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Leaving an Expert and Returning a Novice: Exploring the Transition of Clinical Nurse Experts to Novice Nurse Educators

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Abstract

The ability of nursing programs to educate future registered professional nurses is being hindered by a shortage of nurse educators. With this shortage, healthcare systems that employ and rely on registered nurses will encounter a decreased number of new nurses entering the profession. As a result, the shortage in both areas will affect the safety of patients in need of nursing care. Understanding the lived experiences of novice nurse educators can provide evidence of the challenges and positive factors that are encountered during the transition process. The purpose of this qualitative phenomenological study was to explore the lived experiences of clinical nurse experts who transitioned to novice nurse educators employed at associate degree nursing programs in New York State. A convenience and snowball sampling of five novice nurse educators was used. Findings from the study were consistent with the research presented in the literature review indicating that novice nurse educators face challenges that affect the transition experienced. Additionally, the study supported the research that positive factors can create an environment conducive to easing the transition. Recommendations include the development of formalized competency-based orientation and mentorship programs that create a supportive environment. Similarly, the novice nurse educators should advocate for their needs and have a clear understanding of what responsibilities are expected of them in their new role. Facilitating a successful transition and addressing the needs of the novice nurse educators is essential if more registered nurses are to be trained to meet the anticipated demand.

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Leaving an Expert and Returning a Novice: Exploring the Transition of
Clinical Nurse Experts to Novice Nurse Educators

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of the requirements for the degree
Ed.D. in Executive Leadership

Supervised by

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Dedication

I dedicate this dissertation to my three amazing children, Mallory, Kate (a.k.a. Will), and Nolan. You spent many weekends without my presence in order for me to pursue my dream. Without your maturity and support, this dream would not have been possible. To Henry, meeting you a year ago has brought me a happiness I never imagined possible. I am grateful for your patience and never-ending support when I was not trusting the process and did not see the end in sight. Thank you for believing in me.

I also dedicate this dissertation to my parents who taught me the importance of education and never quitting what I started. Both of you left my world too soon, but you each taught me lifelong lessons I will never forget.

To my peers and administration at St. Joseph's College of Nursing, your support and push to get to the finish line is forever appreciated. A special thank you goes out to my fellow classmate and peer, Tricia Spoto. You taught me that this fight was worth it, and you supported me in immeasurable ways when I needed it the most. You hold a special place in my heart.

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dedication to social justice is truly an inspiration to making this world a better place.

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Biographical Sketch

Elizabeth Woytowicz is currently a faculty member at St. Joseph's College of Nursing in Syracuse, NY. Ms. Woytowicz attended SUNY Plattsburgh from 1987-1990 and graduated with a Bachelor of Science degree in 1990. Subsequently, she attended St. Joseph's School of Nursing from 1991-1993 and graduated with an Associate of Applied Science in 1993. She then attended SUNY Institute of Technology at Utica/Rome from 1994-1997 and graduated with a Bachelor of Science degree in 1997 and further attended SUNY Institute of Technology at Utica/Rome from 2008-2011 where she graduated with a Master of Science degree in Nursing Education in 2011. She came to St. John Fisher College in the summer of 2015 and began doctoral studies in the Ed.D. Program in Executive Leadership. Ms. Woytowicz pursued her research in the transition of clinical nurse experts to novice nurse educators under the direction of Dr. Kim VanDerLinden and Dr. Julie White and received the Ed.D. degree in 2018.

Abstract

The ability of nursing programs to educate future registered professional nurses is being hindered by a shortage of nurse educators. With this shortage, healthcare systems that employ and rely on registered nurses will encounter a decreased number of new nurses entering the profession. As a result, the shortage in both areas will affect the safety of patients in need of nursing care. Understanding the lived experiences of novice nurse educators can provide evidence of the challenges and positive factors that are encountered during the transition process. The purpose of this qualitative phenomenological study was to explore the lived experiences of clinical nurse experts who transitioned to novice nurse educators employed at associate degree nursing programs in New York State. A convenience and snowball sampling of five novice nurse educators was used. Findings from the study were consistent with the research presented in the literature review indicating that novice nurse educators face challenges that affect the transition experienced. Additionally, the study supported the research that positive factors can create an environment conducive to easing the transition. Recommendations include the development of formalized competency-based orientation and mentorship programs that create a supportive environment. Similarly, the novice nurse educators should advocate for their needs and have a clear understanding of what responsibilities are expected of them in their new role. Facilitating a successful transition and addressing the needs of the novice nurse educators is essential if more registered nurses are to be trained to meet the anticipated demand.

Table of Contents

Dedication	iii
Biographical Sketch	v
Abstract	vi
Table of Contents	vii
List of Tables	ix
Chapter 1: Introduction	1
Problem Statement	4
Theoretical Rationale	6
Statement of Purpose	9
Research Questions	9
Potential Significance of the Study	9
Definitions of Terms	10
Chapter Summary	11
Chapter 2: Review of the Literature.....	13
Introduction and Purpose	13
Experiences of Novice Nurse Educators.....	13
Pursuing the Nurse Educator Path.....	27
Chapter Summary	34
Chapter 3: Research Design Methodology	36
Introduction.....	36

Research Context	37
Research Participants	38
Instruments Used for Data Collection.....	39
Procedures for Data Analysis.....	40
Summary of Methodology	42
Chapter 4: Results	43
Introduction.....	43
Research Questions.....	43
Data Analysis and Findings	44
Summary of Results	61
Chapter 5: Discussion	63
Introduction.....	63
Implications of Findings	64
Limitations	78
Recommendations.....	79
Conclusion	84
References.....	89
Appendix A.....	93
Appendix B.....	94
Appendix C.....	96
Appendix D.....	97

List of Tables

Item	Title	Page
Table 4.1	Summary of Categories and Themes	45

Chapter 1: Introduction

Since 2010, nursing has been recognized as the most honest and ethical profession by Americans (Norman, 2016). Nurses provide patients and families with consistent caregiving during the most vulnerable times of their lives, from birth to death. With the ever-changing healthcare environment, the presence of highly educated and trained nurses is essential to maintaining patient safety and positive patient outcomes (Larson, 2016). In 2017, the nursing shortage may not be at a critical level throughout the United States, but the projected need for new nurses by 2025 outnumbers the nurses expected to graduate from nursing programs and enter the profession (Auerbach, Buerhaus, & Staiger, 2016).

Two factors leading to the need for more registered nurses (RNs) are the 70 million baby boomers, including those with multiple chronic diseases, such as obesity and diabetes, and the one-third of the existing RNs set to retire by 2022 (Bureau of Labor Statistics [BLS], 2015; Larson, 2016). Therefore, an additional 1.1 million new nurses are needed to fill and replace nursing positions (BLS, 2015).

As the need for qualified RNs increases, the primary reason cited for not meeting the anticipated demand is a shortage of nurse educators (American Association of Colleges of Nursing [AACN], 2017; National League for Nursing [NLN], 2015). In 2014, 37% of qualified associate degree nursing students and 31% of qualified bachelor degree students were denied admission into pre-licensure nursing programs in the United States (NLN, 2015). Similarly, over 21,000 qualified RNs wanted to acquire advanced

nursing degrees at the master's and doctoral level, but they were not accepted because of a lack of nurse educators (NLN, 2015). The inability to accept clinical nurse experts into master and doctorate programs in nursing education due to a lack of educators negatively affects the pre-licensure nursing programs capacity to recruit qualified educators to meet the need for registered nurses (NLN, 2015).

In 2016, the American Association of Colleges of Nursing conducted a nurse educators' vacancy survey of 821 nursing programs with an 85.7% response rate. Nursing programs reported a 7.9% vacancy rate of educators and a need to establish 133 new educator positions to meet the demand of students who wanted to train to become RNs (AACN, 2017). The vacancy rates were attributed to positions requiring educators to hold a doctoral degree. In addition, 61.3% of the institutions reported a lack of money to hire new educators, and 56.5% of the institutions reported not finding qualified candidates to fill positions. Consequently, the inability to educate, hire, and recruit new educators directly affects the number of RNs entering the profession to fulfill the continuing demand (AACN, 2017).

The recruitment and retention of qualified nurse educators requires collaboration between nursing programs; local, state, and federal governments; and hospitals and community stakeholders (Kowalski & Kelley, 2013). Research shows that the need for a highly trained RN workforce is crucial to providing safe care with positive outcomes (Allen, 2008). As state and federal governments acknowledge the growing need for nurses in all arenas of healthcare, the shortage of nurse educators to prepare future RNs presents a challenge for the stakeholders (Institute of Medicine, 2011; Kowalski & Kelley, 2013). A lack of collaboration between all stakeholders to ensure the presence

of: (a) educational funding, (b) competitive salaries, (c) professional development from clinical nursing to academia, and (d) a supportive transition to higher education, will affect student success and patient care outcomes (Anderson, 2009, Bittner & O'Connor, 2012; Evans, 2013; Laurencelle, Scanlon, & Brett, 2016; McArthur-Rouse, 2008).

Given that professional accrediting bodies and employers expect nurse educators to possess a master's or doctoral degree to enter academia, the decision to focus on nurse education at the advanced-practice nurse level presents a financial hardship, with programs costing a minimum of \$40,000, starting out, and going significantly higher if the educators choose, or are expected to, acquire a doctoral degree (Gallucci, 2014). Funding for graduate work at the master's and doctoral level is not prevalent, and the research shows that institutions tend to pay nurse educators less than their peers in other fields (Vogelsang, 2014). Therefore, the considerable student loan debt between the undergraduate and graduate degrees may outweigh the desire or feasibility to enter the nurse educator career path (Gallucci, 2014). Choosing the advanced-practice degree path as nurse practitioners in clinical settings represents a more attractive choice because salaries average \$97,000 per year, while nurse educators average \$77,000 per year (AACN, 2017; Gallucci, 2014).

As nursing program administrators (deans and directors) recruit clinical nurse experts whose education lacked or provided minimal formal teaching experience, the need exists to supply new novice nurse educators with a comprehensive orientation to the college, the program, and role expectations (Schoening, 2013). Clinical nurse experts may possess advanced clinical skills and knowledge essential to guiding students in clinical settings, but upon entering higher education, the knowledge and skill sets

required differ (Schoening). Therefore, a complex and challenging transition occurs during the change from clinical nurse experts to novice nurse educators (Schoening, 2013).

Problem Statement

The clinical nurse expert who transitions to a novice nurse educator experiences an anxiety-provoking life change that requires attention if advanced-practice nurses are going to enter and stay in an academic role (Goodrich, 2014). Clinical nurse experts are proficient in caring for patients in the clinical setting and interacting with nursing students, but the transition to novice nurse educator comes with a new set of rules, regulations, and skills that clinical nurse experts are not familiar with or educated in prior to accepting their new roles (Anderson, 2009; McArthur-Rouse, 2008; Schoening, 2013). Even though clinical nurse experts understand and function well in a hospital or other clinical setting, research demonstrates that they lack preparation for the teaching role in higher education. In a higher education setting, novice nurse educators engage in curriculum and lesson development, evaluation of students, test question generation and analysis, and other responsibilities unique to higher education (Duphily, 2011; Weidman, 2013).

Transition process. With the growing need for qualified nurse educators to meet the demand for new nurses within clinical settings, a successful transition process from clinical nurse experts to novice nurse educators is essential for recruitment and retention of these educators (McDonald, 2010). Findings from studies involving novice nurse educators depict transitions lacking structure, consistency, support, and socialization to

the environment (Anderson, 2009, Schoening, 2013; Cangelosi, Crocker, & Sorrell, 2009).

Novice nurse educators cited that they knew and accepted a decreased salary in comparison to clinical nursing because of the desire to teach new nurses and make a difference, but they did not expect the informal orientation process or the high workload that required them to work at home after a full day at the institution (Bittner & O'Connor, 2012; Smith & Boyd, 2012). Without a formalized orientation and mentoring process into the nursing department, along with orientation to the institution, the transition leads to discouragement with the career choice and a lack of incentive to continue in nursing education (Evans, 2013).

Aging workforce. With the majority of educators and administrators in nursing education between 50-60-years old, the urgency exists to train more educators if communities are going to meet the demand for more registered nurses (AACN, 2016). Similarly, the clinical nursing workforce represents an aging population that requires new nurses to replace them. According to the 2013 National Workforce Survey of RNs conducted by National Council of State Boards of Nursing and Forum of State Nursing Workforce Centers, 53% of the RNs working as nurses in a clinical setting were 50-years old or older (Budden, Zhong, Moulton, & Cimiotti, 2013). In the same survey, 72% of the respondents who identified themselves as nurse educators were over 50-years old, and only 14% were under the age of 40-years old (Budden et al., 2013). The retirement of both clinical RNs and nurse educators negatively affects the ability of healthcare organizations to fill their RN needs and the ability of institutions to expand undergraduate

and graduate nursing programs (AACN, 2016; Gallucci, 2014; Penn, Wilson, & Rosseter, 2008).

Theoretical Rationale

A model that addresses transition is the Dreyfus (1980) five-stage model of skill acquisition that focuses on the categories of transition that students and adults go through during various role changes throughout life (Dreyfus, 2004; Dreyfus & Dreyfus, 1980). This model aligns with studying the lived experiences of clinical nurse experts as they transition into their role as novice nurse educators. Originally, the model suggested that individuals follow and grow through: (a) novice, (b) competence, (c) proficiency, (d) expertise, and (e) mastery phases, over time, as they experience real-life role changes (Dreyfus & Dreyfus, 1980). As the clinical nurse experts transition to the new role, they change from an expert to novice. Novices practice without experiences to draw from, and their actions result from theoretical or instructional knowledge as opposed to personal experiences (Dreyfus & Dreyfus, 1980). Subsequently, as individuals gain more experience and confidence in their newly acquired skills, they move onto the next stages with the goal of reaching the mastery phase (Dreyfus & Dreyfus, 1980).

Since 1980, the Dreyfus model evolved using different terminology to describe the five stages (Dreyfus, 2004). The five stages are now expressed as: (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and (e) expert. In healthcare, the newer Dreyfus (2004) model is used to study the transition from novice to expert in medical students, nursing students, physicians, and clinical nurses as they learn as students and grow as professional healthcare providers (Batalden, Leach, Swing, Dreyfus, & Dreyfus, 2002; Benner, 1984; Carraccio, Benson, Nixon, & Derstine, 2008). Similarly, studies in

nursing education used the Dreyfus model as a basis for studying the transition of clinical nurse experts to novice nurse educators (Ramsburg & Childress, 2012).

In the first stage of being a novice, individuals are given the rules without necessarily the need to put them into particular situations, but as the individuals advance, their information needs further development (Dreyfus, 2004; Dreyfus & Dreyfus, 1980). Therefore, novice nurse educators rely on the established rules, policies, and guidance of their more experienced peers and nursing administrators to facilitate their entrance into nursing education (Schoening, 2013). In the second stage, advanced beginner, individuals are provided with more real-life situations, and they are better prepared to think through the steps to reach the desired outcome because of having more knowledge to draw upon (Dreyfus, 2004; Dreyfus & Dreyfus, 1980).

During the third stage, competence, the individuals are exposed to more complex situations that may not have a concrete answer. Therefore, they need to take risks through the decisions they make and accept responsibility for the choices they make (Dreyfus, 2004). In addition, the individuals tend to get more emotionally attached in this stage, and they cope with the fact the black and white rules may not apply in every situation (Dreyfus, 2004).

As the individuals gain more experience and knowledge, they progress to the fourth stage, proficiency. In this stage, the individuals are beyond the strict rules they used to guide them as beginners (Dreyfus, 2004). Due to increased emotional attachment to their roles, they are more vested in the decisions they make, and they make decisions faster based on the scenarios they have encountered at a specific point in time. Even with

the advanced abilities, they are still not able to make decisions without thinking through some key steps to reach their goal (Dreyfus, 2004).

Finally, the expertise stage represents that the individuals can see a situation and know, through experience and intuition, exactly how to react to achieve the goal. This achievement occurs because of the individuals' previous exposure to various situations, and they can now evaluate the situations quickly and make the appropriate choices (Dreyfus, 2004).

Using the Dreyfus 1980 five-stage model of skill acquisition as a guide, Benner developed the novice-to-expert nursing theory in (1984). As Dreyfus and Dreyfus (1980) suggested, learning and skill acquisition are acquired through experiential learning, and individuals must go through each stage. Benner (1984) aligned this model to the complex field of nursing. Similarly, the expert nurse has mastered the fluidity of the various situations within the clinical environment and does not need to calculate every response (Benner, 2004). Dreyfus and Dreyfus (1980), Dreyfus (2004), and Benner (2004) recognized that even the expert must be conscious of new variables in situations and that unexpected events can occur, and experiential learning never ends.

Given that the process of experiential learning never ends, the Dreyfus five-stage model of skill acquisition applies to this research topic of transitioning from clinical nurse experts to novice nurse educators and the need for professional development (Dreyfus & Dreyfus, 1980). The idea that nurse educators who enter academia after achieving expertise in clinical nursing are the next natural choice to teach nursing students and seamlessly transition into the new role as educators is not necessarily accurate (Weidman, 2013).

Statement of Purpose

The purpose of this study is to explore and understand the lived experiences of novice nurse educators teaching in New York State associate degree nursing programs who transitioned from the role of clinical nurse experts, within the past 3 years, between 2014 through 2017.

Research Questions

The goal of the study is to answer the following research questions. From the perspective of novice nurse educators:

1. How did their experiences in the new role affect their transition?
2. What previous professional and educational experiences assisted them in their new role?
3. How did their pre-conceived expectations of the nurse educator role align with their transition?

Potential Significance of the Study

Healthcare system. According to the Bureau of Labor Statistics (2015), nursing ranks at the top as one of the fastest growing careers in healthcare. Even with this growth, there remains a projected shortfall of nurses that are needed to replace 550,000 retiring RNs by 2022 and fill 575,000 newly created positions that will be vacant to manage and care for up to 70 million people from the baby boomer generation (BLS, 2015; Larson, 2016). A major component affecting the ability to train enough RNs is the shortage of nurse educators (AACN, 2017). A shortage of nurse educators compounds the effect on the healthcare industry's ability to provide safe, quality patient care (Allen, 2008; McDermid, Peters, Daly, & Jackson, 2012). Poor patient outcomes are attributed

to a shortage of qualified registered nurses; therefore, addressing the nurse educator shortage is crucial to alleviating the lack of capacity to produce the registered nurses necessary to ensure safe patient care (Allen, 2008). Similarly, a shortage of RNs affects the shortage of nurse educators as there are not enough RNs to recruit into the field of nursing education. If patient outcomes and quality patient care are at risk due to both the nurse educator and registered nurse shortages, then the needs and experiences of novice nurse educators requires attention so effective strategies for recruitment and retention of qualified educators are developed and instituted (Allen, 2008).

Schools of nursing. AACN (2017) attributed the shortage of nurse educators to the rejection of RNs seeking master's and doctoral degrees due to a lack of nurse educators. Therefore, the cycle resulting from a lack of educators directly affects the supply of nurses available to care for an aging, chronically sick population. Without a steady influx of new nurse educators, schools of nursing cannot admit and train enough new RNs to meet the anticipated nursing shortage.

Novice nurse educators. A review of the literature indicates an urgency for the training, recruiting, and retaining of nurse educators. Therefore, a study that explores the transition from clinical nurse expert to novice nurse educator from the participants' lived experiences will add to the current body of literature. As a result of creating a positive transition to novice nurse educators, clinical nurse experts may be more inclined to commit to learning institutions and eventually acquire the positions of expert nurse educators.

Definitions of Terms

Clinical nurse experts – a professional registered nurse with a minimum of 3 years of acute-care clinical experience.

Novice nurse educators – an individual who teaches nursing to students but who has no more than 3 years of teaching experience, possesses a Master of Science degree in nursing, and holds a full-time position that includes both clinical and classroom teaching.

Nursing program administrators – deans, directors, or chairs of nursing programs.

Transition – the process clinical nurse experts go through as they move from an expert role in a clinical setting, using specific skill sets, to a novice nurse teaching role requiring different skill sets.

Chapter Summary

The demand for new registered nurses is growing throughout the United States as the baby boomer generation ages and as many existing registered nurses are reaching retirement age. This demand is coupled by the shortage of nurse educators available to prepare future registered nurses for employment. Without the recruitment and retention of new qualified nurse educators, programs cannot admit more students to meet the demand. This chapter presented an overview of the problem and the urgent need to address the impact a shortage of qualified nurse educators will have on healthcare. As demonstrated in this chapter, transitioning from clinical nurse experts to novice nurse educators represents a new experience with different responsibilities and expectations. Consequently, the needs of these clinical experts who have decided to enter nursing education require attention if recruitment and retention efforts of novice nurse educators are going to entice new educators into academia. Therefore, a study exploring the clinical nurse experts to novice nurse educators' transition process will add to the current

literature and potentially provide information to guide nursing program administrators in designing professional development programs that are focused on novice nurse educators.

Chapter 2 provides a detailed review of the empirical research on the transition process from clinical nurse expert to novice nurse educator. Chapter 3 discusses the research design and methodology used to conduct this study. Chapter 4 provides a thorough presentation of the results and findings, and finally, Chapter 5 discusses the findings, implications, study limitations, and recommendations. Additionally, ideas for future research on the topic of transition of novice nurse educators are addressed.

Chapter 2: Review of the Literature

Introduction and Purpose

Professional nursing organizations, state and federal governments, colleges of nursing, and healthcare institutions acknowledge the continual nursing shortage (AACN, 2017; NLN, 2015). Statistics also support the failure of nursing programs, globally, to educate the number of nurses needed to care for the aging population in a complex, highly technical healthcare industry. A common reason cited for not producing a sufficient number of nurses is a lack of qualified advanced-practice nurses choosing the nurse educator field of study (Gallucci, 2014). Therefore, colleges are recruiting clinical nurse experts to transition to academia, many without formal coursework in nursing education or experience in educating students. Novice nurse educators enter academia with expert nursing skills, but they may lack the knowledge, skills, and competencies needed to transition to a new role distinctly different from their previous role. This review of the literature examines the transition process of novice nurse educators in relation to the challenges encountered and resources used to facilitate growth in the new role.

Review of the Literature

Experiences of novice nurse educators. Clinical nurse experts who transition to novice nurse educators move from an environment of knowing how to perform their jobs proficiently and how to maneuver through the organizations they work in to a career path and organizational structure that are significantly different. Therefore, the studies

researching the experiences of novice nurse educators present insight into the unique transition encountered as they enter nursing academia. McArthur-Rouse (2008) performed a qualitative study that examined the experiences of novice nurse educators who were in their role for 2 years or less. Six participants were interviewed and audiotaped using a semi-structured approach. The question topics included: (a) the educators' reasons for changing from the clinical role to a teaching role, (b) formal orientation and mentoring received, and (c) primary concerns at the time of starting these positions.

The participants described receiving introductions to their new role including a formal orientation and being assigned a mentor (McArthur-Rouse, 2008). In addition, all the study participants received the nursing department handbook with general information, though two study participants expressed that the handbook did not provide them with enough detail. As part of the mentoring process, four participants were guided more directly through the early transition, such as attending test-question review meetings, watching other educators teach, and receiving peer reviews by each of their mentors. The other two participants were expected to be more self-directed, and the mentoring relationship was more informal. Even with the variability in mentoring experiences, the participants were appreciative of having the mentors to assist them through the transition (McArthur-Rouse, 2008).

Two significant themes developed from McArthur-Rouse's (2008) findings: (a) lack of clarity on the new position and whether the new nurse educators were effective as new instructors, and (b) a lack of knowledge regarding how the training institution operated. These two themes arose from participants discussing their concerns

with the new role and suggestions for improving the transition process. First, the participants recommended they receive thorough guidance on effective teaching methods. The novice nurse educators' concerns were not addressed by the mentors, because four of the novice nurse educators did not inform the mentors of the issues. Additionally, the novice nurse educators did not feel supported in the classroom, as no one provided them with feedback on whether their teaching was effective or meeting the students' expectations. The novice nurse educators believed the expert educators assumed they knew more about the educator role than they did, and the novice nurse educators wished they knew more about the inner workings of higher education (McArthur-Rouse, 2008). Consequently, McArthur-Rouse (2008) recommended increased availability of mentors to offer guidance and assistance during the novice nurse educators' acclimation to role expectations and to provide explanations of the organizational culture differences related to the novice nurse educators' new roles.

Anderson (2009) studied the work-role transition of clinician educators. Anderson used a naturalistic inquiry to guide the descriptive explanatory study. Using a purposive sampling method, 18 novice nurse educators were recruited from bachelor degree programs from four states in the Midwestern United States. Inclusion criteria for the study were: (a) no formal teaching experience or academic preparation in the area of education, (b) no more than 2 years' teaching experience, (c) preparation as nurse practitioners or clinical nurse specialists, and (d) a minimum of 5 years of clinical practice as a registered nurse.

After conducting semi-structured interviews, Anderson (2009) discovered six related patterns between the educators and used the metaphor of a "mermaid swimming

in a sea of academia” (p. 204) to describe the relationship, as many of the educators used water in their descriptions of being new in academia. The six patterns that emerged were: (a) sitting on the shore, (b) splashing in the shallows, (c) drowning, (d) treading water, (e) beginning strokes, and (f) throughout the waters.

In the first pattern, *sitting on the shore*, the participants discussed the decision to make the change and being nervous and excited about the transition (Anderson, 2009). As a second pattern, *splashing in the shallows*, the novice nurse educators described a *honeymoon* phase where they observed or worked with experts in the classroom and had lighter workloads in the first year. Following the first year, the participants progressed into the third phase, labeled as the *sensation of drowning*. In this phase, the expectations of the position began to be realized, along with a new fear of the unknown academic world. To prevent drowning, the fourth phase of *treading water* encompassed the novice nurse educators’ feeling that they were staying afloat by using strategies to keep up with the students’ needs, prioritizing time and workload, and receiving support and feedback on their performance. For the fifth pattern, *beginning strokes*, the novice nurse educators began to feel comfortable and developed an increase in confidence with their new role. Finally, in the sixth pattern, *throughout the waters*, the nurse educators were finding the balance needed to be excellent educators. In this phase, the novice nurse educators accepted feedback, both negative and positive, as time progressed, in order to learn how to perform better (Anderson, 2009).

Anderson (2009) recommended conducting similar studies with novice nurse educators from other program types. In addition, the findings provide insight for nursing program administrators that even though the novice nurse educators were clinical experts,

they required support and professional development as new educators. Finally, novice nurse educators discovered that they were not alone in this challenging transition process, and Anderson (2009) recommended they seek support and guidance from more experienced educators.

Similar to the above study, Duphily (2011) performed a small phenomenological study to gain understanding about the lived experiences of six novice nurse educators with less than 2 years of experience as full-time educators in a community college associate degree (AD) nursing program. The five themes were: (a) dancing as fast as I can: the great learning curve, (b) importance of the team: the need for support, (c) from expert clinician to novice educator: the role transition, (d) meeting students' needs, and (e) a love of teaching: the desire to continue (Duphily, 2011).

In the findings for the first theme, the novice nurse educators felt unprepared for their new positions as educators (Duphily, 2011). One participant indicated the frustration of getting into trouble for not knowing the rules when an orientation was never provided. The suggestion of a long-term mentorship program was seen as providing a relationship that would benefit both the novice nurse educators and the educational experts, as they could learn from each other. The novice nurse educators described the challenge of feeling isolated in their new role, because the expectation from other educators and the administration was that they could function just as well in their academic roles as in their previous clinical roles. With the unknown responsibilities of higher education, the novice nurse educators described an increase in anxiety regarding their abilities. With decreased confidence and perceived lack of support, the novice nurse educators were at an increased risk for poor job satisfaction. In the fourth theme, the

novice nurse educators were psychologically stressed after realizing the heavy responsibilities associated with educating future nurses and meeting the diverse needs of some students (Duphily, 2011). Finally, the fifth theme showed that the participants were dedicated to persevering through the challenges, because they wanted to educate future nurses and believed they could have a positive influence on the next generation of nurses. Duphily (2011) recommended nursing education administrators develop comprehensive mentorship programs and extensive professional development opportunities to facilitate the 'nursing educators learning process.

Weidman (2013) conducted a phenomenological study centered on exploring the novice nurse educators' transition experiences related to their orientation process, challenges faced, peer support, student evaluation, perception of competence in the new role, and coping abilities. The participants included eight novice nurse educators with less than 2 years of experience in their teaching roles.

The data analysis revealed three themes, including: (a) desire to teach, (b) additional stress, and (c) mentoring (Weidman, 2013). The results indicated that when the participants experienced a comprehensive orientation, professional development opportunities, and reliable support from mentors, they experienced increased competence in their ability to fulfill the role expectations. Without these three tools, the participants were overwhelmed and frustrated with struggling to learn how to evaluate students, develop test questions and lesson plans, and teach effectively (Weidman, 2013).

Weidman (2013) noted that when advanced clinical practice nurses leave the field of clinical practice for the field of education, the lack of orientation to the role persists

unless changes are enacted within nursing education. Weidman recommended that nursing program administrators, who choose to hire advanced-practice clinical experts without any educational theory, need to provide professional development in educational theory, lighter course loads, and strong mentoring programs to facilitate a positive transition for novice nurse educators. Clinical experts provide a wealth of expert knowledge to nursing students, but they do not automatically know how to practice in the realm of higher education; they need guidance and direction (Weidman, 2013).

As noted in previous studies, the transition from a clinical setting to higher education presents challenges. McDermid et al. (2016) used a storytelling approach to study novice nurse educators' use of resilience during the transition process by examining the strategies they used to adapt and succeed in nursing education. Interviews were conducted using a semi-structured, conversational style (McDermid et al., 2016). The demographics of the sample consisted of 13 females and one male participant between the ages of 35-55 years from two undergraduate institutions. The participants worked at the institutions for between 6 weeks and 5 years, and each had postgraduate education though no educator held a doctorate. Three participants were in the midst of attending a doctoral program. The following themes were identified: (a) active development of supportive relationships, (b) embracing positivity, (c) and reflection and transformative growth (McDermid et al., 2016).

In the first theme, the novice nurse educators described the importance of engaging in peer relationships, both formal and informal, to adjust to their new roles and the new responsibilities of academia (McDermid et al., 2016). In addition, supportive relationships were important for providing a safe environment to discuss sensitive issues.

Embracing positivity was essential to these novice nurse educators, as they were in the process of learning a new role in academia with little formal knowledge of how to educate nursing students. Second, *experiencing negativity* and conflict with peers and students affected their self-esteem and made them question their new career path. Consequently, the novice nurse educators embraced positive feedback from their students. They were encouraged when students learned from them and when students acknowledged that their hard work was worth the time and effort. These positive factors assisted with resilience development. Last, the third theme of *reflection and transformative growth* was part of developing resilience, because the reflection on feedback allowed these educators to improve and grow (McDermid et al., 2016).

Cangelosi et al. (2009) conducted a qualitative phenomenological study at two different clinical nurse educator academy conferences where registered nurses interested in the clinician-educator transition were taught for 4 days about nursing education. The 45 participants wrote three reflective papers. These reflective papers focused on three distinct questions about their experiences with: (a) mentoring, (b) their roles as educators versus clinicians, and (c) transitioning from experts back to novices. The findings indicate that the future educators were both enthusiastic and fearful about their new roles.

After examining the narratives and categorizing the pertinent data, a pattern developed as the “phenomenon of learning to teach” (Cangelosi et al., 2009, p. 369). In this pattern, three themes emerged: (a) buckle your seatbelt, (b) embracing the novice, and (c) mentoring in the dark. In the first theme, the participants described the new transition as being on a trip and buckling up for safety, but they were unsure of where they were going. In the second theme, the participants recognized quickly that they were

novices in the educator role, but they also were excited about the new opportunity to grow in the nursing profession. Finally, the third theme that arose was that the novice nurse educators did not know what guidance they should expect from their mentors, and they did not know what questions to ask. Just as Anderson (2009) described novice nurse educators feeling as if drowning in the sea, the participants in this study felt ill-prepared for the role and indicated that the mentoring they encountered was not effective for learning their new roles.

Cangelosi et al. (2009) recommended that administrators and expert educators guide and mentor novice nurse educators from the beginning of their training. Novice nurse educators may be expert clinicians, but they are not born nurse educators (Cangelosi et al., 2009). Therefore, to assist in the clinician-educator transition, Cangelosi et al. suggested a need for a commitment from expert educators to provide a positive work environment for the growth of novice nurse educators in nursing academia.

In addition to the challenges faced by novice nurse educators, a socialization process occurs between novice nurse educators and expert educators. Schoening (2013) used a grounded theory methodology to study the transition of clinicians to the academic setting. The grounded theory methodology assisted in creating a theory to explain the socialization process that novice nurse educators experience in their new role. The focused educator group taught in bachelor degree programs that offered a tenure track system. Through purposive sampling, 20 participants were included in the study, which was located at two public and two private colleges in the Midwest. Data were collected using personal interviews (Schoening, 2013).

From the results, the transition included four phases: (a) anticipation/expectation, (b) disorientation, (c) information seeking, and (d) identity formation (Schoening, 2013). From these four phases, Schoening developed the nurse educator transition (NET) model. Similar to the novice-to-expert models of Benner (2004) and Dreyfus and Dreyfus (1980), the NET model anticipates that the novice nurse educators continue through a series of steps before reaching a phase of comfort and security, once fulfilled as clinical experts. The initial *anticipation/expectation* phase represented an exciting time of starting a new career path. Following the initial phase, the *disorientation* phase left participants feeling disengaged and not socialized to the role they were hired to do. Consequently, without socialization to the role, the disorientation phase led to role ambiguity (Schoening, 2013). Due to the lack of formal socialization, the participants learned they needed to be self-directed and began the information-seeking phase. In this phase, they began educating themselves on their own to learn the process of being better educators.

Schoening (2013) recommended reframing advanced clinical programs in graduate nursing to include educational theory courses. In addition, the use of a formalized competency-based orientation program was recommended (2013). For example, the National League for Nursing (NLN) has developed core competencies (essential skills) for nurse educators and provides a template for nursing programs to create competency-based orientation programs (NLN, 2012). As the study reviewed a bachelor degree program, the suggestion was to expand the study to other degree types with a larger sample size to compare outcomes.

Schriner (2007) conducted a qualitative phenomenological study to determine how cultural similarities and differences influence the transition from expert clinician to novice nurse educator. From a large Midwestern university, seven participants met the criteria for the study. After recruiting the participants, 13 face-to-face interviews took place over 4 months, along with 10 campus observations. After the thematic analysis of data, six themes emerged: (a) stressors and facilitators of transition, (b) deficient role preparation, (c) changing student culture, (d) realities of clinical teaching and practice, (e) hierarchy and reward, and (f) cultural expectation versus cultural reality (Schriner, 2007).

Schriner (2007) found in the first theme, *stressors and facilitators* that all the participants found the clinician-educator transition stressful and overwhelming, because they lacked direction, including not knowing where to go or who to ask. For the second theme, *deficient role preparation*, the novice nurse educators were expert clinicians, but they were not expert educators; yet, they were expected to transition seamlessly into the educator role, even though they lacked formal coursework in teaching or teaching nursing. For the third theme of *changing student culture*, they discovered that the students' attitudes and behaviors were not what they expected to encounter as educators. Consequently, the novice nurse educators were unprepared for the blame placed on them by the students. For the fourth theme, *realities of clinical teaching and practice*, concerns from the participants surfaced about the lack of orientation to teaching students in the clinical setting and being responsible for the actions of 8-10 nursing students. Whereas in their own practice, they were only responsible for themselves. The fifth theme of *hierarchy and reward*, the participants came from the clinical settings where

they were rewarded for their clinical abilities and competencies, but in higher education, the reward system was based on obtaining research grants. Finally, the sixth theme of *cultural expectation versus cultural reality* surfaced as the novice nurse educators discovered differences between what they expected to experience from their nurse educators' role and what they truly experienced (Schriner, 2007).

Similar to Schoening (2013), Schriner (2007) recommended that novice nurse educators have access to resources to guide them into their new roles, including formal mentoring of all the responsibilities. Schriner also suggested that the culture must change for a successful transition to nurse academia and the higher education culture. Higher education institutions should change the reward system offered to novice nurse educators and recognize and value the uniqueness of the nurses' clinical expertise, and they should not expect the novice nurse educators to immediately adjust to the higher education culture without proper guidance (Shriner, 2007).

From an international perspective on the socialization of novice nurse educators, Al-Nasseri and Muniswamy (2015) conducted a qualitative study with a descriptive design to determine the needs and challenges of novice nurse educators in Oman. Al-Nasseri and Muniswamy examined the lived experiences of what novice nurse educators perceived were the competencies needed for the new role and whether they felt prepared for the role. The purpose of the study was aimed to develop strategies and plans to assist novice educators with the clinician-educator transition. Purposive sampling was used to yield eight novice nurse educators. Al-Nasseri and Muniswamy (2015) obtained data through open-ended questions during focus groups. The four themes that emerged included: (a) competency aware novice nurse educators, (b) prepared novice nurse

educators for the nurse educator role, (c) novice nurse educators' needs, and (d) challenges to assume the nurse educators' role (Al-Nasseri & Muniswamy, 2015).

In the first theme of *competency aware novice nurse educators*, the participants described their perceived meaning of competency as it relates to being prepared to teach (Al-Nasseri & Muniswamy, 2015). The second theme addressed the lack of preparation for the new role. For example, the novice nurse educators lacked knowledge on how to teach and how to develop learning outcomes and lesson plans. Third, the novice nurse educators discussed needing a formal orientation process to learn the new role, as opposed to being expected to know how to work in academia without any guidance. The fourth theme described the challenges of socializing into the new role, which included not having support from peers, collaboration with others, or feedback on how well their teaching was going (Al-Nasseri & Muniswamy, 2015).

Al-Nasseri and Muniswamy (2015) suggested improving socialization by orienting and introducing novices to their new roles more slowly via lighter teaching loads, more preparation time, and assigned mentors. They concluded that the resultant information may be beneficial to administrators, as they develop strategies for successful clinician-educator transitions (Al-Nasseri & Muniswamy, 2015).

As novice nurse educators transition from clinical settings to academia, their formation of a new identity in a new culture can be a slow process. Smith and Boyd (2012) conducted an online survey of 146 participants with less than 5 years of teaching experience in professional health fields, which included nursing. The online survey collected quantitative demographic data and qualitative data to explore areas of the transition process such as strengths, challenges, support for professional development,

and suggestions for improvement to develop themes regarding the transition process. In compiling the qualitative data, the three themes that emerged were: (a) managing self, (b) activities, and (c) support.

These findings supported the previous studies of Anderson (2009), Weidman (2013), and Al-Nasseri & Muniswamy (2015). In the first theme of *managing self*, novice educators were excited about the change in their careers to education, and the possibilities of independence and professional growth within education. Even with this excitement, the pitfalls within this theme included workload challenges, understanding organizational culture, and different expectations of working in higher education. In addition, these educators felt pressure to develop and produce research, but time was limited with all of their other responsibilities (Smith & Boyd, 2012).

Under the theme of *activities*, the novice nurse educators found that learning and developing their teaching plans and competence in this role were priorities. They were challenged with the amount of time they had to spend evaluating students and the difficulty of this process as novice nurse educators. Similarly, they wanted to maintain their clinical expertise and identity, as this helped them feel linked to both worlds. Finally, in the third theme of *support*, the amount of support varied for novice nurse educators. Novice nurse educators believed that support from peers was essential to their feeling of acceptance along with their need to develop professional and personal informal relationships (Smith & Boyd, 2012).

Smith and Boyd (2012) concluded that novice nurse educators feel challenged by, and excited about, their new roles, and the novice nurse educators did not want to dismiss their clinical identities too quickly. Even though conducting research was a key

component of their careers, they were more concentrated on developing their ability to educate students and keeping students at the center of what they do as educators. Smith and Boyd (2012) suggested that nursing education administrators review the workload of novice nurse educators and examine the environment that they are exposed to in the organization. In doing so, the administrators could help to ensure that support systems and realistic expectations are in place for novice nurse educators to succeed and commit to their new roles (Smith & Boyd, 2012).

Pursuing the nurse educator path. As nursing program administrators look to recruit and retain educators, it is essential to understand what motivates nurses to enter academia in the first place. The cost of consistently recruiting novice nurse educators who then become disenchanted with the higher education settings before reaching expert educator status affect the ability of nursing programs to sustain an environment that can produce the number of RNs necessary to meet the needs of healthcare institutions. Therefore, it is equally important to understand what conditions or actions stimulate novice nurse educators to stay in the field of nurse education or leave and return back to the clinical setting.

Evans (2013) conducted a descriptive study to investigate novice nurse educators' perceptions on what forces caused nurse educators to enter academia and what resources were needed to recruit and retain novice nurse educators. Initially, the sample of nursing programs was randomly selected from resources such as boards of nursing and the National League of Nursing Accrediting Commission (2014). After establishing the population, the sample size from each degree level was formed, and 804 nursing

schools/programs were contacted to participate. Upon sending the survey to participating educators, there were 2,083 qualified surveys (Evans, 2013).

Evans (2013) found that some of the strategies used to recruit and retain educators varied in importance and categorized them based on age. For example, 16-17% of educators 45 years of age or younger were attracted to nursing education for special loan programs and scholarships. Whereas, 8.4-13.2% of educators older than 46 years were not attracted to these programs. Of the entire sample, 98% agreed that salaries needed to increase as a recruitment strategy. Other areas scoring high in retaining educators included having a positive work environment (97.5%) and a flexible work schedules (96.8%) (Evans, 2013).

Evans (2013) stressed that the two strategies of creating a positive work environment and flexible scheduling did not require more funding, important to implement. Additionally, Evans indicated that even though it was important to look at alternative solutions to educators' recruitment and retention not requiring financial investment, the survey results clearly stressed that nursing education administrators and organizations needed to address educators' compensation to entice and retain qualified individuals (Evans, 2013).

Bittner and O'Connor (2012) also performed a descriptive quantitative study using a 32-item online survey to examine the obstacles that nurse educators' face that may impact their job satisfaction and organizational commitment. Bittner and O'Connor (2012) found that workload as one key indicator of job satisfaction. Of the participants, 65% believed their workload was greater than their peers' in other academic departments, and 58% believed the nursing shortage impacted their workload increase. Similar to

Evans' (2013) findings, Bittner and O'Connor (2012) found that compensation played an important role in job satisfaction, as 52 % of the educators were unsatisfied with their salary, and 57% reported having more than one job. Finally, 52% of the participants planned on leaving their teaching institutions within 5 years. For those not retiring, they planned on leaving for improved salaries, flexibility, job promotions, and work-life balance (Bittner & O'Connor, 2012).

Bittner and O'Connor (2012) suggested, as did Evans (2013), that creative methods of improving job satisfaction and organizational commitment do not necessarily require extreme financial support. Potential cost-effective strategies include formal and informal mentoring, supporting professional goals, promoting a positive work environment, and increasing flexibility. A second recommendation when addressing compensation disparities included that nursing program administrators perform salary assessments and benchmarking with other institutions in the area to determine equality. Third, Bittner and O'Connor (2012) suggested academic institutions collaborate with practice institutions to create dual appointments and thus possibly facilitate salary and benefit improvements.

Berent and Anderko (2011) chose to study the reasons why nurse educators decide to enter nurse education and the reasons why they choose to stay. Berent and Anderko performed a cross-sectional survey in their descriptive, exploratory study design using Herzberg's (1966) motivation-hygiene theory as the theoretical framework. Herzberg's theory states that all individuals have two needs in life, the first being psychological growth and the second being the need to avoid negative factors (Berent &

Anderko, 2011). Herzberg (1966) labeled these two needs as *motivation* (satisfiers) and *hygiene* (dissatisfiers).

After completing a pilot study and making changes to the questions, Berent and Anderko (2011) sent the 50-question survey to 10,537 nurse educators at 423 universities in all 50 states. Of the 10,537 surveys sent, 1,171 surveys fulfilled the criteria.

Quantitative data were analyzed using factor analysis to condense and categorize data, while the qualitative data were reviewed separately.

The three primary findings of the Berent and Anderko (2011) study were associated with motivation to enter and stay in academia, which included:

(a) professional satisfaction with the educators' identity, (b) resource management skills, and (c) research satisfaction. In professional satisfaction with the educators' identity, the findings indicate that most educators stay because of: (a) the satisfaction gained from mentoring others, (b) the relationship they have with their peers, (c) respect they received as an educator, and (d) the ability to impact future nursing practice (Berent & Anderko, 2011). Under resource management skills, the adaptability of the educators was noted as a determinate of whether educators experienced greater motivation and satisfaction.

When the nurse educators made a concentrated effort to manage time, prioritize appropriately, set limits, and create reasonable goals, they could then manage their workload better. In turn, they were better able to facilitate other required duties. Finally, in the third factor of research satisfaction, the nurse educators' satisfaction with research activities affected their plan to enter and stay in an academic setting. Based on the study's findings, Berent and Anderko (2011) recommended that academic institutions focus on creating work environments that motivate educators to stay in academia. These

academic environments are ones that provide nurse educators with a sense of being supported and empowered in their roles (Berent & Anderko, 2011).

Gardner (2014) conducted a qualitative phenomenological study to examine the aspects of being nurse educators that impacted the confidence and competence of experienced educators. This study sought to explore the lived experience of expert educators nominated by peers as effective educators. Gardner wanted to uncover the attributes and experiences of these educators that formed their growth and increased their effectiveness as educators. Inclusion criteria for the study consisted of teaching in associate, bachelor, or graduate programs, having a minimum of 5 years' full-time teaching experience, and having been nominated by their peers as effective educators (Gardner, 2014). After invitations were emailed and responses received, eight nurse educators were chosen for the in-person interviews (Gardner, 2014).

Findings from the study yielded eight major themes (Gardner, 2014). Similarities in the findings with previous studies were: (a) the need for mentoring programs, (b) feeling unprepared for the new roles when they were experts in their previous jobs, and (c) having difficulty in establishing teaching styles and engaging students (Anderson, 2009; Smith & Boyd, 2012; Weidman, 2013). Also, the participants indicated that developing a sense of confidence and competence was a process that took over 3 years, with this timeframe extended if new roles and responsibilities were assigned over that period. Additionally, the participants believed, over time that taking on more responsibilities allowed them to gain an improved understanding of how their institutions operated (Gardner, 2014). The willingness of the educators to share their growth process

from novice to expert educators may contribute to developing stronger recruitment plans to entice clinical experts to consider this career change (Gardner, 2014).

With the American Nurses Association projected need for up to 34,000 new nurse educators over the next 6 years (2016-2022), Laurencelle et al. (2016) studied why advanced-practice nurses chose nurse academia as their career path, using a hermeneutic phenomenological method to study the lived experiences of these nurse educators. The purposive sample included 15 nurse educators from universities in western Canada. Inclusion in this study required that the educators taught in an undergraduate or graduate nursing program and had a minimum of a master's or doctoral degree.

Findings revealed one overarching theme that was labeled as *the meaning of being a nurse educator* (Laurencelle et al., 2016). Under this theme, six subthemes were discovered: (a) opportunities, (b) wanting to teach, (c) seeing students learn, (d) contributing to the profession, (e) the unattractive, and (f) the flexibility. In the first subtheme of *opportunities*, the educators believed more opportunities would arise with a graduate degree, and it would improve job security. In the second subtheme, the educators identified nursing education as their career goal, or they enjoyed educating students as part of their clinical practice and wanted to pursue it further. In the third subtheme, *seeing students learn*, proved as a motivating factor for some participants to enter academia because they were excited when students *got it*. As a fourth subtheme, these educators wanted to contribute to the profession of nursing. They believed that they could make a difference in nursing and patient care by educating future nurses. The fifth theme called *the unattractive* described the negative components associated with the role as an educator. The two negative areas identified as unattractive included having to

provide poor feedback to failing students and the poor salary of nurse educators. These educators were passionate about their careers, but their salaries did not reflect the preparation and work required. Finally, the sixth subtheme of *flexibility* emerged because the educators accepted poor salaries in exchange for a better work-life balance. This balance proved more important than the salary concerns (Laurencelle et al., 2016).

Laurencelle et al. (2016) stressed that many studies described the negative factors associated with being nurse educators, but they did not describe the positive aspects of academia. Therefore, the authors recommended that this study be repeated in different settings of nursing education. They suggested future studies replicate the positive aspects of nurse academia and that nursing program administrators include stronger positive evidence as they recruit advanced-practice nurses into nurse academia (Laurencelle et al., 2016).

Similar to Laurencelle et al. (2016), a descriptive phenomenological study conducted by Dattilo, Brewer, and Streit (2009) discussed the reasons nurses enter academia. The researchers interviewed nurse educators with at least 10 years of experience in nurse education, as the expert educators had the knowledge to describe the position in great detail. The educators' teaching experience ranged from 10 to 30 years. The convenience sample consisted of 11 experienced nurse educators teaching in bachelor degree programs from the Midwest and Southeastern United States (Dattilo et al., 2009).

Four themes arose from the Dattilo et al. (2009) data analysis. The first theme was being passionate about, and committed to, nursing and the profession of teaching. In the second theme, being harmonious and flexible and taking things less seriously assisted

in handling the pitfalls of education. For the third theme, expert nurse educators indicated the importance of investing in relationships with both peers and the students and knowing when to protect one's self from being overwhelmed by saying *no* when needed. Finally, the fourth theme of believing in oneself and others included having confidence in the ability to learn and be successful as educators and also believing in the students' abilities to succeed (Dattilo et al., 2009).

Dattilo et al. (2009) suggested that the themes discovered in their study could be used in developing plans for recruiting novice nurse educators. They recommended that nursing education administrators determine what traits the candidates possess during the interview process and whether these nurses fit into the culture of the institutions.

Additionally, Dattilo et al. (2009) stressed that the novice nurse educators need mentors to guide them through the extensive transition process, but that orientation to the position should not be inclusive of the mentorship experience. Rather, orientation to the position should also consist of teaching the novice nurse educators the responsibilities associated with the position, along with the organizational and cultural differences related to working in a higher education setting (Dattilo et al., 2009).

Chapter Summary

This literature review highlighted the current research regarding the transition of clinical nurse experts to novice nurse educators. Research findings described the challenges faced by the novice nurse educators as they enter a new career path, new culture, and an unknown organizational structure. The challenges revealed were frequently related to a lack of coursework in nursing education and a lack of formalized orientation and mentoring programs to both the academic institutions and nursing

programs. In addition, research findings suggested that positive work environments were important to developing job satisfaction. Feeling supported by nursing program administrators and expert educators were essential to novice nurse educators in the studies presented.

As much of the literature focused on novice nurse educators in bachelor degree programs that tend to employ more doctorate-prepared educators required to conduct research studies, studying novice nurse educators working in associate degree programs would add to the knowledge regarding the transition experience at this level. Secondly, with New York State containing 62 associate degree programs, a study focusing on novice nurse educators from one of the top three states with pre-licensure nursing programs may provide findings that support the literature presented or provide insight into strategies implemented or needed to enhance the transition experience.

Chapter 3 discusses the research design and methodology used to conduct this study. Chapter 4 provides a thorough presentation of the results and findings. Chapter 5 discusses the findings, implications, study limitations, recommendations, and presents a conclusion.

Chapter 3: Research Design Methodology

Introduction

The purpose of this qualitative, phenomenological study was to explore the transformation clinical nurse experts undergo as they transition to novice nurse educators. The design allowed for the analysis of the participants' lived experiences by examining their own words (Flick, 2014). In contrast to quantitative studies, which look at concrete variables and cause/effect relationships, this qualitative method provided the participants with the opportunity to offer more in-depth descriptions of their transition experiences.

Both the nurse educator and registered nurse shortages directly affect each other, and ultimately without a consistent supply of qualified nurse educators, the anticipated demand for over 1 million nurses over the next decade cannot be fulfilled (Allen, 2008; BLS, 2015). Patient safety and positive patient outcomes depend on a sufficient supply of both educators and RNs (Allen, 2008). A positive transition experience leads to increased confidence and retention of novice nurse educators (McDonald, 2010). Therefore, conducting this study, which explored the transition process of novice nurse educators, provides additional findings and insights to guide nursing program administrators to successfully recruit, orient, and retain novice nurse educators. Specifically, the goal of this study was to answer the following research questions. From the perspective of novice nurse educators:

1. How did their experiences in the new role affect their transition?

2. What previous professional and educational experiences assisted them in their new role?
3. How did their pre-conceived expectations of the nurse educator role align with their transition?

Research Context

The two colleges represented in this study offer 2-year associate degree nursing programs located in New York State. City College and Countryside College are two of the 62 private and public colleges that offer associate degree nursing programs in New York State (Office of the Professions [NYSOP], 2016). Both colleges are located in Upstate New York.

City College is a private, not-for-profit institution, centrally located in a metropolitan area, and it enrolls between 700-950 students in all majors. It offers certificate, non-degree, associate, and bachelor degree programs. Additionally, each year the nursing program admits 100-120 students to the associate degree program. City's nursing program holds accreditation through Accreditation Commission for Education in Nursing (ACEN) (2017), and the college holds Middle States Commission on Higher Education accreditation.

Countryside College is a public college, located in a more rural area, and it enrolls approximately 3,000 students in all majors. The nursing program admits approximately 100 students during the fall semester. Countryside is also a multipurpose institution that offers a variety of certificate, non-degree, associate, and bachelor degree programs. This college's nursing program holds accreditation through Accreditation

Commission for Education in Nursing (ACEN) (2017), and the college holds Middle States Commission on Higher Education accreditation.

Research Participants

In determining sample size for a qualitative, phenomenological study, there are no distinct parameters established, but the goal is to have enough participants for saturation of data and an evolution of themes (Flick, 2014). A suggested sample size for a qualitative phenomenological study is three to six participants (Englander, 2012; Mertens & Wilson, 2012). For this study, the researcher used purposeful, convenience, and snowball sampling to acquire five participants. Purposeful sampling allowed for the identification of participants who were experienced and knowledgeable about the phenomenon of transition to novice nurse educator (Flick, 2014). Convenience sampling was used because the participants were readily available to provide data to the researcher. Finally, the third method used was snowball sampling because this recruitment method allowed the researcher to seek out other individuals by asking current participants if they knew others who might meet the criteria for the study (Flick, 2014). Of the five participants, two participants were recruited using the snowball method. As a nurse educator, the researcher had access to peers in nursing education who were able to establish potential interest of novice nurse educators and supply contact information to the researcher. All of the participants were employed at associate degree nursing programs located in New York State.

The researcher recruited the participants by sending, via email, a letter describing the study and the criteria to participate in the study. The letter is provided in Appendix A. In addition to the letter of interest, copies of the approved informed consent

(Appendix B) and the study approval letter obtained from St. John Fisher College's institutional review board (IRB) (Appendix C) were attached to the same email for each participant's review. There were no incentives offered for participation in the study.

The inclusion criteria were met by all five participants. The inclusion criteria required: (a) employment for no more than 3 years as a nurse educator, (b) a master's degree with a major in nursing, (c) existing full-time teaching role in both the classroom and clinical settings, and (d) a minimum of 3 years of acute-care clinical nursing experience. Prior to commencing the interviews, the informed consent was reviewed with each participant and signed by each participant in the presence of the researcher. The participants were informed that they could cease participation in the study at any point and could stop the interview for any reason. To protect their identity, participants were assured that pseudonyms or numbers would be used as identifying factors.

Instruments Used for Data Collection

For this study, the researcher was the primary data collection instrument, and one-on-one, face-to-face semi-structured interviews were conducted with each of the participants. This interview method was optimal because it allowed for direct interaction with the participants, so a trusting relationship could be established (Flick, 2014). By using preformatted questions, the interview stayed focused and consistent with each participant. The flexibility of open-ended questions allowed participants to provide more depth and richness to their answers (Flick, 2014). Additionally, open-ended questions offered the opportunity to probe further to elicit further or new details that enhanced the answers provided from the direct, pre-formatted questions. The third question format of

follow-up questions allowed for clarification of answers. Follow-up questions assisted in avoiding miscommunication or misunderstanding (Flick, 2014).

Each interview was audio-recorded with the participant's written permission, and field notes were written to capture any other pertinent details not captured in the audio recordings. Field notes were kept to a minimum to avoid any distraction. Following each interview, analytic memos were written by the researcher to reflect personally on the process. Writing analytic memos allowed the researcher to review the interview experience and data collected through a critical lens and gain deeper understanding of the research process (Saldana, 2016).

Procedures for Data Analysis

Each audio-taped interview was transcribed, verbatim, by a professional transcription service. Following transcription, the data were reviewed for accuracy by listening to each audio-taped interview while reading the transcript. To ensure accuracy of the participants' answers and meanings, transcripts were forwarded to the participants for their review. This member checking allowed the participants to clarify any misinterpretations or add more information if needed. Since interviews can reveal unexpected data, member checking creates an avenue to confirm that the information gathered aligns with the established research questions (Saldaña, 2016). In addition, following the transcript review, field notes and analytical memos that described the researcher's perceptions, observations, and feelings, while performing the interviews, were reviewed and organized.

The first cycle of the qualitative data analysis process was in vivo coding because the method uses the participants' words for each code (Saldaña, 2016). In contrast,

descriptive coding limits the code to a word or phrase that addresses the topic of the data constructed by the researcher. Since the in vivo codes were direct quotes, they captured the most important data for analysis and meaning (Saldaña, 2016).

Second, focused coding allowed for further analysis the data. In this phase of coding, the data were grouped into categories based on the frequency, similarities, differences, and importance of the codes (Saldaña, 2016). In the third cycle of data analysis, categories were grouped into a smaller number of broader themes and concepts. Each of the coding cycles assisted in discovering similarities and differences in the data (Saldaña, 2016).

Interpretation of that data is essential to generating meaning from the data within the context being studied (Flick, 2014). As part of performing a qualitative, phenomenological study, bracketing of one's own beliefs, experiences, and assumptions is needed to ensure that bias does not interfere with the process (Fusch & Ness, 2015). Since the researcher experienced the transition from clinical nurse expert to novice nurse educator, the potential of injecting personal bias into the interpretation of the data existed. Therefore, prior to commencing the interviews, the researcher reflected on personal experiences as a novice educator. Those experiences and thoughts were then bracketed, allowing for listening openly and without judgment to gain new insight into the participants' personal transitions. To determine the accurate interpretation of data, confirmation of the data was acquired and facilitated through member checking. The interpretation process was systematic and provided an opportunity to capture the meanings associated with clinical nurse experts to novice nurse educators' transition experiences, as they related to the study's purpose and research questions.

Summary of Methodology

This phenomenological, qualitative research study included conducting one-on-one, semi-structured interviews with novice nurse educators through face-to-face interviews. The study adds to the body of knowledge about the transition process experienced by novice nurse educators in associate degree nursing programs in New York State. Following data collection, data analysis occurred through coding, categorizing, and the discovering of themes for the purpose of interpreting data for meaning. Subsequently, the interpretations and meanings are hoped to inform nursing program administrators on effective methods for successfully transitioning novice nurse educators into their new role and guiding future recruitment and retention efforts. Next, Chapter 4 provides a thorough presentation of the results and findings. Chapter 5 discusses the findings, implications, study limitations, recommendations, and presents a conclusion.

Chapter 4: Results

Introduction

This study provided the opportunity to explore the lived experiences of clinical nurse experts who transitioned to novice nurse educators. A key concern of many nursing programs is how to meet the demand of communities that need more nurses to care for patients when they have expert educators retiring, and there is a need to recruit and retain novice nurse educators to meet the demand. As noted in Chapter 1, New York State is one of the top three states for the number of pre-licensure registered nursing programs. Of these programs, 62 are associate degree programs. Since the potential to produce a significant number of new registered nurses exists in New York State, this study focused on exploring the lived experience of clinical nurse experts who transitioned to novice nurse educators in associate degree programs in New York State.

Research Questions

The goal of the study was to answer the following research questions. From the perspective of novice nurse educators:

1. How did their experiences in the new role affect their transition?
2. What previous professional and educational experiences assisted them in their new role?
3. How did their pre-conceived expectations of the nurse educator role align with their transition?

Data Analysis and Findings

Data were collected from a total of five participants. Three participants were educators at City College and two were from Countryside College. All the participants had greater than 5 years of acute-care clinical experience. There were four female educators and one male educator. Four of the participants had between one semester and 1 year of adjunct experience teaching nursing students in the clinical setting prior to assuming their full-time educator roles. The fifth participant spent 2 years as a novice educator at more than one institution. All of the participants were employed as full-time novice nurse educators for at least one full academic year and had earned a Master of Science in nursing degree with a focus in nursing education.

The researcher conducted each interview using an individual, face-to-face method. The established interview protocol guided each interview (Appendix D). The interviews were transcribed, coded, and analyzed for the emergence of categories and themes that transcended commonalities discovered in the participant responses. Even though the participants came from various clinical specialties and experienced curriculum differences in their master's programs, the data generated similarities in terms of their transition to novice nurse educators. Table 4.1 provides a summary of the three primary categories and the themes under each of the categories that emerged from this study's findings.

Table 4.1

Summary of Categories and Themes

Categories	Themes
Leadership	Support
Preparation	Clinical Expertise The Education Gap Passion to Teach
Expectations	Student Success Unexpected Work Overload Compensation Inequality

Research question 1. *From the perspective of novice nurse educators, how did their experiences in the new role affect their transition?*

Leadership emerged as the category from the data analysis. The leadership category arose as the five participants discussed the positive interactions and relationships they developed with their nursing program administrators. They believed their leaders were vested in their success as novice nurse educators. As three participants experienced starting their new roles at the same time as a mass departure of expert nurse educators, the encouragement and guidance by their nursing program administrators assisted in the transition process. Also, within the leadership category, the lack of a comprehensive mentoring program affected the transition experienced by the participants.

Within this category, the theme of *support* emerged. For all five participants, a supportive administrative team proved essential to experiencing a positive transition. The participants all indicated that their nursing program administrators wanted them to succeed in their new roles, and they were readily available for mentoring and offering

assistance. Participant 1 stated, “Our associate dean . . . she believes in everyone, like, she doesn’t have that, like, very negative attitude that can be very apparent in nursing” (p. 16). Similarly, Participant 2 stated,

I always felt supported by my boss with everything. I mean, 9 o’clock at night, if I was doing a lecture, and I had a question on how to present something, I could call her. Like, she is very approachable, she is very easy to work with, just lovely to be around. I think that really helped me feel supported, and I think without that, it would have been a really hard time, because there was no other faculty that I could really rely on besides her. So, I think leadership really made a big change in how things went for me. (p. 12)

Participant 3 stated, “The director and the chair of the department both are very good at taking you under their wing, they want good faculty, they want you to be . . . they want you to be a success, so they support you” (pp. 33, 38). Similarly, Participant 4 shared, “management . . . best boss I’ve ever worked for, you know” (p. 15).

The above 3 participants shared how important their nursing program administrators’ consistent support was to their success during the transition.

As Participant 1 worked at two different nursing programs in her first 2 years as a novice nurse educator, she compared the first year as a full-time novice nurse educator at a different institution to her existing position by stating, “at . . . I felt like I was looked down upon a lot, versus at Countryside, I felt like I could spread my wings out a little bit, and if I had an idea, I could bring it to the table” (p. 16). Also, she discussed the leadership differences at the two colleges. In describing the first institution’s leadership she stated, “Nurses eat their young sort of thing” (p. 16). In comparison, her existing

leadership had, “The open-door policy . . . I felt more valued at Countryside. They’re very supportive . . . they recognize that you’re new” (p. 15). Because of the negative experience during her first year as a novice educator, Participant 1 mentioned that she knew she had to teach elsewhere even though the cut in pay was significant. The presence of a supportive leadership team facilitated the participants’ ability to learn their new roles. Even with the support and informal mentoring present during the transition period, participants highlighted an absence of a formalized structure to the orientation and mentoring processes.

All five participants indicated that orientation to the nursing department was informal. In addition, no formal plan for mentoring by expert educators existed. As noted by Participant 2 earlier, her primary mentor ended up being an administrative leader. She stated,

If I didn’t have my manager, and my manager’s manager, it would have been a really difficult transition for me. Especially because turnover at the time that I was here was kind of high. Um so . . . it was like a mass exodus. We lost like four or five teachers at the start of that fall semester. (p. 12)

Further, Participant 2 stressed that she was assigned a mentor to guide her, but because of so many educators leaving, she stated,

It was kind of . . . it probably wasn’t the best that it could have been. I could always ask her questions, but the bigger picture things kind of fell through the cracks . . . they’re like, “oh there’s a faculty handbook,” and I’m like, “oh, where is it?” “Oh, you can just print it from blah, blah.” I’m, like, “oh, great.” Like stuff like that. (pp. 12-13)

Neither a formalized orientation to the nursing program or faculty-guided mentorship program were clearly established in the two programs studied.

In discussing mentorship, three of the participants stated that the senior management of the nursing department served as their primary mentors. The other two participants were assigned mentors, but the process was not formally developed, and follow-up from the assigned mentors was not beneficial for the growth of novice nurse educators. Each of the participants highlighted, based on their first years' experience, that a consistent, formalized mentoring program would have been helpful during their first year as novice nurse educators. Participant 3 stated, "department leaders were informal mentors . . . being directly assigned to an experienced educator would have been helpful" (p. 2 email). Participant 5, who had an assigned mentor, stated, "my assigned mentor was the head of the team . . . my mentor did sit [in] on my first semester lectures, but, again, the feedback from my mentor was, "you did great, don't worry about it" (p. 22). Having the informal mentorship from the senior management proved essential for these participants as they highlighted the faculty mentorship, they anticipated, lacked consistent feedback.

Similarly, Participant 4 indicated she experienced no formalized orientation or mentoring process. She stated, "Basically, a form they [mentors/administrators] check off" (p. 21). "And I think the idea was that I was going to be partnered with somebody and have those check-ins . . . working on a skeletal staff, like, all of that fell apart" (p. 22). During the member-checking phase, she stated,

My mentor was the director of the associate degree program, and sometimes I went to other faculty, but overall, the faculty here is pretty new. My orientation

was semi-formal, I'd say, but because of faculty vacancies, not as formal as it normally would be. (p. 1 email)

Even when mentors were assigned to participants, the mentoring process lacked clearly articulated guidelines or expectations for the novice nurse educators to follow.

Participant 1, who had been technically assigned mentors in both institutions stated, "There were things I had to sign and certain checks and things . . . it just was not formal, it's lax" (p. 14). "Countryside does not have an official orientation/mentorship program for nursing faculty, but the college does offer a general orientation for all new faculty" (Participant 1, email, p. 3). She found support for success in both places she worked, but, "yes, more so at Countryside; they are very supportive . . . and they recognize that you are new" (p. 15). Participant 2 recommended that potential novice nurse educators "make sure you have good mentors . . . like, who would be mentoring you . . . you have people to lean on" (p. 11). As novice nurse educators, these participants highlighted their experiences and stressed the importance of supportive mentoring relationship during the transition process.

Effective support from the nursing administrative leadership proved essential for all five novice nurse educators. Conversely, the informal guidance from experienced educators did not provide a strong sense of support to the participants. Therefore, as discovered in interview questions that aligned with Research Question 2, the past experiences, education, and passion for teaching assisted these novice educators through the challenges encountered as they transitioned to their new roles.

Research question 2. *From the perspective of novice nurse educators, what previous professional and educational experiences assisted them in their new role?*

All five participants received a Master of Science in nursing degree with a concentration in nursing education. Similarly, each had a minimum of 5 years of clinical nursing experience as a registered nurse. With the novice educators having a variety of nursing backgrounds including: (a) medical-surgical, (b) emergency, (c) obstetrics, and (d) mental health, they each brought different perspectives to the educator role, and they were prepared to teach familiar content and educate students in clinical settings. Even with each participant's graduate programs focusing on nursing education, the focus of the master's programs' curriculum varied in content. Therefore, not all felt their education prepared them for their new educator positions in higher education.

Preparation. The category identified with this research question was *preparation*. This category emerged as the data analysis revealed the participants were prepared with the expert skills to share with nursing students. Secondly, they had the theoretical knowledge to begin as novice nurse educators, but they were not prepared to function independently. Finally, these five participants loved teaching. Subsequently, the three themes developed were *clinical expertise*, *the education gap*, and *passion to teach*.

Clinical expertise. The clinical nurse experts in this study, in addition to their full-time novice nurse educator roles, participated in continuing professional development and continued to work in clinical settings in their area of specialization. It is through maintaining clinical expertise that these novice educators provided an optimal educational experience to their nursing students. When asked "Do you feel like your nursing experience prepared you for your role," Participant 1 reflected,

Working for a big university system allowed me to see everything . . . also, working with the renal population. . . . Case management also helped me . . . I worked on an oncology floor, so a lot of end-of-life care. . . . I bring that when we go to long-term care setting. I can tell students, “it’s ok for them to die” . . . so that helped me in my current teaching role. (p. 18)

Participant 2 stated,

Absolutely . . . my intrinsic motivation to never stop learning. . . . I was always, like, . . . “give me the hard one, I’ll take it.” I’m also a leader. I was often the charge nurse on my floor, so I think that definitely helped with having 110 students in front of you and to start class [when] everybody’s chatting, you know, taught me to manage everybody on task. (p. 10)

Participant 4, who had clinical experience in an emergency department, reflected, “so clinical definitely helped me . . . you just have that knowledge of nursing. . . . I’m gonna be teaching endocrine in the fall . . . and I had a patient in the ER with Addison’s Crisis. . . . I can link it to an actual patient” (p. 36). The clinical expertise of the participants allowed them to comfortably teach students in familiar clinical settings. In addition, they were teaching nursing material in areas reflective of their specialties.

The education gap. In order to be an accredited nursing program by national nursing accreditation organizations, such as the Accreditation Commission for Education in Nursing (ACEN) (2017), the majority of nursing educators at each program need to possess a Master of Science in nursing degree, but it did not necessarily require a nursing education focus. These participants all willingly returned back to graduate school to focus on nursing education because they wanted to educate others in the nursing

profession. In asking the participants if their education prepared them for their educator roles, Participant 5 was the only novice educator who felt her program coursework prepared her the most for her role in higher education. “All of my courses, even the electives, were applicable” (p. 27). She elaborated,

My culminating seminar was amazing. . . . I taught, made test questions, developed testing blueprints. (pp. 27, 28) There’s, like, very minimal stuff here that I’m, like, completely like, “what?” (p. 25) I think when I say “Oh, I really don’t understand,” it’s probably the campus life. (p. 25)

Participant 2 stated,

Overall, I don’t know if it would have actually prepared me . . . it prepared me maybe a little bit for curriculum . . . there was a lot more to learn when I got here. I had no experience, whatsoever, with test development. . . . Test development, I think, was kind of a shocker. (p. 8)

Participant 4 stated, as opposed to Participant 2, “my educational experience certainly taught me, you know, how to write a decent test question, objectives, program outcomes . . . it was a little bit of a learning curve with statistical test analysis . . . like there is with anything” (p. 37). When Participant 4 was asked more specifically if the program prepared her for student evaluations, accreditation, and curriculum planning, she responded,

Probably not, I definitely feel like it could have been better . . . my program was not specific to nursing education within higher education settings. A lot of them were, you know, going to be nurse educators in a hospital, so that’s actually the approach [from hospital educator viewpoint] I took for my capstone. (pp. 37-38)

Similarly, Participant 3 described his program as not being focused primarily on higher education.

It does all the technical stuff for education, curriculum, and technology . . . you didn't teach, you prepare . . . I had to do a presentation, videotape it, develop a workbook that went with the presentation. . . . In that aspect it prepared me . . . but it doesn't prepare you for all the other stuff . . . committee work . . . counseling that you have to do in academia. They were surprised at that here, "well, you need to have a master's in education, and you didn't know item analysis?" It wasn't part of the program. (p. 24)

Participant 1, stated,

I have a big criticism of my program. I feel like I'm not as prepared as I should be. I feel I'm still learning as I go, where, if I compare myself to one of my colleagues, she learned about test writing and, like, how to formulate questions . . . and stuff, and I'm, like, "we never did this at . . ." So, I feel like sometimes I probably didn't have the best program. If I didn't have a previous degree in education . . . I think I would have been . . . a total deer in the headlights type. . . . I wouldn't have been able to function. . . . I understood objectives, curriculum . . . because of [a] previous degree in health education. (pp. 17-18)

As presented by these five participants, their master's programs either prepared them extremely well, as noted with Participant 5, or minimally prepared them for various aspects of teaching in higher education but not comprehensively. These novice nurse educators focused on nursing education in their graduate programs, but findings

demonstrated a gap in preparation for teaching in the higher education setting. The five participants of this study described that much of the learning occurred on the job.

Passion to teach. To leave the comfort zone of being a clinical expert to becoming a novice again took a certain amount of risk for the new educators. The same passion to care for others as clinical nurses overflowed to their new role as nurse educators. The participants expressed that teaching was what they were meant to do.

Participant 2 reflected,

I have always naturally been a teacher . . . my sister always calls me a lecturer. . . . I have such a passion for nursing and health care. I think, naturally, I feel really at home in front of all the students. . . . When I'm lecturing, it's like I've had a great experience. I just, I love it. When I started, I was, like, I want to be like the two educators I liked most when I was in school. (p. 4)

Participant 5 stated,

I interacted and trained nursing students and other new employees. I enjoyed that, so I knew always that's kind of where I would lead myself. (p. 7) Everybody's like, "you should teach." Let's try teaching first before we go to school, and forget it, the minute, you know, your first clinical assignment [teaching nursing students in hospital], you're done; you're sucked in [to teaching]. (p. 3)

Participant 1 reflected,

I've always wanted to be a teacher since I was little. I'm like, "wow . . . I can help people and teach at the same time." So, then as we had students and stuff on the [hospital] floor, I'm like, "I really want to teach." (p. 2)

Regarding why he taught, Participant 3 discussed his desire to also teach since he was young. He stated,

So, I get so much more out of what I do here, internally; it does not come in the form of a direct deposit. It's what I feel inside. I had a friend on Facebook say, "it is so nice to see that at the end of your career, you're doing what you wanted to do when you were 15 years old." He knew that I wanted to be a teacher. (p. 9)

The novice nurse educators were drawn to teaching future nursing students because they loved this career and had the internal drive to be successful.

Research question 3. *From the perspective of novice nurse educators, how did their pre-conceived expectations of the nurse educator role align with the transition experienced?*

Expectations. The novice nurse educators were asked to reflect on the question: "What met, exceeded, or did not meet your expectations of being nurse educators?" The category that aligned with this research question was *expectations*, and subsequent themes were *student success*, *the unexpected work overload*, and *compensation inequality*.

Seeing students succeed in the nursing program was identified by all the novice nurse educators as meeting or exceeding their expectations in the new role. Participant 1 stated,

Watching the students flourish . . . watching the light bulb turn on . . . that is the most fulfilling part of it, is watching them go from . . . "I can't do this," to "oh, I got this." (p. 9) To me, the focus is on the student. . . . I didn't realize how excited I would get for them. (p. 10)

Participant 2 described, with emotion, how exciting it was to watch her students succeed, by reflecting,

I love teaching my students, and when they walked across the stage, my first graduating class walked across the stage in May, I mean, I felt that feeling I felt when I got a woman through a difficult labor, only times a hundred and ten. It was awesome; I almost teared up . . . that was a better expectation than I ever realized it would be. It brings different joys than bedside nursing does. . . . I think it has been really wonderful so far. (p. 6)

As she further described the positive aspects of being a novice nurse educator,

Participant 2 stated,

Another thing . . . when I came here, they didn't have an [obstetrics] OB educator. So, their [Assessment Technologies Institute] ATI tests and their pass rates on the [National Council Licensure Exam] NCLEX, like a lot of things, were low . . . not super low, but lower than they are now. We've really [have] seen development . . . particularly in the places I'm teaching, so I feel incredibly proud of that. Like, wow, I'm really making a difference in this area of the curriculum, like, this is awesome. (p. 6)

Participant 3 stated,

It doesn't matter what my expectations are. . . . What are the students' expectations? I just want all the students to be successful. Am I delivering what they need? Case in point, last year, the ATI scores for mental health were the highest they've ever been. There were no level ones; they were all twos and

threes. So, did I meet my expectations? Yeah, if I met theirs. So, we both walked out the door . . . happy with each other. . . . They got it. (pp. 12, 17)

Participant 4 reflected on the experience of seeing the students gain confidence:

I was truly blown away by some of the work that the students did. I had one student, very shy, very withdrawn, and she told me she did her public health project for a high school on the opiate epidemic. I was like, “you did what?” She was just always so shy, withdrawn. It was just like, wow . . . it’s amazing what they’ll do if you push them. (p. 19)

Participant 5 stated, “first and foremost, the interaction with the students, I enjoy the most; that’s probably why all of us do this. . . . I love my students . . . I have to be great for them. . . . Their heart is in it” (p. 29). The students’ success is how these participants measured whether their expectations were met and exceeded. Their reason for choosing this advanced nursing pathway was to make a difference in the nursing profession—just in a different format than everyday patient care.

Unexpected work overload. The novice nurse educators in this study did not fully understand the workload associated with the position. The unexpected workload affected the transition of many of the participants because they had not anticipated the extra time commitment outside of the scheduled work day. The novice nurse educators were expected to function in the classroom and in clinical settings upon hire because of an immediate need. Even though some participants had experience as adjunct clinical instructors, they did not have experience with the practices associated with working full time in the classroom and doing clinical work at the same time. Participant 2 stated:

I feel like I put in a lot of hours. I was hoping it would be my Monday through Thursday . . . because we have Fridays off . . . but there is a lot of times I'm taking my work home. I'm working on it at home, at night, on the weekend, and it's nice, because I get to do it in the company of my family, which is awesome, but, working from home is [a] change. Like, when you leave bedside nursing, . . . your shift is done, and you go home and relax. . . . That is not the case when you're an educator. (p. 7)

Participant 3 stated, "It's not a 4- or 5-day a week thing, 6 hours a day. Perception is teachers, you know, only work 6 hours a day . . . it's not just the time spent in the classroom." (p. 28). This novice nurse educator also shared that others (not nurse educators) respond,

"You only teach 2 hours a day?" But, do you know how much time it takes to get ready for those 2 hours? (p. 29) There's, time wise, . . . there is stuff that you come into this not knowing. . . . You know, you have to sit around a committee, but you don't realize the work that it takes to serve on the committees. If a student can only meet me at 9 [o'clock] at night, then I need to be here at 9 at night to meet the student. (p. 28)

Participant 4 stated,

I was officially hired, I want to say, in June, and getting ready for the semester . . . during that time, we lost four faculty members . . . before the fall semester. They were gonna give me a lighter workload before that . . . I was just like, "I'll just take it" . . . not really understanding how much goes into one lecture. Then later,

I was like, “I bit off more than I can chew.” You don’t know how much work this is gonna be. (pp. 14, 15)

Participant 4 also shared, when discussing recommendations for future nurse educators, “ask about any non-teaching duties . . . because that adds up. . . . Ask what the advising load is . . . so my experience is, I went from 30 . . . in the fall semester, to 61 now [spring]” (p. 30). Participant 5 stated,

The role is vastly more. There isn’t time to revise that lecture when you really have a great idea; sometimes, because you have a student in your office crying, or [I] have to go to a meeting because it’s required. I don’t love, sometimes, that you’re never truly off; there’s something to be said about, you punch that clock in the acute-care unit, and you’re done. I didn’t know . . . you have to be on this committee now, and you have to do this . . . but I can’t do this well. If you want it done well, I’d like to put my heart into it. (p. 33) There’s not enough hours in the day; you always worry, especially in a university type of environment . . . my appointment is contingent on the stuff that I do. (p. 34)

All the participants indicated there were perks to the position with having holidays, weekends, and summers off, but the expectation being that “emails are answered . . . so [I] cannot leave it behind. . . . There is always a certain level of commitment over the summer” (Participant 5, p. 31). With an unexpected workload and commitment requirement, the concern of compensation correlating with workload arose when the participants were asked to discuss areas of the position that did not meet their expectations.

Compensation inequality. The participants all indicated that they did not take these positions as novice nurse educators for a pay increase. All shared that going from the clinical setting to higher education resulted in a decrease in pay while also requiring more education. As a result, three of the participants also work additional jobs to supplement their income. During the member-checking phase, Participant 3 stated that he would not have been able to accept the position at City College if he was not already receiving a pension and benefit package from his previous employer (Participant 3, email, p. 2). Similarly, Participants 2 and 5 shared that they were only able to accept the positions because their spouses' income made up for the decrease in salary they took as novice nurse educators. Participant 2 stated: "the money is not as good . . . I did know . . . but I feel like I put in a lot of hours. Luckily, it aligned with my husband getting a raise" (p. 7). In addition, Participant 2 continued to work in the hospital as a registered nurse, working extra hours to supplement her income. When asked if there was anything else she would like to add regarding being a novice nurse educator, she added,

It exceeded my expectations, for the most part, besides the money. I wish I felt like I was compensated for as much work as I do. And so, right now, I'm completing a nurse practitioner degree, and I wonder what I'm going to do. [I'm] really good at this . . . I would be really good at being a nurse practitioner too. I'm going to be torn when I'm finished, because I really like this, but I'm not compensated for as much work I do, and I can make double as a nurse practitioner. (p. 16)

Participant 5 stated:

When they say you don't get fully compensated for everything you do, I fully know that true meaning now. The benefits [medical] offset what I'm not getting in my paycheck. I did take a huge cut, obviously, coming from 20 plus years in the same institution, . . . I know what can be made. Took a chance, and I'm lucky my husband He actually got a pay increase from management and taking call to offset that. What's more disheartening is, not to be stuck up, but I'm a clinical expert, and now I've chosen to get even more education to provide this role, and the compensation doesn't reflect that, as compared to nursing administration or a nurse practitioner. (pp. 28, 34-35)

Participant 4 shared,

You have to love it . . . students know when you aren't in it . . . students tell me about an educator who was here just to payback her . . . scholarship, and when she was done, she was done. It was not palatable to the students that she didn't want to teach, and if you don't want to teach, . . . you're doing [a] disservice to your students. Like everybody told me, . . . the money's not there. . . . The money doesn't seem to be coming anytime soon either. (pp. 24, 27) Compensation inequality as indicated by these participants did not pose as a positive factor for entering the career of nurse educators. Also, participants acknowledged following their passion to teach nursing students and acquire advanced nursing degrees to do so was not reflected in an increase in salary.

Summary of Results

The lived experiences of five participants presented in this chapter emphasized that the transition process from being clinical nurse experts to novice nurse educators had

similarities that led to the emerging three categories and seven themes. The data analysis revealed similarities in the categories of *leadership*, *preparation*, and *expectations*. The findings that emerged from this study supported the findings from previous research presented in Chapter 2. These participants felt respected and valued by their leadership as their support of them was evident. Additionally, the need for a formalized mentoring program to guide novice nurse educators through the transition was recommended. Being clinical nurse experts did not translate into being expert educators, but when presented with teaching familiar content, they were more confident. The desire to teach and the advanced education in nursing education created a starting point for the participants to make a difference in nursing education, but the gap in graduate nursing education in preparing these participants clearly surfaced in the findings. Finally, these novice nurse educators experienced both the positive and negative factors associated with nursing education also evident in the literature. Next in Chapter 5, implications of findings, limitations, recommendations, and a conclusion are presented.

Chapter 5: Discussion

Introduction

Research supports that novice nurse educators are presented with multiple challenges as they transition from being clinical nurse experts to novice nurse educators. The decision to teach future nurses comes from a desire to share knowledge and experience with others while also continuing to help those in need. The baby boomer generation is aging, and they require more healthcare services, provided often by nurses. At the same time, the current population of nurses and nurse educators is reaching retirement age. Therefore, the need for nurses and nurse educators will increase substantially. Consequently, the recruitment and retention of qualified enthusiastic novice nurse educators is essential to meet the anticipated nursing shortage. With New York State possessing 62 associate degree, pre-licensure nursing programs, the opportunity exists to educate a significant number of new registered nurses to meet the anticipated need in the United States.

The purpose of this qualitative, phenomenological study was to explore the lived experiences of clinical nurse experts who transitioned to novice nurse educators at 2-year associate degree nursing programs in New York State. This sample of novice nurse educators was chosen because of the large number (62) of associate degree nursing programs in New York State, and because there is a gap in the literature focused on novice nurse educators in New York State. As noted in Flick (2014), a qualitative design allowed for analysis of the participants' lived experiences through examination of their

own words, and it provides participants with the opportunity to offer more in-depth descriptions of their transition experiences.

This chapter highlights the study's findings related to the lived experiences of registered nurses transitioning from being clinical experts to novice nurse educators and the alignment of the findings to the literature. Further, this chapter discusses the implications of the study, the limitations of the study, and recommendations for nursing program administrators (deans, directors), novice nurse educators, and educational institutions offering graduate programs in nursing education. Last, recommendations for future research are presented, along with a conclusion summarizing the dissertation. The goal of the study was to answer the following research questions. From the perspective of novice nurse educators:

1. How did their experiences in the new role affect their transition?
2. What previous professional and educational experiences assisted them in their new role?
3. How did their pre-conceived expectations of the nurse educator role align with their transition?

Implications of Findings

The research findings discussed in Chapter 4 revealed three main categories: (a) *leadership*, (b) *preparation*, and (c) *expectations*. In addition, each category generated themes to further enhance the study's findings. *Support* surfaced as the theme under the *leadership* category. For the *preparation* category, three themes emerged: (a) *clinical expertise*, (b) *the education gap*, and (c) *passion to teach*. Finally, *expectations* surfaced as the third category with the three themes of: (a) *student success*, (b) *the*

unexpected work overload, and (c) *compensation inequality*. It is through the emerging categories and themes that implications and recommendations were formed.

Leadership. The *support* theme that emerged from this study clearly indicate that novice nurse educators require strong leadership from the nursing program administrators (deans and directors) they work with in their new roles. In the literature, support from nursing program administrators, as well as more experienced peers, proved to be a key component to novice nurse educators feeling accepted and socialized into their new roles (Anderson, 2009; Duphily, 2011; Smith & Boyd, 2012, Weidman, 2013). The nursing program administrators set the tone for expecting a positive environment, but the expert or more experienced educators with whom the novice nurse educators work with more closely on a daily basis represent a second layer of leadership responsible for ensuring a supportive atmosphere.

Each participant stressed how positive support and the desire of their nursing program administrators to see them succeed was crucial to the positive experiences encountered during their first year. Also, the participants agreed that having an environment conducive to learning the new educator role and being open-minded to their ideas created a sense of acknowledgement.

In studies of the transition of novice nurse educators conducted by Anderson (2009), Duphily (2011), and Weidman (2013), nursing program administrators were encouraged to develop or provide professional development opportunities for novice nurse educators. These opportunities consisted of formal orientation processes including orientation to the organizational structure of the institution as well as the nursing program. In addition, professional development opportunities facilitated the learning

process of the novice nurse educators to roles they were not necessarily proficient in such as lesson planning, student evaluations, and test question development (Grassley & Lambe, 2015; Weidman, 2013). Even if the novice nurse educators possess the theory from coursework, their implementation of the theory in real-world situations may be minimal (Grassley & Lambe, 2015). This lack of real-world experience was acknowledged by the participants, as they did not all have the same nursing education curriculum in graduate school, and only two out of the five participants taught a nursing course as part of their program. Therefore, leadership support of professional development can promote an environment conducive to the success of novice nurse educators. Another facet of support that facilitates a positive transition experience includes the mentoring offered to novice nurse educators.

Schriner (2007) discovered that all participants found the clinician-educator transition stressful and overwhelming, because they lacked direction, including not knowing where to go or who to ask. Similarly, additional research supported this study's findings in that novice educators need to be paired with expert educators as mentors to guide them through the process of being new to higher education, and for many, being new to classroom teaching (Al-Nasserri & Muniswamy, 2015, Anderson, 2009; Dattilo et al., 2009; McArthur-Rouse, 2008).

Support for a formalized mentoring program from nursing program administrators and expert nurse educators is essential to facilitate a smooth transition into higher education from a clinical role, because comprehensive educational preparation for novice nurse educators may be absent. The literature affirms the findings of this study as the participants acknowledged that the mentoring was provided in an informal way, and more

of the mentoring was provided by the senior leadership (nursing program administrators) as opposed to expert educators who were on the front line of providing the nursing education. Feedback from their peers was a welcomed element for this study's participants, so they could gauge how well they were performing, but it was not widely provided in a consistent manner. One participant received feedback from her peer that she was doing great, but the peer did not offer any suggestions on how to improve, and the feedback, both positive and offering suggestions for improvement, did not occur until her teaching was observed by her nursing program administrator (dean/director).

In a study by McArthur-Rouse (2008), novice nurse educators noted that they did not feel supported in the classroom, as no one provided them with feedback on whether their teaching was effective or was meeting the students' expectations. The novice nurse educators believed that the expert educators assumed they knew more about the educator role than they did. In turn, McArthur-Rouse (2008) recommended increased availability of mentors to offer guidance and assistance during acclimation to role expectations and the organizational culture differences related to the novice nurse educators' new roles. Effective support and mentorship from leadership proved necessary for this study's participants, and as indicated in the literature, the category of preparation emerged from the findings as key to the transition process.

Preparation. Given that nursing programs adhere to an accreditation process by select commissions, such as ACEN (2017), the majority of nurse educators employed at associate degree nursing programs are expected to possess Master of Science in nursing degrees. All of the participants in this study acquired a Master of Science in nursing

degree with a focus on nursing education. Under the preparation category, three themes emerged: *clinical expertise*, *the education gap*, and *passion to teach*.

Clinical expertise. All of the participants had greater than 5 years' of acute-care clinical experience, and two of the participants had 20 or more years of teaching experience. The participants were clinically prepared to educate nursing students, and four of the participants received their initial experience teaching clinical to nursing students as adjunct instructors. The research shows that nursing programs hire advanced nurses, such as nurse practitioners, for educator roles, and as nurse practitioners, they have expert clinical knowledge, but many lack educational coursework or teaching experience (Al-Nasseri & Muniswamy, 2015; Weidman, 2013).

Smith and Boyd's (2012) research supported this study's findings regarding novice nurse educators' valuing their clinical expertise, and they did not want to lose that part of their identity as they took on the educator role. Even though the participants in this research study were all educated in the field of nursing education, their clinical expertise and continued work outside of their full-time teaching roles in clinical settings reaffirms the literature that maintaining the clinical expert identity is important to novice nurse educators during the transition phase.

The education gap. The second theme, the education gap surfaced from the participants' discussion surrounding their graduate educational experiences. Even though all five participants focused on nursing education in their master's programs, each program had a different curriculum. Only one participant felt prepared for the expected responsibilities of teaching in a nursing program in higher education because of her educational preparation. The literature supports this finding that education provides the

groundwork for entering academia, but it does not prepare clinical nurse experts thoroughly for all real-world responsibilities in the role of nurse educators. Schriener (2007) found that the novice nurse educators were expert clinicians, but they were not expert educators; yet, they were expected to transition seamlessly into the educator role, even though many lacked formal coursework in teaching or teaching nursing. In Weidman (2013), the participants were overwhelmed and frustrated by struggling to learn how to evaluate students, develop test questions and lesson plans, and teach effectively (Weidman, 2013).

These literature findings were consistent with this study's findings, as these novice nurse educators indicated they had the theory behind some of the educator responsibilities, such as curriculum development, but only two participants had experience teaching nursing students—one in the physical classroom and the other in an online course as part of the master's programs. Since there is no standard curriculum for nurse educator programs, with some focusing on higher education and others on clinical education, nursing program administrators and expert educators cannot expect a seamless transition from clinical nurse experts to novice nurse educators without on-the-job orientation and mentoring.

Further support of the education gap noted by Anderson (2009), who studied the transition experience of educators who met the following inclusion criteria: (a) no formal teaching experience or academic preparation in the area of education, (b) no more than 2 years' teaching experience, (c) were prepared as nurse practitioners or clinical nurse specialists, and (d) had a minimum of 5 years of clinical practice as a registered nurse. The findings demonstrate that solely having an advanced-practice graduate degree in

nursing without any educational theory coursework affects the transition experienced because advanced-practice nurses can possess clinical proficiency at an advanced level, but lack the basic skill set necessary to educate nursing students. Therefore, Anderson (2009) recommended that nursing program administrators provide professional development in the areas novice nurse educators may lack to facilitate a successful transition into nursing education.

As noted, the five participants of this study acquired advanced nursing degrees with a focus on nursing education, but having the educational coursework, alone, did not lead them to teaching in higher education. The finding that surfaced in discussing why they chose the education career path was they each possessed the passion to teach.

Passion to teach. It became evident during the interviews and in reviewing the data analysis that these educators all demonstrated attributes related to the third theme of passion to teach. The participants all indicated they thrived on working with students and reflected the need to be passionate about and love teaching because the students deserved and expected caring educators. In addition, they stressed that the students knew when the instructors were “not into” what they were teaching. Previous research supports this finding that the passion to teach nursing represents a main attribute of many novice nurse educators (Dattilo et al., 2009; Laurencelle et al., 2016).

Laurencelle et al. (2016) studied why advanced-practice nurses chose nurse academia as their career path, using a hermeneutic, phenomenological method to study the lived experiences of nurse educators. Findings revealed one overarching theme that was labeled as “the meaning of being a nurse educator” (Laurencelle et al., 2016, p. 137). In the first subtheme of opportunities, the educators believed more opportunities would

arise with a graduate degree and it would improve job security. In the second theme, the educators identified nursing education as their career goal, or they enjoyed educating students as part of their clinical practice and wanted to pursue it further. In the third theme, seeing students learn was a motivating factor for some participants to enter academia as they were excited when students *got it* (Laurencelle et al., 2016). Finally, in the fourth theme, these educators wanted to contribute to the profession of nursing. They believed that they could make a difference in nursing and patient care by educating future nurses (Laurencelle et al., 2016).

The Laurencelle et al. (2016) study supports the findings of this research as each of the participants touched on one or more of the subthemes described in Laurencelle et al. Two participants shared that they had wanted to be educators since they were children, and four of them were enticed to the educator path because of the positive interactions they experienced with students when they worked with them in hospital settings or as adjunct clinical instructors. One participant reflected that she chose nursing education because she believed this area would open more opportunities, and she could make a difference by sharing her knowledge and expertise with future nurses.

Having the passion to teach and dedication to students were at the center of why these novice nurse educators chose this career path. As they grew as novice nurse educators, they insisted upon putting forth the same effort to teaching nursing students as they did when caring for patients as clinical nurse experts.

Expectations. In discussing with the participants their transition from clinical nurse experts to novice nurse educators, they reflected on the features of the role that met, exceeded, and did not meet their preconceived visions of being nurse educators. From

the findings, the category of expectations emerged. Within this category, three themes surfaced: (a) *student success*, (b) *unexpected work overload*, and (c) *compensation inequality*.

Student success. A finding that emerged from data by all participants led to the first theme, student success. The participants shared the overwhelming pride they felt when they saw their first cohort of students succeed, knowing that they played an integral part in their success. The novice nurse educators' primary goal and focus was education of the nursing students. The reward was evident in the participants' reflection of "tearing up" during graduation of their first class, having improved standardized testing scores on content they taught, and seeing shy, reserved students come out of their shells because of the time spent by the novice nurse educators in supporting and encouraging their success.

In support of the importance for students' success, Dattilo et al. (2009) studied expert nurse educators to gain insight into what motivated nurses to choose and persist in nursing education. Four themes arose from the data analysis. In the fourth theme, the importance of believing in oneself and others emerged, and this included having confidence in the ability to learn and be successful educators while also believing in the students' abilities to succeed (Dattilo et al., 2009).

Similarly, research conducted by Laurencelle et al. (2016) and McDermid et al. (2016) noted that when students were successful and provided positive feedback to the nurse educators, the novice nurse educators developed confidence in their ability to educate students successfully. The research findings further supported this study's finding in relation to expectations and the students' success. For example, one

participant reflected that his expectations as a novice nurse educator were met if the students' expectations were achieved.

The ultimate expectation of nursing students and a measurement of the students' success is graduating from nursing school and passing the National Council Licensure Exam to begin practicing as registered professional nurses. Similar to having a passion to teach and having the ability make a difference as novice nurse educators, the highlight of witnessing their students' success and knowing that they played an influential role in the students achieving their nursing degrees had a positive effect on the self-confidence of the novice nurse educators as they continued their role transition. The positive expectations emphasized by the participants in this study motivated them to provide the students with a quality education, but the amount of work expected of these novice nurse educators surfaced in the findings.

Unexpected work overload. The first of two themes that emerged under expectations that did not reflect positively on the field of nursing education was unexpected work overload. The participants acknowledged that they liked the flexibility with higher education of not having to be present on campus all the time, but they were not prepared for the amount of work they were unable finish during normal working hours. Therefore, they found themselves completing work at home and on the weekends. Additionally, they acknowledged that they were aware of the requirement to participate on both campus and nursing department committees, but they did not know the extra work involved in participating in the committees. All but one participant shared that they were assigned a full course load to teach in the classroom along with teaching in the clinical settings during their first semester.

The research findings suggest that work overload can negatively affect nurse educators' job satisfaction and ability to successfully transition to their new roles. Bittner and O'Connor (2012) performed a descriptive, quantitative study using a 32-item survey to examine the obstacles that nurse educators face that could impact their job satisfaction and organizational commitment. Bittner and O'Connor (2012) found that workload was one key indicator of job satisfaction. Of the total participants, 65% believed their workload was greater than their peers' in other academic departments, and 58% believed the workload increase was due to the nursing shortage.

Similarly, Smith and Boyd (2012) conducted an online survey of 146 participants with less than 5 years of teaching experience in professional health fields, which included nursing. The online survey collected quantitative demographic data and qualitative data to explore areas of the transition process such as strengths, challenges, support for professional development, and suggestions for improvement to develop themes regarding the transition process. In compiling the qualitative data, the three themes that emerged were: (a) managing self, (b) activities, and (c) support. Within the theme of managing self, the findings reflected the difficulty novice nurse educators experienced in managing the workload challenges (Smith & Boyd, 2012).

Bittner and O'Connor (2012) and Smith and Boyd (2012) suggested that nursing program administrators consider lighter course loads for novice nurse educators, so that they can acclimate to their new roles. Nursing program administrators need to acknowledge and support the professional development of these novice educators, and they should not expect them to seamlessly transition from clinical experts to nurse educators while maintaining a full workload like the expert nurse educators.

Given that four of the five participants came from clinical expert roles in hospital settings prior to accepting their positions as novice nurse educators, they were used to being compensated for any extra hours they worked. Therefore, when they fully realized the amount of work required needing completion during off hours, the effect of following their passion to teach and not receiving comparable compensation, as they received as clinical nurse experts, became an unfortunate reality. This realization led to the second negative expectation theme of compensation inequality.

Compensation inequality. The second theme of compensation inequality also developed through the data analysis from this study. All the participants acknowledged they knew there would be a significant salary cut from their positions as clinical nurse experts, but they were surprised by the amount of work required in the position, and none of the participants believed they were adequately compensated for the work, their experience, or education. Other than the one participant who had a pension and benefits as a retired nurse, the participants could not survive financially without having a significant other with a better job and/or holding a second job in an adjunct teaching position or in a clinical setting. The findings from this study, and noted in previous research, indicate that many novice and expert educators are unhappy with the compensation offered for this career path (Bittner & O'Connor, 2012; Evans, 2013).

Bittner and O'Connor (2012) discovered that as with work overload, compensation also played an important role in job satisfaction, with 52% of the educators unsatisfied with their salary, and 57% reporting having more than one job. Finally, 52% planned to leave their current institutions within 5 years.

Evans (2013) conducted a descriptive study to investigate novice nurse educators' perceptions on what forces cause nurse educators to enter academia, and what resources were needed to recruit and retain novice nurse educators. Evans discovered that 98% of the entire sample agreed that salaries needed to be increased as a recruitment strategy. In addition, Evans (2013) stressed the importance of addressing the poor salaries offered to novice nurse educators if recruitment and retention are key issues for nursing program administrators.

The participants in this study highlighted that they accepted the decreased salary in anticipation of having a better work-life balance, but they acknowledged that they did not always feel a work-life balance as novice nurse educators. As educators, they needed to bring work home to grade, and many times, they had to prepare for classes as well. In contrast, when they performed as clinical nurse experts, once their shift was completed, they could leave work, go home, relax, and be with family without worrying about work. Three of the participants reflected that they truly never feel as though they are “off work,” even during vacations, because the expectation is that emails are answered promptly. Consequently, they believed they were not adequately compensated for their responsibilities and time required of them outside of the normal work schedule. Three of the participants shared that depending on circumstances, they may need to consider leaving their educator roles because of a need for increased compensation and an improved work-life balance. The participants mentioned areas of advanced practice that they may choose are nurse practitioner and nurse administrator, or even returning to bedside nursing—even though they may need to forego some flexibility or perks such as summers and holidays off.

Studies presented by Bittner and O'Connor (2012), Evans (2013), and Laurencelle et al. (2016) all addressed findings related to the desire of novice nurse educators to have work-life balance, compensation equality, and flexibility. Laurencelle et al. (2016) studied why advanced-practice nurses chose nurse academia, and in addition to revealing the positive reasons to enter academia, a fifth theme called *the unattractive* described the negative components associated with the role as an educator.

The two negative areas identified were having to provide poor feedback to failing students and the poor salary of nurse educators. The need to provide poor feedback to students did not surface as a concern in this researcher's study, although both studies found that the educators were passionate about their careers, but their salaries did not reflect the preparation and work required. Finally, the sixth subtheme of *flexibility* emerged as the educators had accepted the poor salary in exchange for a better work-life balance. This balance proved more important than the salary concerns (Laurencelle et al., 2016). In contrast, as noted earlier, the participants in this study did not all agree that they had truly achieved a work-life balance that compensated for the decreased salary because some were still working a second job to make up the deficit in income.

Unfortunately, the two themes of compensation inequality and unexpected work overload might lead to the premature departure of novice nurse educators before they have the opportunity to be expert nurse educators. As discussed in the literature and this study, salary and workload are the key negative indicators identified by novice nurse educators. Therefore, recruiting novice nurse educators with the promise of work-life balance and flexibility in exchange for a lower salary may initially attract clinical nurse experts with master's degrees to this career. The issue as presented in the literature and

this study is that the reality of working in nursing education may not measure up to the preconceived expectations. As a result, a retention problem for nursing program administrators may surface at a critical time when expert nurse educators and clinical registered nurses are retiring along with the baby boomer generation aging and requiring the services of more registered professional nurses.

Limitations

One of the limitations of this study was that there were only two nursing programs represented out of 62 pre-licensure associate degree programs in New York State. One school was in the Central New York region of the state while the second school was in the Capital region of New York State. Exploring the lived experiences of novice nurse educators from other regions with different demographic characteristics may have elicited similar or different responses that could have supported or altered the study findings.

A second limitation of the study was the lack of diversity of the sample studied. Each of the participants was Caucasian, and 4 out of 5 participants were female. If a longer recruitment time was feasible, there would have been the potential for acquiring a more diverse sample.

A third limitation of this study is the positionality of the researcher. As a nurse educator employed at an associate degree nursing program in New York State and having been a novice nurse educator who transitioned from a clinical nurse expert role, I have familiarity with the possible facilitators and challenges experienced by the novice nurse educators. The colleges represented in this study were not affiliated with the researcher, and the researcher did not personally know the participants in the study. To avoid potential bias, the researcher bracketed her experiences as a novice nurse educator

through self-reflection, so that the data retrieved from the participants could be analyzed for their own value and richness.

Recommendations

This research study validated and supported previous literature regarding the lived experience of clinical nurse experts as they transitioned to novice nurse educators.

Recommendations are presented based on the findings that may assist nursing program administrators develop strategies for the recruitment and also, equally important, the retention of qualified novice nurse educators. In addition, recommendations are presented for novice nurse educators to offer potential ideas that may help them navigate a new career path in the field of higher education. Finally, recommendations are presented for educational institutions who offer graduate programs in nursing education.

Recommendations for nursing program administrators. A first recommendation for deans and/or directors of associate degree nursing programs is to facilitate the development of a comprehensive, formalized orientation process to both the nursing department and the college community. One suggestion is to collaborate with human resource departments and existing novice educators to determine the gaps in the existing orientation process in order to guide the development of a more cohesive process. Clinical nurse experts work in settings that have competency-based orientations for their clinical skill development along with detailed orientation programs for the facilities that employ them. Whereas, in higher education settings, educators participate in committee responsibilities, potential tenure track requirements, and college and department non-teaching responsibilities, including student advisor duties and ceremony attendance requirements. Therefore, novice nurse educators need to be aware of how the

higher education system operates and when to expect to take on additional responsibilities (Al-Nasserri & Muniswamy, 2015; Evans, 2013)

During the stressful initial new-job period, nursing program administrators need to ensure a comprehensive, well-documented formalized orientation, to avoid inundating novice nurse educators with too much information. Similarly, novice nurse educators should receive a paper or electronic guide to all of the college and nursing department policies, and key areas should be reviewed with the new educators. In addition, they should not be expected to independently figure out what it all means. To supplement the orientation process and continue the supportive environment, nursing program administrators, along with other nursing educators, need to facilitate a thorough mentorship program (Dumphily, 2011; Schriener, 2007; Weidman, 2013).

Mentorship programs for clinical nurse experts transitioning to novice nurse educators represent a relationship-building process for both the novice nurse educators and the expert nurse educators (Dumphily, 2011; Schriener, 2007; Weidman, 2013). These relationships require a commitment from both parties to work together along with a time commitment when both parties have full schedules already. Therefore, as these programs are developed, the most effective structure for learning is for the novice nurse educators and their mentors to teach the same, or parallel, courses and clinical experiences, so they are a team. This prevents novice nurse educators' potential feelings of working in isolation and not knowing who to go to with questions or concerns regarding daily activities. Additionally, mentors and novice nurse educators should meet at the end of each week to complete mentorship documents. These weekly progress notes should include goals to be met and annotated notes by both parties as to the progress being made

at accomplishing the objectives. Similarly, nursing program administrators should meet at established time frames with novice nurse educators to discuss how they are doing and to determine if the needs of the novice nurse educators are being met, along with discussing if they are meeting the expectations of the nursing program. These meetings would allow for open dialogue between the novice nurse educators and deans or directors to possibly prevent communication breakdown or ineffective mentorship relationships.

This study confirmed the need for leaders to support and guide novice nurse educators throughout the transition process. In addition, by creating a positive environment that allows for the growth of these educators, they are set up for success and job satisfaction. Further, colleges and nursing programs who have reputations for providing strong orientation and mentoring programs may improve their recruitment efforts of novice nurse educators.

Recommendations for novice nurse educators. Novice nurse educators may not fully comprehend the magnitude of the responsibilities of full-time nurse educators. Therefore, one recommendation shared by the participants was to *get your feet wet* as a novice educator by teaching an adjunct class or working as an adjunct clinical instructor before jumping head first into a full-time role (Participant 1, 2). Even though the participants that taught in adjunct roles may not have been prepared for all the expectations of being full-time educators, they received a taste of teaching nursing students in an associate degree nursing program.

A second recommendation supported in the literature, theoretical framework, and validated by this study, is novice nurse educators need clear directions and expectations of what is required of them as full-time educators both in the nursing department and in

the institution (Duphily, 2011; McDermid et al., 2016). Without a clear articulation of their roles and responsibilities, novice nurse educators are left to figure out how the nursing departments and institutions function, and they could make unintentional mistakes due to a lack of knowledge. For example, mistakes may occur in writing student evaluations, developing and analyzing test questions, or using learning management systems, such as Blackboard without appropriate guidance. Therefore, to facilitate successful transitions into the field of nursing education, novice nurse educators need the confidence to advocate for themselves. They need to dialogue with other nurse educators, if possible, prior to interviewing for the positions, to determine what orientation and mentoring is offered to new educators. Similarly, during the interview process, they should discuss exactly what the job responsibilities entail during work hours, after work hours, and vacations to avoid surprises in the future. The transition from clinical nurse experts to novice nurse educators is facilitated through transparency by nursing program administrators and the open and honest communication between all parties.

Recommendations for graduate nursing programs. Educational institutions who offer graduate nursing programs each provide varied curricula in nursing education. Previous research has identified and expressed concern that programs do not prepare nursing educators for smooth transitions into nurse academia (Schoening, 2013). On this topic, participants in this study discussed the variation in coursework and focus of their graduate programs. Participant 5 represented the one participant who felt the coursework in her master's program prepared her thoroughly for a position in higher education. The other four participants discussed that their master's programs did not prepare them

comprehensively for teaching in the higher education setting. With various curricula, preparation of novice nurse educators in higher education will remain inconsistent.

Therefore, one recommendation includes graduate nursing programs reviewing their curricula and aligning the coursework with the needs of nurse educators entering academia. A second recommendation consists of developing collaborative relationships between graduate nursing programs for the purpose of designing similar curricula. In doing so, novice nurse educators gain knowledge in areas they will encounter in higher education such as curriculum development, test question development, and student evaluation methods. With comparable graduate programs in nursing education, novice nurse educators may enter the profession more educationally prepared.

Future research. An area for future research that might add a different but important perspective would be examining the challenges faced and perceptions of the nursing program administrators as they seek to recruit and retain qualified nurse educators. This research could energize open dialogues and relationships with other associate degree nursing programs for collaboration on the development of standardized mentoring programs and orientation processes. A second research possibility would be to replicate the study within New York State to include hospital-based associate degree nursing programs along with studying more 2-year college-based associate degree nursing programs in all regions of New York State. In doing so, the sample size and data retrieved would increase and provide more comparisons and/or contrast to the current study regarding the transition experiences of novice nurse educators. By having data from as many of the 62 nursing programs in New York State as possible, the data could be compiled and analyzed as a group. If data analysis from larger studies supports other

studies, then nursing programs will have more evidence to use in collaborating together and possibly receiving institutional or state support for the development of initiatives to help recruit and retain nurse educators.

Conclusion

Over the next decade, the projected need for highly trained registered nurses is creating a need for multiple stakeholders (healthcare systems, government agencies, communities, higher education institutions, and nursing programs) to work together to develop strategic plans to meet the demand. Two factors leading to the need for more registered nurses (RNs) are the 70 million baby boomers, including those with multiple chronic diseases, such as obesity and diabetes, and the one-third of the existing RNs set to retire by 2022 (Bureau of Labor Statistics [BLS], 2015; Larson, 2016). Therefore, a need exists for an additional 1.1 million new nurses to fill and replace nursing positions (BLS, 2015). As the need for qualified RNs increases, the primary reason cited for not meeting the anticipated demand is a shortage of nurse educators (American Association of Colleges of Nursing [AACN], 2017; National League for Nursing [NLN], 2015).

As the continuing shortage of nurse educators directly affects the ability of nursing programs to admit nursing students at the undergraduate and graduate level, including the voice of all stakeholders, such as novice and expert nurse educators, at strategic planning meetings will generate ideas from those individuals who work on the frontline of nursing education. Innovative and feasible solutions to alleviate the nurse educator shortage and encourage clinical nurse experts to enter nurse academia require input from current nurse educators as to what works well and what needs further improvement (Allen, 2008). Clinical nurse experts transitioning to novice nurse

educators or those thinking of entering nurse academia cannot sit idly by waiting for higher education institutions to effectively plan their transition experiences. These RNs and novice nurse educators should advocate for their needs and seek opportunities in nurse academia that fulfill their goal of being nurse educators.

The purpose of this qualitative phenomenological study was to explore the lived experiences of novice nurse educators. The discoveries will add to the current body of knowledge and facilitate conversations among stakeholders that may lead to strategies for creating programs for clinical nurse experts to successfully transition to their new roles as novice nurse educators. By exploring the experiences through the lens of the novice nurse educators, an open dialogue may result and collaborative solutions developed for enhancing a positive transition.

The Dreyfus five-stage model of skill acquisition was the theoretical framework used for studying the transition of clinical experts to novice nurse educators (1980). The first stage encountered by new nurse educators is the novice stage. Therefore, concentration was placed using the components of the novice stage from the model. The expectation by nursing program administrators that novice nurse educators seamlessly transition to nurse academia because they have an advanced graduate degree and are clinical experts is misguided if the individuals possess no in-class teaching experience and possibly no coursework with a nursing education focus. The focus of the Dreyfus model is that learning is experiential and advancement to other stages occurs gradually over time. Similarly, as new learning experiences present themselves that require different skill sets, individuals regress back to the novice stage of skill acquisition (Dreyfus & Dreyfus, 1980). Therefore, in alignment with the novice stage of this model,

clinical nurse experts who transition to the role of novice nurse educators require clear guidelines, rules, and responsibilities in order to promote a successful transition experience. This successful transition is facilitated through well-developed orientation and mentoring programs (Anderson, 2009; Evans, 2013).

The literature review in Chapter 2 highlighted the challenges as well as the positive factors associated with transitioning to the role of novice nurse educator. The findings from the literature presented were consistent with the findings from this researcher's study. Challenges discussed in the literature and this study consisted of: (a) a lack of both formalized orientation and mentoring programs, (b) the salary discrepancy experienced when changing from the clinical setting to the higher education setting, (c) not feeling prepared to take on sole responsibility for educator responsibilities, and (d) a surprise in the work overload present in nursing education. Positive attributes associated with entering the field of nursing education were: (a) flexibility of time, (b) seeing students succeed, (c) fulfilling the desire to teach and share their knowledge with new generation of nurses, and (d) recognizing the importance of having a supportive leadership team that valued the contributions made by clinical nurse experts who are now novice nurse educators.

Chapter 3 discussed the research methodology used in conducting this study. A qualitative research methodology was used in this study because this method allowed for an in-depth exploration into the transition experienced by each of the participants. Their words were analyzed to generate categories and themes that painted a detailed picture of the participants' transition process into nursing education. This research study explored the transition experiences of five novice nurse educators employed at two associate

degree nursing programs in New York State. One program (City College) was located in a metropolitan setting in the Northeast region of New York State. The second program (Countryside College) was located in a more rural setting in the Central region of New York State. Interviews were conducted using a semi-structured, face-to-face interview method. Interview questions were generated prior to the meeting with the participants, so the initial questions remained consistent throughout each interview.

The participants in the study consisted of four females and one male. Each participant had more than 5 years clinical expertise, held a Master of Science degree in nursing with a nursing education focus, and less than 3 years of teaching full-time as a nurse educator. All the participants taught in their clinical area of expertise both in the classroom and clinical settings.

The goal of the study was to answer the following research questions. From the perspective of novice nurse educators:

1. How did their experiences in the new role affect their transition?
2. What previous professional and educational experiences assisted them in their new role?
3. How did their pre-conceived expectations of the nurse educator role align with their transition?

Chapter 4 presented the findings that resulted after analyzing the data. Data analysis was conducted through the use of identifying codes and developing categories from the established codes. The categories aligned to specific research questions. The three distinct categories that emerged from the findings included: (a) leadership, (b) preparation, and (c) expectations. Under these three categories, seven themes evolved

and included: (a) support (b) clinical expertise, (c) the education gap, (d) passion to teach, (e) student success, (f) unexpected work overload, and (g) compensation inequality. By listening to the recorded interviews while reviewing the written transcripts multiple times categories and subsequent themes emerged.

For Chapter 5, the implications of the study, limitations of the study, and recommendations for nursing programs administrators, novice nurse educators, and educational institutions offering graduate programs in nursing education were presented. Finally, the chapter addressed areas for potential future research. As the implications and recommendations that emerged from this study were consistent with previous literature, higher education institutions and nursing programs should use the evidence as leverage to strongly encourage all stakeholders to support creating an environment conducive for growing novice nurse educators into expert nurse educators. By continuing to explore the transition of novice nurse educators at all degree levels of nursing education, a sustainable formalized transition program may evolve to implement successfully in multiple nursing programs. The future of educating a consistent supply of registered professional nurses, to meet the anticipated need, depends heavily on facilitating the entrance of clinical nurse experts into the profession of nurse education.

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Appendix A

Introduction Letter to Participants

To Whom It May Concern:

I am a doctoral candidate in the Ed.D Program in Executive Leadership at St. John Fisher College in Rochester, NY. I am in the process of writing my dissertation, and my plan is to conduct my research in June-July of 2017.

I am contacting you as a potential participant because my study explores the lived experiences of novice nurse educators from associate degree nursing programs in New York State as they transition from being clinical nurse experts. The results from the study will contribute to the research available on the transition process of novice nurse educators teaching in associate degree nursing programs. My research will consist of interviewing novice nurse educators who meet the criteria described below.

In the study, the criteria for novice nurse educators are the following: (a) employment for no more than three years as a nurse educator, (b) a master's degree with a major in nursing, (c) current full-time teaching role in both the classroom and clinical settings, and (d) minimum three years acute-care clinical nursing experience.

I am requesting a one-hour interview, at the time and location of your convenience to be scheduled within the next three weeks.

St. John Fisher College Institutional Review Board (IRB) has reviewed and granted permission to conduct the study. All participation in the study is voluntary. To protect confidentiality, any personal identifying information will not be disclosed at any point in the study.

If you would like further information or are willing to participate, please email me at my St. John Fisher address: eaw05258@sjfc.edu or call my cell (315) 456-9244.

Sincerely,
Elizabeth A. Woytowicz

Appendix B

Approved Informed Consent

Appendix C

St. John Fisher College
INFORMED CONSENT FORM



Title of study: Leaving an Expert and Returning a Novice: Exploring the Transition of Clinical Nurse Experts to Novice Nurse Educators

Name(s) of researcher: Elizabeth Woytowicz

Faculty Supervisor: Dr. Kim VanDerLinden, PhD. Cell: (716) 238-1471; email: kvanderlinden@sjfc.edu

Phone and email for further information: Elizabeth Woytowicz. Cell: (315) 456-9244; email: eaw05258@sjfc.edu

Purpose of study: The purpose of this study is to explore the lived experiences of novice nurse educators teaching in New York State associate degree nursing programs who transitioned from the role of clinical nurse experts. This study will add to the research surrounding the transition experience of educators from this program type.

Place of study: Associate degree nursing programs in New York State

Length of participation: 1 hour

Risks and benefits: The expected risks and benefits of participation in this study are explained below:

There are minimal to no expected harm to the participants in this study. The minimal risks include that the participants may experience emotional and/or physical discomfort at any point during the study as they discuss and reflect on their transition process.

The results of this study will contribute to research available in the area of novice nurse educators' transition experiences.

Method for protecting confidentiality/privacy: All interview transcriptions, audio recordings, field notes, and results will be stored on the researcher's personal laptop computer that is password protected. All paper transcripts, field notes, and data collection tools will be kept in a locked container, and will be destroyed after three years. Participant names will not be used in any documents, and no identifying information will be used in any publications. To further protect confidentiality, the participants will be labeled with a pseudonym to avoid any possible identification.

Your rights: As a research participant, you have the right to:

1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.

Appendix C

Institutional Review Board Approval Letter



June 22, 2017

File No: 3757-061517-02

Elizabeth Woytowicz
St. John Fisher College

Dear Ms. Woytowicz:

Thank you for submitting your research proposal to the Institutional Review Board.

I am pleased to inform you that the Board has approved your Expedited Review project, "Leaving an Expert and Returning a Novice: Exploring the Transition of Clinical Nurse Experts to Novice Nurse Educators."

Following federal guidelines, research related records should be maintained in a secure area for three years following the completion of the project at which time they may be destroyed.

Should you have any questions about this process or your responsibilities, please contact me at irb@sjfc.edu.

Sincerely,

A handwritten signature in black ink that reads "Eileen Lynd-Balta".

Eileen Lynd-Balta, Ph.D.
Chair, Institutional Review Board
ELB: jdr

Appendix D

Interview Protocol

As part of the interview protocol, the following pre-written questions were used to gain knowledge regarding the participants' background and lived experiences:

1. Tell me a little bit about your background.
 - a. How long have you been a registered nurse and also a nurse educator?
 - b. What was the program focus of your master's in nursing degree?
 - c. Are you teaching theory and clinical in an area of nursing you are clinically and/or educationally prepared to teach?
2. Describe what factors prompted your decision to become a nurse educator?
3. What positive experiences have you encountered as a novice educator?
4. What areas of the clinical nurse expert to novice nurse educator transition have:
 - a. met,
 - b. exceeded, or
 - c. not met your expectations?
5. Did any components from your clinical experience and/or master's program prepare you for this position? If so, what were they?
6. Discuss any recommendations you have for others thinking about switching to a nurse educator role?
7. Is there any other information that was not addressed in the above questions you would like to discuss?