The lived experiences of expert nurse clinicians' role transition process into academia as a novice nurse educator

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By Zahra Shajani

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Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet the requirements for any other award or credit at this or any institution of higher education. To the best of my knowledge, the thesis is wholly original, and all material or writing published or written by others and contained herein has been duly referenced and credited.

Signature: 

Date: June 3, 2020

Abstract

The transition from clinical to classroom teaching is widely recognized as being complex for novice nurse educators. Existing studies on the transition of nurse clinicians into academia have not sufficiently appreciated the extent to which novice nurse educators are expected to span, contrasting environments for practice (whether the classroom or the clinical setting), different sets of demands from students and patients, and the relevance of different roles and ways of managing.

This study examined the novice nurse educators' transitional experiences during their first year in academia and identified support requirements needed. Benner's novice to expert model was used alongside role transition theory as a means to explore these educator's experiences. Underpinned by a phenomenological hermeneutic philosophy, an interpretative phenomenological analysis (IPA) design was used. A purposeful sampling approach of nine novice nurse educators at one western university was used to conduct in-depth interviews, exploring the details of expert nurse clinicians transitioning into the novice nurse educator role during their first year of teaching.

Three main themes were identified: a transitional gap, role strain, and the importance of fostering a sense of belonging. Findings indicated that both clinical and classroom settings present unique challenges and complex environments, in which the learning takes place, for both the educators and students. Findings also indicated that there are influencing contextual factors that impact the role transition process which are different from Duffy's model and Schoening NET model. The contextual factors such as recognizing and acknowledging the time and the environmental impact on early stages of transition can mitigate the chaos, address discouragement and build on the concept of making a positive impact on students that novice nurse educators (NNE) are encountering. To bridge the transitional gap, this study discovered that the early transitional experience could be improved by clarifying the role and its

responsibilities, aligning clinical expertise and teaching assignments, as well as by providing orientation and guidance on navigating academia.

The ideas of socialization and identity formation are important to consider during the transitional phase for NNEs. Ensuring formal orientation and mentorship programmes could foster a smoother transition and help NNEs to learn to span different demands of the two settings which they expected to function from. Both education and nursing-focused literature need to acknowledge that the Expert Nurse Clinician's (ENC) skills and abilities are not simply transferable into NNE. Implicit skills need to be developed and considered. There is limited research which exists on the first-year of a novice nurse educators' experiences from a Canadian context and the impact that these experiences have on their transitional progression. Further research is necessary to determine if the early support interventions of fostering a sense of belonging, including providing time for orientation and capacity building prior to teaching in the clinical and classroom setting are impactful not only in the nursing field but also in the other health allied fields.

List of abbreviations

BSN	Bachelor of Science in Nursing
CASN	Canadian Association of Schools of Nursing
CDSR	Cochrane Database of Systematic Reviews
CHREB	Conjoint Health Research Ethics Board
CINAHL	Cumulative Index to Nursing and Allied Health
CNA	Canadian Nurses Association
CoP	Community of Practice
ERIC	Education Research Complete, and Education Resources Information Center
ENC	Expert Nurse Clinician
HEI	Higher Education Institutions
IPA	Interpretative Phenomenological Analysis
NLN	National League for Nursing
NNE	Novice Nurse Educator
UK	United Kingdom
USA	United States of America
VPREC	Virtual Programme Research Ethics Committee
NE	Nursing Education
NPCC	Nursing Practice Course Coordinator

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Chapter One: Introduction

The growing complexities of health care and diversity make the preparation of future nurses and nurse educators ever more critical because of the increased demands they place on the nursing profession and its workforce capacity (Ferron & Tourangeau, 2017). The education of future registered nurses is continuously evolving and the gap between the supply and demand of the nursing workforce has dramatically increased. Therefore, appropriate preparation of nurse educators is critical to the development of knowledge, skills and attitudes of future nurses. The World Health Organization (WHO, 2016) has estimated a global workforce of 35 million nurses and midwives are needed to work in health delivery systems, acute care, community context, and nursing education. A similar need for qualified registered nurses has also been identified in Canada. According to the Canadian Nurses Association (CNA) report, registered nurses will continue to provide quality care in an increasingly complex environment and will need to be educationally prepared to become leaders in contributing to the changes in healthcare systems, to support developing policies in a variety of clinical, educational, and research settings (CNA, 2015). Nursing education programmes can effectively contribute to attaining high-quality education and produce effective, efficient, and skilled registered nurses. However, nursing education programmes are also being impacted by the nationwide nursing faculty shortage crisis. Multiple factors are contributing to a grave shortage of nursing faculty, including global migration, an aging population, retirement, and increasing workload.

Registered nurses (RN) can play a vital role in supporting the development of clinical knowledge and assisting student nurses to acquire all the knowledge, skills, and attitudes necessary to practise nursing effectively (CARNA, 2013). There is evidence of the RN's work environment impacting the turnover. However, an area of inquiry that has received little attention is the experience of expert nurse clinicians working as novice nurse educators in academia and retention levels. Kirkham (2016) indicated that understanding these challenges

from the novice nurse educator's perspective is critical, and from the Canadian context, research in this area is limited. This research study will investigate the transitional experiences of expert nurse clinicians in the novice nurse educator role within their first year of teaching in nursing academia.

Nationally, the Canadian Association of Schools of Nursing (CASN), in 2015-2016, surveyed 137 nursing programs with an 85.4% response rate and found the declining supply of registered nurse (RN) faculty a major factor affecting the capacity of nursing education institutions to produce nursing graduates. In addition, there is an increase in the number of students enrolled in nursing. For instance, 15,774 students entered nursing programmes in 2014 and 16,230 in 2016, which is an increase of 5.4%

Due to the increasing number of new student admissions to nursing education, a corollary increase in faculty must be maintained. As of 2016, only 19.3% of nursing faculty members were permanent, and 57.1% of the permanent nursing faculty were over the age of 50 years, with 21.9% over the age of 60 years and planning to retire in the next five to seven years. When comparing nursing graduates and faculty, there has been a steady growth between 2000 and 2014 of nursing graduates but a decline in faculty. In 2014, there was a 7.8% increase of new graduates and -0.1% average annual growth for university professors in Canada, indicating concerning implications for future faculty supply as numbers of nursing students continue to increase (CASN, 2017). The current statistics for faculty recruitment and retirement have severe consequences for the faculty supply and future development of the nursing profession.

The majority of these faculty members in Canada will be retiring in the next five years and there will be a strong demand to fill faculty requirements in nursing education (CASN, 2017). Currently, the replacement pool (master's and doctoral graduates) for retiring faculty is inadequate if enrolments in graduate education remain at current levels. The attrition rate for nursing faculty also needs monitoring from nursing schools with baccalaureate and graduate

education, since currently nursing schools in Canada are projecting a need for 243 full-time RN faculty. The Canadian Institute for Health Information (CIHI) has indicated that the faculty shortage is causing strain on nursing education programmes. CASN reported 62% of faculty employed in Canada were hired part-time with less than one-year contracts.

Within the literature, common issues related to retention were workload (particularly work-life balance), salary issues, and lack of support during the transition from clinical to nurse educator in academia (Cranford, 2013; Fang & Bednash, 2013; Nardi and Gyurko, 2013). Most novice nurse educators are expert clinicians but are facing a new set of expectations and practises in higher education. Therefore, the transition from an expert clinical nurse to a novice nurse educator, and then into an academic role, needs to be explored further. A gap exists in the literature addressing novice nursing faculty retention strategies (Roughton, 2013). Faculty issues surrounding recruitment, retention, satisfaction, intent to stay or leave have not been best addressed by research in Canada. However, in the USA there are numerous studies being done in this area, including surveys of nursing faculty. Within this context of the study, an innovative approach to hiring expert nurse clinician into limited term position as novice nurse educator was implemented by the higher education institution to address the issue with recruitment and retention of nursing faculty.

Context of the study

Clinical education is a fundamental aspect of undergraduate nursing education and clinical instructors play an integral role in teaching nursing students in clinical placements. In addition, expert nurse clinicians in practice and specialty areas are required to prepare nursing students and have preceptorship programs in the hospital. The need for nurse educators with a strong clinical background is critical to their role in developing nursing students with the knowledge, skills, and abilities to meet entry to the required entry to practise competencies.

Without proper support and clearly identified expectations of role and responsibilities for novice nurse educators, this transition could cause a great deal of frustration and anxiety.

A key challenge for the undergraduate nursing program has been the recruiting of nursing instructors and their retention. At one of the Western Canada university (the setting for this study), the role of the nurse educator teaching in an integrated undergraduate nursing curriculum is evolving. This particular school of nursing innovatively utilizes expert nurse clinicians (RN) to fill the gap in their faculty shortage and recruit the development of graduate and doctorate nursing faculty.

Over the last five years, this institution has had challenges with recruiting nursing academics with academic qualifications, so has transitioned their workload model to manage the retention issue by hiring expert nurse clinicians (ENC) on a limited-term contract. This unusual agreement has provided the potential to study the transitional experience of these individuals. The nursing faculty workload model includes all members of the faculty teaching in the undergraduate program, including instructors of record (IOR), nursing practice course coordinator (NPCC), Term lead, nursing instructor (nurse educators for this study), and practice support instructors (PSI). All faculty members teach in the undergraduate program, regardless of their rank. There are two streams for promotion: the teaching stream, where one would start in a limited term position and work their way to teaching professor, and the other as assistant professor to full professorship. There are about N=77 faculty members and N= 31 (40%) of these members are in limited term positions with a teaching focus and the workload is 80% teaching, 10% scholarship/professional development in teaching and learning, and 10% providing services in committees, including the undergraduate curriculum committee and program evaluation committee. Out of the 40% limited term positions, 35% of these hires have a master's degree in nursing, the rest have their bachelor's degree in nursing. All of the faculty member regardless of their rank need to be registered nursed with a provincial permit to

practice either in clinical setting or as a nurse educator in higher education institution. One of the institutional issues has also been recruiting RNs into their graduate programs, which is a national issue as well. Therefore, as a solution to career pathways in this research-intensive academia, and to build nursing research capacity, the nursing program offered to pay for the graduate degree if they came to teach under the limited term contract agreement as part time or full-time positions. This nursing program actively supports the limiting of hiring sessional instructors, preferring to hire nursing instructors on a limited term in order to support their development into academia. The limited term collective agreements were developed in collaboration with the faculty association within the institution. Each year about five of these limited term instructors were financially supported to enroll in either a masters or doctoral program. A strategic plan to recruit and develop nursing graduates into masters and doctoral programs.

These nursing instructors (ENC) were hired in a dual role, to teach in both clinical and classroom settings. Typically, for a part time position 16 hours/weekly are spent teaching in a clinical setting, with three hours/weekly spent teaching theory in a classroom teaching. The curriculum is integrated and context relevant, required by the ENC to teach in clinical practice and in the classroom.

Statement of the Problem

This university invested in developing the capacity to support early-career faculty by hiring RN's to teach in the undergraduate nursing program. Previously, sessional nursing instructors were hired to teach in clinical practice, with no classroom teaching obligations, except in clinical labs. But within the context of this study expert nurse clinicians (RN) are employed to teach in a nurse educator role, with the expectation to teach in clinical practice and to facilitate the integration between theory and practice in the classroom setting. Many of these individuals continued to work part-time in the clinical area but are also employed by the

university to work as limited-term nursing instructors, where the workload was modified to include both clinical and classroom teaching. Within this context these individuals are integrated members of the faculty and engaged in the scholarship of education to develop their teaching and instructional skills needed within the clinical and classroom setting. The expectation for these limited-term nursing instructors is that they teach both in the clinical setting and academic nursing theory in the classroom. Therefore, within this context, there is a need to explore and understand the lived transitional experiences from the ENC's perspectives to determine the supports required for them to teach in this undergraduate nursing program. Understanding the person-centred experience within this context is relevant. The justification of this institution's approach to recruiting ENC as nurse educators is to transition clinical expertise into academia and offer these individuals tuition support, as well to start graduate school in hopes to bridge the shortage of nursing faculty gap. However, this initiative needs to be studied, many of these ENC have left their position returning to clinical setting, which has impacted student learning. It was thought that an analysis of the novice nurse educators' experiences would provide unique insights into their reality in this specific context. When exploring this topic, I found that that there were several studies regarding traditional transitioning experience of novice nurse transitioning into clinical practice (teaching only in clinical setting) but little understanding of the lived experiences in Canada of expert nurse clinicians transitioning into a novice nurse educator role in academia teaching both clinical and classroom nursing practice. Being a novice nurse educator at one point in time myself, I noticed that many of my colleagues were coming and going, the academia setting was like a door with new people in and out. As a NPPC, I felt that the expertise and time was wasted of the ENC and the current situation was causing more issues for successful transition. With my own journey being so profoundly impactful and being successfully tenured, I felt I had a better understanding of what successful transition was, I embarked my way into studying why my colleagues were staying or

leaving and how did their experience impact their decision By qualitatively exploring their unique individual transitional process in higher education, I intent to analyse their motivation, development, role change and coping strategies. With 40% of the faculty being on limited term position, and many of them leaving academia to return to clinical practice, it was important to understand why and therefore, this study aimed to investigate the transitional process of ENC experiences within their first year of teaching and what supports they needed to progress into NNE role and be successful in their process to transition.

Purpose of my study

The purpose of this study was to explore the lived experiences of expert nurse clinicians (RNs) moving into novice nurse educator roles in limited term position and the essence of the phenomenon process of role transition. Role transition is a phenomenon that could inform nursing education on ways to provide proper support to nurse educators entering the academic arena and the recommendations made from this study could improve retention and contribute to building faculty capacity.

The objectives of this study were:

- To investigate participants' lived experiences process during their transition from expert nurse clinician to novice nurse educator in a limited term position;
- To explore how the transitional processes during the first year of novice nurse educator's experience impacts progression and supports needed to continue in the path for transition in academia.
- To identify strategies and make the recommendations for supporting the expert nurse clinicians during their process of transitioning into academia.

Research Questions

- What are the experiences of expert nurse clinicians transitioning into novice nurse educators during the first year of teaching in an integrated undergraduate nursing program in a Western Canadian university?
- What are the approaches and supports needed for novice nurse educators during the first year of transition?

Theoretical Framework

Benner's Novice to Expert Model

Benner's (2001) Novice to Expert theoretical framework identified five stages of transition and has been widely used in clinical nursing practice. According to Benner (2001), the learner goes through several levels of acquisition and development of skills from novice to expert. Benner's original study (1984) utilized interpretive methodology based on Heidegger's (1962) phenomenology to compare the clinical performances and responses to the same patient situations with both beginning and expert nurses. Twenty-one pairs of preceptors and new graduate nurses were interviewed about their clinical experiences to identify whether there were characteristic differences between the novice nurses' and expert nurses' description of the same clinical situation. Also, 51 experienced nurse clinicians, 11 new graduate nurses, and five senior nursing students were interviewed to understand further how nurses perform at different stages of skill acquisition.

The Dreyfus model of skill acquisition (Dreyfus and Dreyfus 1986) was used by Benner to formulate a model of the skill development of clinical practice expertise in nursing. The learner moves through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert.

The expert nurse clinician and novice nurse educator definitions are based on Benner's (2001) "novice to expert" theoretical model of clinical nursing practice. At the novice level, the

nurse educator has limited experience and thus lacks confidence, whereas the expert nurse has an intuitive grasp and is highly skilled and knowledgeable in her area of practice.

Novice: The novice new educator begins with little experience, as they have the theoretical and clinical knowledge, but need to build on their application and skills to new situations (Benner, 2001). Initially, they may be slow and need guidance and coaching. Similarly, they come into their role with existing clinical knowledge and experience but may focus on concrete information whereby they heavily rely on facts and standard strategies in their new teaching and learning environment. They concentrate on standardized guidelines, policies, and templates. When novice nurse educators enter their role, they have been functioning as an expert nurse clinician, and their new, unfamiliar role may cause uncertain and anxiety (Sorrell & Cangelosi, 2015).

Advanced beginner: An advanced beginner begins to identify global characteristics of their situation and moves through with experience to become competent. They know, and are now able, to apply it meaningfully to situations. They still heavily depend on rules, guidelines, and standardized processes. The advanced beginner nurse educators start to understand the role but continues to rely on mentors or support from others. They start to develop a routine and begin feeling competent. They still need guidance and support for prioritization (Benner, 2001).

Competent: At the competent stage, the new educator is more confident in their ability to make independent decisions, perform varied tasks, and display skills (Benner, 2001). With two to three years of experience, competent nurse educators can feel less intimidated in their role and begin to start developing their own ways to work efficiently and feel comfortable in making decisions without getting input from others (Sorrell and Cangelosi, 2015).

Proficient: When one moves into being proficient they are gaining in-depth knowledge and experience and may start thinking about clinical leadership opportunities. As a proficient nurse educator, their daily responsibilities of teaching and learning become less stressful and they begin to support their peers. The nurse educators have three to five years of educating nursing

students within the academic setting and have increased the confidence level and skills (Benner, 2001).

Expert: As the nurse educator enters into their fifth year of practice, the expert individual will be more intuitive with a comprehensive knowledge base, be self-directed, innovated, and flexible being both a critical thinker and reflective practitioner. An expert nurse clinician can recognize complex situations and can prioritize, which enables them to make decisions and solve problems at a higher level (Benner, 2001). For this study, the use of 5 years as a proxy for expertise was used but the length of time does not guarantee expertise but for the purpose of this study, it provides a reasonable inclusion criterion.

In Benner's (2001) study, the individual at each level is engaged in various experiences with descriptions, viewpoints, actions, behaviour, and thinking patterns that develop their competencies as they move from one phase to another. Her model applies to nursing practice, and she describes the ascending levels of proficiency as being influenced by situational change instead of only incorporating the learning and reflecting the theory of Carper's way of knowing (1978).

Benner's model has been criticized despite its popularity. Gobet and Chassy (2008) argue the Benner model does not take into account quantifiable data during the development of expertise and intuition. These authors critique her empirical data and suggest the evidence lacks rigour and is not reliable. They further disagree with Benner's articulation of the novice experience as one moving from being explicit to implicit (abstract to concrete). These authors think ample evidence exists in adult learning theory that there are a variety of domains from which one can learn skills and does not only include explicit instructions or abstract to concrete domains of learning. Benner (2001) has responded with an argument that intuition and holistic perceptions are necessary for development.

Altmann (2007) also criticizes the Benner model, stating it does not have concrete quantitative evidence and finds issues with the underlying philosophy of a phenomenological interpretative approach based on the transition notion of objective science, originally conceptualized by the stages based on the Dreyfus model. Altmann argues that her work does have methodological problems, including sampling limitations, which makes its validity is questionable. Benner (2001) has argued her model has been tested and the previous work by Dreyfus and Dreyfus has demonstrated the validity of the stages of skill acquisitions. Over the last few decades her work has gained more support and respect rather than criticism. Nevertheless, her model has been criticized as not being empirically based, as being too simple to account for the complexities of transition and as lacking the quantifiable data to form evidence-based theory (Gobet and Chassy 2007).

Benner (2001) has justified the use of interpretive research and argued that it 'allows a manageable yet rich description of actual nursing practise' (p.39). From my study's perspective, Benner's novice to the expert model has been an influential framework in my work with novice nurse educators. Her theory provides a roadmap integrating nursing theory into practice and provides insight into the complexities of the development from expert to novice again. Education and experience play a significant role in the development of "knowing how" and "knowing that" of nurses' clinical practice and how nurses acquire knowledge through various experiences and progression.

In addition, Benner and her colleagues (2010) called for radical transformation in nursing education and indicated a shift from focusing content saturation to teaching for a sense of salience, while also moving from separating clinical and classroom teaching to integration of classroom and clinical teaching. This perspective requires the socialization of novice nurse educators in order that they be able to teach both in the clinical setting and in the classroom setting, shifting away from the traditional way of teaching clinical practice to a more integrated

approach. From my study's perspective, the ENC transitioning felt novice in their educator role again, but as Benner and her colleagues indicated, these expert nurse clinicians transitioning into academia now could share their clinical realities and offer a wealth of insight and knowledge in clinical and academic settings. Despite criticisms of the Benner's framework, her work has been influential theory of skills acquisition in nursing. The proposed five stages of novice to expert nurse encompasses a road map for skill acquisition, This theory captures the aspects of expert development, within this context, it relevant because the ENC has expertise in nursing practice but reverts to analytical thinking as they transition into a new situation with no previous experience in which the "intuitive grasp" in the expert stage could be incorrect. Dreyfus and Dreyfus (1986) called this "deliberate rationality", as seen this in study, the ENC transitions into her new role feeling like a beginner, emotions characterised by anxiety due to uncertainty and therefore impacting the "intuitive grasp" of ENC. Despite the criticisms, this theory captures the development fairly well and emphasis is on learning, that one can never become an expert, and they might transition from knowing something really well to being a beginner as the case in this study. It provides insight into the complexity of role change, transition and role of emotions during unknown situations. According to the Benner theory's becoming an expert requires the individual to transition from being explicit to implicit or from abstract to concrete and therefore for this study, considering this, the ENC is transitioning from being expert in certain aspect of nursing practice into being novice as an educator where the learning curve is steep again and learning occurs through explicit instructions again. I think this theory is relevant for this study because the Benner's theory has items that clearly requires access to building explicit knowledge and how knowledge is built with experiences. Therefore despite Gobet and Chassy (2008) argument on Benner's theory being too simple to account the for the complex patterns of phenomena, I disagree and think that this theory offers an explanation on how holistic intuition

and analytic thinking can impact the development on the individual within their own practice either in clinical setting or educational.

Role transition theory

In order to understand the transitional experience of expert nurse clinicians in their novice nurse educator role it is helpful to understand the role transition theory. Schlossberg's (1995) transition theory defined transition as, "any event, or non-event that results in changed relationships, routines, assumptions, and roles." (p.19). The transition can be both positive and negative, but is often described as, "frightening and traumatic" (p.30). A metaphor of the river was used to characterize this experience. It is like, "the white waters of the river" one may be confronted, causing either overwhelming emotion, a loss of control or uncertainty, an unforeseen direction, or an adventurous experience where one feels a sense of excitement and readiness (p.51).

Anderson, Goodman, and Schlossberg (2012) describe the transitional process in phases where transition type, context, and impact must be considered. These three parts of a transition model, (a) approaching transition, b) taking stock of coping resources, and c) taking charge (strengthening resources) offer opportunities for growth and transformation. Contextualized factors such as gender, socioeconomic status, ethnicity, and geographical area all need to be considered during the transitional process. This developmental framework sheds light on ways of understanding the meaning of a transition for particular individuals and how one may adapt positively or negatively to the change. It further explains how the process of describing an individual who is transitioning into a new job is conceptualized as either *moving in or moving out*.

This transition process theory also accounts for the factors that influence one's ability to cope. According to the transitional development model (Figure 1.2), there are four factors described as potential resources (assets/liability) that impact the transitional process: a)

situation – role change; b) self-variable – personal characteristics; c) support – network; and d) strategies - coping responses (Anderson et al., 2012).

Within nursing education, Meleis (2010) describes the transition in nursing as being complicated and multidimensional, where a change in one's health, environment, relationships, or job can be significant and lead to vulnerabilities. She claims understanding one's transitional process can uncover ways to mitigate negative outcomes. According to her, the transition is defined as:

> "passage from one fairly stable state to another fairly stable state . . . a process triggered by a change. Transitions [are] characterized by different dynamic stages, milestones, and turning points and can be defined through processes and terminal outcomes" (p.11).

My position within the research

Reflecting on my own experience has given me a keen interest in studying the transitional process of expert nurse clinician into academia. I remember my own transitional experiences as a novice nurse educator. My first experience of teaching remains clear in my mind. I was extremely nervous and excited simultaneously. I wanted to share my knowledge and make an impact on the next generations of RNs. There were about 16 nursing students all staring at me, equally nervous as they were about to embark on their new journey in nursing. I felt elated that day by the feeling of being able to share my stories and knowledge, but as time passed I encountered significant challenges. The process of teaching nursing students was a completely different one to that of teaching a mother how to breastfeed her child or helping a labouring mother in clinical practice. First of all, not all nursing students are excited about labouring moms or maternal/child care. Consequently, I found it challenging to try and inspire their desire to learn. During those initial months, I was physically and emotionally exhausted. Not only did I have to learn how to teach nursing students, but I also needed to learn how to navigate the academic culture and develop new relationships with peers, while trying to

understand unfamiliar policies and politics. The learning curve was steep. I was up late every night preparing for the next day and by Friday I was exhausted. Many years later, when I moved into my NPCC role, I heard the similar stories from other novice nurse educators. I was reminded of my own experiences during my transition from clinical practice into academia. Once I became tenured I felt I was in a better position to further explore and inquire about this transition. What made me stay? Why were so many of the instructors leaving, requiring me to orient new ones every term? Therefore, my own curiosity, tenacity, and personal experience led to a desire to understand the development of novice nurse educators. I hope this study will shed light on the underexplored topic unique to this context regarding the transition of ENC into NNE. As Hamilton and Appleby (2009) indicated that to improve practice, practitioner is encouraged to critically reflect on their own practice and of other practitioners to inform and challenge policy. In order to create new knowledge dialogue is encouraged between practice and research from practitioner perspective. (p. 108).

Over these past few years my role has enabled me to gain rich insights into the challenges novice nurse educators face working in the academic setting. When I moved into the nursing practice course coordinator role (NPCC) I noticed many transitioning ENCs were leaving after teaching only one term (semester), which left me with the challenge of repeatedly needing to orient novice nurse educators every term. As an NPCC, I become increasingly aware of the critical need to understand the experiences of the novice nurse educators within this content-integrated curriculum and about the complexities of their transition. I wanted to understand the reasons why they were leaving and find ways to provide support, as I found myself spending a lot of time mentoring and supporting these novice nurse educators' every term. In order to provide a supportive environment for the instructors it was essential to understand their challenges and early experiences. I wanted to learn more about their transitioning into this role because doing extensive orientations every term was not sustainable,

nor practical. Nor did it prevent these instructors from wanting to leave. Therefore, I chose to focus my doctoral research on understanding the transitional experiences and role transition of these novice nurse educators to improve practice.

The first concern is that there is an underlying assumption, which believes ENCs can easily transfer their patient teaching skills to both the clinical practice and classroom setting. Patient education is a critical component for an RN, but I have noticed within my practice these skills are not necessarily transferable to teaching novice nursing students. As a nurse educator, I am well aware of the expectations of teaching within the clinical setting and on-campus theory. During my transition phase, I went back and forth between the clinical and academic contexts. The supports I received during my transition were beneficial, but the ongoing professional development of teaching was critical in my development and transition. So, I wanted to learn if the limited-term contract for novice nurse educators is making a difference with retention and, therefore decided to conduct this study. As such, it is essential for me to aware of my positionality within this research and its influence on this study. The participants for my research were from different semesters. Therefore, I had no prior relationship with them, nor was there a power differential in roles. I was not the course coordinator for the novice nurse educators teaching in senior terms in this undergraduate nursing program. I will declare and further discuss my own positionality and its influence on this study in the methodology section.

My role as a researcher

IPA resonates with my values of empathy and compassion. Using active listening skills in a nonjudgement approach allowed me to view the participants world through their lense while keeping in mind my own assumptions, biases and interpretation of their experiences (Smith et al.,2009). I am a very curious individual and I enjoy learning by listening to peoples stories and examining the details and nuances of their experiences. As a nurse, asking questions comes to me naturally and building relationships with individuals and socially connecting with them is one

of my strengths and represents my epistemological viewpoint. I found using the IPA methodology from a constructivist-interpretivist approach to provide helpful insights for this study. The interpretivist/constructivist standpoint would mean deriving insights from the participants views of the situation being studied (transition of ENC into NNE role in nursing academia). Broadbent (2015) indicated how personal experiences can impact professional identity and practice, using the interpretivist constructivist standpoint is fitting way to combine the researchers desire for authenticity with the interpretation of participants experience. As my research interest lies in trying to understand the subjective experiences of expert nurse clinicians and their perspective to their transition process, I was interested in exploring their emotions, values and attitudes of their transitional process. IPA is a humanizing and relative new methodology that resonated with my own theoretical perspective (Larkin, Watts, & Clifton, 2008). This would allow me to investigate the impact on the research and my own background and experiences. I found that interpretative phenomenological analysis would allow me to investigate the personal meaning and lived experiences of the NNE. This research methodology would enable me, as a researcher, to derive insights from the lived experiences of the participants. My curiosity, open-mindedness, and flexibility to listen to people narrating their stories within their context allows me to explore, with an authentic approach situated in constructivism, and to identify how their experiences and behaviors are being influenced by the social and cultural perspective. My primary concern is about perspectives and making sense of what one experiences. In the context of nursing education, this approach has immense implications. It creates the possibility of uncovering new meanings around who we are as clinicians and educators, as nurses, and as teachers, and what our role is with both students and clinical partners.

It is important as a researcher to understand the ontology, or the nature of the realities being studied, as well as the unique characteristics of what is being studied. For this study,

embracing the different realities being experienced by the participants is critical, as it comprises the evidence for observations and conclusions. This study will present diverse perspectives and a compilation of the phenomena of the transitional experiences of the participants, providing rich data from which to generate and construct the meaning of the situation.

The dynamic process of IPA requires that researchers take on an active role of interpreting and making sense of participants' experiences. I am identifying and examining the convergence and divergence of the details. Researchers can observe and experience empathy for the participant experiences, but ultimately this needs to be interpreted through a process of interpretative activities to understand the phenomenon of role transition from their perspective because the experience itself can never be shared entirely. Smith (2015) identified, as a researcher, I must not see things from only the participant's perspective, but rather gain more awareness of the concept and avoid judging the participant's attitude and attempt to see the situation through their eyes. Therefore, I had to obtain a high level of self-awareness and understanding of my role within the process of doing this research. I recognize my own background as an experienced educator can shape how I interpret findings. As a result, I need to position myself in such a way so as to be reflexive and self-reflect on my personal experiences, while intentionally being aware of my epistemological perspective and my views of the perspectives of participants. The role of the researcher within qualitative research is quite unique because rather than surveys and questionnaires, the researcher is an instrument of data collection. This means that the researcher describes relevant aspects of themselves, including assumptions and biases. The insight into oneself is important. Since the research setting was from my institution, I collected the data as an insider, which can have critical advantages and disadvantages. My role as the researcher/nurse educator was different from the role of just being a nurse educator. Being an insider, I have a greater understanding of the context of being a nurse educator in the academy, and within the undergraduate nursing program I have established trust and a great

deal of knowledge related to the transitional experiences of expert nurse clinicians teaching within academy. According to Unluer (2012), it takes a long time for an outsider to acquire the knowledge of the culture and an insider has an advantage because they understand and are familiar with the politics of the institution. In my case, I knew who to approach and how to do so. I was already an insider and so aware of the challenges faced by many of the novice nurse educators. However, I did not know or maintain any close social relationship with the participants I interviewed. I did not have an administrative role, nor did I have in-depth knowledge of the performance reviews of any participants. I also did not have any power or authority over them that which might affect the data collection process negatively. But being an insider-researcher comes with its own challenges. I was in a dual role, and this often can pose a problem, struggling to balance the insider role (nurse educator) and the researcher role. I had access to sensitive information and therefore needed to be aware of how to mitigate any risks associated with being an insider research. For instance, I needed to be explicitly informed of the possible effects of my perceived bias during data collection and analysis. I also needed to respect the ethical issues related to the anonymity of the organization and individual participants. In addition, I needed to address the issues influencing my researcher's insider role on coercion, compliance and access to privileged information at each and every stage while conducting this study. In an IPA study, eliminating biases and being objective is essential, as is being self-reflective of my connection and my position as a nurse educator, in addition to my knowledge and assumptions about the participant experience can help mitigating biases. In order to validate the data, I often have had spontaneous conversations with my peers about the research I was conducting, and many of them were able to validate the experience by reflecting on their own experiences and the support they needed to be successful, alongside the challenges they encountered. I found this informal conversation with my peers very helpful. In addition, these peers were able to help me verbalize the data and give meaning to the implicit

messages, which assisted me in understanding the situation. I was very careful to not risk identifying participants, confining discussions to aggregated data. In relation to power and positionality, Merriam et al., (2010) indicated that researchers begin with data collection with certain assumptions about the phenomenon being investigated, therefore, it is important to challenge and examine their own assumptions about access, power relationships and commonality of experience (p.406).

In attempting to understand my own positionality, I needed to think about ways to mitigate making any assumptions and overlooking the views and issues the participants were sharing. I tried to overcome these challenges by considering my research within the current social circumstance. I also kept a journal as an audit trail, sharing, and checking the interpretations with the informants, peer-reviewed abstracts, and conference presentations and keeping the detailed description of the research setting and research participants. This also maximized the research rigour. I was cautious with whom I spoke to about my research, and I did not share the experience of novice nurse educators with the administration, who had power and authority over the participants. Therefore, as a researcher, ethical implications were considered, with the benefits outweighing the displacement of subjects, setting, and the researcher.

Definition of Relevant Terms for this study

Within the literature, there are varied terminologies used for nurses who teach in clinical practice, including “clinical instructors” (Hewitt & Lewallen, 2010), “nurse educators” (National League for Nursing [NLN], 2005; Oermann, 2017) or “sessional instructor”. For this study the term “expert nurse clinician” (ENC) and “novice nurse educator” (NNE) will be used.

The following definitions of relevant terms are provided to clarify and frame the contextual meaning, especially to this study.

An expert nurse clinician is a nurse who has been in clinical practice who does not rely on analytical principles, but can function with deep understanding, fluidity, and is profoundly proficient. This individual is highly intuitive, and is both confident and competent, both of which are measured by their quick responses in a highly demanding clinical environment and situations. These individuals are registered nurses (RN) working as clinical nurse experts in clinical practice and likely to have had more than five years of clinical experience to develop their expertise in the clinical area. Expert nurse clinicians can recognize demands and utilize resources in challenging clinical situations and can manage work in challenging clinical settings (CNA, 2015). An expert nurse can attain their goals and has developed advanced competency. They no longer rely solely on rules to guide their actions under certain situations. They have an intuitive grasp of the situation based on their knowledge and experience (Sorrell and Cangelosi 2015). Benner (2001) defines expert nurse as the registered nurse who have been in one clinical practice for more than 5 years but acknowledges that the length of time does not guarantee expertise. For this study, the expert nurse clinician is defined as an RN with more than five years of clinical experience within various clinical background knowledge and specialties.

A nurse educator is a nursing instructor who teaches both in the academic setting and in a wide range of clinical practice settings to prepare nursing students to meet the entry of practice competencies. They are required to have the current nursing practice expertise, knowledge, and skills and understand how to teach and link theory into practice. They assess students, evaluate learner outcomes and clinical behaviour indicators to meet the course requirements. They have a contractual relationship with the university, and they are their primary employer. These nurse educators would be expected to contribute to promoting a positive student-learning environment.

A novice nurse educator for this study is a nursing instructor who has no previous experience of teaching nursing students and lacks experience in academic functions, including assessment, developing curriculum materials, and learning activities. These novice nurse educators might have had limited experience with teaching in the hospital as preceptors. For this study, a novice nurse educator is at the beginning level of a nurse educator, being new to the role of teaching in a pre-licensure nursing education program. These novice nurse educators have had no experience of teaching in clinical or classroom setting within the academic setting. An NNE within this context teaches in clinical practice settings, classroom teaching, teaches psychomotor skills, nursing simulation, and theory classes as well. The novice nurse educator has no life experience in teaching in academia. The role requires the nurse educator to demonstrate collegial and collaborative behaviours and facilitate the socialization of students working in collaboration with practice partners. The novice nurse educator is expected to teach 80% of the time, with 20% in scholarship activities, and serving in internal and external committees to advance nursing education. The novice nurse educator acts as an educator, team player, and participant in team meetings (University of Calgary, 2010). In addition to being an expert in clinical practice, these individuals need to be knowledgeable and competent in teaching clinical skills to students within the challenges of the health care environment, as well as within the classroom setting. The expectation for the novice nurse educator for this study is that they would submit to an annual performance review, providing evidence of their teaching evaluations, design course syllabi, and development of new course and teaching materials. This would be different from the traditional role of sessional nursing instructors.

Limited Term academic appointments: A specialized term of more than twelve months duration and having unique position with certain circumstances. This contract was reviewed and renewed annually. For this study, limited-term academic appointments are expert nurse

clinicians hired as novice nurse educators, where their workload included both clinical and classroom teaching (TUCFA, 2017).

Transition: is any event that results in moving from one state to another, where an individual goes through significant changes to their roles and responsibilities (Meleis, 2010). This can include changed relationships, routines, assumptions, and roles.

Role Transition: according to Meleis (2010), the term 'role transition' is defined as a, "need to attain new knowledge, changes in social status and interactions with others that may lead to feelings of instability and uncertainty since self-identity and role change can co-occur as you move from novice to master in the newly defined role" (p.2). This is the definition adopted for this study. Understanding the transitional process and experiences is critical in identifying multiple factors that can influence one's perception, knowledge, engagement, and insight into the change. The *transition* in this study is the first years' experience of the expert nurse clinician moving into the novice nurse educator role. Transitional experiences can be complicated and complex, and multiple factors are necessary to think about, including perception, knowledge, engagement, and understanding the meaning of change. A time-span characterizes all transitions, and these changes and interactions during the transition can have long-term positive or negative consequences.

Summary

Worldwide nursing education is facing significant challenges due to the nursing faculty shortage, which directly influences the number of graduates and the ability to build capacity for the nursing profession. At the same time, an ageing population, a reduction is financial resources, and human resources issues for nurses impacts nursing education (Carlson 2015). Many of the expert nurse clinicians transitioning into the nurse educator role within academia have little experience with teaching students and find themselves feeling like novices in their new academic role. They may have a formal education in nursing practice, but little knowledge of

how to teach, evaluate, or prepare novice learners for clinical practice. Graduates from the undergraduate nursing program work in increasingly complex areas of nursing practice and need to integrate evidence-informed health-related knowledge into their nursing practice. They must also be flexible and adaptable to new technologies, knowledge transfer, and become lifelong learners to move forward in understanding the nuances of the changing healthcare environment (Bastable, 2019). Therefore, nurse educators in academia require the skills and knowledge about how to prepare these future RN graduate nurses if they are to be prepared to work in these demanding and to fluidly challenging environments.

Chapter Two: Literature Review

Introduction

This chapter seeks to identify and review the current literature on the experiences of expert nurse clinicians transitioning into novice nurse educator roles. While an expert nurse clinician has years of clinical knowledge and expertise, their transitional experience into academia can be challenging. This may be due to lack of preparation and sufficient orientation to teaching and learning, with varying levels of mentorship (Cooley & DeGagne, 2016; Nowell, White, Benzies & Rosenau, 2017). This literature review will include current knowledge of transitional experiences of novice nurse educators in nursing education and will outline the specific methods of searching, identifying, and synthesizing evidence. The purpose of this endeavour is to better understand the underlying assumptions and criticism around the impact of transitional experiences of faculty in nursing education worldwide. The aim is also to gather a comprehensive understanding of the current literature and research on the transitioning experiences of expert nurse clinicians to novice nurse educators and to gather an understanding of the body of knowledge in this area to identify gaps before commencing the study. Consequently, this literature review considers:

1. What are the transitional experiences of expert nurse clinicians to novice educators in nursing education?
2. What are the theoretical frameworks for role transitions?
3. What factors impact the transitional experiences of novice educators?
4. What types of research methodology have been used in these studies?

Literature search strategy

A systematic search was conducted for research and information on transition experiences of expert nurse into educators using online library databases. These databases included the Cumulative Index to Nursing and Allied Health (CINAHL), Cochrane Database of

Systematic Reviews (CDSR), Education Research Complete, and Education Resources Information Center (ERIC). The search was conducted from December 2017 to February 2018. All searches were limited to the English language and peer-reviewed articles in all countries. Search terms included *novice nurse faculty, expert nurse transitioning into faculty, faculty development, mentorship, faculty role transition, and nursing faculty shortage* (Figure 2.1). The search generated 556 articles. However, there was a gap in the literature about the transitional experiences of novice nurse educators in Canada. The majority of these articles focused on broader systems-level issues of nursing and faculty shortage, such as declining numbers of master's and doctoral level prepared nurses, along with strategies to bridge the supply and demand gap from a macro perspective, rather than the perspective of individual novice nurse educators.

Inclusion/exclusion criteria

The inclusion criteria for this literature review comprised primary empirical and/or theoretical research articles, peer-reviewed journal articles, research studies and reviews related to transitional experiences of novice nursing faculty, role of nursing faculty, teaching preparation and competencies encompassing the challenges and support for novice faculty, novice faculty development, and the contribution of aging to faculty shortage. Abstracts and study titles were reviewed and scrutinized to ensure relevance.

An additional search for grey literature in these subject areas was conducted by examining and analyzing reports from local, provincial, and the federal government, including the Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN), and the National League of Nursing (NLN). All recent reports from CASN, NLN, and CNA were analyzed. The search included both qualitative and quantitative research, focusing on higher education faculty for nursing programs. The articles were not just limited to Canada,

but also included an international perspective. Additionally, the literature included studies related to other health professionals transitioning into an academic setting.

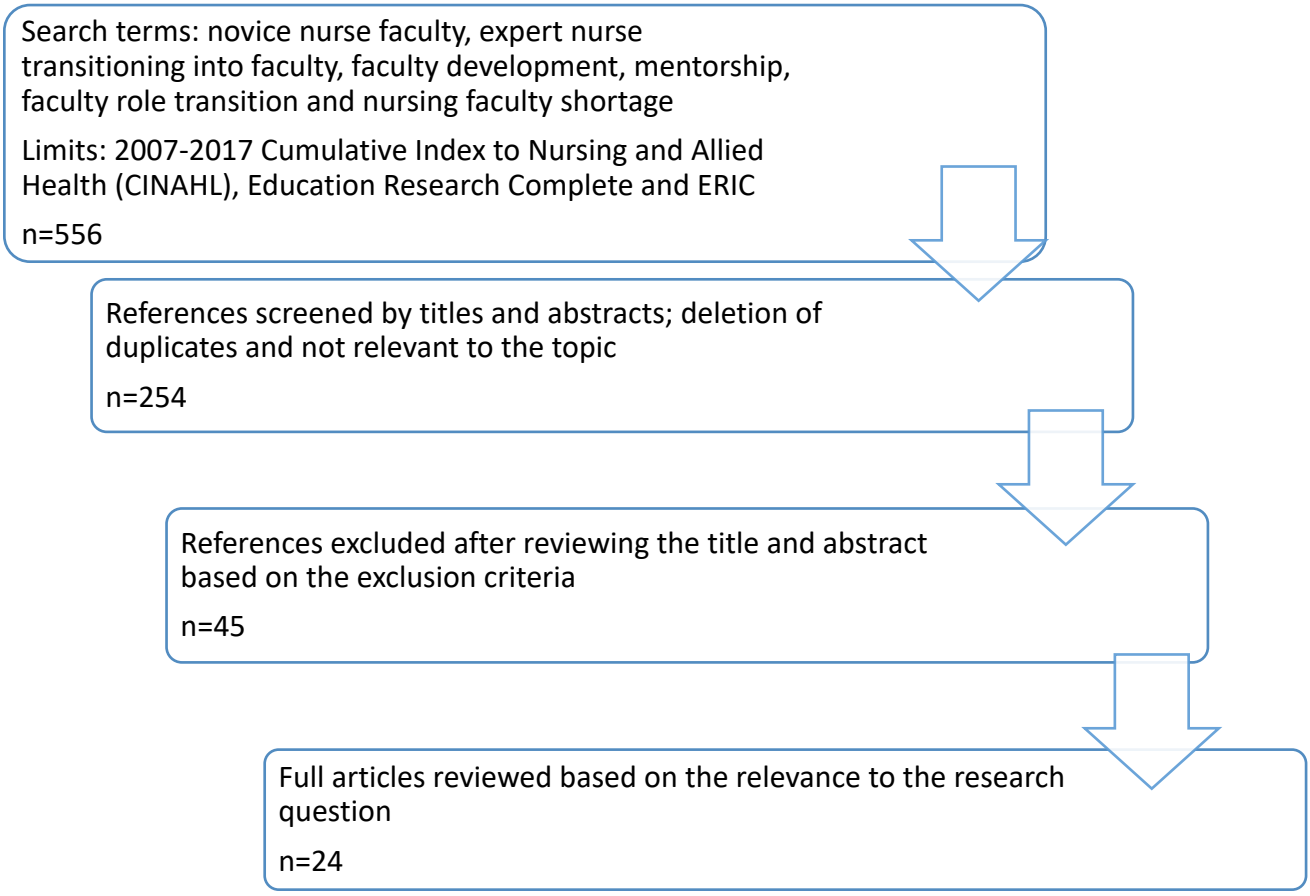
Studies excluded were related to the transitioning from one clinical area of medicine to another specialty in medicine, educational processes or faculty development interventions, graduate nursing student transitional experience as a registered nurse, and any interventions related to the graduating student novice to competence transition. Reviews and editorial papers along these lines of study were likewise excluded (see Figure 2.1).

Articles obtained from the search were structured into a table format according to methodology, aim, findings, arguments, and limitations. Articles that did not meet the criteria were disregarded, which ultimately resulted in 24 articles relevant to the topic. Within the studies, the methodological, ontological, and epistemological approaches were all reviewed as well. Only two studies from Canada were identified, with the majority of the studies originating from the United States. Canadian studies focusing on expert nurse clinicians transitioning into the role of nurse educators within the clinical setting were limited. At this point in time little research in Canada exists that details the transitional experiences of the expert nurse clinician into the academia setting. This is especially true in the area where expert nurse clinicians are transitioning into academia within this particular study context.

It is important to note that in the literature there are multiple terms used for nurses, who teach both in the clinical setting and within academia. These terms include, clinical educator, clinical teacher, sessional instructor, clinical nursing instructor, nursing faculty and nursing practice instructor. For this study, the term expert nurse clinician and novice nurse educator will be utilized.

Figure 2.1

Flow chart of the literature search criteria



The transitional experiences: clinical expert-novice

Numerous experts in nursing education have called for the transformation of nursing education to meet the complex demands of healthcare (Benner et al., 2010; Rosenau, Lisella, Clancy & Nowell 2015; Tanner 2010). Furthermore, Benner et al. (2010) elaborated on the issue of nurses entering the profession with inadequate knowledge and skills to work under high pressure and in clinically complex environments, and the need for nursing faculty to educate and prepare these future nurses. In order to provide high-quality nursing education and to prepare RNs to work in the complex healthcare system, Rosenau et al. (2015) argued for the

need to support the development of nurse educators. In 2015, CASN created a national framework with a strategic plan to advocate and support provincial and national nursing schools to deliver high-quality nursing programs (CASN, 2017).

The clinical expert-novice relationship has a historical context in Canada, where the expert nurse clinician educates nursing students in a hospital-based program, now known as the preceptorship program. The preceptor role includes being a teacher, coach, influencer, and facilitator (Ulrich & Mancini, 2012). As nursing education expanded new complexities arose within higher education. The lack of qualified nursing instructors during the seventies was a severe problem. At this point, 75% of the qualified nursing instructors were already working long hours as practising nurses, so becoming an educator only served to increase their workload demands. During this period, nursing education entered turbulent times.

Boschma (2005) indicated female educators faced many challenges in higher education institutions, such as unfair salaries levels. In Boschma's view, many expert nurse clinicians needed to fight to establish a place for nursing education in the academic setting, which posed a significant barrier. These women not only faced the transitional challenges involved in moving from the position of expert nurse clinicians to the additional demands of academics, but also faced gender inequalities in a male-dominated academic environment (Boschma, Yonge & Mychajlunnow, 2005). To further enhance the profession of nursing and nursing education at one Canadian university, expert nurse clinicians took further education for leadership roles as a part of their transition to educators within academia (Boschma et al., 2005). Nursing education and the profession of nursing did, "gain credibility in an academic environment" (Boschma et al., 2005 p. 67). Today nursing education continues to move the nursing profession forward, as expert nurse clinicians (ENC) are developing new programs, redesigning processes, and working in a challenging situation due to the complexity and demands of the changing health care system (CNA, 2015). The role of registered nurses (RN) in Canada is evolving, especially

in the areas of clinical care, education, administration, research, and policy (CNA, 2013). Therefore, engaging ENC in nursing education to support and lead in clinical practice within academia is essential to continue to educate future RNs.

In my quest for deeper understanding, I looked at the qualitative and quantitative study on phenomenon of novice nurse educators. I found that there is a contextual significance of lived experiences. Some of these contextual factors includes faculty shortage, hiring contracts, orientation program, mentorship programs and supports need for transition. Such as, Brown and Sorrell (2017) used Benner's (1982) novice to an expert theoretical framework in their qualitative case study and found many novice nurse educators struggled with developing their skills as educators and required formal education in teaching and mentorship essential to building confidence. They also found insufficient orientation and formal support was a growing concern and identified this as a challenge for novice nurse educators transitioning from practice into the classroom. As a result, these nurses needed to find their own supports in order to develop nurse educator competencies.

The experiences of the novice nurse educators are impacted by their experiences, context in which they are placed in and also their supportive networks. Each nurse educators' transitional experiences can be unique and complex, as well as daunting for anyone entering a new role. For instance, a qualitative research done by Whitehead (2015), among 12 full-time novice nursing faculty transitioning into academia found a lack of preparation and awareness of the roles and responsibilities of new faculty led to transition difficulties such as role ambiguity and role strain. She further claims that the solution to ease the faculty shortage includes understanding the recruitment and retention of nurses transitioning into academia from the clinical area. Much of the literature reported similar findings and the issue with recruitment and retention being one of the contextual factors impacting faculty shortage.

In addition, several studies indicated a change in career can elicit mixed feelings, especially when transitioning from a role where one is at the top of the career ladder, with considerable experience and expertise, to a novice role at the bottom of the career ladder. This transition can be daunting and may result in feelings of vulnerability and cause questioning of professional identity. Duffy's (2013) grounded theory study in the UK investigated the academic role of nurse educators and its contribution to the formation of personal, academic identity. Data collection included 14 in-depth interviews with experienced nurse educators regarding their experiences. Participants experienced multiple challenges and the findings led to the development of a conceptual model of identity formation. The model incorporated a five-stage analytical framework: pre-entry, reaffirming, surmounting, stabilizing, and actualizing nurse educators' professional development (Duffy 2013).

It is interesting to note that Duffy's work contributed to the understanding of the formation of personal and academic identity. However, Duffy further stated the need to understand the transitional experience to develop further ways to support novice educators (Duffy 2013).

An international study conducted by Andrew and Robb (2011) used weblog discussions to explore the development of professional identity in nursing academia. Their action research approach included a discussion with an international community of practice (CoP), involving 14 nursing academics and six clinical practitioners over six months. This study was comprised of both novice and expert academics. Both parties found the academic role difficult, stating preparation for teaching and learning within this context was lacking. Also, the study identified that academics felt pressure to maintain clinical credibility, but struggled with the workload demands alongside of it, while maintaining excellence in teaching and research. An approach to clinical and academic collaboration was recommended, with the additional need of support for a smoother transition into education. Even though this was an international study, the sample

was small, and the discussions identified a need for further research in the area of preparation for teaching and learning. The findings also reflected what is current in the literature regarding the need for professional development for practitioners in academia.

The literature seems to suggest that more inquiry is needed to identify the difference between the clinical and academic environments. Grassley, Strohfus, and Lambe (2016) conducted a meta-synthesis of the qualitative studies on role transition of novice nurse educators within the academic setting. These authors conducted the review using the Joanna Briggs Institute of Evidence-Based Practice (JBI) three-step strategy. The meta-synthesis identified 11 primary studies, organized into four synthesized findings relating to respondents' perceptions of their experience. These perceptions included: unprepared to teach (37 findings); no longer an expert (16 findings); in search of mentoring (34 findings); and from surviving to thriving (12 findings). Findings indicated that novice nurse educators felt unprepared for the increase in workload as educators. Some novice nurse educators also experienced feeling lost, feeling like a failure, feeling fearful, isolated, and left alone to navigate their transition. The study indicated that understanding the experience of expert nurse clinicians in their role transition is essential for thriving.

McDonald (2004) used a qualitative naturalist approach to study eight novice nurse educators in their transition to new nurse educators in Canada and found a lack of evidence on the attrition rates for nurses transitioning from practice to academia. It was noted that these nurses were excited about sharing their knowledge, but found the new experience challenging and struggled within their new role. These participants identified feelings of role conflict and ambiguity. Additional, McDonald (2010) conducted a literature review on personal experience and found that role transition can be overwhelming and also indicated a knowledge deficit and lack of understanding of the multiple expectations on academics as educators. She noted further research is needed to understand the barriers and challenges faced by novice nurse

educators and to explore their transitional journey. The literature review indicated a knowledge deficit in, “learning a new language, a new organization, a new role, and new clinical settings create multiple challenges” (p.131).

The literature from the USA indicated that many of the novice nurse educators felt overwhelmed, experienced role ambiguity, and were unsure about their role. Scanlon (2001) reported that novice nurse educators experienced “role ambiguity” and many utilized trial and error as a strategy to approach teaching. Scanlon’s qualitative study conducted in Canada indicated that there were opportunities for experienced nurse educators to mentor these novice educators. While being considered as expert nurse clinicians, they felt unprepared for their academic role and feelings of doubt and self-confidence arose. Echoing similar findings, Summers (2017) indicated that formal education was critical to assessing and evaluating students. These expert clinical nurses were grappling with negative feelings of uncertainty and challenged with a sense of isolation and a lack of job clarity and role preparation.

Owens (2017) conducted a USA qualitative research study using Moustaka's phenomenological approach (1994) and interviewed three expert clinicians during their role transition into academia. The purpose was to explore their experience and perception of their learning needs as new faculty. The author identified five themes: (a) development of their clinical instructor identity; (b) perception of similar and different learning needs; (c) incentive and motivation to learn; (d) the necessity of prior and current nursing experience; and (e) the importance of other faculty and resources. In summary, Owens identified that there is a need for further research in understanding the learning needs of a novice nurse educator. There are needs for specific orientation to develop the nursing education competencies to prepare future nurses. Despite the limitation of having a small sample, Owens (2017) provided insight into the learning needs of novice nurse educators. Despite all the qualitative studies, a gap still exists from a Canadian perspective. Clinical sessional or nursing instructors working only in the

clinical setting many be able to function effectively in clinical content experts but could struggle with the role of academic educators and what it entails. Given the growing complexity of the nursing faculty role and the challenges indicated this is a real issue that could continue to impact the recruitment and retention of nursing faculty. As noted the studies above, the crisis in not only with quantify but also with understanding the qualitative experiences. As different institutions take on new strategies to increase supply, it is important to understand the role of novice nurse educators in different contextual aspect.

For instance, the following transitional themes from expert to novice were identified by Dempsey (2007), who used a qualitative methodological approach to understand and interpret the phenomena of meaning behind the novice nurse's experience during this role transition. The aim of this study was not to generate theory, but to get an overall understanding of the role transition experiences. The findings from this study revealed the following themes: feelings experienced during the transition, educational preparation for the role, actual and potential support structures available, hindering factors of the role, and overall transition experience. Participants in this study initially felt less confident and feared the unknown, but with time felt that the experience was positive.

The influence of personal characteristics can also impact transition. Using a purposive sample, Gardner (2014) conducted a phenomenological study with nurse educators to understand their lived experiences. There were eight participants aged 45-61 years old, including one male, who identified the need for retention and recruitment of new faculty as a main priority. The study also indicated the need for support to build capacity in teaching and educational pedagogical expertise, including teaching skills. This study contributed to the body of literature regarding a nursing faculty shortage. But it failed to address how nurse educators can develop their clinical expertise and maintain research and scholarship expectations of expert nurse clinicians, while transitioning into nurse educators within the academic setting.

The Nurse Educator Transition (NET) model was created by Schoening (2013) and identified four phases of role transition: anticipatory/expectation phase; the disorientation phase; information-seeking phase; and the identity formation phase. This qualitative study aimed to generate a nurse educator theoretical model defining the transition of a clinical nurse. This United States grounded theory study utilized purposive and theoretical sampling to gather data from twenty nurse educators to discover the issues associated with the retention and recruitment of qualified nurse educators. This study highlighted the lack of support or formal guidance and mentorship from the nursing program and limited education in pedagogical approaches to teaching and learning. The outcome of not providing mentorship programs for novice nurse educators resulted in faculty attrition.

Similarly, Anderson (2009) conducted a qualitative, naturalistic study interviewing 18 masters prepared clinical nurse experts in the USA, who were transitioning into the nurse educator role. The author used the metaphors of "sitting on the shore, splashing in the shallows, drowning and treading waters" (p.204) to explain the participants' experiences of the realities of the role transition. The study indicated that the role of a novice educator is tremendously demanding and perplexing, while negatively influencing faculty retention.

Factors impacting the transitional experience of novice nurse educators

Faculty shortage in nursing education

The International Council of Nurses (ICN) reports a global nursing faculty shortage that continues to influence global health adversely (Nardi & Gyurko, 2013). Nardi and Gyurko (2013) utilized a meta-synthesizing global systematic review to compare and critically appraise literature addressing the global shortage of faculty in nursing education. A review of 62 publications and 181 recommendations were analyzed, and Nardi and Gyurko (2013) determined multiple issues contributing to the nursing faculty shortage: global migration, retirement, faculty members feeling devalued, low salaries, disincentives, increased workloads,

and lack of overall support in their qualified academic positions. These findings reiterated that faculty shortage was a global issue and the need for increased global capacity in qualified faculty. The study recommended eight solutions, including international cooperative policies and programs, managed migration, education paradigm change, removal of barriers, centralizing data and strategies, stable funding, nursing scholarships, and competitive faculty salaries. In addition, a need for change in the direction and approach to solving this current issue was identified. The review provided an overall analysis of the global faculty issues, but failed to provide faculties' perspectives and the lived experiences of nurse educators about the cause and effect of the faculty shortage.

The diminishing supply of nursing faculty has been acknowledged by many countries, such as the United States and the United Kingdom. Some of the factors contributing to this shortage include increased acuity of patient illness, an aging population, the complexity involved in teaching chronic illnesses, and communicable diseases impacting health. Canada is also facing a similar burden, where the shortage of faculty and the need to recruit expert nurse clinicians into academia to fill vacant positions is a continuing concern for nursing programs (Benner et al., 2010; CASN, 2017; Nowell et al., 2017). Both O'Rae et al. (2016) and Nowell et al. (2017) have indicated as the demands on RNs increase in the Canadian health care system, nursing education needs to take leadership in supporting the development of future nurses working in these complex acute environments.

In the USA, the National League for Nursing (NLN) biennial survey of nursing schools for 2013-2014 indicated that 64% of potential Bachelor of Science in Nursing (BSN) and 41% of doctorate applicants were not granted admission due to a number of constraints, with the lack of faculty being the primary obstacle to expanding capacity. The data indicated that 31% of nursing schools lacked the faculty to teach the BSN and 53% to teach the doctorate programs in nursing. Also, Kaufman (2013) analyzed the NLN annual survey in 2011-2012, indicating that

the problem of the rejection of qualified students had become acute. This concern is in addition to the current nursing profession shortage. She subsequently examined the capacity shortage. According to her analysis, nurse educators should be given formal education to acquire the, “ability to teach particular course work and ability to communicate effectively” (p.205).

Therefore, the current projection numbers and career paths will not provide enough qualified faculty. Some institutions are looking for innovative ways to meet the future demands for nursing faculty. However, RN preparation does not necessary mean that the nurse educators are prepared to possess the specialized knowledge and skill required to teach and the learning theory needed in the academia environment.

In Canada, there are two types of graduate degree that can help the development of nursing faculty in their career path in academia. In response to the clinical needs, the clinical nurse leader degree supports the clinical focused of nurse educators. Whereas, the Doctor of Nursing practice Degree (DNP) is to support the shortage of academic nurse educators. With the shortage of these graduates, many of the baccalaureate programs are recruiting RN with the incentive to recruited them in the master and doctorate programs to fill the faculty vacancies with the hope to increase the graduate of nursing faculty. McDermid et al. (2012) conducted a review of the literature on factors contributing to the shortage of nurse faculty and found the need for further research in providing direction for future exploration of novice nurse transitional experiences. They identified that, despite an abundance of research on faculty shortages, “there is little exploration of their experiences transitioning to academia” (p.565). They further state the need to investigate the methods used to support nurse educators as they transition to the academic environment. In 2016, the same authors conducted a qualitative study indicating that further research is required to explore how to overcome the retention issue, how to support employees, and how to contribute to professional development.

Faculty shortage is also a concern for other allied health professions, including occupational therapy (OT) and physical therapy (PT). The struggle to hire educators in professional healthcare programs is increasing and many institutions of higher education are recruiting experienced healthcare professionals to move into these educator roles. Studies from other allied healthcare professions on the transition into academia indicate challenges with managing the classroom, lack of support, concern over asking for help and lack of clarity of the role. These barriers are similar to those indicated in the nursing education literature. Fain's (2011) study found that moving from being an expert in the clinical field to a novice in academia was also identified as challenging for many OT practitioners who, upon entering academia, lack knowledge of teaching and require more support to navigate academia successfully (Fain, 2011). The OTs reported moving from the practice setting to the setting of the academia was physically and emotionally exhausting, and they faced many obstacles due to their lack of knowledge about the culture of academia. As novice educators, they felt unfamiliar with the language of scholars, resulting in misperceptions regarding employment (Otty & Wrightman, 2013). This influenced their decision not to remain in academia.

Murray, Stanley and Wright (2014) used a constructivist grounded theory qualitative approach to explore the transitioning of occupational therapists (OT) into novice educators. The participants engaged in semi-structured interviews to discuss their transitional process. The findings indicated that the change in work role to educators was complex and involved reflecting on their own beliefs, values, and personal identity. The limitations included the assumptions and biases of the researchers' interpretation of the questions and what they wanted to hear from the participants. These authors proposed that further research about the transition and needs of novice faculty would help to understand and deal with the complexity of transition. Their claims provide insight into the problems and struggles faced during the role transition and outline the need to develop programs and plan to support novice educators (Anderson 2009; Dempsey

2007; Schoening, 2013; Weidman, 2013). The studies indicate the need to understand the support required to facilitate the development of the educator role.

Barriers to transitioning into nursing academia: retention issues

Majority of the novice nurse educators don't have formal adult learning principles and formal education on teaching and learning therefore this has increased work demands and a significant deterrent for transitioning into academia. Without a solid understanding of the transitioning experience, it would be challenging to find ways to identify support for facilitating a successful transition. Socialization to academia are important element, Bittner and Bechtel (2017) conducted a descriptive quantitative study to identify and describe the workload for nursing faculty in the USA. This study showed an increasingly ageing nursing faculty and a decrease in nurses pursuing graduate and doctoral studies, which was concerning and was contributing to the shortage of faculty. The research conducted a 95-item survey to determine demographics, roles and responsibilities, workload, job satisfaction, and mobility and retirement plans for nursing faculty. They found that 51% of survey respondents reported an increase in their workload as a result of the faculty shortage (p. 174). Approximately 32% of respondents were 60 years or older and were likely to retire within the next ten years, and with the critical shortage of faculty, the workload was expected to increase. They also found that 32% of respondents between the ages of 45 and 55 indicated they left work because of not being able to balance work/life issues. Concerning mobility and retirement:

> "respondents who were over 55 years had the lowest rates for likelihood of leaving across all time frames (perhaps because this group had higher rates of being tenured or at least being on a tenure track), whereas respondents 45 to 55 years had the highest rates for likelihood of leaving across all time frames (perhaps because this is a group seeking tenure track status)" (P.174)

These authors predicted that filling faculty positions would become more complicated if nothing were to change. They made several recommendations, including a further investigation into job satisfaction and more significant organizational commitment for increased faculty support. Similarly, Roughton (2013) conducted a cross-sectional analysis using an online survey of 4118 nurse faculty of the factors that supported their decision to leave their nursing faculty position and found that low or poor job satisfaction, lack of a supportive environment, and lower salaries were the main factors for leaving. Due to the low response rate (13%: n = 4118 out of 32000 nurse faculty nationwide), the generalizability of the study to all nursing faculty is limited. The study limitation was not piloted initially, impacting its reliability and validity. Most of the respondents also stated their workload was higher due to the shortage of faculty, an issue which could have also affected the lower response rate with the online survey. The study indicated that 42% of faculty who were in a tenure track position intended to leave in the next year, compared with 64% of non-tenure track faculty planning to leave academia. The study recommended more research on comparing the evaluation of tenure and the need for changes to the tenure systems for retention and ways to improve the work environment that supports collegiality.

An important element to socialization is successful recruitment and retention, as result is important to understand the transition from clinical to academia. Cranford (2013) conducted a study in the USA using an online survey to examine role strain experienced by nursing faculty and their intention to stay in academia. The study had a 56% response rate (262 out of 437 nursing faculty aged 28 to 72). The author found nursing faculty were emotionally exhausted and 11% intended to leave due to role strain. This factor is commonly documented in the literature, but they need to further explore supports during the transition and address workload concerns, which also require further research to better understand faculty development needs (Cranford, 2013; Evans, 2013; Roughton, 2013). The above studies discussed issues with

recruitment and retention, particularly with factors that influence nurse educators to remain in their position. However, these studies did not address the intention to leave and attrition levels, but identified there was a need to further explore the role transition leading to high attrition. In addition, because most of the studies were quantitative, there remains a need for more qualitative research to better understand the participants' perspectives on these issues of retention and support. Similarly, Gilbert and Wormach (2012) conducted a systematic literature review in the USA comparing multiple strategies to support novice educators and found the need to investigate further ways to enhance faculty retention. In order to understand the socialization of novice nurse educator and support novice faculty, I came across the following studies in facilitating this process.

The issues of faculty shortages and retention within nursing programs have driven most of the research conducted with the ongoing complexities of increasing student populations and limited resources. These issues further increase the complexities of the nurse educator entering academia (Sorrel and Cangelosi, 2015). Administrations within academic settings are hiring expert nurse clinicians with little to no teaching experience to alleviate the nurse educator shortage. These nurse educator roles require specialized preparation, skills, and knowledge to prepare nursing students to practice safely and provide quality patient care (Billings and Halstead, 2016).

Brown and Sorrell (2017) made several claims, including identifying the academic environment as intimidating with its own distinct culture, and noted novice nurse educators are frequently unfamiliar with the nuances of academia and may initially experience feelings of uncertainty. Brown and Sorrell suggested that the lack of role clarity and understanding of their new role caused role ambiguity. They argued that unclear expectations of the role and responsibilities posed challenges for novice nurse educators resulting in leaving academia. They identified that regardless of a nurse's clinical expertise, transitioning into an academic role

categorizes them as novice educators where they are challenged to managing heavy workloads and balance the educational responsibilities of assessment and evaluation processes. The lack of formal education of nurse educators is also a contributing factor due to the limited understanding of the fundamental aspects of teaching needed when working with nursing students (Brown and Sorrell 2017). The transitional expert nurse clinicians also face teaching content that is unfamiliar to them despite their clinical expertise or specialization, contributing to a stressful transition process for novice nursing instructors who may already feel anxious about their new role. As noted by Grassley and Lambe (2015), novice nurse educators are often unfamiliar with the day-to-day tasks of an educator. Yet they are expected to socialize their nursing students to the clinical environment and implement teaching strategies that accommodate different learning styles. They are asked to do so despite facing the same challenges themselves because of their own lack of sufficient socialization in the academic setting. In addition, they are assuming the role of teacher without formal preparation or development of core competencies for teaching nursing students in the clinical and classroom environment.

In addition, the Bagley, Hoppe, Brennar, and Weir (2018) study also supported the need for further research on understanding and facilitating role transition from clinical setting into academia. They conducted a qualitative study that examined the barriers of becoming a nurse educator. Ten participants were interviewed using a semi-structured approach. These participants identified the following as barriers: a) the need for higher degree qualifications; b) financial constraints; c) changing workload demands to the roles and responsibilities of the nurse academic; d) time commitment and the nature of the academic environment. Generally, the idea of starting again was scary, and moving into a new faculty role was not desirable. The study also found significant differences between the role of the clinical practising nurse and an academic nurse educator.

The factors that influence recruitment and retention are complex, and the need to be strategic in building nursing faculty capacity to meet the requirements to understand role transition is critical. Evans (2013) conducted a descriptive study in the USA aiming to represent all the geographical regions and included nursing faculty with associate degrees, including baccalaureate, masters, and doctoral nursing programs. The study aimed to identify what the needs of nurse educators were to build the nursing faculty workforce to address the RN and nurse faculty shortage. Altogether, 2083 online surveys were analyzed, and findings indicated that nurse educators valued shaping the nursing profession and could identify effective strategies for retention. According to Evans (2013), participants were able to identify cost-effective recruitment and retention strategies, but felt there was a need for further study on evaluating the recruitment and retention measures and strategic plans to increase faculty supply. Limitations of the study included bias of self-report and the inability to reach participants who did not have access to the internet. Also, the study failed to collect qualitative data to further understand the needs of these nurse educators to retain and build capacity for the shortage in nursing education. There is an opportunity for the current study to fill the gap with rich data on ways to support the nurse educator transitioning into academia within Canada.

In was noted by Laurencelle et al. (2016) that further studies are needed to understand how to facilitate the development of the novice nurse educator, strategies for recruitment, and retention of qualified nurse educators. Laurencelle et al. (2016) conducted a qualitative study using face to face in-depth interviews with 15 nurse educators with either a master's or doctoral degrees, who were teaching in undergraduate and graduate programs in western Canada. Their findings indicated the following themes in relation to what it meant to be a nurse educator: (a) opportunities, (b) wanting to teach, (c) seeing students learn, (d) contributing to the profession, (e) the unattractive, and (f) the flexibility. These nurse educators were interested in, and had a desire to teach, wanting to contribute to the profession. They enjoyed the flexibility of the

workload, however, they found providing feedback to students difficult and failing students had a negative emotional impact. This contributed to leaving their role and returning to clinical work. There is abundant research on the emotional and relational aspects of giving feedback to students (Bearmanf, Ajjawa & Keating, 2013; Black, Curzio &Terry, 2013; Duffy, 2013). These researchers argued for more research to investigate the meaning of being a nurse educator and what attracts nurse clinicians to academia.

Attrition rates for nursing faculty

The ambiguity and fear of not understanding the role and transitional process can lead to attrition and issues with retention and recruitment. Worldwide there is abundant evidence indicating faculty shortages are a critical issue for nursing education, yet there remains a lack of evidence to provide effective strategies for recruitment and retention (Fang and Bednash, 2014; Grassley and Lambe, 2015; Laurencelle, Scanlan and Liners, 2016). Attrition rates of nursing faculty (loss to the nursing faculty workforce) is also identified as a concern by Fang and Bednash (2014), who conducted a study and found attrition rates of full-time faculty from the 665 schools in the USA was 11.8% in one year. In addition, 29% of doctorate level nursing academics were had left academia altogether.

In addition, to assess attrition levels, Yedidia, Chou, Flynn and Tanner (2014) conducted a national survey in the United States with a representative sample of 3,120 full-time nurse faculty members in 269 schools and found that four out of ten participants were highly stressed and reported high levels of emotional exhaustion. Two-thirds of those aged 60 and older were retiring and leaving, while 30.9% aged 51-60 years and 20% aged 50 and below intended to leave their jobs within five years to take early retirement. The study also found that nursing faculty were dissatisfied with workload demands and were experiencing an imbalance between work and family life. Yedidia et al. (2014) claimed that strategies to address faculty shortage in nursing programs must consider faculty workload and work-life balance.

Difficulty in attracting nurses to faculty positions may be the most critical factor affecting the future supply of nurses. In addition, Fang and Bednash (2014) examined the issue of attrition (loss of nursing faculty in the workforce) by conducting a cross-sectional study to analyze attrition of full-time faculty from nursing schools. Out of 665 nursing schools with a total of 15,365 full time faculty 20% (n=362) left for retirement, 48% (n=870) left for non-academic nursing, 4.5% (n=82) left for administrative positions within nursing education, 14.4% (n=260) left full-time positions, and 11.2% (n=203) left part-time positions. An annual 11.8% (n=1806) attrition was reported. In comparison to other health allied professions, Canadian nursing faculty retention and attrition are poorly reported in the literature (Kutsyuruba, Walker, Makhamreh, and Stasel 2018).

Other factors causing challenges for nurse educators staying within academia included juggling multiple roles in clinical practice and academia. A Canadian study indicated that novice nurse educators within the undergraduate programs could experience overwhelming emotions due to unfamiliar experiences with teaching expectations and meeting academic expectations of service and scholarship (O'Rae, Langille, Li, Sealock and Rutherford 2016). Anderson (2009) claimed expert nurse clinicians (ENC) reported high levels of stress, isolation, and insecurity during the first year of transition in the academic setting.

Measuring early attrition among new transitioned nurse educator has been poorly researched in Canada. However, in other faculties such as medical field, where nursing falls under this department, Bucklin, Valley, Welch, Tran, and Lowenstein (2014) conducted a retrospective cohort study measuring attrition rates for medical faculty and found 34% (95% confidence intervals (CI) = 26-42%) resigned within three years of hire. These authors used a 40-question electronic survey measured demographics, career satisfaction, faculty responsibilities, institutional/departmental support, and reasons for resignation. Attrition was associated with the perceived failure of the department chair to foster a climate of teaching,

research, and service (Odds ratio (OR) = 6.03; 95% CI: 1.84, 19.69), inclusiveness, respect, and open communication (OR = 3.21; 95% CI: 1.04, 9.98). Lack of professional development of the faculty member (OR = 3.84; 95% CI: 1.25, 11.81); institutional recognition and support for excellence in teaching (OR = 2.96; 95% CI: 0.78, 11.19). In the study, clinicians and junior faculty members left at high rates. These authors indicated a need for further research on the predictors of early attrition with results that might help schools identify threats to faculty career satisfaction and retention. There remains a significant gap in the literature regarding the factors of job satisfaction and intent to stay in teaching for nursing faculty. Bucklin et al. (2014) study results indicated medical faculty reported the absence of an "academic community" and lack of institutional recognition and support for excellence in teaching and clinical care. There are no conclusive statistics specifically on novice nurse educators about the attrition rates in Canada, however, researchers have found early-career attrition rates for novice educators vary from high to low across provinces and territories and there is a significant gap on attrition for post-secondary novice educators (Clandinin, Schaefer, Long et al., 2012).

The role of nurse educator/ instructor

Bownes (2018) conducted an exploratory study on nursing instructors from the nursing program in Canada and found many programs are hiring part-time nursing instructors, and the requirements include a Bachelor of Science in Nursing and being registered RN with a nursing licensing body. There is no formal or advanced nursing education requirement. There is an assumption that RNs are competent to teach nursing students, with little or no formal preparation. Summer (2017) conducted an integrative literature review and found novice nurse educators were experts in clinical practice, however experienced nurses experienced difficulty transitioning to academia, primarily because they lack a formalized orientation process to the environment. Nurses who are prepared through acquiring a master's degree, and who transition to teaching nursing students, come to the academic setting with excellent clinical

knowledge and skills. However, the role change can cause stress and strain if not managed well. Summer (2017) used the appraisal method and found the majority of research was situated in the United States.

In 2016, CASN reported 62% of faculty employed in Canada were hired part-time with contracts of less than one year. Canadian RNs teaching students in nursing undergraduate programs do not need to have a formal teaching qualification, but they do need to be registered nurses, and a master's degree is preferred. This is unlike the UK, where its professional body, the Nursing & Midwifery Council (NMC), requires their nurses to have formal teaching qualifications to teach nursing students. In Canadian nursing programs it is not mandatory for RNs to obtain these additional courses and professional development requirements before being able to teach or provide learning experiences.

Transitioning nurses from clinical practice into academic was further explored by Jetha, Boschma & Clauson, (2016). They assessed the current research using the rapid evidence assessment method on novice clinical nursing teachers needs for the first year of their teaching practice. The findings indicated the need for professional development and support strategies. Jetha et al. (2016) indicated there was an assumption that novice clinical teachers were competent teachers. The competencies for these clinical teachers included the ability to facilitate learning, development, and aid the socialization of learners, as well as possessing skills in assessment and evaluation strategies. There was a lack of formal education and orientation, which in turn become a barrier to student learning and success. Also, the role of preparing novice nurse educators received limited attention in the literature. Therefore, addressing this gap in the literature by exploring the novice nurse educator's transitional experience is essential. Novice nurse educators need to develop skill sets to engage students and teach them to apply theoretical concepts learned in the classroom setting to clinical

settings, and to provide diverse learning opportunities and accurately assess students' clinical performance.

Consequently, in Canada there is little evidence that identifies the educational needs of expert clinicians becoming novice educators, including the expectations within academia to develop research expertise within nursing practice. Many of the nursing programs in Canada use sessional clinical and nursing instructors to teach part-time. However, to build capacity for permanent faculty an innovative approach needs to be explored. O'Rae et al. (2016) conducted a Canadian study on the evolving role of the clinical instructor and indicated the need to better understand how to prepare and support the expert nurse clinician as they transition into their faculty role. They found that it was imperative to integrate expert nurse clinicians into novice nurse educator roles and that this contributed to success in teaching students to bridge the gap between practice and theory. This prompted researchers to conclude there is further need to better understand the process of this transition, as novice nurse educators may not necessarily grasp the difference in social norms, policies, and procedures, and time frames required within the academic setting.

The literature indicated the existence of barriers in the transition from a practice setting to academia for clinical instructors, and a lack of formal education and clarification of educator role. Many researchers discussed the value of mentoring and orientation programs to aid in the transitioning process from the practice setting to academia to overcome these barriers. However, none of the studies compared their results to those of expert nurse clinicians who were transitioning into academia as nurse educators with the expectation to teach in the classroom and be involved in scholarly activities.

Role transition

There is an abundant amount of literature on the role transition of new nurse graduate into their nursing practice role and also sessional clinical instructors transitioning into academia

(Anderson, 2009; McDermid et al., 2016). But little research has been conducted on the new evolving novice nurse educator role, where the focus is on teaching both in the clinical and classroom setting, alongside its relationship to the substantively revised nursing program and contractual changes. Because this has not yet been addressed, a gap remains in the literature. In order to teach in academia nursing faculty, require specialized preparation, skills, and knowledge to prepare nursing students to practice safe, quality patient care. The new evolving novice nurse educator role, and its contractual changes, present a timely opportunity to understand how the experience of this transition is being perceived.

Sorrell and Cangelosi (2015) also have argued for the importance of further examining the needs of novice nurse educators and the need to further understand the phenomenon of transition during their early years in academia. The issues of retention within the nursing program have driven much of the research in the USA on the transitional experience for novice nurse educators, however, there is a lack of corresponding research in Canada. With the ongoing complexities of increasing student populations and the limited resources and support environments this issue needs research (Billings & Halstead 2019; Grassley & Lambe 2015).

Education preparation and the practicum clinical application of knowledge and skills are critical in nursing education. The clinical experiences bridge the gap between theory and practice, allowing the students to apply and synthesize their learning both within the classroom and in a clinical setting. Expert nurse clinicians transitioning into their educator role can play a critical role in developing the knowledge and skills required for entry to practice competencies for registered nurses and shaping their professional identities.

Some nursing schools are heavily investing in registered nurses to work part-time and assume the role of nurse educator (Billings & Halstead 2019; CIHI 2016). The process of hiring registered nurses with little experience of teaching students to increase capacity need to be further explored (Calvert, 2018). These individuals have years of experience, strong clinical

knowledge and skills and can make a positive impact on the future of nursing students in higher education. However, these experienced clinicians often find the realities of their transition very difficult and subsequently feel discouraged and may ultimately leave these roles as a result (Richez, 2014). Most of the studies in nursing education have focused on the transition of undergraduate nursing students into graduate nurses, but there is little research on the role transition of the experienced registered nurses to novice nurse educators (NNE) (Sorrell & Cangelosi 2015).

One Canadian study on attrition and retention of novice educators in secular education (Kutsyuruba et al.,2018) found teaching in the first year to be demanding and requiring significant energy, commitment, and resilience and therefore, critical for capacity building in early career educators. There is a need for Canadian specific knowledge of novice educator's attrition rates in higher education and more research is needed in nursing education in particular. Clandinin et al., (2012) have argued persuasively to for an increased focus on how to sustain novice educators in post-secondary institutions throughout their careers and to understand attrition because it comes at a cost to educational programs, communities, and is detrimental to student learning. Early attrition may represent an even higher negative return on institutional investment, and consequently the need to better understand the transitional experience of novice nurse educators from their perspective to identify strategies for support and retention. Qualitative data is needed to address the current gap from a Canadian perspective. The next section discusses the use of mentorship and development as part of the socialization process of nursing faculty.

Mentorship and development during the role transition

Evidence suggests that mentorship can impact the transition and socialization in a new role. These relationships can be formal and informal. Mentorship within the literature is perceived as critical for supporting the transition for expert clinicians into their novice role

(Nowell et al., 2015). Mentoring experiences can help novice educators build confidence and facilitate the development of the novice educator role (van Ginkel, Oolbekkink, Meijer, & Verloop 2016; McDermid et al., 2016).

Fong's (2016) study indicated novice nurse educators experience emotional exhaustion due to insufficient support. Fong (2016) showed that lack of support was not only a factor leading to attrition, but she argued, "attempting to alleviate burnout caused by job demands by increasing supportive measures alone is not effective. Nevertheless, it is the responsibility of each faculty member and administrator to restructure the workload, strengthen professional ties, and create personal situations conducive to improved performance and satisfaction" (p.108).

Many researchers discussed the value of mentoring and orientation programs to aid in the transitioning process from the practice setting to academia to overcome these barriers. However, none of the studies compared their results to those of expert nurse clinicians, who were transitioning into academia as nurse educators, with the expectation to teach in the classroom and be involved in scholarly activities. Understanding the lived experiences of these novice educators can mitigate the loss of an experienced health professional and educator. If we do not take the time to understand their challenges this can further perpetuate the faculty shortage.

In addition to mentorship, being self-reflective in one's practice has also been helpful during role transition. Legare and Armstrong (2017) found the use of critical reflection during the transition from practice to novice nurse educator beneficial. Their work was based on Kim's (1999) model of critical reflective practice, and they used this as a protocol to support the transition of novice nurse educators. Therefore, there is value for novice nurse educators to reflect on their transitioning process and make decisions of their own needs, either with a mentor, a peer, or journaling their experience for their own development and growth as a nurse educator. The reflective process would involve both the cognitive and emotional development

of thinking how and where the novice nurse educator would engage in assessing their understanding of their experience.

Schön's (1993) extensive work in this area related to reflection "in action" and "on action" was later adapted by Tanner (2006) in nursing education. The notion of reflection "in action" and "on action" has been criticized by some as being premature because the learner does not yet have sufficient experience and therefore lacks insight into the reflection in action, nor does it stimulate real critical reflection. Greenwood (1993) also criticized the Schonian model, indicating it as an "essentially flawed" (p. 1049) model because it fails to recognize reflection before the action. Edwards (2017) attempts to move the Schonian model from a two dimensional to four-dimensional process, including reflection-before, reflection-in, reflection-on, and reflection–beyond action. She claims that reflecting on these different dimensions can deepen a nurse's understanding and develop their professional practice. Finally, Brockbank & McGill (2007) argue learners could gain a higher level of reflection by balancing what they know, their actions, interaction by exploration, collaboration, and dialogue. In other words, embracing the notion of reflection as "transformative learning" (p. 94).

In reviewing the literature several linkages were identified, which are pertinent to the context of my study. There were similarities found regarding the significant role transition experienced by clinicians in nursing practice as they moved into the role of an educator in the academic context. Much of the research carried out on the transitional experience for novice nurse educators has been driven by the issues of retention and interconnected with the ongoing complexities of an increasing student population and limited resources and support environments. This is similar to the context of my study, as the nursing program decided to hire RNs on limited contracts to teach students because of retention challenges. The difference being that prior to this expert nurse clinicians were only hired on sessional contracts term by term. Previously, those taking on the new and evolving role of the novice nurse educator had

been hired either part time or full time in limited term positions, ranging from 12 months to 24 months contracts. This was a retention strategy and workloads were assigned proportionally to facilitate teaching in clinical setting and classroom settings. In addition, the rationale for hiring expert nurse clinicians into this role was to provide opportunities to fulfil the expectations of the new curriculum and to integrate them as members of the faculty. These ENC were to provide learning opportunities that integrated theory and practice by teaching in the classroom setting, and in a hospital, or community learning environments.

Summary

This chapter reviewed the literature on the role transition from clinical practice to academia. The ongoing issues of faculty shortage, recruitment and retention has been factoring for practicing and academic nursing. Many of these nurses are needed to fill the faculty position and lack proper preparation for the role. The research literature on transitioning ENC into NNE into clinical and academic setting has been widely explored in scientific literature yet many of them continue to find the transition difficult. Although the majority of the studies were conducted in the United States, the issue of faculty shortages is worldwide. Much of the current literature on novice nurse educator from Canadian perspective on nursing faculty shortage and recruitment is from positivistic/quantitative approach. The retention of new novice nurse educators is a critical element to meet the demand for future registered nurses. In Canada, nursing faculty have the potential to impact the health care system and contribute both to academia and the profession of nursing (McDermid et al., 2016). Understanding the NNE lived experience transitioning into academia is warranted from an individual perspective in Canada as we see the issues with supply and retention.

Therefore, this IPA in-depth study will explore the transitional and teaching experiences of novice nurse educators and examine the strategies they use to try and adapt and succeed in nursing education. The current challenge in nursing education is faculty retention, but as

nursing programs start to tackle this issue and hire expert nurse clinicians to teach in academia, the findings from this study will provide an understanding of the challenges of novice nurse educators and hopefully provide ways to support them. Hence, from a research perspective there is a need for an increased Canadian qualitative perspective to understand ENC transitional experiences. Additionally, if using ENC to teach both in the classroom and clinical practice is a good strategy, it will also be necessary for retention and capacity building purposes in nursing education. This research will fill the gap in understanding the challenges expert nurse clinicians face when moving into teaching roles within an undergraduate nursing program. It will also explore ways to respond to faculty shortage and retention issues by hiring expert nurse clinicians in a contractual limited term position to facilitate the integration between theory and practice, in both on and off campus settings, (O'Rae, Langille, Li, Sealock & Rutherford 2016) versus the traditional approach of hiring sessional clinical instructors. With no evidence in the literature to support the development of a clinical instructor role, within an integrated, context relevant curriculum, I leveraged an opportunity to explore this transition.

Chapter Three: Methodology

Introduction

This chapter explains the rationale for using interpretative phenomenological analysis (IPA) as the research approach for this study. Following this, the purpose of the study will be outlined, along with the research questions, the research design, the target population and sampling method, the data collection procedure, the pilot study, the data analysis procedure, the limitations of the research design and credibility and ethical considerations related to the study will be discussed.

Research rationale and relevance

An interpretative phenomenological analysis (IPA) methodology was selected as the most effective way to answer the research questions in this study, with in-depth interviews chosen as the preferable data collection method for data analysis. IPA is a qualitative research approach developed within psychology with an idiographic focus designed to explore personal lived experiences (Smith, Flower & Larkin, 2009).

IPA involves a "detailed examination of personal lived experiences, and how participants make sense of that experience" (Smith et al. 2009, p. 9). It draws on accounts of individual experiences in a given context and offers to provide meaningful insight into particular phenomena. Smith et al. (2009) describe this approach as a contemporary methodology with the process being "exhilarating, demanding and stimulating" (p 36). The IPA approach was chosen for this research study because of its capacity to facilitate a rich investigation into the experiences of novice nurse educators and how they make sense of their realities. It likewise provided a means of studying the phenomenon of role transition within the context of the academic setting (Smith, Hallowell & Lloyd-Fitgerald, 2017).

Due to the existing nursing faculty shortage such understanding is essential for the future and direction of this nursing program and their approaches to effective recruitment

strategies. Examining the multifaceted phenomenon of role transition, capturing the voices of participants, and their complex description and interpretation of the realities of their transition will contribute to informing the development of approaches for recruiting and retention. It will also add to the existing body of IPA qualitative research. Finally, the lessons learned can be applied and recommendations can be made for changes in the ways expert nurses are supported during the transition into academia. Gibbs (2014) specifies how exploring lived experience creates powerful knowledge that can inform the practices of the profession and have a significant impact on evidence-informed policy development.

The IPA approach is also suitable for this study because of the detailed micro-analysis it provides for small number of individuals (Maddison, 2015). In addition, the approach can explore the nature of key life transitions, such as from clinical into academia and clinician into an educator.

Purpose of the study and research questions

The purpose of this study was to understand the essence of the role transition phenomenon of expert nurse clinicians as they transitioned into the role of a novice nurse educator during their first year in an academic setting. The following research questions were designed, based on the IPA approach, to guide the study:

1. What are the experiences of expert nurse clinicians transitioning into novice nurse educators during the first year of teaching in an undergraduate nursing program in one university in Western Canada?
2. What are the approaches and supports needed for novice nurse educators during the first year of transition?

Research Methodology: Design and Approach Qualitative Methodology

The IPA approach examines how people make sense of their lived experiences and how individuals interpret the meaning of their life experiences. Smith et al. (2009) indicated, “IPA as

a phenomenological approach…is concerned with exploring experiences in its terms" (p.1). IPA has been used in psychology and health sciences research. The exemplary method for IPA requires flexible data gathering methods that engage participants in a dialogue. This dialogue is founded on principles of interpretive hermeneutics, which uncover meaningful context and perceptions of the individual experiences and its connections in depth and detail.

The three methodological influences that IPA draws from are the following: a) phenomenology, b) hermeneutics, and c) idiography.

Phenomenological Approach

A Phenomenology is a philosophical approach that addresses the nature of knowledge. The approach attempts to comprehend the reality of the participants' viewpoint and experience of the transition (Smith et al., 2009). The objective of using IPA is to expose the hidden meaning of participants' experiences and to both unpack and unfold those experiences within the context of their perceptions of connectedness to the world and others around them (Larkin, Watts, & Clifton, 2006).

The primary intention in this study is to explore the novice nurse educators' constructions of their "lived-world" (Van Manen 2007, p.18). This approach involves a "detailed examination of the participant's lifeworld; it attempts to explore personal experience and is concerned with an individual's personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself" (Smith 2009, p. 53). Such an approach also places an emphasize on the researcher's insider's perspective. So, the participant is trying to make sense of their transition and, as the researcher, I am trying to make sense of the novice nurse educator's experience from an interpretative stance. Thus, a two-stage interpretation process is produced, which is referred to as double hermeneutics.

The intention was to listen to these novice nurse educators' accounts of their transitional experiences, allowing them to express and share what they went through. I aimed to listen

attentively to how they perceived and interpreted their feelings and then tried to see through the participants' lens how they viewed the phenomena of transitioning from expert to novice. The systematic process of analysis allows for more in-depth insights into the realities of each of the instructor's way of being and the everyday reality of their being novice nurse educators. This approach to research enables participants and the researcher to engage together in understanding the phenomenon of transition. The process involves considerable reflection, thinking, and feelings from both the participants and the researcher. The attempt to make sense of phenomena takes the researcher into the hermeneutic approach. The detailed IPA analysis is concerned with how meanings of the transition are constructed by the participants within both social and personal events. This type of analysis is trying to understand the experience of the participants. However, there is an assumption that knowledge is not an absolute, but resides in these individual experiences and interpretations of them, and therefore, is constructed by the individual.

Hermeneutics Approach

The second underpinning of IPA is the interpretative process. 'Hermeneutics' is a term derived from Greek, meaning "to interpret [where] one needs to comprehend the mindset of a person and their language... in order to translate their experience of the world" (Pietkiewicz & Smith, 2014 p. 8). The researcher has a dual role in undertaking the interpretative endeavour. This is accomplished by the researcher through the use of a series of activities, such as coding, linking connections, and looking for patterns, for the purposes of finding meaning in the phenomenon.

In my study not only was the researcher trying to find meaning, but she was also examining the data from a critical perspective, questioning the hidden meaning and attempting to determine what the individual was trying to achieve. As a researcher I was then engaged in a double hermeneutic process, a dual role, which required me to employ the same mental and

personal skills, and similar capacities to that of the participants. But, while doing so I was also being self-conscious and using a systematic method of analysis. An effort was made to gain meaningful insights into the participants' experiences in order to provide a concentrated and extensive analysis. This process required a detailed examination of each participant's experience, thus moving into the ideographic approach.

Idiographic Approach

Lastly, IPA also focuses on the nature of individuality. It takes into consideration the meaning of something for each person, instead of making general claims. Smith et al. (2009) identified idiography as, experience (that) is uniquely embodied, situated, and provides a relational phenomenon perspective, which offers us and relational phenomenon, which offers us a concept of the person which is not quite so discrete and contained (p. 29). This approach focuses on the individual's narrative and "does not eschew generalizations but rather prescribes a different way of establishing generalizations" (p.31). It depends on the individual's subjective experiences, motivation, values, and unique way of viewing the world. Their understanding of the reality of a situation may vary from one person to another, and the researcher can gain a deeper understanding of their experiences.

Strengths and Weakness of IPA

The strength of the IPA approach is in its step-by-step technique for examining the detailed analysis of the lived experiences for a small number of participants. Through the use of techniques like in-depth interviews IPA provides open-ended inquiry opportunities to collect rich, detailed data.

IPA is criticized for being too ambiguous and lacking standardization. However, Smith et al. (2017) have argued IPA uses hermeneutic, idiographic, and contextual analysis to understand the social-cultural domain of people's experiences. Creswell and Poth (2017) have persuasively argued for the biased nature of any qualitative investigation, whereby researchers

can have trouble with assumptions and biases. They can also have difficulty in disconnecting their observations and interpretations from their presumptions, and can struggle to remove themselves from their explicit beliefs.

Velicer (2010) criticized the approach because the use of idiographic approaches has limitations and can be seen as unreliable and producing data with low validity (Velicer, 2010). Johnson, Burrows, and Williamson (2004) also criticized this approach and indicated the IPA was complicated and made assumptions regarding the construction of knowledge. Nonetheless, IPA does not only focus on the articulation of the phenomenological approach, but aims to provide a detailed analysis of the divergences and convergences among participants, capturing the richness of the personal narrative and a synthesis of the phenomena studied (Smith et al., 2009).

Study Design and Process

Target population

The target population for this research study included novice nurse educators transitioning in academia from clinical practice settings in one western Canadian university hired into limited term position. There were about 77 nursing faculty members, out of these, 40% were hired in the limited term position as a recruitment and retention strategy for progression into full time faculty in tenured positions. A total of nine novice nurse educators with limited term positions participated in this study. Due to the nature of IPA's detailed analysis, a small population sample is recommended. This allows for sufficient in-depth engagement with participants. All the interviews were conducted with participants in their first year at one western Canada academic educational institution. Both the participants and the researcher were from the same educational institution. Therefore, it was essential for ethical reasons to exclude any participants with whom the researcher had connections, either teaching, or professionally. To

get a better understanding of the individuals experiences within this context, participants who had left within their first year, were also invited to participate.

Sample

The study utilized a purposeful sampling approach rather than probability methods. Green and Thorogood (2009) explain purposeful sampling as a strategic, systematic method used to identify participants. Miles and Huberman (1994) recommended using this approach because it is convenient, cost-effective, feasible, and less labour-intensive. Purposive sampling was applied because this method allowed the selection of participants best suited to understand the role transition phenomenon. An invitation with the study information (Appendix 1) and informed consent forms **(**Appendix 2) were emailed to all eligible novice nurse educators, with a follow-up email reminder to all interested participants. The risks and benefits of participating in the study were shared with each participant. The informed consent form disclosed my contact information with confidentiality procedures, including the right to anonymity and protection of their name and contact information.

IPA focuses on the details of the individual's unique experiences (idiographic) and thus can use a small sample. Smith et al. (2015) recommended four to ten participants to reach saturation adequately. The number of anticipated participants was determined according to the best practices for the IPA study. The anticipated sample size for this study was about 10 participants. Sampling in IPA is concerned with the richness of the data, requires several participants, and an adequate sample size that sufficiently answers the research question**.** O'Reilly and Parker (2012) argue that if saturation has not reached this means the phenomenon has not yet been fully explored, rather than concluding the findings are invalid. Therefore, the limitation of sampling adequacy needs to be transparently reported. Therefore, saturation is not determined solely based on the number of participants, but the appropriateness of the data. As discussed in section 3.4.1, an iterative process of analysis was conducted using the double

hermeneutic process in IPA. I was continuously interpreting the participant's narrative insights and uncovering the emerging story to meet the aim and answer the research questions. Therefore, the participants' narratives were continuously interpreted during the data analysis until no new information or themes could be identified.

Participant recruitment

Participant recruitment started after the ethics board approval was received from both the University of Liverpool VPREC and the Western Canadian University Conjoint Health Research Ethics Board. I met with the nursing practice course coordinator and reviewed the study protocol with her. The nursing practice course coordinator then sent an email to all the novice nurse educators teaching in the clinical practice courses with the participant information sheet, consent form, and the recruitment email (Appendix 3). The participants, who met the inclusive criteria were then purposely selected. The data collection occurred simultaneously with the data analysis. Therefore, to reach saturation, generate quality and richness in the data, nine novice nurse educators were interviewed. Two groups were targeted for this study. The first group were NNE who intended to continue teaching after their first year and the second group were participants that intended to leave after their first year of teaching.

Box 3.1

Inclusion and exclusion criteria for participant selection

Inclusion:

- No previous experience in teaching in an academic setting
- Five years or more of clinical experience as an RN in the clinical setting
- Novice nurse educators who are currently in their first year of teaching
- Novice nurse educators teaching in the classroom setting (theory and practice)
- Novice nurse educators who had recently left within their first year of teaching
- Self-declaration about not have previous history of mental health that could impact progression of transition
- Novice nurse educators either part-time or full-time limited term employed at this one Western Canadian University
- Must hold a bachelor's degree in nursing and may have a master's degree in nursing

Exclusion:

- Less than five years of clinical experience
- Had previous teaching experience as clinical instructors in academic setting

- Known to the researcher either personally or professionally

Data Collection: In-depth Individual interviews

The most common research instrument for data collection used in IPA is an interview where the researcher has "a conversation with a purpose" with participants in the study (Smith et al., 2009, p. 57). The face-to-face in-depth interviews used questioning to seek a deeper understanding and insight into the participants' lived experiences of the role transition phenomenon. The interview relied on linguistic rather than numerical data and open exploratory questions rather than closed-ended questions. The interview protocol was formulated around a series of questions intended to lead conversation by focusing on meaning and sense-making of what happened during and around their transitional experience. Smith et al. (2009) recommended creating questions that aim to focus on people's experiences and understanding of the phenomena. The open-ended questions utilized for this study aimed to encourage the participants to tell their stories in their own words. They were created based on the literature review. (See Box 3.3).

Box 3.3

Interview Questions

- Please tell me what motivated you to want to move from clinical practice to teach nursing.
- How would you define a novice educator? Expert clinician? Where would you place yourself from the spectrum of an expert to a novice educator?
- Tell me about your transitional experience from nurse clinician to nurse educator?
- Tell me about your experience that has supported the transition?
- Tell me about your experience that has caused challenges to the transition?
- What are the similarities and differences between your role as an expert clinician and novice educator?
- How did their similarities and difference affect the transition?
- Did you encounter any barriers during your transition? If, yes, please tell me more about them.
- Describe your experience with regards to:
  - Workload
  - Support and mentorship
  - Coping with transition

- What strategies have you used to support your transitional experience? What were the activities helpful? Not helpful?
- Did you feel fully prepared for the nurse educator role? In what ways and what would you need to get support educationally for your role?
- Tell me if you felt that you were educationally prepared to teach nursing students. In what ways and how are you building your capacity as an educator? Is this formally part of your transition?
- Identify barriers to support, resources needed for your role as an educator.
- What would you need to fully feel prepared for the faculty role?
- Did you formally seek mentorship to support you? Tell me more about this.
- What would the mentoring process involve? Collaboration? Professional guidance?
- Looking back at your experience, what are your recommendations to support novice educators during the transition from clinical to academia?
- Has your transitional experience influenced your development towards tenured nursing education? In what ways?
- What supports would you need towards development as a tenured nursing educator?
- If you were advising someone just starting, what recommendation would you give them?
- Is there anything else you would like to add?

Smith, Flower & Larkin (2009) stress the importance of piloting the interview questions with the first two participants and then refining questions for the remaining interviews. Consequently, this was the process followed. This process ensured the rigor of the questions and provided an opportunity to make certain the questions met the objectives of the study and were comprehensible to the participants. After piloting the interview questions, I found I was engaging the participants in richer dialogue. I became better able to probe the participants' responses, which led to the surfacing of interesting and important data. Therefore, I used this list of questions as a series of prompts, which allowed the conversation to be more natural and facilitated and built rapport, allowing for far greater flexibility. I found this allowed the participants to speak in-depth about their transitional experiences and produced richer data. The following is an extract from my reflexive journal that captured my initial experience with the first participant during the interview process.

Box 3.4

My reflection of the data collection process

I found the experience of conducting the interviews most rewarding. In the beginning it was important for me to develop a rapport with the individual and create a space where trust could be established. Initially, we both were nervous. But after chatting we were able to connect and begin the conservation. The interview guide was there, but I found it easier to format the interview in

conservation and take the active role through attentively listening and probing when needed. I found my skills from nursing practice beneficial during the interviewing – I took my time, which provided the individual with time to reflect and think about what was being asked. As I interviewed more participants, I found that I did not always follow the sequencing of the interview guide, but followed what the participant was saying and was able to capture their stories on transition and their development process. I was careful not to overwhelm the participant, and there were times where they wanted to talk about their difficulties, and towards the end, were grateful for someone to listen to their transition. Smith, Flower, and Larkin (2009) viewed interviews as an interaction between the participant and researcher that allows the participant to provide a snapshot of their lived experience. By allowing time to reflect on questions, richer and fuller data can be gathered, and participants are able to articulate their experience and how they make sense of it. They caution the researcher to avoid the common error of sharing personal experiences and judgment, but allow for silences where it cues for the participant to speak about their own experiences and beliefs.
Reflecting on my experience interviewing the participants, I found that with experience, I got better at it. There were some interviews, in fact, where I barely spoke, and participants were able to talk about their experiences and what they were going through more freely. After each interview, I was able to write a small memo regarding the experience, so that I could revisit this during the data analysis process. The IPA process is designed to allow the researcher to be more reflective on the engagement with the participant account, and to analyze and try to make sense of what they might be thinking.

Ethical considerations

Ethical approval was sought and obtained from both the University of Liverpool VPREC (Virtual Programme Research Ethics Committee) and the Western Canadian University (pseudonym) Conjoint Health Research Ethics Board (Appendices 6 and 7). Before any data collection process started, all the informed consent forms were signed and stored securely to comply with the guidelines of the research ethics boards**.** Participation information and consent forms were reviewed with each participant and permission granted. The interviews were recorded via audio and transcribed for accuracy. This was an essential step for me as a novice researcher in order to be diligent about the process of the interview. Data collection occurred at the Western Canadian University and pseudonyms were used for each participant. The information collected during the interview was stored in a password-protected device and the consent forms in a securely locked cabinet. All participants had the right to withdraw from the study, without any consequences, at any time.

Data Analysis: Interpretative Phenomenological Analysis

IPA is an interpretive process, which encourages the researcher to go beyond and take a more in-depth look at the analysis of the content. Charlich et al. (2016) noted the importance of being aware of my assumptions, beliefs, and values in an interpretive paradigm perspective. This positions me in a process where I can understand the underlying assumptions during the process of analysis. This is an important step in the data analysis, as mentioned by Morris, Leung, Ames, and Lickel (1999). The role of the researcher, as a nurse academic, can provide an *emic* (insider) perspective. But the data is not based on my personal opinion or preconceptions, but rather is from the participants point of view and what it is like, for them, to be in their position. Being transparent in a systematic IPA process provides for the formulating and generating of emerging themes within the chain of evidence.

IPA originates from a field of inquiry searching for personal meaning. According to this approach, human beings are not passive perceivers of their reality, but rather, each has a story to tell, including how they interpret their experiences and how they make sense of them (Smith et al., 2009). The steps required of by this approach included reading and re-reading transcripts, initial noting, and the exploration of the narratives, identification of clusters of emergent themes, and searching for connections, looking for patterns, and generating a master list of themes.

Reflexivity was noted through documenting my own analysis and discussing the annotation with my supervisor. This helped me to keep my personal opinions and values in check, as is necessary for an IPA study. Furthermore, I needed to ensure all data was inductively derived from the IPA research process and was faithful to the realities of the participants. Therefore, taking direction from previous studies, using written memos as documentation was critical throughout the process of data analysis (Duffy, 2013). Larkin, Watts, and Clifton (2006) indicated IPA will always be indicative and provisional, rather than absolute and definitive. No matter how hard I try, I cannot completely escape the contextual basis of my

own experience and my own understanding of the role transition phenomenon. I needed to consider this prior to the process of interpretation and emerging meaning. Therefore, it was important for me to understand that my own experiences provided me with insight, but also influenced the analysis and interpretation of the participants' narratives. During the data analysis and engaging with the text, it was important to be explicit about my perspective of the analysis and receive peer feedback and dialogue with the participants again to validate the role transition phenomenon.

Consequently, after transcribing all the interviews, I reflected upon my own preconceptions about the data and attempted to suspend these in order to focus on the participants' responses. I used the seven steps originating with Smith et al. (2009) to analysis the data. Transcripts were all coded in detail, and there was a process of going back and forth between participants to identify any connections and reoccurring themes. These included identifying ideas, feelings, emotions, as well as the meaning of role transition to each participant. The themes were grouped again in superordinate themes, capturing the participants' emotions, feelings, and thoughts about role transition. The final set of themes were then identified.

The credibility of an IPA study is ensured by recording accurate descriptions, drawing inferences, explanations, and by being transparent during interpretation of the data. Yin (2009) indicated useful strategies such as peer review, informants' validation, and reflexivity as means to "ensure the trustworthiness, credibility, and dependability of qualitative data and analysis, often focusing on ways of avoiding researcher bias, inconsistency, or misinterpretation" (p. 122). I implemented strategies to attain rigor with the data analysis by incorporating external reviewers, checking perspectives, and allowing the participants to validate the data to establish the trustworthiness of the study. In addition, I submitted abstracts to peer-reviewed conferences, presented at the conferences, and documented a personal diary of my own perceptions to increase the authenticity of the work. The personal diary included questions, my

personal thoughts, and feelings about the data and the research process. Through the personal journaling and checking with my peers and participants, I become aware of my own biases. Rigor would depend on how well the research design and the theoretical framework were used to analyze the data and findings of the study. To ensure greater transparency and authenticity in the research process I discussed findings with my colleagues and verified interpretations of the data with the participants. Similarly, to ensure quality I had to conduct the analysis through a critical and strategic process using multiple steps for analysis, with reference to the research question. The systematic process increased the credibility, authenticity, and transparency of the study. I was continually assessing and validating the findings by interpreting the narrative stories told by the novice educators until my data reached saturation.

I wrote memos and was self-reflective about the experience. I was able to articulate, with my supervisor, the initial findings and record my reflections and thoughts during the data collection and analysis phases. This was a valuable means of avoiding my own biases, assumptions, and judgments. It was essential, despite having gone through my own transition, not to permit this to cloud my judgment of what the participants were saying about their experience.

IPA's step-by-step levels of interpretation, with the process of phenomenological reflection, allowed me to be mindful rather than objective and this was important to mitigate assumptions and bias. Radnor (2001) stated research integrity and strength lies in trust and good interpretive study by the researcher. This involves going through the process of uncovering the multiplicity of the individual perceptions in order to increase understanding of the phenomena studied. Yin (2009) advocates a systematic process and rigorous procedure, which includes auditing and documentary trails.

In response, I have attempted to present explicit and comprehensive evidence from the data, which include audit trails of decisions made to provide coherence and to show the

pathway from the raw data to my attempts to answer the research question. Nevertheless, the rigor lies in the consistency between the aims of the research and understanding the assumptions and biases of the researcher - in showing the transparency of all judgments, the data gains merit and genuineness (Hodgkinson and Hodgkinson, 2001). Using this rigorous systematic process allowed me to explore the complexity of the participants' responses and organize the data analysis in a clear structure. This interpretative paradigm was well suited to recognizing multiple realities through a participant's lens. As well, being reflexive throughout the process was imperative to the decisions made regarding the nature of knowledge and nature of being.

To increase the robustness of the data analysis process, reflexivity is essential to demonstrate rigor, and researchers are required to explore and apply the concept of reflexivity (Engward & Davis, 2015). There are some distinct differences between reflexivity and reflection. Reflection is a process where the researcher is looking back to gain an understanding and insight, whereas reflexivity is where the researcher is more self-conscious about their decisions and how prior experience may silently influence and bias their research work (Engward & Davis, 2015). The adoption of a reflexive stance allows for transparency and openness to the decisions made in the analysis process, and it enhances the quality of the research. According to Schwandt (2001) reflexivity is a "process of critical self-reflection on one's biases, an acknowledgement that the enquirer is part of the setting, context and social phenomenon he or she seeks to understand'. Reflexivity is also a means for critically inspecting the entire research process" (p. 224). Therefore, I was intentional in revealing the underlying epistemological assumptions of this research, formulating a set of questions, seeking answers, and finally presenting findings to the participants for validation.

As a novice researcher, engaging with the interpretive act by recognizing how one's personal perspective impacts the analysis of narrative may be complicated and requires one to

be more self-conscious, including questioning potential ideological and power relationships and questions of representation and authority. The process also involved checking and rechecking written transcripts with the audio recordings to enhance the credibility of the analysis and understandings of text and dialogue of each participant. I also had regularly scheduled meetings with my supervisor to check the findings, reduce potential bias, and further develop rigor in the study. Box 3.5 is an example of my reflection on the data analysis process

Box 3.5

Extracts from my reflection on the data analysis process

During the data analysis phase I read and re-read, as I sought to process the data. I wrote exploratory comments and moved back and forth through the whole transcript, trying to piece together and unfold what the participant's experience was. This process was daunting and challenging, but with time, it allowed me to get familiar with the data. As a novice researcher, this process was difficult at times, as I felt overwhelmed and anxious about the amount of data. I was uncertain at times. However, the apprehensive feeling eased with time. Organizing my data analysis process by using the IPA framework was beneficial and provided insight for me on how to build my capacity and knowledge around the hermeneutic process. I went through the text repeatedly to understand the participant's views and their meaning(s). The steps of the IPA analysis "fostered a sense of manageability" (Smith et al., p.81), which helped me to build confidence and competence during this phase. By listening to the participants' verbal descriptions, I reflected on my understanding of each of the lived experiences. I found that being reflexive involved me having an internal dialogue with myself and questioning my values, beliefs, assumptions and biases. I needed to be aware of my own conceptual framework and where I fit into this process. Being a nurse educator myself, I needed to be mindful of my own transitional experiences, internal lens, and thinking process, which would influence the research process. Being aware of my own role in this research process allowed me to further reflect on my own transitional experiences a novice nurse educator and acknowledge how this could influence the data. As Smith (2009) indicated, the approach to IPA involves the detailed examination of the participant's lifeworld. It attempts to explore personal experience and emphasizes the active role of the researcher and the dynamic process this creates. Therefore, the IPA process is a two-stage interpretation process or a double hermeneutic.

Summary

IPA is concerned with exploring the lived experiences of the participant and understanding their perspectives on the social world and seeks to understand how they make sense of their personal transitional experiences. I sought to understand the transitional experiences of novice educators using the rigorous systematic IPA methodology. I took the

responsibilities seriously of ensuring the participants provided informed consent and conducted the study with due regard to the ethical principles underpinning research. The next chapter will discuss the seven steps of IPA, along with the findings produced.

Chapter Four: Presentation of findings of role transition for novice nurse educators into academia

Introduction

This chapter will focus on the detailed narrative of the study's findings. The findings are based on the research questions pertaining to the role transitional of expert nurse clinicians to novice educators during their first year of teaching in an undergraduate nursing program. The data was generated by interviewing nine novice nurse educators. The narratives of the participants are powerful and provide access to a deeper understanding of the impact of the transition from clinical practice into academia. The participants appeared to speak honestly about their experiences and the impact of transitioning from being an expert to becoming a novice once again. In order to situate the study, participant demographics and the context and background of the undergraduate nursing program will be discussed first. In addition, the teaching and learning environment will be described to provide further insight into the participants' transition as novice nurse educators.

Participant Demographics

The participants in this study were from one western Canadian university setting. In total, nine participants were interviewed about their lived experiences during their transition. All of the nine participants had to fit the inclusion criteria and had taught in both the clinical and classroom setting. All interviews were conducted from April 2017 to July 2017. The participants were all female, aged 30-60 years old; seven (77% N=7) were between 30-40 years of age, one (11% N=1) between 40-50 years, and one (11% N=1) participant was over 50 years. All the participants were RNs, three (33% N=3) had a master's in nursing, with one participant (N=1) being a doctoral student. All these participants were hired in limited term contract position for one year with annual renew option. There were three groups identified in the findings. Group1A indicated (44% N= 4) of NNE's that continued to teach after their first year, Group 2A indicated (22% N=2) NNE's who had already left after teaching term one and Group 2B (33%

N=3) of NNE's intended to leave after teaching term one and two. Altogether, five out of the nine participants (55% N=5) did not want to continue with their transition after the first year of teaching. See Box 4.1 for details.

Box 4.1

Total number of Novice Nurse Educators interviewed

Total number of NNE interviewed	Group 1A intended to stay	Group 2A Left the academia after one term of teaching	Group 2B Intended to leave	**Total number of NNE that did not continue with transition and intended to leave after term 1 and 2**
N=9	N=4 (44%)	N=2 (22%)	N=3 (33%)	N=5 (55%)

All of these expert clinicians were teaching in a clinical practice course, which included hospital, long-term care, home care, clinics, and the academic classroom setting. They had a wide range of expertise in nursing practice, which included acute care, chronic care, long-term care, and community environments. The participants taught second and third-year nursing students in the Bachelor of Nursing program. The novice nurse educators in this study were teaching in an integrated curriculum, which threaded practice, competencies, and context through each course, across every term. The teaching and learning included teaching on campus in learning environments that supported integrative thinking. The teaching requirements included being knowledgeable about the new curriculum, having expertise in the content area, and the capacity to apply knowledge to the clinical setting, all while keeping current with changes in practice. All nine expert nurse clinicians transitioning into the academic environment had no prior teaching experiences with students, as indicated in Table 4.1 below.

Participants openly shared their experiences. One of the participants was particularly grateful this research was being done and expressed the need for change with regards to the lack of support provided for NNEs. This participant felt that talking about her experience was helpful, as she had left her position as an NNE without debriefing about her experience.

Pseudonyms have been used for all participants in order to protect their confidentiality.

Table 4.1

Participants Demographic

Pseudonym	Age range	Education level	Clinical Expertise	Years of teaching	Clinical teaching	Theory classroom Teaching	Intent to Leave academia after 2 terms
Mary	30-40	MN	Pediatrics and neonatal medicine	<1	Yes	Yes	No
Anne	30-40	MN	Acute adult medicine	1	Yes	Yes	No
Rose	30-40	MN	Pediatric and neonatal intensive care (NICU)	<1	Yes	Yes	Yes, after term 2
Pat	40-50	BSN	Acute adult intensive care unit (ICU)/Emergency department (ER) medicine	1	Yes	Yes	Yes, after term 2
Sofia	30-40	BSN	Acute adult medicine	<1	Yes	Yes	No
Racheal	30-40	BSN	Older adult health	<1	Yes	Yes	Yes, after term 2
Tanya	30-40	BSN	Acute maternal child health	<1	Yes	Yes	No
Barb	30-40	BSN (PhD candidate)	Community Health Nursing: maternal child health	1	Yes	Yes	Yes (had already left after term 1)
Margaret	50-60	BSN	Community Health Nursing: maternal child health	<1	Yes	Yes	Yes (had already left after term 1)

Note: Bachelor of Science in Nursing (BSN), Master's in Nursing (MN)

IPA step-by-step analysis process

Step 1 – Reading and re-reading

I immersed myself in the process of listening to the audio recordings of each interview, transcribing the text, reading, and re-reading the original data so as to achieve a sense of what the participants were saying about their experiences. This process provided me with an insider's perspective (Smith et al., 2009). When I sat listening to their voices, with the transcripts in front of me, I gained a richer understanding of what participants were really saying about their experiences. This process of both listening and reading allowed me to gather valuable data, as I compared their tone of voice with the written transcripts. Smith et al. (2009) describe the analyzing process as "illuminating and making sense of something" (p. 36). This process was nonlinear, and therefore, I moved through different phases to deepen the analysis. After each of these phases I revisited the original transcripts.

Step 2: Initial noting and exploratory comments

I reviewed the initial transcribed data and reduced it by omitting the interview questions and distracting words like "um", and "ah". I then read the entire description of the participants, so as to start exploring semantic content and began writing notes in the margin. At this point I started to make meaning units for the purpose of beginning to discover how the transition process was being experienced and understood by the participants. I wrote exploratory comments throughout each phase of the data analysis. Software NVivo 11 was also utilized to further aid my analysis. This software was useful in organizing and preparing my data to identify relationships, behaviour patterns, similar practices, and strategies (Cohen, Manion, & Morrison, 2013). The transcripts were easy to move around by cutting, pasting, and dragging into the coded nodes, allowing me to see the small extracted data more efficiently. This process ensured quality and rigor because I was able to generate emerging themes and write memos on the software, including the definition for each node and theme. I also listened to the original

audiotapes when rereading the data, reviewing themes, defining terms, and naming nodes and codes that related back to the research question. This process helped me to construct an account of the analysis (Braun & Clark 2006). Box 4.1 provides an example of the initial comments of one of the participants, Rose.

Box 4.1

Example of Initial comments (ROSE):

Transcript	*Exploratory comments*
I…did not get any preparation for the role or know whom to talk to about whether I was doing an effective job teaching the students.	• *Lack of preparation* • *Not knowing who to reach out or talk to* • *Question oneself*
…. cause there's not much guidance at all as to how to do	• *Lack of guidance* • *How to do things?*
I am still deciding whether…teaching in academia is my overall goal	• *Is teaching for me?* • *Questioning oneself* • *Still unsure about teaching in academia*
There's a lot of extra work involved that's maybe a bit of a barrier for me from wanting to continue.	• *extra work (being a barrier)* • *not wanting to continue*
The need for support for instructors really highlighted…there is a gap and maybe if I come in and become part of the faculty then I can feel a little bit more immersed in it and help to work towards improving that.	• *Lack of belonging* • *not feeling part of the faculty*
Has limited experience with it and has to have the theoretical knowledge behind them to …to teach others to teach students how to be a nurse, but doesn't necessarily have the instructional knowledge of how to do so, that's what I would consider a novice.	• *limited teaching experience* • *lack of teaching theory (formal education)*
You're never fully an expert in something and you're always learning.	• *Always a learner (developing)*
I knew I was going to feel novice again and uncomfortable doing it, but knowing, it's…going to be a continual building of my own knowledge and experience in order to feel ... more experienced and not an expert.	• *Feeling novice*
I feel…there was a lot of things…I…didn't know. I didn't know…what I was supposed to be doing and I don't know if…is if it was all necessarily was covered in the orientation	• *uncertainty about the role* • *didn't know the role* • *was not in the orientation*
I was…nervous…I had no question…I could do it, it was…more the unknowns of everything.	• *Feeling nervous* • *Unknowns about the role*
….fear about the evaluations at the end…I'm…not sure of if I'm not meeting their needs….a lot of unknowns at the beginning	• *Fear about assessment and evaluations*

	• *A lot of unknowns* • *uncertain of the role*
…. not really having enough confidence in myself	• *lack of confidence*
there was a lot of self-doubts…I still find it quite nerve-racking and I've definitely gained confidence each week	• *self-doubt* • *with time gaining confidence*
I didn't really feel…I belonged to the faculty at all and I didn't feel…I belonged to the unit at all	• *sense of belonging (lack of it)*
…. you're a guest on these units you maybe don't have as much knowledge of the subject as you would	• *sense of belonging (lack of it)*
I guess uncertainty about your own role when you're new in it…if you're asking for help sometimes…makes you look weaker I guess or look less…prepared for the role.	• *Feelings of uncertainty* • *feeling weaker for asking for help* • *not being able to ask for help – not having enough confidence to ask for support*
…. cramming every weekend to teach these labs…you know I know the theory but then to look at it from a textbook and then how to translate that.	• *Cramming – not having enough time (role stain)*
I didn't feel…I got as much support…as I would have liked…made it challenging.	• *Need for support*
…. lack of time to focus on doing things…the instructional skills workshop, for example, …it would be nice if faculty had something along with the orientation days set up something where I was actually ... practicing things…what they do in the instructional skill workshop or how to provide feedback to students or…kind of thing would be nice to get.	• *Lack of time* • *Needing more orientation, hands-on experience (practicing things)* • *Community of practice*
…. everyone's under pressure here.	• *Feeling the pressure of the role*
I don't feel…there's a lot of support or mentorship to guide you as to what you should be doing…as far as…service and scholarship	• *Lack of support and mentorship*
…. learn as you go, and it did take up a lot of time. *would help support us better with the workload cause it's a lot.*	• *Need for support* • *workload being a barrier*
…. gaining my own little network here has really helped for sure	• *Building own support (network)* • *Relationship and network helpful (community of support)*
…. You are leaving your comfort zone where you are expert in your practice in clinical and then coming here but there's this demand…being involved in committees and looking into scholarship and …there's not really a lot of guidance as to how to do ...I think ...can impact the transition…and increase the workload…and…stress and then…one way of coping is to…not deal with it at all.	• *Leaving your comfort zone* • *Demands for being on committees, being involved in scholarship* • *Lack of guidance – impact the transition* • *Increased workload (barrier)* • *Increase stress (not dealing with it and leaving)*
…. there's not really a lot of checking in from them…there's not a lot of guidance…there's definitely some barriers to those who are not…familiar with the faculty.	• *Lack of guidance* • *Lack of support (barrier)* • *Lack of belonging*

…. there's not a lot of support…for career development type	• *Lack of support*

Step 3: Developing emergent themes

I then focused on these aspects of the transcripts and the analysis of the notes from the previous box in order to divide them into categories and develop emergent themes. Themes began to surface around the issues of workload, demands, feeling unprepared, struggles, and challenges faced throughout the role transition. Certain themes naturally clustered together, while others stood alone. This process was time-consuming, but provided an in-depth interpretive understanding of role transition from an idiographic perspective. An example of emergent themes from Rose's data is exemplified in Box 4.2 below.

Box 4.2

Example of developing emergent themes (ROSE)

Exploratory comments	*Emergent Themes*
• *Lack of preparation* • *Not knowing who to reach out or talk to* • *Question oneself* • *Is teaching for me?* • *Leaving your comfort zone* • *lack of confidence* • *Increased workload (barrier)* • *Increase stress (not dealing with it and leaving)* • *Demands for being on committees, being involved in scholarship* • *workload being a barrier* • *Lack of time*	*Lack of time and preparation* *Questioning self* *lack of confidence* *Limited teaching experience* *Demands of the workload increased stress*
• *Feeling nervous* • *Feeling the pressure of the role* • *Cramming – not having enough time (role stain)* • *Feelings of uncertainty* • *self-doubt* • *feeling weaker for asking for help* • *A lot of unknowns* • *uncertain of role* • *uncertainty about the role* • *didn't know the role* • *Feeling novice* • *Always a learner (developing)* • *Unknowns about the role* • *Fear about assessment and evaluations* • *with time gaining confidence*	*Mixed feelings* *Feelings of uncertainty and unknowns* *self-doubt* *Role strain: uncertain about the roles and expectations*

• *Relationship and network helpful (community of support)* • *Building own support (network)* • *Lack of guidance* • *Lack of support and it is a barrier* • *Lack of belonging* • *Lack of support* • *Lack of guidance – impact the transition* • *Need for support* • *Lack of support and mentorship* • *Needing more orientation, hands-on experience (practicing things)* • *Community of practice* • *sense of belonging (lack of it)* • *not being able to ask for help – not having enough confidence to ask for support* • *not feeling part of the faculty* • *lack of teaching theory (formal education)*	*sense of belonging (need for support and belonging)* *Little guidance and support* *Need for mentorship* *building networking relationships* *lack of guidance* *Relationship and network helpful* *Need for formal education/orientation*
• *Still unsure about teaching in academia* • *extra work (being a barrier)* • *not wanting to continue* • *limited teaching experience*	*intentions for leaving academia*

Step 4: Searching for connections and emergent themes and clustering

The emergent themes were then mapped into clusters. The group of emerging themes was then consolidated and renamed under superordinate themes. See Box 4.3 with the clustering of themes under the superordinate theme of "transition from clinical to academia" for Rose.

Box 4.3

Clustering of emergent themes under one superordinate theme for Rose

Significance of Context: The transition from clinical to academia (ROSE)
• Struggling with the demands of the workload • Demanding workload and lack of time for preparation • Lesson plan development • Managing academic and clinical work • Need for higher education • Struggling with time management and demands of the workload • The barrier to continuing in academia • Asking for help as weakness and questions if people will think she is not prepared for the role • Stressful transition, unsure about the role and lack of guidance, increase workload causing stress

Step 5: Moving to the next case

I then moved through each interview, participant by participant, using the same process of analysing the transcripts and identifying emerging themes. At this stage it was important to start listing the emerging themes from each participant and begin compiling the list systematically and rigorously. This process was time-consuming, but necessary. Steps 1, 2, 3, and 4 were repeated for each participant. Each participant's transcripts were individually analyzed, and superordinate themes developed. The analysis involved moving through different levels of interpretations and I used both the NVivo software and printed out all the transcripts, I listed the superordinate themes for each transcript and started the group analysis, searching for connections, comparing and contrasting and conducting a group analysis. The early emerging themes and superordinate themes were then used to address the research questions and were further analyzed. While attempting to retain an idiographic focus of each participant, I moved into the next step of comparing and contrasting for the purpose of finding connections. Box 4.4 is an example of all the superordinate and emergent themes elicited from the nine participants.

Box 4.4

Emergent themes across participants

Superordinate themes	Emergent themes
Clinical to academia (treading water) "Keeping one's head above water"	• Struggling with the demands of the workload • Insufficient time • Lesson plan development • Managing academic and clinical work • Need for higher education • Managing graduate school and teaching demands • Struggling with time management and demands of the workload • The barrier to continuing in academia • Acknowledgement of being novice and feelings associated with it. • Stressful transition, unsure about the role and lack of guidance, increase workload causing stress • Leaving your comfort zone • The motivation for moving the nursing profession forward
Overwhelmed	• Higher expected demands • Exhaustion and stress

	• Isolation • Frustration and anxiety • Intent to leave • Mixed feelings • Feeling not prepared • unprepared in teaching abilities • Limited teaching experience • Acknowledgement of being a novice
Role ambiguity	• Questioning self • Self-doubt and inadequate • Uncertainty • Questioning professional confidence • uncertain about the roles and expectations • Lack of confidence and uncertain of the role • Conflict with being an expert clinician and novice educator • Fear of not meeting the needs and the unknowns • Uncertain, confident with the end outcome • Stressful transition, unsure about the role and lack of guidance, increase workload causing stress • Overwhelming: learning two jobs
Role stress	• Lack of experience with teaching and feeling not prepared • Limited teaching experience • Insufficient time with preparation and effective teaching • and lack of confidence – they wanted to share their clinical expertise but felt unprepared in their teaching abilities • Feeling alone
Supportive interventions: community of support and mentorship	• Support for development • Role preparation • Building relationships (networking with peers) • Developing teaching competencies • Sense of belonging • Community of practice

Step 6: Looking for patterns across cases

The last stage of analysis involved taking all the themes and looking for patterns across each participant (see Box 4.5). This process helped reveal connections from a broader perspective instead of merely deriving them from individual cases. The details for all the participants were collected and compared. An important step in preparing the data for further analysis and comparisons involved sorting through the themes. During the process, I went through the original transcript to ensure the accuracy of the emerging themes and clustered them accordingly.

Box 4.5

Identifying recurring emerging themes across participants with one superordinate theme:

Transition from clinical to academia

Superordinate theme	Emerging themes	Mary	Anne	Rose	Pat	Sofia	Racheal	Tanya	Barb	Margaret
Significance of the Context clinical to academia (**treading water)**	Struggling with the demands of the workload		X	X	X	X	X	X	X	X
	Insufficient time		X	X	X	X	X	X	X	X
	Managing academic and clinical work		X	X	X	X	X	X	X	X
	Need for higher education	X	X	X		X	X		X	X
	Managing graduate school and teaching demands								X	
	Struggling with time management and demands of the workload	X	X	X	X	X	X	X	X	X
	The barrier to continuing in academia		X	X				X		X
	Acknowledgment of being novice and feelings associated with it.				X			X		
	Stressful transition, unsure about the role and lack of guidance, increase workload causing stress		X	X		X	X		X	X

The following Box 4.6 articulates the text of each participant to the superordinate theme *Clinical to academia (sink or swim).* The participants were very vocal about how challenging their transition was, using the metaphor of drowning to describe it.

Box 4.6

Clinical to academia (treading water)

Superordinate: Clinical to academia (treading water)

ANNE: I was spending a significant amount of extra time on things that nowhere do they prepare you for the well I didn't feel prepared for the amount of extra work needed to feel capable and minimally confident, and I was minimally confident. I'm still not overall confident or would rate myself as confident on a daily basis there are still things I work on regularly.
ROSE: I think it's just…. the not really having enough confidence in myself and like cramming every weekend to teach these labs that you know I know the theory but then to look at it from a textbook and then how to translate that.
PAT: I was not prepared for the amount of effort…I was drowning…like I was suffocating with the amount of things that I didn't know
SOFIA: There was so much information thrown at you within a small timeframe …I was thrown in, I had no idea, experienced chaos and felt discouraged….it was a difficult transition, it was the biggest challenge not knowing and mostly thrown in, and it was a sink or swim for a while
RACHEAL: so, it was a struggle, I had many nights that I would be doing notes on the students for two or three hours past looking at their charting and trying to give them feedback in a way that would build them up versus tear them down, and it was an interesting balance
TANYA: it was definitely stressful, learning two jobs, about the university and the clinical teaching unit, it was quite overwhelming and felt isolated

Box 4.7

Identifying each transcript with the recurring superordinate theme and emerging themes across participants

Superordinate themes	Emerging themes	Participants quotations
Clinical to academia (treading water)	• Struggling with the demands of the workload • Insufficient time • Need for development for assessment and evaluation • Managing academic and clinical work • Need for higher education	*"I didn't really get any preparation for the role or know who to talk to about whether I was doing an effective job teaching the students, is another reason it got me looking at the master's program, which I came in and my focus was on preceptorship, to begin with and how can we improve orientation or support for preceptor." Rose* *"I was thrown in, I had no idea, and experienced chaos and felt discouraged…it was difficult. I had little idea of what you do, one day of orientation, and then off you go into this big world…difficult transition, it was the biggest challenge not knowing and mostly thrown in, and it was a sink or swim for a while" Sofia* *"transition was a little bit harder cause not only are you leaving your comfort zone where you are expert in your*

	• Struggling with time management and demands of the workload • The barrier to continuing in academia • Acknowledgement of being novice and feelings associated with it. • Stressful transition, unsure about the role and lack of guidance, increase workload causing stress • Leaving your comfort zone • The motivation for moving the nursing profession forward • Value of clinical expertise undermined • Learning on your own	*practice in clinical but there's also this demand about being involved in committees and looking into scholarship and there's not really a lot of guidance as to how to do that so I think that also impacts the transition for sure and increases the workload, increases the stress and then I think one way of coping is to just not deal with it at all" Sofia* *"in terms of learning what was the expectation of the curriculum, I knew the concepts, but…it was ...a huge…a bigger learning curve than I had expected with the lack of support and also the time commitment is not clear ahead of time by any means" Margaret* *"stressful to be in an [clinical] area that you are not comfortable with, it is out of your comfort zone…difficult transition, it was the biggest challenge not knowing and mostly thrown in" Racheal* *"I didn't feel valued, what seemed to be important was ... the preparation of lessons and the whole teaching technique rather than what I brought in terms of an expert clinician." Margaret* *"I knew...I probably was going to feel novice again and uncomfortable doing it, but knowing...it's...going to be a continual building of my own knowledge and experience in order to feel… I don't even know what the other word would be but ...I guess more experienced and not expert by all means" Rose* *"I'm thrown into a situation where...I don't think that worked very well" (Margaret)* *"I didn't want to take the extra time because I was tired… prep time took me forever" Racheal* *"did not value me as an expert clinician. Margaret* *"Evaluating students is very difficult, I still would like to learn more about the evaluation process and how to do it in a way that translates to students as learning opportunities versus punishments" Anne* *"but I'm new and am I actually evaluating them correctly? Rose* *"I feel, I leave the clinical practice feeling unsure" Rose* *"you have to learn on your own" Sofia* *"I had a lot of independent work to do...in terms of learning what was the expectation of the curriculum" Margaret* *"it's it was...a huge a bigger learning curve than I had expected" Margaret* *"It was unbearable at times though I felt like I was drowning some days" Anne* *"there was a lot of self-doubts, I still find it quite nerve-racking Rose* *"there's a lot of extra work involved that's maybe a bit of a barrier for me from wanting to continue" Rose* *"it is out of your comfort zone" Tanya* *"makes you feel I guess it's a novice feeling" Mary* *"you're an outsider, you're in a new environment" Mary* *"I'm thinking oh gosh why am I here? Pat* *"the passion for the role has kind of gone away a little bit, now it's just a job"*

Overwhelmed	• Higher expected demands • Exhaustion and stress • Isolation • Frustration and anxiety • Intent to leave • Mixed feelings • Feeling not prepared • unprepared in teaching abilities • Acknowledgement of being a novice • Stressful transition	*the lack of support...also the time commitment is not clear ahead of time* *[I felt] extreme novice… like I was drowning…like I was suffocating with the amount of things that I didn't know and didn't know the resources….it was very tiring. [I felt] extremely unsettling and extremely panic-stricken in my heart…Anne* *it was quite overwhelming and felt isolated" Anne* *it was quite overwhelming and felt isolated" Tanya* *it was quite overwhelming and felt isolated, a difficult transition, Racheal* *learning two jobs, about the university and the clinical teaching unit" Racheal* *there's a lot of turnover in that semester it's very stressful Tanya* *the first semester here was very overwhelming. Tanya* *You feel alone; it was all very unknown" Tanya* *I think it can be very, very isolating and literature supports teaching can be very isolating" Rose* *I felt quite alone" Pat*
Role ambiguity	• Questioning self-doubt • Uncertainty for roles and expectations • Lack of confidence • Fear of the unknowns • Role conflict • Lack of understanding of the role • On my own	*"I think there's fear, uncertainty about your own role" Rose* *it was challenging to deal with my uncertainties" Anne* *I don't think I fully understood what the expectations of the role were ...or even what the role was" Pat* *I guess uncertainty about your own role when you're new in it". Rose* *I did an incredible amount of work on my own...to understand what the expectations were" Margaret* *you're on your own and have nobody there with you, you have no idea what you are doing Tanya* *I don't know where I'm at? Can I do it? Pat* *I was spending a significant amount of extra time on things. I didn't feel prepared for the amount of extra work needed to feel capable and minimally confident." Anne* *….so, it was quite chaotic…disaster…chaotic and you…don't feel confident" Barb*
Role stress	• Lack of experience with teaching and feeling not prepared • Limited teaching experience • Insufficient time with preparation and effective teaching • they wanted to share their clinical expertise but felt unprepared in their teaching abilities • Feeling alone	*I didn't feel…I got support...made it challenging. Rose* *There's not a lot of guidance. I felt...there are definitely some barriers to those who are not...familiar with the faculty.* *"I didn't have support to really open up and talk about my challenges." Pat* *"Reaching out to someone was exhausting" Racheal* *I wasn't very familiar and had to build up my knowledge base (with teaching) Anne* *"I didn't feel that it was an option to have someone come in and do clinical with me and show me around" Sofia* *I felt so unsupported really and I did not really know who to go to because when I did go to people, I didn't get the kind of support that I thought would help me." Margaret* *there are things I didn't even know I didn't know" Anne* *…. quickly after the orientation...it was quite evident that I was more on my own" Pat* *I don't feel there's a lot of support or mentorship to guide you as to what you should be doing, Rose*

		there's not really a lot of guidance as to how to do...I think…one way of coping is to...not deal with it at all" Rose
Supportive interventions/community of support	• Support for development • Role preparation • Developing teaching competencies • Mentorship • Sense of belonging • A community of practice (peer capacity)	*I think it's been supportive, everyone made me feel really welcome, and it was great to meet everyone. Mary* *…. if you don't take care of each other, and look out for each other, no one else is going to do that. Barb* *…. it's important to find someone senior to help you with navigating, where to find resources, Barb* *"building kind of capacity among peers. Spreading the workload, a little bit and it is kind of this way of interacting with each other where we were quite open, and they would send me stuff, and I would do stuff for them and makeup plans, and then they could follow them so we kind of tried to spread the work a little bit." Barb* *"I felt supported because I had some very good teaching partners that helped me through" Barb* *"There was a peer support instructor who held weekly meetings but not knowing what to talk about made these meetings kind of hard" Pat* *A desire to learn, a desire to adapt I think reflection is huge." Anne* *"asking and seeking feedback from others is critically important" Anne* *I don't think you can really count on someone to teach you, you're supposed to ... do it yourself. And you identify your own learning needs and follow that" Sofia* *I did do a reflection after and you learn from experience Barb* *"more faculty engagement…have that faculty connection…staying organized helped me and I am a very organized person" Pat*
Belonging	• Disconnected with faculty and unit • Felt support • Network and relationships	*"I didn't really feel I belonged to the faculty at all and I didn't feel I belonged to the unit at all" Rose* *"I've had really good support from everyone, the associate deans, it was really helpful to make sure I was making those connections. I feel really engrained in the faculty of nursing community…It made a huge impact…I was part of the community, which is huge" Mary* *"gaining my own little network here has really helped for sure*" Rose *"relational aspect of knowing that you're not alone that other people have gone through that struggle as well was comforting to know" Anne*
Mentorships	• Recommendations • Building relationships (networking with peers) • Getting Mentors	*"identifying somebody who can be your mentor" Pat* *"successful mentorship and support…connections" Barb* *"a little bit more time where I could observe someone else for a little while.. mentorship would have been helpful" Margaret* *"mentorship would be huge where someone is assigned a mentor" Mary* *"I do see value if there was a structured mentorship program" Racheal*

To further understand the details of how the participants were making sense of their role transition, additional analysis with other participants was done. Box 4.8 identified recurring, emerging superordinate themes across participants.

Box 4.8

Identifying recurring emerging superordinate themes across participants

Superordinate themes	MARY	ANNE	ROSE	PAT	SOFIA	RACHEAL	TANYA	BARB	MARG	Over 50 %
Clinical to academia (treading water)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Supportive interventions/ need for mentorship and belonging	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Role ambiguity	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
Overwhelmed	N	Y	Y	Y	Y	Y	Y	Y	Y	Y
Insufficient support/ role stress	N	Y	Y	Y	Y	Y	Y	Y	Y	Y

Step 7: Taking the interpretation to deeper levels

The last step of the analysis process involved maintaining an idiographic focus on each participant, while continuing to consider the analysis of the group themes. This step required the researcher to go back and forth, to read and re-read the transcripts and to reflect on the superordinate themes. Many participants expressed concerns about their transitional experiences and offered ideas about better ways of supporting NNEs as they develop into their

role as educators. Through the detailed interpretative phenomenological analysis (IPA) process the superordinate themes filtered down into three master themes, indicated in Box 4.9.

Box 4.9

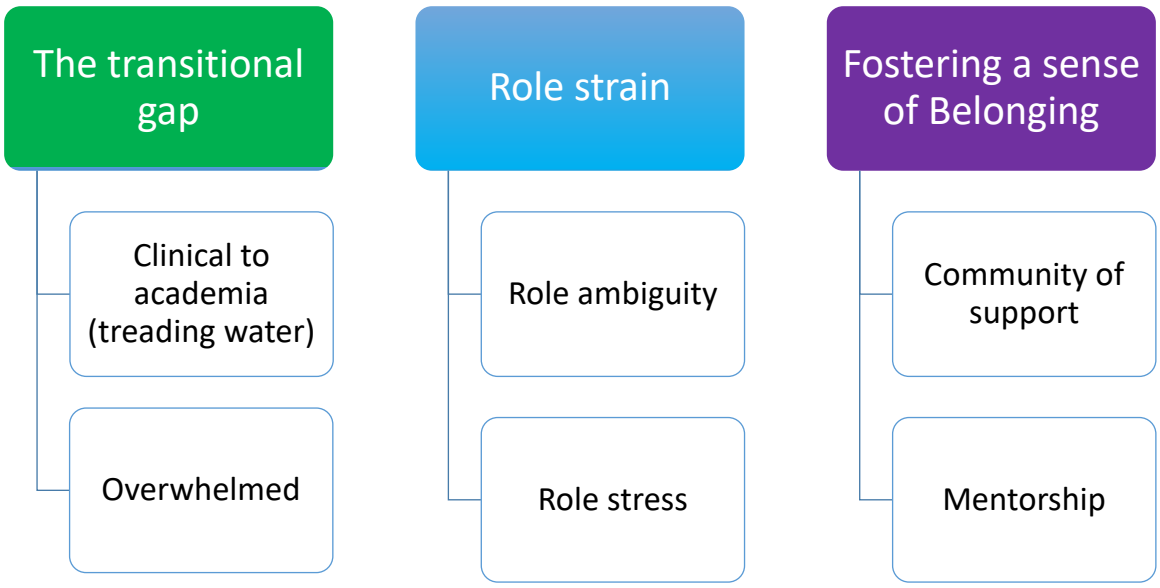
Master themes

Master themes	Superordinate themes	Emerging themes
The transitional gap	Clinical to academia (treading water)	• Struggling with the demands of the workload • Insufficient time • Need for development for assessment and evaluation • Managing academic and clinical work • Need for higher education • Struggling with time management and demands of the workload • The barrier to continuing in academia • Acknowledgement of being novice and feelings associated with it. • Stressful transition, unsure about the role and lack of guidance, increase workload causing stress • Leaving your comfort zone • The motivation for moving the nursing profession forward • Value of clinical expertise undermined • Learning on your own
	Overwhelmed	• Higher expected demands • Exhaustion and stress • Isolation • Frustration and anxiety • Intent to leave • Mixed feelings • Feeling not prepared • unprepared in teaching abilities • Acknowledgement of being a novice • Stressful transition
Role strain	Role ambiguity	• Questioning self- doubt • Uncertainty for roles and expectations • Lack of confidence • Fear of the unknowns • Role conflict • Lack of understanding of the role • On my own
	Role Stress	• Lack of experience with teaching and feeling not prepared • Limited teaching experience • Insufficient time with preparation and effective teaching • they wanted to share their clinical expertise but felt unprepared in their teaching abilities

		• Feeling alone
Fostering a sense of belonging	Community of support	• Support for development • Role preparation • Developing teaching competencies • Sense of belonging • A community of practice (peer capacity)
	Mentorship	• Disconnected with faculty and unit • Felt support • Network and relationships • Recommendations • Building relationships (networking with peers) • Getting Mentors

Diagram 4.1

Superordinate themes identified under Master themes of the transitional experiences



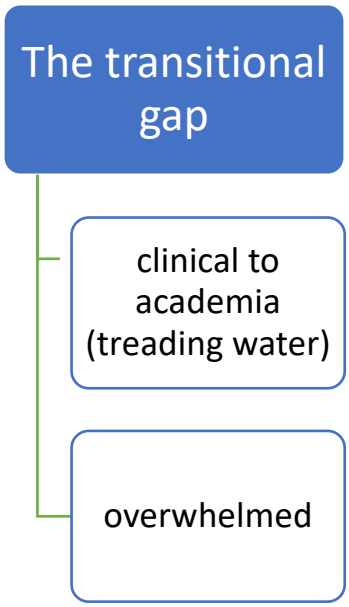
THEME 1: The transitional gap

Although patient teaching is essential for nursing practice, teaching nursing students in the academic setting caused feelings of uncertainty and anxiety. The narratives, describing the lived experiences of these novice nurse educators as they moved into academia, presented a

wide range of conflicting emotions. Many of the participants spoke about their experience as being complex, difficult, and frustrating. The master theme finding 1: *The transitional gap* and two associated superordinate findings (Diagram 4.2) are summarized below.

Diagram 4.2

The Superordinates of Theme 1: The transitional gap



Clinical to academia (treading water)

The core superordinate themes under the central theme of transitional gap was the concept of participants feeling that they were treading water. This notion of struggling of keeping up float. They had little guidance and no roadmap to help then find their way. They felt overwhelmed and emotional exhausted as they found the workload demands different than the clinical setting. They were left alone to navigate their new role and learn the job on their own. The contextual environment and conditions that existed in their new situation as NNE hindered their ability to understand their new role. The transitional experience from clinical to academia was challenging for many of the participants and those who did not have supportive

interventions struggled. They felt the workload demands were unrealistic and did not feel adequately prepared for the role. The transitional gap was identified, and participants spoke about feeling overwhelmed during the transition. This gap was bridged by aligning expertise with teaching assignments and by being properly onboarded with opportunity to shadow, take course on teaching and learning and build connection and establish mentorship relationships.

Mary graduated with an MN and specialized in pediatric and neonatal nursing practice. When reflecting on her transitional experience, she felt she was supported and felt confident in her abilities to teach. She describes her first teaching experience in a positive tone, due to having received proper supports of time allocated for orientation, mentorship, and preparation before going into the clinical and classroom teaching.

> *clinical wise I would put myself as an expert as a pediatric and neonatal critical care nurse…initially, I was expecting to feel nervous, but it went okay I think, I was well prepared, I was teaching septic shock, ...it was something I knew very well ...I was comfortable teaching it.* *(Mary, line 104)*

Through these early positive teaching experiences, she gained confidence and felt comfortable with teaching and trusted the process of development. Mary said she had time to prepare teaching strategies and shadowed senior instructors. When she started teaching clinical practice halfway through the term she was able to manage and connect with the right people, who supported and guided her through her initial experiences.

> *…. teaching and learning in the nursing course ... I got the book to go along with it, and I spent the summer reading it...it gave me a few extra strategies based on literature [on] how to plan, how to look at a curriculum and plan accordingly ...how to test students to get what you're actually looking for and the knowledge base behind it… I think really helped and makes me a bit more confident going into the classroom setting.* *(Mary, line 128)*

Whereas Rose recalls her experience differently. She had no prior teaching experience and found the experience challenging and demanding, which became a barrier to her wanting to continue:

"I didn't really get any preparation for the role or know who to talk to about whether I was doing an effective job teaching the students"

(Rose, line 9)

…. there's a lot of extra work involved that's maybe a bit of a barrier for me from wanting to continue. *(Rose, line 146)*

When asked about the motivational factor for wanting to transition from clinical to academia, Rose referenced her experience as an RN of having nursing students shadowing her in the clinical setting. She recalled this experience inspring her and motivating her to do her master's and eventually transition into academia. She spoke about her master's work and how it had inspired her. She wanted to help move nursing education forward. She wanted to make a difference and influence the future development of the nursing profession. Her desire to and passion for for this was quickly met with challenges.

I didn't really get any preparation for the role or know who to talk to about whether I was doing an effective job teaching the students, is another reason it got me looking at the master's program, which I came in and my focus was on preceptorship, to begin with, and how can we improve orientation or support for preceptor." *(Rose, line 9)*

Academia is somewhere where I wanted to be [and] the need for instructors to have support had been highlighted ...a gap for me as well and maybe if I come in and become part of the faculty then I can feel a little bit more immersed in it and help to work towards improving that.

(Rose, line 27)

Sofia spoke about her transitional experience from the clinical setting into academia as being hard, causing her to leave her comfort zone. She described the transition as stressful and demanding, and the experience left her feeling defeated and demotivated. Sofia felt significantly challenged and emotionally drained in her new role, and discouraged as a nurse educator. She voiced her fear of losing control, using the metaphor 'sink or swim' to describe her feelings:

> *I was thrown in, I had no idea, and experienced chaos and felt discouraged…it was difficult. I had little idea of what you do, one day of orientation, and then off you go into this big world…difficult transition, it was the biggest challenge not knowing and mostly thrown in, and it was a sink or swim for a while* *(Sofia, line 215)*

Sofia's barriers to the transitional experience included workload issues and little guidance on how to navigate the clinical and classroom demands. She also spoke about unclear expectations for scholarship and research. This was not very well understood and thus, the experience impacted her in a negative way and her coping mechanism was not to deal with it and to leave her role.

> *…. transition was a little bit harder cause not only are you leaving your comfort zone where you are expert in your practice in clinical but there's also this demand about being involved in committees and looking into scholarship and there's not really a lot of guidance as to how to do that so I think that also impacts the transition for sure and increases the workload, increases the stress and then I think one way of coping is to just not deal with it at all.* *(Sofia, line 241)*

Sofia not only taught in the clinical setting, but also lectured in the classroom. She recalls the initial experience of having to lecture, causing a lot of stress. Not only did she not know the nursing program or the curriculum well, but she did not think she had enough intial support. All of which made the transition difficult. She considered herself an expert in clinical

nursing practice and people valued her expertise. But she felt she struggled because she did not have adequate teaching skills or the competency required to manage students. Sofia found this discouraging:

> *It was difficult because the program was completely new; my first orientation shift, there is so much information thrown at you. I learned more from the students rather than from orientation…it was kind of tough and how it is supposed to translate into clinical, so that took a while, that was a challenge too, correlate all the courses and put them into clinical.* *(Sofia, line 26)*

This was also evident in Margaret's narrative, where she expressed a similar issue in her experiences, particularly relating to the workload demands, the time commitment, and the lack of support:

> *…in terms of learning what was the expectation of the curriculum, I knew the concepts, but…it was ...a huge…a bigger learning curve than I had expected with the lack of support and also the time commitment is not clear ahead of time by any means.*
>
> *(Margaret, line 92)*
>
> *The transition was a huge challenge ...I think the initial introduction to the environment was ...not welcoming for me…not positive; it was not acknowledging or encouraging… I am thrown into a situation where...I don't think that worked very well.*
>
> *(Margaret, line 27)*

Margaret had been in clinical practice for over 30 years and felt she had a lot of knowledge to pass on to nursing students. She transitioned into academia because she wanted to share her knowledge and experience as an RN. She describes her transitional experience as one that left her feeling undervalued, as a clinical expert, and having a negative influence on her. Margaret wanted to contribute to the nursing discipline and felt that she had a lot of expertise in clinical practice to share, but felt unsupported. Despite having worked in many

leadership roles, where she had had to facilitate discussions, Margaret did not receive any preparation for teaching.

> *I did not feel valued…what I brought to the university… from the beginning, it was an uncomfortable situation after working in the field and being very comfortable for many years, so that was tough…I had not taught in a college or university program before but I've had a lot of leadership or education-...roles, in facilitation. I'm very comfortable with that kind of thing...but translating that...skill into...the expectation of the academic community would have been a helpful discussion to have and instead of being thrown into it with irrelevant information (Margaret, line 48)*
>
> *I didn't feel valued, what seemed to be important was ... the preparation of lessons and the whole teaching technique rather than what I brought in terms of an expert clinician...I really thought that I had something that was valuable to pass on to students and contribute to that section of the nursing curriculum…I'm very willing to learn that but my skill and what I brought right from day one were not acknowledged*.
>
> *(Margaret, line 78)*

Margaret recalls her initial experience of teaching a large group of students in a classroom setting. She found the experience extremely difficult, and she was not prepared to teach so many students at once. Margaret describes her feelings as follows:

> *…. that was horrendously difficult because you've got too many people in the same room, I found those couple of days where we were thrown…. extremely difficult.*
>
> *(Margaret, line 55)*

Referring back to Rose, she spoke about being able to share her expertise in clinical knowledge and experiences with her students, as a motivational factor for her to transition into academia. Other participants also identified wanting to contribute to the profession through teaching. Margaret transitioned into academia because she wanted to share her knowledge and

expertise and thought she could contribute to the profession through being involved in nursing education. She found the misalignment between her clinical expertise and teaching assignment as a barrier to wanting to continue in her role as a novice nurse educator. She felt her clinical expertise was undervalued, which was reflected in not being offered a teaching assignment that complemented her expertise. This in turn caused Margaret to experience further negative feelings towards the role of nurse educator.

Racheal did not have any formal teaching experience, but had her BN degree and clinical expertise in older adult health. She had worked many years in the clinical setting and felt she had an abundance of knowledge, experiences, and stories to share with nursing students. But she recalled her transitional experience as stressful. She felt she was thrown into a clinical practice, which did not align with her clinical expertise and found the experience challenging. In addition, the student feedback made her feel very emotional, and she found this initial experience affected her negatively:

> *…. stressful to be in an [clinical] area that you are not comfortable with, it is out of your comfort zone…difficult transition, it was the biggest challenge not knowing and mostly thrown in.* *(Racheal, line 42)*
>
> *I got my student feedback back, I thought I had done all this good stuff, and I actually got really poor feedback to the point where it actually really affected me to the point where there were tears.* *(Racheal, line 24)*

Thus, feelings of vulnerability, anxiety, stress, and frustration were evident in Racheal's findings. Tanya articulated feeling "new and vulnerable" because she was leaving her comfort zone as a clinical expert in maternal child and family nursing. Her first teaching experience was with the older adult population in acute care. She felt a disconnect between her clinical expertise and what she was being asked to teach. She describes her transitional experiences below.

You know a lot of it was out of my comfort zone…because I'm still learning a lot of adult health and reviewing…not my comfort zone to teach it especially with the big group of people it's a little bit stressful… feeling that because I wasn't in an area that I was expert at teaching that it wasn't my comfort zone, being unsure if I'm actually giving them quality information and not feeling good enough as an instructor because it's not my area of expertise. *(Tanya, line 74)*

Tanya also voiced concerns over not feeling comfortable with teaching a big group of students. She spoke about how she spent so much time developing her knowledge base and felt vulnerable because of her lack of experience in older adult health, which left her with very few stories to share with her students. Tanya felt inadequate as an instructor. She recalls feeling initially excited about teaching anything relating to her clinical expertise and looking forward to being able to use many stories she had accumulated related to pediatrics.

I couldn't even tell stories you know for most of the part because it was very unfamiliar for me so that inadequate feeling as an instructor. *(Tanya, line 147)*

So, I taught them based on the best that I could with my own readings and what I remembered from school or whatever the case. You know any time I've got to the areas of newborn or anything that was my shining moment, I was super excited, and I can talk on for days and be very confident about it and tell stories about it.

(Tanya, line 164)

In a sense, this narrative itself captures the importance of aligning NNE's clinical expertise with their teaching assignments. The capacity to share personal success stories in the clinical practice is powerful and can positively influence the learning experience of both student and instructor. Many of the participants noted feeling a bit out of their comfort zone. This feeling of treading water was unfamiliar for these NNE's, this new role required them to move from what they knew well and were highly competent in to level of feeling novice again

and uncertain about what to do. This new experience felt upsetting and unanticipated. It was frustrating for them not knowing and the feeling of starting again.

Overwhelming

Many participants spoke about feeling like a "novice" and used the metaphor of drowning to describe their experiences. Anne felt extremely novice and stated that it felt like she was drowning, suffocating, and extremely panic-stricken. These words are concerning, especially if nursing education programs are trying to retain their faculty. Anne said she was overwhelmed and felt very isolated. Similarly, Rose also mentioned how she too felt novice again and unprepared in the clinical environment, which left her feeling vulnerable.

> *I felt] extreme novice… like I was drowning…like I was suffocating... it was very tiring. [I felt] extremely unsettling and extremely panic-stricken in my heart.*
>
> *(Anne, line 23)*
>
> *It was definitely stressful…it was quite overwhelming, and I felt isolated… It was unbearable at times though I felt like I was drowning some days.*
>
> *(Anne, line 130)*

Rose shares her thoughts as follows:

> *I knew...I probably was going to feel novice again and uncomfortable doing it, but knowing...it's...going to be a continual building of my own knowledge and experience in order to feel… I don't even know what the other word would be but ...I guess more experienced and not expert by all means.*
>
> *(Rose, line 42)*

Many participants indicated feeling novice again because of the skills they lacked for teaching and learning in the classroom setting. They also indicated a need for support in navigating how to teach in the clinical setting.

…. learning two jobs, about the university and the clinical teaching unit, it was quite overwhelming and felt isolated difficult transition, (Racheal, line 42)

…. there's a lot of turnover in that semester it's very stressful….it was definitely stressful, learning two jobs, about the university and the clinical teaching unit, it was quite overwhelming and felt isolated. It was very stressful to be in an [clinical] area that you are not comfortable with, it is out of your comfort zone. (Tanya, line 42)

.... being on an adult medical unit for me [the] first semester here was very overwhelming. (Tanya, line 73)

The participants identified a transitional gap due to the demands of the workload and the insufficient support they received. The requirement of managing clinical workloads, alongside the academic roles and responsibilities, were challenging. The participants reported going through periods of chaos and feeling discouraged, which made the experience of being an NNE difficult. Due to feeling overwhelmed and stressed, participants said the transitional experience from being an expert to once again becoming a novice, felt hindered. The transitional gaps noted in my findings indicated a need for more time to build connections, relationships, understand the clinical environment, classroom structure, and time to develop the specialized skills to teach students on campus.

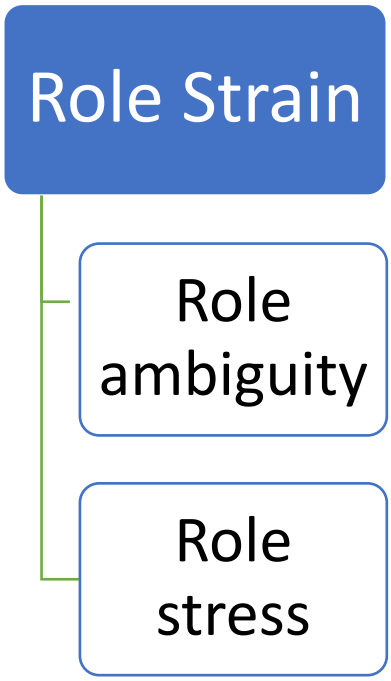
THEME 2: Role Strain

Anyone who transitions into a new role can experience a variety of emotions. In the process of seeking to gain a better understanding of the transitional experiences of expert clinicians into the role of novice educator, my findings indicated a connection between workload demands and role strain. Role strain is defined as "a situation caused by higher than expected demands placed on an individual performing a specific role that leads to difficulty or stress" (Oxford, 2018). Role strain presented in the participants in my study through their expressions of struggle with role ambiguity and increased workload demands, which caused stress and led

participants to feel isolated. Role strain was a theme that influenced the transitional process and intent to stay for the educator. All the participants raised concerns about role ambiguity and uncertainty of role expectations, resulting in role stress. Diagram 4.3 lists the second master theme finding and its two associated superordinates.

Diagram 4.3

The Superordinates of Theme 2: Role Strain



Role ambiguity

Participants noted that the workload and the lack of formal role preparation led to role ambiguity. This placed a strain on them and led to them having to rely on their own efforts to develop themselves in their new role. Anne described her experience as a novice educator as challenging. She reflected on the demands and the feeling of ambiguity within her role, especially during her initial days as a novice nurse educator. In addition, Anne spoke about spending a lot of time preparing for her new role with little guidance and this impacted her confidence. Similar concerns were also expressed by Barb regarding her role as a novice nurse

educator. Participants indicated that a lack of preparation for the role caused feelings of ambiguity, as illustrated by the following:

> *…. the amount of things that I didn't know and didn't know the resources … there are things I didn't even know I didn't know.* *(Anne, line 24)*
>
> *I was spending a significant amount of extra time on things. I didn't feel prepared for the amount of extra work needed to feel capable and minimally confident.* *(Anne, line 138)*
>
> *it was challenging to deal with my uncertainties of am I expecting too much am I not expecting enough…..so, it was quite chaotic…disaster…chaotic, and you…don't feel confident.* *(Barb, line 85)*

Rose spoke about being new and having feelings of self-doubt and expressed concerns regarding uncertainties. Without any formal preparation or understanding of the role, Rose and Margaret described their experience and feelings as follows:

> *…. there was a lot of self-doubts, I still find it quite nerve-racking… I guess uncertainty about your own role when you're new in it.* *(Rose, line 119)*
>
> *I did an incredible amount of work on my own...to understand what the expectations were.* *(Margaret, line 91)*

Pat is an RN in the ICU with over 25 years of emergency nursing care experience. She described her experience, in the new role as an NNE, as follows:

> *I don't think I fully understood what the expectations of the role were ...or even what the role was.* *(Pat, line 27)*
>
> *…. quickly after the orientation...it was quite evident that I was more on my own* *(Pat, line 34)*

I didn't have any development as far as how you run a lab, how do you introduce topics to students, how do you get through three hours of material in two and a half hours of time ...how do you carry that from the lab into the clinical setting, ...what do you even do in the clinical setting, I felt quite alone. *(Pat, line 34)*

….when you move from expert clinician to a novice educator, you are novice and...it's seems that your vulnerability is almost augmented sometimes I think it's easier to start as a novice not having been an expert at anything else...because you are much more vulnerable, you come from a place where, you are confident, and you are competent, and you are ...efficient and what defines excellence...to a place where you are fumbling and stumbling and not sure of yourself and its unsettling. *(Pat, line 79)*

She also talked about her struggles with the workload and lack of support, finding it to be a barrier. Similarly, Pat found it difficult to open up and talk about her challenges.

I think the biggest barrier was, this is a lot of work...I felt...I was doing more work than the students were doing...and I felt that when I had challenges I didn't have support to really open up and talk about what my challenges.

(Pat, line 116)

Pat articulated the need for further support in developing into her role, but felt alone and had many questions about her role as an educator.

Role stress

Within this context, role stress is defined as the experience of low work satisfaction likely to cause participants to leave their position. This experience is due to the increased workload and pressure from job-related functions and expectations, as nurse educators. Pat noted her experience as frustrating and it left her feeling vulnerable in her role as a nurse educator. She felt, *“frustration over not being able to have a voice” (line 91)* and further added:

> *I think there are challenges to how do you engage and how do you...develop. I think people have to have ownership of their jobs and have some feeling of sense of self-worth… an awareness that there is that increased vulnerability and that's normal and it's not a reason to turn tail and run,...that it is but it is tough too you have a sense of personal commitment to be able to be independent with your teaching and developing your own skills with whatever tools and resources are available to you...and if you don't you flounder and you leave I think.*
>
> *(Pat, line 95)*

Rose reflects on the process of becoming an academic nurse educator and how she felt overwhelmed by the teaching responsibilities and the lack of support development.

> *I don't feel there's a lot of support or mentorship to guide you as to what you should be doing, being involved in committees and looking into scholarship and whatever else; however, there's not really a lot of guidance as to how to do...I think…one way of coping is to...not deal with it at all.*
>
> *(Rose, line 241)*

The feeling of being alone was also identified in the findings and contributed to making the period of adjust both challenging and stressful. What also made the role difficult was simply being in a new environment, along with the frequent changes to clinical placements from one term to the next. Tanya and Rose shared their feelings of isolation:

> *You feel alone; it was all very unknown…clinical teaching is so much different, when I was teaching lab on campus, I could reach out to another instructor and get support but bringing students to the hospital is another thing where you're on your own and have nobody there with you, you have no idea what you are doing and it's a foreign unit*
>
> *(Tanya, line 113)*

…. because I think it can be very, very isolating and literature supports teaching can be very isolating…and I definitely at the beginning felt that and I had to think in my head a lot more…okay what am I doing wrong, what do I need to know?

(Rose, line 286)

Many of the participants spoke about not having sufficient support. Some participants were proactive in seeking out support for themselves, whereas others were not given opportunities to have support. Support in this context is defined by the participant having someone with them during the initial transition to help them succeed in their new role. As evidenced in the following excerpt, participants did not easily find support, which made the transitional experience a more challenging process.

....teaching on a unit you don't know is always a challenge because you don't know the nurses, you don't know the charge nurses, you don't know the physicians ...that always takes time to get to know as well…you're an outsider, you're in a new environment…makes you feel I guess it's a novice feeling...feel I don't know but inadequate is a good word, but you feel unsure I guess at the beginning…it's difficult when you're new on the unit and some nurses don't like having students. .... they almost see you as a negative person…some nurses will immediately have their back up against you…breaking down those walls takes a little while…it took probably took three or four weeks to break down the wall and then it's starting fresh again in a new unit for the next term. (Mary, line 219)

I didn't feel…I got support...made it challenging. There's not a lot of guidance. I felt...there are definitely some barriers to those who are not...familiar with the faculty.

(Rose, line139, line 231)

Mary was proactive. She sought support and booked meetings with the associate deans, finding support on her own. She perceived the transition as being positive. Mary describes her

transition into academia in an optimistic manner and talks positively about the academic environment. She continues to explain how the support she sought during her initial transition helped her with starting in the middle of the clinical term.

> *I think it's been supportive, everyone made me feel really welcome, and it was great to meet everyone. I think it's been supportive… in the middle of the semester. ...I was thrown into clinical teaching to replace someone who broke their arm...it was a great way to get to meet everyone and to be thrown in and I didn't feel I was ...tiptoeing around the office anymore.*
>
> *(Mary, line 187, line 217)*

On reflection, these findings indicate the difference between Mary's and Rose's experiences. Rose had little preparation time and no proper orientation. This caused her to experience role stress, which left her feeling unsuccessful, and made the transition challenging. On the other hand, Mary felt quite supported during the initial months, having time to shadow other educators and to prepare.

Assessment and evaluation of the students also caused role stress, as participants felt uncertainty about their role, its job-related functions, and expectations for the role. Anne was vocal about her experience with evaluating students.

> *Evaluating students is very difficult, I still would like to learn more about the evaluation process and how to do it in a way that translates to students as learning opportunities versus punishments.* *(Anne, line 254)*

Rose also articulated similar concerns and uncertainty around the evaluation of students, feeling unsure about giving feedback to the students.

> *…. I feel, I leave [the] clinical practice feeling unsure, is it going okay? Am I too lenient with my students because I don't have troubles with them, I don't have any on a*

learning contract I feel…they're progressing well but I'm new and am I actually evaluating them correctly? (Rose, line 100)

It is evident from the finding's participants felt uncertain about their role, its expectations, and the lack of clarity surrounding teaching in both clinical practice and classroom settings, along with how to provide effective evaluations of student learning. The findings from my research indicate a connection between the lack of time for preparation and unrealistic expectations as contributing to the difficultly of the transition period. Racheal's stated she was apprehensive in seeking support because she was exhausted and experiencing role stress.

I didn't want to waste somebody's time, as much as you are brand new, I didn't want to waste their time and…reaching out to someone was exhausting, I didn't want to take the extra time because I was tired… prep time took me forever before I was comfortable enough to teach it. (Racheal, line 207)

I think there's fear, uncertainty about your own role when you're new in it...if you're asking for help sometimes it makes you look weaker, I guess or look less prepared for the role. (Rose, line 117)

Similarly, Sofia spoke about not knowing how to approach people or if that was an option available to her. Rose expressed similar feelings and a reluctance to ask for support. Racheal and Rose did not feel comfortable during their transition. They both ended up leaving teaching and returning to clinical practice. This discomfort was also evident with Margaret in her comment about not have a clear understanding of the time commitment and expectations of the role.

…. I didn't feel that it was an option to have someone come in and do clinical with me and show me around but I'm not sure if that's also a very good thing to do because you have to learn on your own, especially if you're on a new unit

and in the clinical setting everyone's busy, and sometimes you need to know when to approach a person. *(Sofia, line 46)*

.... I felt so unsupported really and I did not really know who to go to because when I did go to people, I didn't get the kind of support that I thought would help me. So, I had a lot of independent work to do...in terms of learning what was the expectation of the curriculum now I knew the concepts but…it's it was...a huge… a bigger learning curve than I had expected with the lack of support...also the time commitment is not clear ahead of time.

(Margaret, line 104)

Pat questioned herself about being in academia and becoming a nurse educator. She felt that she did not have enough "tools" to support her development as a nurse educator.

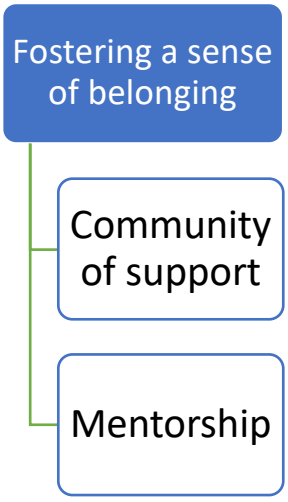
I think every time I question myself whether to stay… I don't have enough say or enough tools to be able to truly evaluate what we need to be evaluating our students...I'm thinking oh gosh why am I here? *(Pat, line 265)*

THEME 3: Fostering a sense of belonging

The sense of belonging can be defined as, "the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment" (Zhao et al., 2012 p. 576). This theme is not limited to the physical environment; it also includes psychological, social, and emotional responses. In my study, there was a strong link between supportive collegial relationships and feeling of belonging. The participants reflected on their difficult early experiences as NNE's, and indicated supportive interventions enabled them to overcome their initial struggles and show adversity. Some participants found community of practice and mentorship opportunities were key contributing factors in developing a sense of belonging at the academia. Diagram 4.4 lists the last master theme and two associated superordinates.

Diagram 4.4

The Superordinates of Theme 3: Fostering a Sense of belonging



Community of support

One of the commonality of group one and their intention to stay was the supportive collegial relationships that they created as a key contributing factor to developing a sense of belonging during their first year of teaching at the higher education. This was also an indication of NNE wanting to stay and continue with their transition within the academia. To bridge the transitional gap, Mary spoke about feeling part of the nursing community and meeting people before she started her teaching responsibilities, which helped her feel accepted and part of the faculty.

> *I feel really engrained in the faculty of nursing community ...because meeting everyone really helped, I had to talk to people and get myself out there. It made a huge impact ...I tried to go to every lunch and learn and every committee meeting and anything I could go to, I went to. I think ...throwing myself in helped me to feel ...I was part of the community, which is huge, I think.* *(Mary, line 217)*

Mary initially spoke about belongingness in the clinical setting, as she was anxious about being new and not really fitting in.

> *I think there's definitely anxiety, the hardest part I think for me was being in a new hospital, new unit. I didn't know the hospital, I didn't know the nurses, didn't know the doctors and didn't know the students…that was definitely hard.*
>
> *(Mary, line 209)*

Mary embraced the change and developed supportive relationships to assist her in facing the adversity and challenges of the new role. She explains this further by recalling her strategies for success during her transitional experience.

> *I think what worked well for me was, before I took on this position, I read and brought a book about teaching and learning in nursing…. It gave me a few extra strategies based on the literature on how to plan, how to look at a curriculum and plan accordingly. It also gave me ideas on how to test students. Getting the knowledge base behind it really helped and makes me a bit more confident going into the classroom setting.* *(Mary, line 72)*

She also indicated the time she took to build relationships and make connections as ways that supported her growth and development.

> *My first two months here, I took many opportunities to see a lot of other instructors teaching and ...attending classes to see how they lead their classroom ...and different styles.* *(Mary, line 73)*

Lastly, she spoke about developing relationships with the administrative leadership team. Mary was proactive in her approach to promoting her own success in her new role as a nurse educator.

> *I've met with the dean a couple of times...to make sure I was on the right track and as well they have been really helpful in saying ...this is your teaching, and*

this is what you should be doing with the rest of your time...I feel...I've had really good support from everyone, the associate deans and the dean about that. It was really helpful to make sure I was making those connections.

(Mary, line 93)

I found that the participants perception of fostering a sense of belonging was context dependent and complex. Rose, for instance, initially struggled, which impacted how she felt about belonging. She articulated this when she stated the following:

I didn't really feel I belonged to the faculty at all and I didn't feel like I belonged to the unit at all…you're a guest on these units you maybe don't have as much knowledge of the subject as you would.

(Rose, line 166)

Her approach for development was to find supportive relationships and her strategy included connecting with her peers. She found supportive collegial relationships as essential during her transition.

…. gaining my own little network here has really helped for sure. *(Rose, line 222)*

Whereas Pat found her belongingness by expanding her knowledge in leadership and nursing excellence within the academia. Pat decided to be proactive and take additional courses on leadership to help her understand the academic setting and determine if this is where she belonged.

I'm looking forward to this leadership and nursing excellence course that X is doing because I'm thinking this has gotta... give me some glimmer of… is this my hill to die on or is this not my hill to die on...but ...I don't know where I'm at? Can I do it? *(Pat, line 271)*

In addition, she found it was important to articulate her concerns regarding her transitional experience and to advocate for novice nurse educators. She made

recommendations on how faculty engagement and supports were needed in developing nurses for the role of NNE. Pat talked about needing to be heard and building connections with faculty as way of belonging.

> *.... and not necessarily say at the dean level or the associate dean level, but ...as a group to know that that my voice is being heard and that I make a difference within the faculty as long as somebody has heard my voice or heard my opinion if I projected it, that is great, but at least you heard me…and to have that faculty connection…we could potentially develop an introduction program to novice instructors. I think that we've lost majority of people in this role and the passion for the role has kind of gone away a little bit, now it's just a job... but I think if there was a program that was developed to work with our instructors and they had the resources, and they feel like a big team, and they work together.*
>
> *(Pat, line 284)*

The participants from this study were able to reflect on their transitional expereinces and found developing supportive collegial relationships fostered a sense of belonging and provided opportunities for them to seek mentorship.

Mentorship

Mentoring as a supportive measure was indicated in the findings of this study. Mary felt mentorship was important for her transition. Barb agreed, indicating that finding support early on during the transition was critical, as well as building one's own support network. Barb also spoke about dividing the workload with other team members and teaching in pairs. She recommended finding senior instructors to support navigating resources and to assist in building connections. In addition, Barb discussed the importance of looking after one another and creating a community in order to take care of each other as a form of mentorship.

…. if you don't take care of each other, and look out for each other, no one else is going to do that. *(Barb, line 30)*

…. it's important to find someone senior to help you with navigating, where to find resources, I had to learn on my own…building kind of capacity among peers. Spreading the work load a little bit and it is kind of this way of interacting with each other where we were quite open, and they would send me stuff, and I would do stuff for them and makeup plans, and then they could follow them so we kind of tried to spread the work a little bit.

(Barb, line 41)

I felt supported because I had some very good teaching partners that helped me.

(Barb, line 46)

Sofia spoke about how a senior instructor would come into the clinical practice setting to provide support. She continued to speak about the impact of having role models as support and how it was helpful for her during her transition.

…. a person that is there to support instructors as well as students at the same time. So not there to evaluate [you], but come in and give you a hand on any trouble with the students, I would get the practice support instructor to mark my other students while I spend time with specific student...see what their needs are and how I can help. *(Sofia, line 88)*

I feel like I've learned a lot from them because they would sit down with me and the student and we would have a chat, and it was...seeing how the person talks to the student because they have so much experience how they phrase certain things and how they use guiding questions that helped a lot… that was helpful.

(Sofia, line 93)

My study uncovered some critical inconsistencies concerning structured and informal mentorship. For instance, Mary felt she was able to seek out guidance and support from another senior faculty, including formally asking for a mentor from the Dean and Associate Dean during her transition. Rose, on the other hand, struggled to find support on her own and was critical about her transitional experience. Rose also conveyed that in her experience she did not receive much guidance, which led to a challenging experience of questioning herself and having feelings of self-doubt, uncertainty, and isolation. These resulted in barriers for her moving forward as a nurse educator. Participants who felt unsupported could have benefited from structured mentoring, which might have aided in their retention. Pat also spoke about the importance of finding support and mentors. She said it was important to think about someone as a mentor and take the initiative to do this in order to help with the transition and provide the necessary support. Likewise, Barb talked about support and mentorship.

> *…. identifying somebody who can be your mentor… serious thought about who is the best mentor rather than ...your buddy or the person with the loudest voice or the person with the most influence ...I think finding that mentor and looking for tools and resources to help build your practice in a practical way, in an experiential way, not in a theoretical way is helpful.*
>
> *(Pat, line 250)*
>
> *I think that the most successful mentorship and support come from those...that are natural exchanges and naturally connections I have between two people like your masters or Ph.D. supervisor whether you get along or you do not get along.*
>
> *(Barb, line 188)*

Margaret, Racheal, and Mary articulated how a mentor would have been helpful for their transition into academia. However, Anne felt comfortable to reach out and find her own mentors to support her during her transition.

I thought it would have helped me if I had had a little bit more time I don't know how much but a little bit more time where I could observe someone else for a little while or a few times even or where the mentor would really mentor and not ...oh here's your workload and this is mine and that you know I didn't get any help and again from that aspect, oh well you should know how to do this well I will go ahead and do it my own way so I think a real mentorship would have been helpful. *(Margaret, line 185)*

I do see value if there was a structured mentorship program that was ...this is your delegated mentor who's going to help you through this process and ...you know ...somebody that ...that that is you know supposed to be there for you.

(Racheal, line 122)

I think mentorship would be huge where someone is assigned a mentor because they are on the same floor or try to help them find that mentor.

(Mary, line 156)

...I never felt…she would be one I could ask for mentorship. She was a very good mentor…just that relational aspect of knowing that you're not alone that other people have gone through that struggle as well was comforting to know that they experience that and I see them where they are now and would ...to be in that place and in order to get to the place struggles was necessary.

(Anne, line 147)

Tanya indicated that her experience with peer support was not helpful. She did not find the peer support instructor helpful and did not want to spend the extra time for meetings. She felt different about the support, as it did not meet her needs, but rather added to her exhaustion. Pat also spoke about her experience with the peer support instructor and the difficulty with

engaging when she did not herself what she needed. The participants indicated that just because they had a peer support instructor, or a mentor did not mean that it was good to support. As novice nurse educators they did not know what support they needed. The following participants described this as follows:

> *….we did do weekly meetings with [the peer support instructor] where they would explain to us or answer our questions and that sort of thing but the one that I had I did not honestly feel her being helpful...a lot of the time...she couldn't answer my questions and she wasn't sure about things so I found the meetings a little bit useless in a way. She said if you guys ever need me to come out to your site please contact me but I would have never gotten her to come out because I don't want to take her time to come up to my site…I didn't want to spend an extra hour here because I was tired and I had stuff to do.* *(Tanya, line 214)*
>
> *There was a peer support instructor who held weekly meetings but not knowing what to talk about made these meetings kind of hard.* *(Pat, line 44)*

There are commonalities in the narratives from the participants regarding their experiences in developing into their role as nurse educators. On the one hand, Mary spoke a lot about opportunities for engagement and networking and the positive outcomes she experienced in developing in her role as a nurse educator. She talked about the importance of being proactive in finding mentors to support the development of becoming a nurse educator. She also talked about her abilities with being organized and self-directed in looking for opportunities for development. In contrast, other participants felt the lack of support in their development hindered their transition as a nurse educator. My findings added to the literature regarding fostering a sense of belonging especially during the transition from expert to novice as a supportive measure. The existing literature on belonging focuses on student nurses feeling a

sense of belonging in the clinical setting, but there is lack of literature regarding novice educators and their sense of belonging during their transition into academia.

Summary

The findings of this study revealed the transition process from an expert nurse clinician to a novice nurse educator to be complex. Within the context of this study certain factors, including teaching in two settings, impacted the transitional experience. There were multiple areas that created barriers to the transition process, including misalignment with clinical expertise and unclear expectations of contractual workload demands. Many of the participants spoke about role ambiguity, the uncertainty of role expectations, and a lack of formal role preparation as causing role strain during their transitional process. The lack of formal knowledge regarding teaching and learning principles and insufficient time for preparation was identified as a concern in wanting to continue in their transition process. However, this study also illustrates the importance of building a networking of collegial relationships to support development which fostered a sense of belonging, and supports for novice educators. My findings indicated when participants reached out for support, developed connections, and sought guidance found greater ease in their transition process and wanted to continue teaching in academia.

Chapter Five: Discussion

Introduction

This chapter presents discussions and interpretations based on the findings of this study. When I began to explore this transitional process from the individual perspective, it became clear to me that in the literature concept of role transition was explored and factors such as faculty shortage, recruitment and retention and socialization via orientation and mentorship were identified. This interpretative phenomenological analysis (IPA) sought to gain a detailed understanding of the experiences of expert nurse clinicians transitioning process into novice nurse educators from an individual level. The findings support the need for new skills and strategies to support the successful development of NNEs transitioning into teaching roles and to mitigate the potential anxiety of this transition process. The strategies identified by the participants included aligning clinical expertise with classroom teaching; formal preparation for teaching; guidance in navigating mentorship; and building communities of practice. Participants indicated the implementation of these strategies would likely foster a greater sense of belonging for novice nurse educators.

Discussion of the findings and related literature

The transitional gap – delineating difference between clinical and classroom teaching

Novice nurse educators who returned to clinical practice and decided to leave the academia experienced a great deal of transitional challenges that exists in their current context. These issues include demanding workloads; a need for more formal theoretical training in teaching and learning strategies; recognition of the stress involved in leaving their comfort zone and in the shift away from being an expert, to once again becoming a novice in this new role. The current research supports the challenges and barriers identified by novice nurse educators during their initial role transition into the academic setting (Bagley, Hoppe, Brenner, and Crawford; 2018). All participants from my study noted significant differences in the skills and

strategies required to teach in the dual context of a clinical and classroom setting. Some participants, such as Mary, decided to take additional formal education and read about teaching in academia. Though there are commonalities in teaching within these two settings, if proper support is not provided for the nurse educators, it results in increased anxiety levels, confusion, and frustration. There is a gap in the current research and does not discuss the impact and expectations that teaching in this dual setting has on the experience of an expert nurse clinician who is transitioning process into the role of an academic educator. What is currently known in the literature is the evolving role of clinical instructor where there is a significant difference between teaching as a sessional instructor in a clinical setting, and that of the role of novice nurse educator, within this specific context (O'Rae et al., 2017).

Many participants commented on feeling novice again in their role as educators and that assistance with developing competencies as nurse educators within the academic setting would have been helpful to them in their transition. Benner's (1984) model of the development of expertise in clinical nursing competencies can help with understanding the transitioning of novice nurse educators. Benner (2001) characterized an expert nurse as one who is educationally prepared, highly experienced in clinical situations, motivated to perform well, and able to perform skills at the expert level. However, if expert clinicians are placed in situations where they are performing new and challenging skills with limited resources and support they may not perform at the expert level, but revert to feeling minimally competent and at a novice level again. Benner (2004) stated it may take many years for such individuals, transitioning from one clinical practice to another, to sufficiently develop in their new role and gain the experience needed to become an expert,. Benner (2004) also noted ENCs find it difficult to break processes down into steps because of the accumulation of their experiences and their habit of making decisions based on clinical intuition. An ENC is thus required to make a paradigm shift in order to relearn information as a novice, which can create feelings of stress

and cause frustration as noted by my participants in this study. Sorrell and Cangelosi (2015) support the findings from my study and point out the transition from clinical to nurse educator is often described as stressful, frightening, and overwhelming. These descriptions resonate with the participants, who felt apprehensive, uncertain, and ambivalent about the transition process. These novice nurse educators were highly skilled in their clinical areas, but their new role and the transition process elicited feelings of stress in them.

It was clear from the interviews that participants desired to share their knowledge, which is also supported by the findings of Spencer (2013) and Weidman (2013). ENCs have expert clinical knowledge and the desire to share their knowledge and expertise with the next generation of nurses, Weidman's study indicate similar findings and ENC passion for teaching in the area of their clinical expertise and their desire to share their expertise with nursing students. In addition, Weidman (2013) indicated novice nurse educators need time to learn new skills related to teaching nursing students, to understand teaching styles, and for teaching preparation. This was indicated as a gap in their transitional process, participant from my study indicated that they needed time to learn and adjust and were challenged with the lack of it. Participants articulated the view that the role transition was initially exciting because of their passion to share their nursing expertise, but then this changed, and they felt anxious, uneasy, and some decided to leave their new positions. In total, 55% (n=5) of my participants left academia in their first year of transition, which they attributed to the lack of understanding of the role and support during this transitional process.

My participants found significant differences between the realities of teaching in a clinical setting and teaching in a classroom setting. These differences pertain to instructional requirements, methods of evaluation, and interpersonal communication components. Therefore, to bridge these gaps some participants went on to take additional courses.

This study attempts to offer a new understanding of the role transition process for novice nurse educators who are teaching in both the clinical setting and classroom environments. While nursing academia has produced extensive publications on clinical nursing instructors, surprisingly, there is a lack of literature delineating classroom and clinical teaching skills and strategies. As indicated by the participants in my study, both settings present unique challenges and complex environments, in which the learning takes place, for both the educators and students. These expert nurse clinicians had the clinical expertise, but needed additional support with developing pedagogical strategies to supporting student learning. This was identified a gap in their transitional process.

Identity transformation was investigated by Duffy (2013), and his conceptual model for shaping nurse educators has contributed to the formation of personal academic identity in nursing literature. However, it is evident from the findings of my study that there are influencing contextual factors that impact role transition that are different from Duffy's model. Duffy's model does not include any direct recognition of the relevance of dealing with two settings for practice. The participants voiced concerns with demands on their time and learning two jobs increased their workload due to the dual clinical/teaching role for NNE. Duffy's study was over three-year period, whereas this study shows that investigation is needed much earlier because of the early attrition rate for NNE in the first year of teaching. The findings from this study recommends the need to intervene early due to the challenges NNE experience early in their transition dealing with teaching in two settings, This is highly relevant where a national or regional health systems or relevant education institution consider introducing the dual clinical/teaching role for nurse educators and looking to develop further. If these institutions are planning to adopt similar approach, they need to consider ongoing development for NNE from the beginning of their transition process. The two different setting have different contextual factors that need to be considered, learning in clinical setting is active and personal process for students and the NNE

role is to facilitate the learning and this requires skills and abilities and understanding the philosophy of clinical teaching, which is different than teaching students in a classroom environment (Oermann, 2019). My study provided new insight differing from Duffy concerning context of time and environment and teaching within this integrated curriculum. It takes time to understand the clinical environment, build relationship and also learn how to teach in both clinical and classroom environment. Learning about the teaching environment, including the physical space and classroom organization is demanding on the time and can also have emotional demands, as noted in my findings.

Duffy (2013) identified multiple challenges that resonated with my findings in relation to peer support and knowledge transfer. However, my study provides a useful insight into the context of the time it takes for role transition. Without the appropriate consideration of time, the participant is faced with challenges, including physical, emotional and relationship demands. Mary spent time developing these relationships and found it useful in her transitional process. In contrast, Rose was challenged with time and as a result the transitional experience was role demanding. Rose struggled to progress in her transitional process.

There are a variety of theoretical models in the literature in relation to role transition, but little consensus supporting one approach in particular. In chapter 2, Anderson and colleague's transition model (Figure 1.2), describes the commonalities with the findings on the development framework. All of the participants from my research were expert nurse clinicians, moving into a new role within academia. This new role comes with new relationships, new routines, new expectations, and requires NNEs to become familiar with a new culture, along with its norms and expectations too. As participants moved through the transition process, they experienced ambiguity, disorientation, and confusion. A few participants found the transitional phase smoother when there were resources and supports available to them during this phase, which left them feeling re-energized.

The participants indicated they were unaware of the different approaches to teaching and voiced the need for more support and additional instructional strategies, which were different from their clinical expertise. Mary indicated when she was in the clinical setting, she had limited access to differing clinical environments. This meant she didn't know who people were or what role they played and because experiences changed day by day, depending on the clinical setting, she struggled to gain a sense of confidence. In contrast to this, while teaching in the classroom, Mary was able to observe other educators, the classroom environment, and experience interpersonal relationships differently. She found this contrasting experience disorienting and confusing, which resonates with Anderson's et al (2012) transitional model that provides an understanding of transition process. Mary also spoke about 4 S (situation, self, support, strategies) system from the transitional model, which indicates potential resources that are assets to support the transition. She spoke about strategies for being aware of her needs and identifying supports, such as mentorship and developing community networks, as potential assets. Racheal indicated that learning two jobs caused feelings of being overwhelmed. Whereas Margaret recalls her struggle with teaching a large number of students in the classroom and describes this experience as difficult. In the clinical setting the number of students you are working with is smaller in comparison to that of the classroom, where close contact with students is unusual. Interpersonal relationships with student change in the clinical setting, which can be difficult. Both Rachelle and Margaret indicated that teaching relevant curriculum in this context posed challenges, leaving them feeling a loss of control, uncertainty, and anxiety, which impacted their competency and confidence levels. The finding also noted that it took time to develop the educator/student relationship necessary to develop the confidence and ability to teaching in the clinical and classroom environment.

The from bedside to classroom nurse educator transitional model (NET) was created by Schoening (2013), where she describes the social process that occurs during role transition.

The similarities to the Schoening study were evident in my study, including the phases the educator go through, specifically the anticipatory expectation and disorientation phase. Sofia clearly articulated her voyage through the phase of anticipatory expectation. She wanted to make a difference and was passionate about teaching nursing students by unleashing her expertise and knowledge. However, as she entered the academia environment she experienced disorientation and a lack of support to help her understand what she would need to succeed. Sofia was discouraged and intended to leave academia before entering the information seeking phase or identity formation phase.

McDermid et al. (2016) also highlighted similar findings regarding transitional experiences, regarding feelings of anxiety, uncertainty, and isolation. Participants in this study indicated orientation and guidance navigating the academic role would be a helpful strategy to mitigate such feelings. As identified in the literature, and from my findings, novice educators often lack sufficient knowledge and preparation for the complex and multifaceted role of the nurse academic (Anderson, 2009; Brown & Sorrell, 2017; Laurencelle et al., 2016; Brett, 2016; McDermid et al., 2016).

Aligning clinical expertise with teaching assignments

My findings indicated participants felt overwhelmed and stressed, with ambivalence and uncertainty about their transition. The barriers for a smooth transition included a lack of clarity about the new role and its expectations, resulting in a loss of confidence during the transitioning process. This is reflected in similar findings in the literature (Clark et al., 2010; Grassley & Lambe 2015; Legare & Armstrong 2013; Weidman, 2013), where novice nurse educators find the transition difficult and stressful. There is evidence that expert nurse clinicians, who are transitioning into academia, can make a significant impact in contributing to the future of nurse education (Goodrich, 2014; Poindexter, 2013; Summers, 2017). Therefore, it is crucial to understand their transitioning journey in order to benefit from their clinical expertise.

However, what was missing from the literature was the idea that aligning clinical expertise with teaching assignments resulted in easing the transition. The participants from my study found that aligning their clinical expertise with their teaching assignment was imperative because they found joy in teaching something in which they were experts. Similarly, the alignment of clinical expertise and teaching assignments allowed the novice nurse educators to gain confidence, as it permitted them to teach in an area in which they had expertise.

The misalignment of clinical expertise and teaching assignments cause NNEs to feel undervalued, which in reference to chapter four poses a barrier to NNEs wanting to continue. These findings are consistent within the literature. Summers (2015) indicates that feeling undervalued can negatively affect educators, resulting in them leaving academia. Similarly, being recognized as an expert is important, particularly during the transitional process.

Orientation and guidance navigating the academic role

The first year of teaching and navigating the new role of NNE can be hard, and at times, frustrating. The participants in my study identified gaps in their orientation and indicated more information about their role, responsibilities, and expectations as novice nurse educators was needed to support them in their first year of teaching. Normalizing the challenges during orientation and providing context to why the academic roles can be challenging in the first few years would have been beneficial for these participants. Participants recommended clarifying their roles and responsibilities, as well as providing guidance on the peaks and troughs of the first few years, would have helped them understand their transition. New academics can face many potential stressors, including high expectations and poor role preparation, which increase experiences of anxiety. The use of metaphors such as ‘the sea of academia’, ‘splashing in the shallows’, ‘drowning’, and ‘treading water’ have been used to describe transitional experiences (Laurencelle, Scanlan & Brett, 2016). In order to retain these novice nurse educators, and keep them interested in academia, it is critical to support them from day one of their transition. The

concept of a robust orientation program is not new, Anderson (2009) recommended this for new faculty members to meet the needs of recruitment and retention. Gardner (2014) also supported the need for orientation to ease the uncertainty of the new role and skill set required in teaching. Novice nurse educators indicated high levels of stress, resulting from their teaching workload.

Therefore, providing an extended orientation and guidance on how to navigate this transition would help alleviate the role strain. This issue needs to be explored further and in greater depth. All of these findings resonated with the participants in my study, referring back to Sofia experience.

Sofia's experiences can be compared to the findings from Grassley and Lambe (2015). Sofia recommended extended orientation and need for strategies to support her in her role as a novice nurse educator in the early months. She commented on the importance of providing preparation time as essential in facilitating a successful transition. This was also noted by Summers (2017) who stated the need for orientation and preparation time as strategies to decrease the anxiety of novice nurse educators. The orientation time and guidance in navigating their new role offered to Summers' participants left them feeling more confident and reduced stress and frustration. The experiences of the participants from my study supported findings from previous studies, indicating the need for a formal orientation as essential during role transition (Cooley and De Gagne, 2016).

Formal education as a supportive intervention for a successful transition

Formal education, such as a master's in nursing or education, was valued by the participants. However, they also felt they needed additional formal education in teaching and learning, also emphasized in the literature. The development of knowledge about teaching and learning philosophies for both clinical and classroom practice, as well as teaching strategies in these contexts, were identified as supportive interventions needed for professional development

in the academic setting. About 55% (n=5) of my participants had only their Bachelor of Nursing. However, one of the study participants with a master's in nursing also indicated that she had signed up for courses to help her develop teaching skills. She recognized the need to build her own knowledge about teaching and learning. Summers (2017) argues there is a need for formal education, including pedagogical, curriculum development, student assessment, and management techniques to prepare novice educators for their role.

Cooley (2013) indicated expert nurse clinicians with a master's degree have a wealth of clinical expertise, however, she noted there is a lack of formal education in teaching, learning, and assessing in the classroom and clinical setting. The majority of graduate degrees are clinically focused and, therefore, do not prepare an individual for clinical and academic teaching. Academic teaching is demanding and complex. Additional education in teaching and learning strategies were highly valued and indicated as assets to ease the transition.

Jetha et al. (2016) indicated a lack of formal education as a barrier for preparing novice nurse educators. This research received limited attention. The finding from my study found there is a need for formal education for novice educators to teach nursing students. There is also a need to develop the skill set necessary to apply the theoretical concepts which support management in the classroom setting, teaching in clinical settings, and the capacity to support and assess students' clinical performance.

Understanding competencies for nurse educators working in the academic setting can enhance the practice and support the novice nurse educator. There are opportunities to take evidence-based certification programs, continuing education, and webinars to enhance their learning. In order to capitalize on novice nurse educators' clinical expertise and contributions to their knowledge, it is crucial for organizations to create innovative ways to support the development of expert nurses within nursing education. This support could involve aligning expertise with teaching, providing structured orientation, clarifying roles and responsibilities,

creating a sense of belonging via community of support and through mentorship, and identifying ways to help novice educators grow in their role as educators all of which would be beneficial (Rosenau et al., 2015; Sorrell & Rubel; Cangelosi 2015).

In Canada, in response to the evolution in nursing education, the Canadian Association of Schools of Nursing (CASN) has developed a national framework that captures salient elements in teaching and learning for undergraduate nursing programs. CASN is recognized as the national voice for nursing education in Canada and promotes the advancement of nursing education, including offering resources to assist nurse educators in their teaching and professional development (CASN, 2019). CASN has created the national nursing education framework that outlines core expectations for nurse educators. CASN's strategic plan is to foster an environment that inspires nurses to pursue academic nursing. Participants from my study indicated a need for the theoretical and instructional knowledge on how to teach nursing students. Rose indicated she wanted to share her clinical expertise and support the development of nursing education. She also indicated she would have benefited from learning about the core competencies needed to effectively contribute to her capacity to offer high-quality teaching. CASN's educational framework has six domains. Each domain comes with guiding principles, listing the essential components. This framework is used by institutions as a basis for their preparation program for novice educators and to inform continuing professional development. Mary proactively took additional courses to build her competencies in relation to theories and principles of adult learning and curriculum delivery within the clinical and classroom setting. She also purchased books that supported her development in the core competencies required for becoming a nurse educator in the academia setting. Therefore, continuing education course for nurse educators, available from the Canadian Nurse Educator Institute (CNEI), would benefit these novice nurse educators. CNEI course are not offered prior to recruiting nor are they mandatory for NNE to take before teaching in the undergraduate nursing

program in Canada. These CNEI courses and the institute itself contributes to building higher calibre professional development for nurse educators in all areas, including teaching in an academic setting. Through the certificate programs novice nurse educators can develop their expertise in teaching and strengthening their academic careers (CNEI, 2019). They offer programs for both clinical instructors and nurse educators, which would be beneficial and provide NNEs with the much-needed support during their transition process. This recommendation was made to the administration at this western university during my dissertation presentation and the faculty of nursing supported eight nurse educators to take additional courses from CNEI to support their development. There is an opportunity for further exploration with these novice nurse educators, to see if taking the CNEI course does indeed support their transition process and intent to continue in the academic career pathway.

In other parts of world, such as the UK, nurse educators are experienced registered nurses with a nursing education qualification (Nursing & Midwifery Council, 2019). These nurse educators take courses prior to transitioning into academia. Canada might benefit from adopting a similar practice. British nurse educators have extensive clinical experience and a formal education as educators before they teach in nursing programs. In Canada, the baccalaureate degree in nursing is designed to prepare a generalist nurse for entry into practice. Many of the nursing programs in Canada will hire registered nurses with only their BN and no formal education in nursing education to teach students in the clinical setting. This is the context for this case study. Novice nurse educators were teaching in the clinical setting, but were also expected to teach in the classroom. This can be a problem for some because they do not have the knowledge or skills necessary to develop lesson plans or to properly assess students. The participants in this study noted these problems. Therefore, introducing formal education specifically for nursing education, which includes teaching and learning strategies, would be beneficial.

Role Strain

There are many trends in higher education which have increased the workload of nursing educators – as is the case within this context of the study. Some of the factors which have produced the increase workload pertains to the need for nurse educators to teach both curriculum in the clinical setting and theory in the classroom. The rationale has been to integrate theory and practice for student learning, but it has caused considerable role strain for novice nurse educators. As these NNE's try to manage their workload, it is important for institutions to consider a workload model that is reasonable. The findings of this study indicate participants felt ambiguity about their role and had a lack of understanding of the expectations, which contributed strain to their new role. The transitional situation also induced negative emotional reactions from the participants. These findings are consistent with the literature (Clark et al. 2010), where role strain occurred alongside role ambiguity and insufficient support. This issue was also identified by the participants in this study. Paul (2015) argued that feelings of ambiguity could lead to role stress and nurse educators are left conflicted with their decision to proceed as educators. When novice educators are overloaded with expectations it has resulted in them feeling overwhelmed and emotionally stressed, which affects their performance. The analysis of findings in this study provided new insight into the complexities of transitioning from clinical practice to academia. As evident in my findings, the transition for the participants was demanding and overwhelming, leaving many of them feeling alone and intimidated in their new role. Participants indicated they felt a steep learning curve because of the expectations of both the academic institution and the clinical setting. Although this study did not consider specific strategies for coping with role ambiguity, this is an area that needs to be further explored by future research.

Fostering a sense of belonging: the community of support and mentorship

The narratives from my findings indicate that a community of support is critical for novice nurse educators' transitional experience. This is consistent with the results from Brown & Sorrell (2017), who argued the need for additional mentorship and support for novice educators. The notion of identifying connections and community of support came up often during the participant interviews and thus needs to be considered to foster a smoother transition. Participants in my study stated that developing a community of support within the nursing education practice was key to their success; frequent contact and connection allowed them to adapt and feel supported in their new role. King, Russell, and Bulsara (2017) identified a relationship between the "need to belong and its influence on health and well-being, behavioural, emotional and cognitive responses" (p. 48). However, what was largely missing in the literature, but evident in this study, was the need to create a sense of belongingness and how this can facilitate a positive transition. Many of the participants discussed their experience of role strain and how it influenced their sense of belonging. This study indicated that a community of support was perceived as an important factor in increasing NNEs sense of belonging during their transition. Some participants suggested a structured process is needed to support the concept of belongingness. Formal mentorship was identified as one strategy that might help to ease the transition for novice nurse educators.

Mentorship in this study was defined as a program where a mentor supports the development of the novice educator (mentee). The mentor is someone the mentee can reach out to for support, guidance, and communication. Pat articulated the need for further assistance with developing into her role, as she had many questions about her role as an educator, but felt alone with no one to ask. The consequences of feeling isolated, alone, and overwhelmed are worrisome for this western university, using expert nurse clinicians to retain faculty.

Mentors can advise, offer feedback, and facilitate novice educators in building their confidence and skill set to become successful in their new role. Mentorship is globally cited in

the literature, but due to the complexity and diversity of mentorship, there are evident gaps in resources and support for development and interventions. In nursing education, mentorship outcomes vary in different countries, but there are opportunities to increase positive outcomes for nursing faculty with forms of mentorship interventions (Nowell, 2014; Nowell at al., 2015).

A mentor could support and act as a role model to facilitate the professional development of novice educators so that the transition experience could be tailored to individual needs. The expert clinician would pair up with an established nurse educator, who would provide support and guidance to help develop the novice faculty. The mentor would acknowledge how the mentee's clinical expertise would not only benefit student learning, but also research issues from clinical practice. To provide overall roles and responsibilities for the mentee to grow, support by mentors, especially during the first year in their role, can provide opportunities for relationship building, dialogue, and discussion in their development process. This might also mitigate the feelings of isolation. Participants in this study identified the need to provide an appropriate mentor and opportunity for relationship building as necessary for the transition process. All the participants from my research identified the need for support and networking relationships. Mary also recommended that formal mentorship be provided. The results also point to the need for nursing education to further examine mentorship in nursing academia and provide ways to support effective implementation strategies. Evans (2013) identified that factors improving retention of novice nurse educators included enhancing orientation to the work environment, enculturation support, formal mentoring, structured role modelling, role preparation, professional development, and resources for support. Common themes from Evan (2013) included feeling uncertain, unprepared, and lack of orientation and guidance as barriers to continuing in their role. These same themes were noted in my study in relationship to nurses transitioning into the role of novice nurse educators.

Grassley and Lambe (2015) recommended nursing education programs should consider structured, formal, and comprehensive mentoring programs, suggesting that they are essential for retaining faculty. These authors also recommended the need for further research on managing the new faculty transition experience and the mentoring process. They found most of the literature was descriptive, being comprised of either qualitative studies on the mentoring experience or descriptions of mentoring programs. But nonetheless, the literature indicated more research is needed to evaluate the mentoring process. Since novice nurse educators have little experience with teaching, they must be provided with structured guidance. Once the NNEs have more experience and a better understanding of their role, these educators move through to become competent, proficient, and experts in this role. Therefore, using expert nurse educators to mentor novice nurse educators can support the NNE transition and build confidence during their role transition. McDermid et al. (2016) referred to the loss of identity experienced by expert nurse clinicians, who transition into academia, and how their new identity is heavily dependent on their process of development, alongside with the provision of supportive, collegial relationships.

Many studies have indicated the need for formal and informal mentorship (Cooley & Degagne, 2016; Mower 2017; Schoening, 2013; Sorrell et al., 2015; Weidman, 2013). In order to ensure sustainability within the setting of nursing academics mentorships need to be considered. Racheal, who supports the formal structure of the mentorship program, noted as much in this study. As Canada continues to face a nursing faculty shortage, innovative mentorship programs could provide effective ways to retain and support the expert nurse clinician entering academia (Branden & Sharts-Hopko, 2017; Nowell, 2014).

Other nursing programs might attempt to adopt a similar approach to hire ENC to teach in both clinical settings and classrooms. I believe nursing programs that hire ENC to teach in both clinical settings and classrooms will need to give significant considerations to the workload

implications and supports provided to those nurse educations for them to have success in academics. These NNE have different needs when teaching both in the classroom and clinical setting. The need for connectedness and support is different, and they need time for development and organize themselves between the classroom and the clinical teaching environment. These findings add to the health science literature and can be applied to other allied health, including faculty of medicine, physiotherapists, occupational therapists and social workers. The results stress the importance of contextual needs and faculty development, providing context-specific pedagogy and orientations. The development and implementation of specific standards and accreditations would be beneficial in reducing the burden on their transitional experiences. ENCs have the clinical expertise, and imparting their experiences would ease the transition and assist in the delivery of quality teaching and learning for nursing students.

As ENC's are taking an increasing role in classroom teaching in the school of nursing, with respect to pedagogical instruction, these ENC's from my study had neither classroom nor clinical teaching experience before entering the nursing faculty. Therefore, many of them said that they 'learned by doing,' this could be a source of teaching insecurity. This is not an issue just for nursing; other allied health care providers have experienced similar challenges. The difference was they had hired sessional instructors. In contrast, in this context, these NNE's were employed as a recruitment strategy to continue their career pathway to becoming tenured tracked, a plan used by the nursing program to compensate for the faculty shortage. However, the lack of pedagogical education is a concern expressed by the participants. It appears to be especially prevalent in the health sciences, where clinical skills are mistakenly seen as good enough preparation to teach. Identity formation is known to take time. With a lack of formal preparation, identity formation has a negative impact on the experience and therefore discourages NNEs from moving forward in their transitional process. An Australian study on

physical therapy sessional educators teaching in both clinical and classroom showed similar results in which a lack of formal training had been suggested to have a negative impact on teacher identity (Snook, Schram & Arnadottir 2020).

The participants from my study were not sessional, however they experienced similar challenges to the Snook, Schram & Arnadottir study. Therefore, if recruiting NNEs is the approach that is going to be adopted in other allied health professions, there are a few things that need to be considered. A success strategy for hiring ENCs should consider a context-specific pedagogical course and a formal education on teaching students prior to going into clinical or doing classroom teaching as a way to support the transition of becoming an educator. In addition, aligning the ENCs clinical expertise to teaching assignments has shown to motivate the ENC who will then more likely display a willingness to learn more about teaching and build teaching and learning competence, as seen by Mary's action. I think that there is an opportunity to research the initial instructor-student relationship and how it transitions overtime.

Summary

My study found that fostering a sense of belonging early in their transition makes a difference. This can be achieved by developing a community of practice, peer support and mentorship from the onset to support the educator's transitional process and identity formation. Schoening (2013) used the concept of "sink or swim" to describe role transition. I believe there has been ambiguity around this notion in the initial year of teaching. Although there is literature that supports this notion in role transition, that concept should be contrasted with an in-depth study on socialization to gain a fuller understand of the individual experiences of novice nurse educators. The elements that need to be considered here, which are different than Duffy (2013) and Schoening (2013) are shifting from thinking about the concept of formation to emphasizing the need for time and socialization to a new environment for what is a dual clinical/teaching role for NNE. This includes providing clear expectations of what it means to work in different spaces

like clinical setting, classroom space, the socialization of student/instructor relationship and how it is necessary to advance the NNE confidence and skills abilities that moves them through the transitional phase.

Knowing how to teach takes time. Fostering a sense of belonging early in the role transitional process is a critical element for retention and progression. Novice educators entering the academic field without preparation require special attention and setting up extra time to develop the right connections and supports at the beginning of their transition are key elements to ease role demands and expectations. It takes time for identity formation and "thinking like an educator" involves integrating both the understanding of being a "nurse" and an "educator" Making room to understand these concepts prior to teaching students can reduce the NNE burden of workload struggles and role demands (Oermann, 2019).

Chapter Six: Conclusion

In chapter presents the recommendations, implications of the findings and future research of this study. McFadden and Sims (2017) used the analogy of the adventures of Alice in Wonderland University to describe the experiences of new nurse educators. These authors describe Alice as a new educator entering the new culture of higher education, using the following humorous text to emphasize the feeling of being expert and novice in nursing education:

- Sometimes I feel tall, (clinical competence)
- Sometimes I feel small (academic expectations) (p.110)

These authors talked about the mentor and mentee relationship as facilitating a positive transition into academia. These findings are aligned with the current literature on issues concerning the retaining of faculty in nursing. However, the results provide additional details to add to the body of knowledge about promoting a supportive environment from an organizational and systems-level. I hope these findings will influence the future process for onboarding novice nurse educators and promote purposeful ways to increase support for a smoother transition process.

Recommendations for the nursing program in this Western Institution

Based on my findings, to support the role transition of novice nurse educator with limited term positions into academia, I recommend the following:

- Limited term recruitment strategies should be revisited, and the outcomes evaluated. This needs to be done to moving away from ENC being a revolving door in and out of nursing academia. As a strategy to support development and retention our institutions should consider aligning clinical expertise with both the teaching of theory in the classroom, as well as within the clinical setting. The dual teaching contexts of the clinical and classroom settings create increased workloads. It would be important

for this institution to revisit the workload model of limited term positions and think about reasonable ways for ENC to transition into NNE.

- An allowance of time is needed for orientation (formal and informal), alongside preparation time for clinical and classroom teaching It is critical for those responsible for delivering nursing education to think about ways to develop competencies for novice nurse educators in understanding their role and how to teach and assess nursing students. This should include a lighter workload. This nursing program would benefit from the implementation of a structured direction to intentionally provide support, beginning with an orientation to ease the uncertainty and develop skills and confidence with teaching in the clinical and classroom setting.
- Additional formal education in teaching, assessment methods, learning strategies, and approaches to adult education are recommended for a smoother transition for NNEs. This additional time would allow NNEs the opportunity to develop knowledge around nursing education principles and theory.
- Formal Mentorship: A structured mentorship program would help nurture, support, and retain novice nurse educators. There are also opportunities to be intentional about how to create the right resources and supports for NNE. In addition, there is contingency for assisting purposeful, encouraging, and engaging mentors to assist NNEs in overcoming the ambiguity of the role, and to understand its expectations, and allow for meaningful development within the role.
- In order to foster a sense of belonging for NNEs, as well as providing a means for them to be incorporated into the academic community, communities of practices need to be built. The creation of these supportive community environments will enable novice nurse educators to feel welcomed into the academic community during the early months of their transition. This welcoming inclusion can assist NNEs

to successfully transition into their new role. It can also assist them in reaching their full potential as nursing educators by providing them with the supportive structures needed to gain the knowledge and skills required for the role. Novice and expert nurses working together during the transition period also creates a community of support.

Contribution to knowledge

My research highlighted ways to narrow the gap during the transitional process for NNE's by fostering a sense of belonging, which not only creates a positive environment, but becomes a supportive intervention for the successful transition of NNEs. It is vital to develop this sense of connectedness for these participants to mitigate their feelings of loneliness and to build their sense of belonging. It is also important to provide opportunities for collaborative sharing of knowledge, involvement in scholarly teaching activities, and projects to get hands-on experiences in transitioning into nurse educators. Existing studies on the transition of nurse clinicians into academia have not sufficiently appreciated the extent to which novice nurse educators are expected to span contrasting environments for practice (whether the classroom or the clinical setting), different sets of demands from students and patients), and the relevance of different roles and ways of operating.

For participants to continue in the transitional process, the finding from my study reinforces the importance of integrating formal pedagogical education during orientation and developing a mentorship relationship for novice nurse educators. This open and supportive environment is a foundation for fostering a sense of belonging. This was brought up by both Barb and Racheal. The difference between the Schoening NET model and my research is that my findings considers the contextual factors such as time and the environmental impact at the early stages of transition. My findings consider ways to mitigate the chaos, address discouragement and build on the concept of making a positive impact on students that they are

encountering. The idea of socialization and identity formation are important elements to consider as the NNE's grows from novice to proficient. I argue that all aspect of teaching and learning involves being explicit with understanding the transitional process and providing supportive intervention to a teaching and learning environment that fosters a sense of belonging for NNE.

As the undergraduate nursing program evolves and recommendations made by the nursing and academic experts, consideration to deliberately developing essential support for NNE's during their initial transitional phase in necessary. Although the concepts of identity formation and nurse educator transitional models have been explored in literature, both education and nursing-focused literature need to acknowledge that the ENC's skills and abilities are not simply transferable into NNE. Implicit skills need to be developed and considered. Further research is necessary to determine if the early support interventions of fostering a sense of belonging, including providing time for orientation and capacity building prior to teaching in the clinical and classroom setting are impactful not only in the nursing field but also in the other health allied fields.

Many of the participants from my study indicated a lack of understanding of the nurse educator competencies and their scope of practice. This study is useful for this particular institution because it provides the details of the struggles with transition process and also recommends approaches and opportunities to build early academic capacity for novice nurse educators. Due to the current issue of a faculty shortage in nursing education, there is a need for institutional support in developing a sense of belonging during the early stages of the NNE transition. There is an opportunity to strategically re-think the integration of expert nurse clinicians into academia, so that they feel valued and have a sense of belonging, hopefully leading to a desire to remain in academics.

As part of dissemination, the findings from my study were shared with the leadership of this western Canada university and recommendations were provided. Some of these recommendations have already been implemented, including the provision of a robust orientation, funding to send novice nurse educators for additional formal teaching and learning courses, as well as for certification offered by CASN. I am also working closely with the assistant dean for faculty development on a structured mentorship program and workshops on how to assess students and as well as how to work with challenging students. In addition, this doctoral program provided an opportunity for self-development in the areas of research and leadership. The knowledge gained from this doctoral research has begun to support many initiatives at this institution and provided me with a means of putting my education into practice. As I look back, the knowledge I have gained from this study has really helped shaped some of the initiatives at this institution. As a direct result of my findings, the associate dean for the undergraduate nursing program now meets with novice nurse educators to align their clinical expertise with their teaching assignments. This institution has also hired an assistant dean to support the professional development initiatives needed for novice educators and to assist in the development of their competencies and confidence in teaching. I have also grown professionally, as my current role as associate dean for education practice has provided me with opportunities to conduct studies and look at how mentorships might support novice nurse educators. I have also been asked, by the assistant dean, to support the development of micro-credentials to encourage the professional development of NNEs in teaching and learning. The skills and knowledge I have gained from my doctoral education has also allowed me to lead a team at the faculty to conduct a program evaluation and lead the accreditation of the nursing program. The findings of my study were validated when the reviewers of the Canadian Nurse Association School of Nursing (CASN) recommended providing robust orientation and mentorship programs to the nursing faculty and re-examined workload assignments. Since

then, my colleague, who is the undergraduate associate dean, has development a formula for consultation with faculty on workload models and ways to develop supports for teaching faculty.

Implications of the findings and future research

The essence of my research study contributes to the body of knowledge which seeks to develop strategies and opportunities for NNEs to understand the expectations of the new role and to overcome the stress, tension, and uncertainties experienced during the transition. This study suggests creating a community of support and building relationships from all levels are critical to the transition process. My research study also raised new issues and identified gaps. There is a need for further exploration concerning ways of building a sense of belonging for expert nurse clinicians entering the academic world. I have provided some recommendations for further areas for research studies to investigate this issue of belonging. The study results are informative and have provided insight into the need for clarifying novice nurse educator's role and responsibilities, aligning clinical expertise and teaching, and providing resources that can improve the transitional experience. Ensuring formal orientation and mentorship programmes can foster a smooth transition into the novice nurse educator role, develop a sense of belonging in academia. There is a lack of literature on attrition levels on novice nurse educators transitioning into academia in the nursing programs and these results can add to the body of knowledge within the Canadian context using this strategy to recruit ENC into academia.

The findings of this study have implications for future study. This study supported the literature related to understanding the role transition and the retention of novice nurse educators. Although there is abundant information about formal support for novice clinicians, there remains limited literature on the effects of formalized orientation and mentorship programs and its impact on role transition and development for novice nurse educators in Canada. It appears clarifying roles and expectations, providing formal preparation time, and aligning clinical

expertise with teaching duties can decrease role strain and impact transitioning from clinical to academic settings.

Further research should be aimed at examining the effectiveness of the creation of a sense of belonging through having formal orientation and mentorship programs for novice nurse educators, which may influence novice nurse's intent to stay in academia. It would be good to consider having a control group in the future study that compare novice nurse educators in a formalized mentorship program to those that do not have the mentorship program would likewise provide insight into the support they receive and its consequences. There is also an opportunity to investigate whether creating a community of support increases the novice nurse educators' sense of belonging and can lower role strain and role ambiguity.

Limitations

There were several limitations to this study, primary due to the qualitative nature of the data collection process. Participants needed to be open and accurate in recounting their transitional experiences, but honest errors can occur during this process. Even though I was self-reflective and conscious of my position as an experienced nurse educator during the analysis phase, I am not immune to bias in interpretation. This may have impacted the results of the study.

All research participants were drawn from one nursing education program, so the findings may not be generalized. The inclusion of a larger sample of participants from different locations would have been beneficial. The participants' experiences had the potential to be program-specific and unique to this nursing program context. Consequently, caution should be exercised in generalizing the results to other nursing programs across the country and outside of Canada. However, in situations where expert nurse clinicians are transitioning into being novice educators, the findings may be transferable to similar approaches to recruiting expert nurse clinicians into the novice nurse educator position.

The participants were purposively chosen to represent the targeted population; interested participants were all female, and the study lacked input from the male perspective. Gaining a male perspective might have added additional information about transitional experiences.

I recognize my own bias as an insider researcher and in predicting the types of biases, including the sample size. I selected expert nurse clinicians transitioning into novice nurse educator role and many of them shared similar characteristics. I chose to do this because I wanted to understand their shared experiences, but it could have been a limiting factor. One way to mitigate this issue would be to only interview participants who have already left academia as a means of understanding why and what factors influenced their decision. In addition, to avoid subconsciously interviewer bias, I kept detailed notes and used computerized data analysis process. In order to avoid participant bias, I was clear not to use lead in questions, but used open ended questions that allowed the information to flow freely and avoided implying there was a right answer. As a means of avoiding research bias, I analysed all my data. I had a lot of data and I went through it several times, listening, writing notes, coding both in the computerised program, and on hand written dot notes.

Summary

This thesis focused on understanding the transitional experiences of expert nurse clinicians becoming novice nurse educators and has provided recommendations to ease the transition from the institutional perspective. For this western Canadian university to mitigate rates of attrition and the increasing costs of hiring new expert clinicians every year, my research could impact current practices for the effective transition of novice nurse educators. My findings indicate quality teaching occurs when expert clinicians are supported and can transfer their knowledge in an effective manner, which is consistent with the findings of McDermid et al. (2016) and Summers (2015). New findings from my study indicate participants did not have

time for building relationships and did not know who to approach. Therefore, setting up a formalized mentoring program for novice educators would ease their transition progression and role ambiguity. At the beginning of this research the expected outcomes of the study were to provide detailed insight into the lived experiences of novice educators. The findings provided information on the experiences of these individuals and insight into strategies on ways to support them. Globally, the nursing profession is facing a faculty shortage (WHO, 2017). Therefore, understanding these experiences can influence change by providing ways to support and promote faculty development to retain them (Brown & Sorrell, 2017). This western Canadian university can be proactive in identifying ways to enhance capacity and build competencies to bridge the gap for new recruits who are moving from an "expert to novice" role. Candela, Gutierrez, and Keating (2015) identified the importance of understanding faculty members' perceptions of the factors that influence their intent to stay by acknowledging their needs and for faculty development. This study examined novice nurse educator's transitional experiences during their first year in academia and identified support requirements needed. Benner's novice to expert model was used and the role transition theory to explore these educator's experiences. An interpretative phenomenological analysis (IPA) design was the methodological approach used for this study. A purposeful sampling approach of nine novice nurse educators, using in-depth interviews, explored the details of expert nurse clinicians transitioning into the novice nurse educator role during their first year of teaching. These discussions identified three themes: a transitional gap, role strain, and the importance of fostering a sense of belonging. The study findings highlighted the early transitional experiences of these participants with regards to the role and its responsibilities, aligning clinical expertise and teaching, navigating the academic role, ensuring formal orientation, and mentorship programmes to foster a sense of belonging in academia. The findings can assist nursing education in enhancing interventions that support the novice nurse educator's success.

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