and the project received Institutional Review Board approval.

Primary Aim

The primary aim involved sending a single-touch electronic survey to all current faculty within the college of nursing. Exclusion criteria included part-time and adjunct faculty. To obtain informed consent, a brief background description of the study and its intent was described in the recruitment email. Researcher contact information was disclosed, along with a Bill of Rights for Participants and disclosure of agency Institutional Review Board (IRB) approval. The principal investigator disclosed current employment at the institution where the study occurred. Participation was optional, voluntary, and anonymous, with responses deidentified and transparency of 24-months retention of password-protected data. Using convenience sampling method of email listserv distribution, duplicate emails were sent to all faculty, with request for participation occurring on Day 1 and Day 14 of the survey data collection phase. Participants were not offered incentives. Using a cross-sectional design, participants completed a 40-question Qualtrics[®] survey designed to take 15 minutes. Demographic data was obtained using six multiple-choice items including: highest academic degree, current area of teaching, age, years of experience, track status, and faculty rank. Potentially identifiable information, including gender, post-professional certifications, and teaching areas of expertise were not captured.

The survey also included an adaptation of Mobily's role strain scale (RSS) to assess faculty job satisfaction and role strain. The RSS is a 44-question, 5-point Likert survey designed for nursing faculty covering the five domains of role strain (Mobily, 1991). A factor analysis of the original RSS revealed high reliability with a Cronbach's alpha coefficient of 0.89 (Mobily, 1991) and $\alpha=0.92$ for a modified 33-question Persian version tested for content and face validity (Kolagari et

al., 2014). To maximize participant engagement, the condensed 33-item RSS-P tool was adopted. Questions stagger domain items including role conflict (items 3, 12, 13, 17, 18, 19, 20, 33), role incongruity (items 4, 7, 8, 9, 10, 14, 16), role incompetence (items 2, 11, 26, 27, 28, 29), role ambiguity (items 23, 24, 25, 30, 31, 32), and role overload (items 1, 5, 6, 15, 21, 22). Likert responses to questions range from 1-5 depicted as 1 (never), 2 (rarely), 3 (sometimes), 4 (frequently), and 5 (nearly all the time). Permission for RSS tool use was granted. To assess job satisfaction, a single 5-point Likert item “I am satisfied with my current job/position” (Frisbee et al., 2019) was included.

Data was collected for 28 days, after which time the survey closed. Qualtrics cloud-stored data was downloaded as anonymous responses to the researcher’s computer. Duplicate and incomplete entries were culled. Survey data was used to assess whether faculty with different doctoral degrees and rank and tenure status responded differently to role strain sub-concepts. Responses were clustered using the five subscales (role conflict, role ambiguity, role overload, role incongruity, role incompetence) and with oversight by a biostatistician colleague, performed *t*-tests comparing nursing faculty with clinically-oriented degrees (DNP; Doctor of Nursing Practice) and nursing faculty with research-oriented degrees (PhD; Doctor of Philosophy and EdD; Doctor of Education) and comparing faculty delineated by rank and tenure status including tenured, tenure-track, or non-tenured.

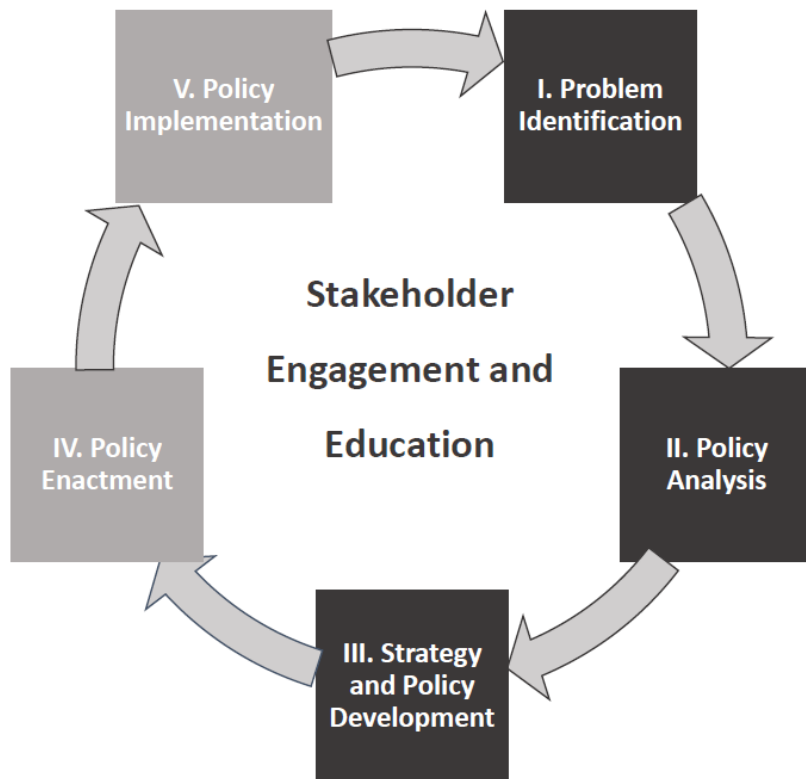
Secondary Aim

The Center for Disease Control and Prevention (CDC) Policy Analytical Framework (PAF) was adopted as the integrated policy analysis approach for the secondary aim of this study. The PAF is an evidence-based model rooted on three sequential elements: problem identification, policy analysis, and strategy and policy development (CDC, 2013) (See Figure 1). PAF, designed as a practical method for health professionals to inform stakeholders about data-driven policy options, recognizes policy reform as an iterative process where stakeholder engagement and consensus-driven evaluation remain centrally important within each phase (CDC, 2013).

First steps designate efforts to evaluate the scope of the problem through methods identified in the primary aim. The subsequent policy analysis involved a comprehensive review of literature and an integration of external policy comparisons (CDC, 2013) maintaining representation of opposing viewpoints and rationale (Wilensky & Teitelbaum, 2020). The PAF framework was a strong fit for this project as it incorporates considerations related to political forces, budgetary constraints, and operational capacities for successful policy reform (CDC, 2013). Prioritized findings offer feasible next steps for agency-centered policy implementation (Polit & Beck, 2017).

Figure 1

CDC Policy Analytical Framework



A secondary narrative scan of peer-reviewed literature was conducted to source faculty promotion policies available in quality improvement studies in the United States. Three complete rank and tenure policies were sourced, along with policies in place at the college of interest, were reviewed and compiled in a CDC policy matrix. Comparative factor items included a critical review of criteria for promotion, teaching standards, and scholarship standards. Ranking assessed scope and reach for three designated categories: faculty population health impact, college leadership impact, and agency feasibility (see Table 1) (CDC, 2013). Population health impact criteria considered: *Does this policy offer clear progression guidance for diverse faculty?* Leadership impact criteria considered: *Does this policy promote recruitment/retention of clinical and research faculty?* *Does this policy support workforce diversity?* Agency feasibility criteria considered: *Does the policy offer clear guidance for the Rank and Tenure committee?*

Table 1*Policy Analysis Table (Criteria for Promotion)*

Criteria	Population Health Impact	Feasibility	Leadership/AACN Impact
Scoring Definitions	Low: small reach of disparate impact Medium: moderate reach High: high impact on population disparities	Low: low stakeholder feasibility of enactment Medium: moderate stakeholder feasibility High: high stakeholder feasibility	Low: costs high relative to benefits Medium: moderate benefit/cost ratio High: high benefit/cost ratio
Policy 1	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Policy 2	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Policy 3	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Key Considerations	<i>Does this policy offer clear guidance for diverse faculty? Does this policy support faculty progression? Does the dissemination method streamline the promotion process?</i>	<i>Does the policy maximize resources needed by the R&T committee to evaluate faculty? Does the policy offer clear guidance for R&T?</i>	<i>Does the policy promote recruitment/retention of clinical and research faculty? Does the policy align with AACN guidelines for growing a diverse/robust workforce?</i>

Note. American Association of Colleges of Nursing (AACN) and Rank and Tenure (R&T).

Policy-related data were compiled on the principal investigator's password-protected computer. Due to the subjective nature of policy analysis, findings were shared with an identified small group of agency stakeholders (n=3) who agreed to serve as a project review committee. Criteria for stakeholder selection included: current full-time faculty in the college of nursing and intentionality with recruiting faculty representatives of each terminal degree present within the college. Terminal degrees held by committee members included PhD (Doctor of Philosophy), EdD (Doctor of Education) and DNP (Doctor of Nursing Practice) credentials; ranks included tenure-track Assistant Professor and tenured Associate Professor. Compiled data, including policies under review and fillable forms were shared via email with the review team after the closure of the primary aim survey. Committee members assigned independent scores of low (1 point), medium

(2 points), or high (3 points) for identified criterion within the policy matrix and qualitative responses to criteria questions were recorded (CDC, 2013). Policy-analysis tables were collected by the principal investigator from the project committee for 21 days. Comparative policy criteria evaluations occurred until the review committee reached consensus regarding agreed upon mean score rankings for evaluated faculty health impact, leadership impact, and agency feasibility. Weighted average scores were compiled with preferences assigned to highest weighted options.

Results

Primary Aim

The first aim was to assess how tenure track status and terminal degree correlate with reported role strain and job satisfaction among nursing faculty. Participant demographics described in Table 2 included (n=32) full-time nursing faculty from campuses in Nebraska and Arizona. Terminal degrees held included Master of Science (38.7%), clinical doctorate (32.2%), and research doctorate (29%). Tenure status mix included 46.9% non-tenured, 31.3% tenure-track, and 21.9% tenured. All statistical tests are reported as significant with alpha = .05 for a two-sided test. Responses were statistically analyzed comparing mean modified RSS-P faculty responses using SPSS statistical software and methods matched to group sizes. The null hypothesis supported no differences in mean responses between doctorally prepared research-oriented and clinically-oriented faculty.

Table 2

Descriptive Statistics of Participant Demographics

	Frequency		Cumulative %
	<i>n</i>	%	
Age			
<31	1	3.1	3.0
31-40	9	27.0	30.0
41-50	12	37.5	68.0
51-60	6	18.8	87.0
>60	4	12.5	100.0
Years as educator			
0-5	16	50.0	50.0
6-10	0	0.0	50.0
11-15	9	28.1	78.0
>15	7	21.9	100.0
Terminal degree			
Master of science	12	38.7	38.7
Clinical doctorate	10	32.2	70.9
Research doctorate	9	29.0	100.0
Tenure status			
Non-tenured	15	46.9	47.0
Tenure-track	10	31.3	78.0
Tenured	7	21.9	100.0

Reliability of the RSS-P tool was good ($n = 29$, Cronbach's $\alpha = .954$). Of the five subscales assessed, (role conflict, role ambiguity, role overload, role incongruity, role incompetence), statistically significant differences between research-oriented and clinically-oriented faculty were found for role incongruity ($t(17) = 3.226$, $p = .005$, Cohen's $d = 1.482$) and role ambiguity ($t(17) = 2.919$, $p = .010$, Cohen's $d = 1.341$) (See Table 3). Both subscale tests survived a Bonferroni-corrected alpha of $.05/5 = .010$. For both of these subscales, clinically-oriented doctoral faculty rated these items higher than did research-oriented doctoral faculty. No differences were found for the remaining three subscales (all $t(17) < 1.472$, all $p > .158$). Job satisfaction scores for agency faculty were similar for faculty across ranks (See Table 4). Differences were seen across tracks, with lower satisfaction scores ($M = 3$, $SD = 1.63$) among combined tenured or tenure-track clinical-doctorate faculty than combined tenured or tenure-track research-doctorate job satisfaction scores ($M = 4.5$, $SD = 0.59$).

Table 3

Independent Samples t-test for Equality of Means (n=19)

	<i>t</i>	<i>df</i>	Significance <i>Two-sided p</i>	<i>Mean</i> <i>difference</i>	Std Error difference	Cohen's <i>d</i>	95% CI		<i>p</i>
							<i>LL</i>	<i>UL</i>	
Scale average	1.875	17	0.078	0.62866	0.33525	0.861588	-0.0951	1.79545	
Role conflict	1.472	17	0.159	0.63333	0.43033	0.67621	-0.2615	1.59528	
Role incongruity	3.226	17	0.005	1.7778	0.36505	1.482403	0.43835	2.49306	
Role incompetence	0.522	17	0.608	0.13148	0.25179	0.239928	-0.6676	1.14055	
Role ambiguity	2.919	17	0.010	1.05926	0.36292	1.341057	0.31978	2.33082	
Role overload	0.763	17	0.456	0.3111	0.40759	0.35071	-0.5624	1.25379	

Table 4

Agency Job Satisfaction Scores

Variable	<i>n</i>	<i>M</i>	<i>SD</i>
All Faculty	32	3.9	0.998
Tenured Faculty	7	3.8	1.389
Clinical doctorate	3	3	1.633
Research doctorate	4	4.5	0.577
Non-tenure Track Faculty	15	3.9	0.594
Tenure Track Faculty	10	4.1	1.197

Secondary Aim

The second aim was to explore current approaches to rank and tenure conferral through an integrated policy analysis, identifying practice recommendations that promote scholarship diversity and workforce retention. Analysis of criteria for promotion in rank favored policies that clearly state accessible promotion criteria. Policies mandating advanced certifications that are

inequitably available to all specialties was one population-focused limiting factor identified. One reviewer reported a lack of availability of certification for nurses specializing in Public Health Policy. In qualitative research, nurses without advanced certification report a lack of options for some specialties (Adibelli et al., 2017). Policies maximizing faculty health reach offered academically inclusive criteria for promotion, listed applicable teaching standards for clinical-focused and research-focused tracks, and integrated multimodal forms of scholarship (See Table 5). Policies maximizing feasibility for agency stakeholders in their ability to evaluate promotion-readiness integrated clarity of criteria and acknowledged diversity across tracks by providing adequate examples of merit standards. Policies that incorporated sample teaching criteria or criteria checklists stratified by track offered objective evaluation guidelines with highest perceived benefit for leadership including Rank and Tenure (R&T) committees, department deans, Diversity Equity and Inclusion (DEI) committees, and credentialing agencies (AACN). Policies maximizing leadership impact maintained clear and tangible excellence standards naming eligibility criteria to maximize recruitment and retention of academically diverse faculty.

Table 5*Criteria Examples for Varied Doctorates*

Assistant Professor Checklist Standard: Scholarship		
Clinical emphasis	Both	Research emphasis
*Generation of new knowledge from practice and translation into practice using data, evidence, and translation of research from practice settings	*Presentations and publications of scholarly work including independent, focused scholarship at the local and regional level	*Generation of new knowledge through research using data, evidence, and outcomes from research settings
Clinical emphasis	Sample Criteria Both	Research emphasis
1. *Recognized for an area of practical expertise statewide or regionally	1. *Authors/co-authors peer reviewed scholarly papers (2 for initial appointment)	1. *Cultivates a designated program of research
2. Serves as a clinical consultant for interprofessional colleagues, students, and partner agencies in an area of practice	2. Identifies collaboration to secure external funding for research	2. Demonstrates significant contributions in nursing or interprofessional research
3. Presents scholarly work at local, state, or regional meeting	3. Incorporates innovation and technology in practice, research, and scholarship	3. Presents data-based research at local, state, or national conferences
4. Engages in health policy initiatives at the county, state or national level	4. Interdisciplinary co-authorship of presentations	4. Participates on research teams of funded projects
5. Participates in local to global health outreach and innovation in an area of interest		5. Serves as a research consultant, mentor, or reviewer

Note. *Required for appointment along with one or more non-starred items.

Methodological Limitations

This project was limited by its single-site design and small faculty population, which constrain the ability to detect site-specific variances in role strain and limit generalizability. Despite these constraints, the RSS-P demonstrated reliability and validity for identifying subcategories of role strain within this faculty cohort. Statistical variance across population subgroups further justified the secondary aim of using policy analysis methods to inform site-specific quality improvement recommendations. Secondary aim efforts to explore policy approaches were limited by a small group of reviewers, a lack of formal training required for scoring reviewed policies, and internal stakeholder subjectivity.

Discussion

The RSS-P remains an accessible tool for examining place-based difference in role strain to identify and guide diversity, equity, and inclusion (DEI) strategies. Variance across faculty tracks seen in this study builds on previous research comparing stress levels, tension between tracks, and personal-agency goal misalignment (Ashcraft et al., 2021). Job satisfaction and intent to stay are positively correlated with clarity of tenure and promotion processes (Lee et al., 2017; Smeltzer et al., 2015; Smith et al., 2016). Role incongruity and role ambiguity are measurable constructs related to role expectations and role performance. Academic institutions may offer tenure and promotion for varied doctorates; however, if operational pathways are not developed, inequities in access to rank and promotion will persist (Honig et al., 2013). Beyond academic diversity, equity within promotion policies should serve to improve the underrepresentation of nurses of color in nursing education who more frequently hold clinically-focused terminal degrees (Brooks et al., 2022).

Occupational health equity research examines the work environment, including effects of workplace stress, policies and benefit structures on health and inclusivity (Flynn et al., 2022; Tamers et al., 2020). To maximize faculty population impact, policies aimed at occupational health equity should consider academically inclusive terms for promotion and integrate nomenclature for validating expanded scholarship. As demonstrated in Table 5, site-specific policy analysis can yield concrete recommendations for institutions to revise promotion guidelines in ways that support equity and mentorship of academic diversity (Honig et al., 2013). Differentiated doctoral degrees continue to expand professional capacities and diversify the workforce (IOM, 2011; NLN, 2021). With projected increases in educator shortages, colleges of nursing should expect an influx of clinical-track doctorates (AACN, 2022). These changing demographics highlight the imperative need to prioritize inclusive policies. Accrediting bodies continue to advocate efforts to foster communities of scholars where doctorally prepared faculty collaborate on curriculum, clinical practice, and research (AACN, 2022; NLN, 2021). Nursing program leaders can do this by advocating through hiring and evaluation practices that recognize and promote faculty contributions and validate expanded scholarship breadth (Hale et al., 2024). Improved promotion

policies foster occupational health, enhance hiring and retention of diverse staff, expand opportunities for collaborative research, and improve research funding access for clinically focused faculty (Carlson et al., 2018; Melnyk, 2013).

In academic nursing systems, diverse faculty may experience job strain and exit the workforce if multidoctorate pathways for scholarship excellence are not promoted (Banks, 2012; Lee et al., 2022). Reviewing promotion standards requires discussion and consensus around the definition of scholarship (Hale et al., 2024). To legitimize and recognize equitable yet divergent rigor of requirements, collaboration on the ways scholarship may be acceptably demonstrated through research discovery, integration, application, and teaching should be fully vetted with intentioned clarity for research, clinical-practice, education, and health policy scholars (AACN, 2017; Hale et al., 2024).

Policy recommendations from this project, guided by equity and inclusion, serve to promote the professional needs of faculty (Honig et al., 2013), faculty retention needs of agencies (Bice et al., 2019), nursing school accreditation aims to increase faculty health equity (Ashcraft et al., 2021), and national aims to grow a diverse nursing workforce (AACN, 2022). Beyond policy analysis, the policy team reported perceived benefits of doctoral diversity on rank and tenure committees and identified promotion rubrics as an option to aid teams in operationalizing working definitions of expanded scholarship (Honig et al., 2013; Smith et al., 2016).

This project supports the growing use of Evidence-Based Practice (EBP) policy frameworks and community-led approaches (Hale et al., 2024) to strengthen health equity in academia (AACN, 2017; Smith et al., 2016). Replication of this approach across other institutions with diverse faculty populations would enhance external validity, clarify definitions of scholarship, and identify differences in role strain. Future initiatives should anticipate the time and human resources required for stakeholder engagement, but such investments are essential for sustainable, equity-driven change (Premeaux, 2012).

Limitations

Maintaining a site-specific research scope afforded internal benefits while yielding external limitations. Despite high agency survey response rate, the small sample size and narrow recruitment scope limited generalizability and statistical power. Policy analysis is a subjective process (CDC, 2013) and carries a high risk for reporting bias. The primary researcher disclosed a conflict of interest as an employee of the agency of focus. The policy review team members were similarly employed by the agency, holding potential for conflict of role interest related to potential future gains. Maintaining adherence to institutional IRB, participant confidentiality, and internal anonymity of reviewers served to adjust for these limitations.

The CDC Policy Analytical Framework suggests utilizing comparative policies that survey the literature for best practices, offer study design methodology to support evidence-driven policies, and include alternative or opposing policy options (CDC, 2013). Policies selected for review were identified through an environmental scan of literature scanning for research for site-specific evidence-informed, stakeholder-centered quality improvement projects involving rank and tenure policies in schools of nursing. Sourced policies included study design methodology and rationale for reformed rank and tenure policies presented within the literature. The editable CDC framework policy review tables are pre-formatted for a 3-policy comparative analysis, yet these are easily modifiable. Academic tenure policies are accessible on some collegiate websites. Colleges conducting policy review initiatives could enhance the integration of opposing viewpoints and policy variances for consideration by increasing the number of policies reviewed. This project and the methods employed were undertaken as exploratory and as a quality improvement initiative within a single college of nursing. While the outcomes of this project provide valuable insights for potential application beyond the site where it was conducted, the intention of this work was not to develop generalizable policies.

Conclusions

University policies are human resources periodically drafted and adapted to maintain agency and employee needs. Implications from this study are applicable to varied stakeholders in nursing academia including faculty and leadership teams. Here we offer a few lessons gleaned through the process:

- The benefits of human resources (HR) policy reform on outcomes for faculty, agency, and leadership.
- The advantage of a stakeholder-centered and consensus-driven approach to policy analysis.
- The need to define scholarship and specify promotion criteria for doctoral diversity.
- The perceived benefit of doctoral diversity among Rank and Tenure committee members.

Rank and tenure guidelines associated with this quality improvement initiative remain under review for endorsed revision by the Dean of Nursing. Ongoing efforts to collaborate with committees and leadership continue, with next steps aimed at clarifying equitable yet distinct criteria for promotion across ranks and tracks. Additional policy projects are warranted to meet the broader challenges to build and retain a robust, diverse faculty labor force nationwide. Beyond nursing, place-based efforts from this initiative may offer insight for transdisciplinary quality improvement policy initiatives to reform rank and tenure guidelines.

Key Points

1. Rank and tenure policies are scrutinized as lacking congruence to an increasingly diverse faculty population.

2. Expanded scholarship frameworks have been adopted lacking operationalized pathways to legitimize and fully recognize contributions of varied nurse scientists.
3. Policy frameworks hold capacities to synergistically optimize agency resources, decrease faculty role strain, and augment leadership aims to recruit and retain educators.
4. To mitigate future nursing shortages, additional policy reform in nursing academia is warranted to maximize diversity and inclusion standards.

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