A PHENOMENOLOGICAL INQUIRY OF TRANSTION FROM CLINICAL EXPERT TO ACADEMIC NOVICE

By

LISA M. SCHOLZ

Submitted in partial fulfilment of the requirements for the degree of Doctor of Nursing Practice

Faculty Committee Chair: Cheryl Killion

Frances Payne Bolton School of Nursing

CASE WESTERN RESERVE UNIVERSITY

May, 2021

CASE WESTERN RESERVE UNIVERSITY

FRANCES PAYNE BOLTON SCHOOL OF NURSING

We hereby approve the DNP project of

Lisa M. Scholz

Committee Chair

Cheryl Killion, PhD, RN

Committee Member

Deborah Lindell, DNP, MSN, RN

Committee Member

Mary Quinn Griffin, PhD, RN

Date of Final Presentation

April 16, 2021

*We also certify that written approval has been obtained for any proprietary material contained therein.

Abstract

Statement of the Problem: The rapidly changing healthcare environment requires a robust nursing workforce. The growing nursing shortage requires a national call to replenish the supply of registered nurses hindered by this shortage. Advanced practice registered nurses are answering that call and transitioning from clinical practice to academia.

Aims: The purpose of this study was to describe the lived experiences of clinical nurse experts who chose to transition to academia. The study sought to discover how prepared they felt for academia as well as the challenges and obstacles encountered in their new role.

Methods: This phenomenological qualitative study, guided by Max Van Manen, addresses the question "How do clinical nurse experts experience the transition to novice nurse educator?" The sample for this research study consisted of seven participants from several schools of nursing in the United States who experienced the transition from clinical nurse expert to novice nurse educator first hand. Semi-structured interviews were conducted with open-ended questions, allowing the participants to describe their lived experiences during transition.

Pertinent Findings: Two themes emerged from the study. One was Learning Curve with the subthemes 1) Figure it out on my own, 2) "I didn't know what I didn't know," and 3) Where do you learn to teach? The second theme was Mentoring with the subthemes 1) No mentor, no direction and 2) Mentoring done right. The experience of the novice nurse educators in this study was perceived as challenging and, in some regards, unexpected. These former expert clinicians, now in this new academic role, felt ill-prepared, unsure, and assumed the role of novice once again - experiencing a feeling of "thrownness" as they were thrust from expert to novice.

Conclusions: Preparation and support for the faculty role must be a priority if universities are expected to produce a highly educated nursing workforce. Additionally, formal mentoring is

an important component in the development of novice nursing faculty as mentors are experts who can demonstrate innovative pedagogies and foster earnest inquiry and inventiveness in nursing students.

Dedication

I would like to dedicate this scholarly project to my mother, Carol Ann Guarino. She was instrumental in my career choice as a nurse, she was an incredible role model, and she taught me that anything is possible. Thank you Mom.

Acknowledgements

My pursuit of the doctoral degree at Case Western Reserve University has been an incredible journey and would not have been possible without the support and guidance from some amazing people. I would first like to acknowledge the members of my scholarly project committee: Dr. Killion as the chair, Dr. Lindell, and Dr. Quinn Griffin. Their unwavering support and expert insight throughout my time at CWRU was immeasurable.

I would like to take the time to especially thank Dr. Killion for her years of support, assistance, and perseverance with this work. Her faith in me never wavered and I would not have completed this educational endeavour without her careful guidance as I explored phenomenology. There were periods of time throughout my journey when I grew weary and Dr. Killion recognized this and pushed me further than I ever thought possible. I cannot express enough in words the gift she has provided me in my doctoral education and in life itself, and I am eternally grateful.

Dr. Lindell provided expert insight that was vitally important to my studies. I cannot thank her enough for the ongoing feedback through revision of my work. Her insightful suggestions and careful reading of the manuscript has been invaluable in the development of this research study.

I must express an enormous amount of gratitude to Dr. Quinn Griffin. She was my first advisor as I embarked on this journey and she helped me realize that I was trying to 'put a square peg in a round hole' and I needed to embrace qualitative research. Dr Quinn Griffin agreed to stay on my committee and her insight and support was vital to my success.

Most of all, I would like to recognize my family and friends who never stopped cheerleading me. It was difficult at times to balance work, family, friends, and this research and I would not have been able to do this without the love and support from my family and friends. First, my husband, Peter was my rock who I leaned on throughout this endeavour. He

never doubted my ability to complete this project, even when I was on the brink of despair. Peter, I am so thankful to have had you by my side in every step of this journey. My son, Christopher and my daughter, Ashley cannot remember a time when *Mom* was not in school. I hope I inspired you both in the spirit of inquiry and the lifelong pursuit of knowledge. Peter, Christopher, and Ashley: this project is just as much yours as it is mine and I am blessed to have such an amazing, supportive, and loving family.

I am grateful to my father, Ralph, and my sister, Christine because they were always supportive and listened to me as I rambled on about my research. I hope that I have made you both, along with the rest of our family, proud. It is an achievement for all of us because your support got me to the finish line.

` I could not have succeeded in my studies without the unwavering support from my friends. My cherished friends, Elizabeth and Brendan, took care of my baby girl on her first birthday while I was starting my first day of doctoral studies – I am so grateful to you both. My wonderful friend, Stephanie, always encouraged me to keep going and I am so thankful for your optimism. Elizabeth and Stephanie will always be the supreme role models for nurses, and they inspire me to be my best self and strive for greatness always. My dear friend, Lorraine, was always available for a much-needed study break, usually for some retail therapy, and to provide comic relief. Lolo, I am lucky to have you in my life.

Finally, my lifelong friend, Michael, was always there for the ups and downs of this process. He listened to my thoughts, read through my work, and gave surprisingly accurate feedback, for an aviator. I am grateful for your friendship and for your unrelenting encouragement throughout this journey

Table of Contents

Chapter 1

Introduction

The Problem

The United States (U.S.) is facing a substantial nursing shortage. Currently, there are 2.8 million nurses in the country or 874 nurses per 100,000 population ("RN per population," 2011). Buerhaus et al. (2009) predicted a 500,000 nurse deficit by 2020; however, these numbers have been reconfigured due to an unexpected surge in newly licensed registered nurses (RN) aged 23–26 years from 2002–2009 (Auerbach et al., 2011).

Buerhaus et al. (2013) predicted ongoing issues related to the baby boomer generation influencing the supply and demand of the national nursing workforce. A third of the RN workforce was expected to retire by 2020 (Buerhaus et al., 2013) and, as baby boomers age, the demand for a greater RN workforce may outpace the supply. The Affordable Care Act placed additional demands on the nursing workforce when 32 million Americans were infused into the current healthcare structure (National Academy of Medicine [NAM], 2011). A looming nurse faculty shortage also threatens the future supply of registered nurses. Healthcare reform, baby boomer healthcare consumption (Curtin, 2007), and the nurse faculty shortage portend an uncertain future for the healthcare of our nation. This study seeks to discover how clinical nurse experts transitioned to academic novices in an effort to attract and retain the nursing faculty.

The Affordable Care Act

The Affordable Care Act (ACA), signed into law in 2010, led to a multitude of changes in healthcare including healthcare coverage for 32 million people in the U.S. as well as the provision of financing for a viable nursing workforce. Providing funding to the nurse faculty, it allows RNs to return for master's and doctoral degrees to alleviate the faculty shortage (Wakefield, 2010). Additionally, the ACA funded undergraduate student loans to

improve the RN workforce as well as provided for the establishment of community-based Nurse Managed Health Centers supervised by advanced practice nurses (Wakefield, 2010). Advanced practice nurses can mitigate the shortage of primary care providers due to a sharp decline in medical students planning a career in primary care ("AACN Talking Points," 2012). According to the National Sample Survey of Nurse Practitioners, as of 2012, almost half of all nurse practitioners were employed in primary care (Health Resources and Services Administration, n.d.). Physician assistants (PA) also ease the primary care shortage and, according to the American Academy of Physician Assistants, approximately one third of PAs are employed in primary care (American Academy of Physician Assistants, n.d.). If the proposed healthcare reformations are realized, primary care can then be strengthened as nurses work to the full extent of their scope and education as proposed by the National Academy of Medicine (NAM, 2011).

Baby Boomers

Caring for the aging population will have a double impact on our nation's healthcare. By 2010, 78 million baby boomers were expected to begin retirement; the current nursing workforce is dominated by baby boomers and 60% of the nurse faculty are over the age of 50 (Department of Health and Human Services, 2010; Health Resources and Services Administration [HRSA], n.d.). In 2002, Berlin and Sechrist predicted 200 to 300 doctorally prepared faculty would retire annually based on an American Association of Colleges of Nursing (AACN) survey of nurse faculty conducted in 2001, however, it is believed that the current economic recession has deferred many of these retirements. As the recession eases, nurses and nurse faculty will seek retirement and the shortages will rematerialize.

The baby boomer generation further impacts healthcare with the sheer number of aged individuals consuming the industry's services and, by 2030, baby boomers aged 66–84 will amount to 61 million (Knickman & Snell, 2002). Many investigations into the health of older

adults have focused on disability and physical functioning (Crimmins, 2004) as well as the financial impact of the generation on healthcare (Garrett & Martini, 2007). The research also suggests that baby boomers have many chronic conditions controlled by pharmacologic measures (Martin et al., 2010), and obesity and arthritis will be significant chronic conditions affecting them as they age (Leveille et al., 2005). Shoob et al. (2007) predict that both coronary heart disease and stroke will have a tremendous impact on the numbers of hospitalizations for baby boomers in the future in addition to Alzheimer's disease expected to have affected eight million people by 2020 (Alliance for Aging Research, 2002).

The Faculty Shortage

While there is ample literature regarding the nursing shortage, there is little exposure of the nurse faculty shortage which is contributing to what some are calling "the perfect storm" facing the U.S. and the RN workforce. The nurse faculty shortage is expected to peak in the next 10 years with half of the current 32,000 nursing faculty reporting anticipated retirement (Kaufman, 2007), however, the current shortage is already affecting nursing school enrollments. In 2010, the AACN reported that more than 69,000 qualified nursing school applicants were turned away, the rejections largely attributed to the lack of qualified nursing faculty (AACN, 2015). The potentially crippling nurse faculty shortage facing the U.S. was the result of several factors including educational preparation, finances, and the demands of the academe.

In 2006, the National League for Nursing (NLN) surveyed the postsecondary nursing faculty and made comparisons to the non-nursing postsecondary faculty. Most nursing faculty is female; a startling 95% and only 7% of the total are ethnic minorities (Berent & Anderko, 2011). The educational preparation of nursing faculty is concerning since only 30% of all nursing faculty hold the doctorate degree in stark comparison to 60% doctorally prepared postsecondary faculty (Kaufman, 2007). Berent and Anderko found that the average nursing

faculty member was 55 years old (2011) and was looking toward retirement within the next five to 10 years. Nursing faculty members work an average of 56 hours per week and 24 hours per week during school breaks and summer vacations compared to 45 to 55 hours per week for non-nursing academics (Kaufman, 2007). An additional finding of the NLN research found that 44% of nursing faculty is dissatisfied with their current employment (Kaufman, 2007).

This faculty shortage can be traced back to a well-intentioned educational system with serious unintended consequences. Currently in the U.S., 60% of the nurses graduate with associate degrees, 36% with bachelor's degrees, and 3% with hospital diplomas (Aiken, 2011). The associate degree in nursing along with other educational entry points to nursing is affordable for students, creates diversity in the student body, and promotes a continuous supply of nurses (Aiken, 2011).

In the 1950s, the U.S. was facing a post-war nursing shortage and Mildred Montag proposed the two-year associate degree nursing program to infuse nurses into the workforce more quickly (Mahaffey, 2002). This proposal also moved nursing education out of the hospitals into colleges and universities (Mahaffey, 2002). There was an explosion of associate degree nursing programs, granting the non-traditional nursing student an education pathway to a career. The associate degree in nursing continues to outpace the baccalaureate degree in nursing, which interferes with the replenishment of the RN workforce.

In 1965, the American Nurses Association (ANA) asserted that professional nurses should be prepared at the baccalaureate level and technical nurses should receive associate degrees (Donley & Flaherty, 2008). This decree from the ANA sought to improve the education of the nursing workforce to improve patient outcomes and safety (Donley & Flaherty, 2008; Jacobs et al., 1998). The associate degree versus the baccalaureate degree for entry level into practice has been debated for more than 50 years with many nursing leaders

and nursing organizations, including the ANA (2000), supporting the baccalaureate degree as the most appropriate for entry into practice.

The National Academy of Medicine (NAM) published a report in 2011 recommending an increase in the baccalaureate prepared RN workforce from 50% to 80%, which not only provided for a safer hospital environment (Haskins & Pierson, 2009) but also improved the channel for nursing faculty. Using data from the National Sample Survey of Registered Nurses in 2004, researchers analyzed the continuing education of 1.4 million RNs from 1970 to 1994 who were 59% associate degree prepared and 41% baccalaureate degree prepared (Aiken et al., 2009). Only 6% of the associate degree nurses pursued graduate degrees compared to 20% of the baccalaureate prepared nurses who did the same (Aiken et al., 2009). The faculty pipeline is dwindling and the forecast to expand nursing programs is hampered by the lack of master's and doctoral prepared RNs.

Challenges of Academia

The salary of nurse faculty is another major factor contributing to the shortage of qualified nurse educators. The American Association of Nurse Practitioners (AANP) reported, as of 2011, nurse practitioners earned an average salary of $91,310 (American Association of Nurse Practitioners, n.d.). In contrast, the AACN reported an average annual faculty salary of $72,028 ("AACN," 2012). Today's nursing profession presents many opportunities for nurses such as administration and clinical positions, therefore, low pay coupled with the financial impact of doctoral education made academia unappealing for many (Hinshaw, 2001).

Historically, graduate programs in nursing focused on either education or administration. However, with healthcare having transformed in the country, the demand for advanced practice nurses have increased. The starting salary and abundant job opportunities make the graduate degree as a nurse practitioner more compelling than their counterparts in

education and administration. By 2008, only 13.2% of all registered nurses held advanced degrees.

Faculty Shortage Solutions

Master's prepared clinical experts have transitioned into faculty roles to meet the nurse faculty shortage (Diekelmann, 2004), but the Carnegie Study (Benner et al., 2009) discovered that master's level programs were not adequately preparing future nurse educators. There was a call for reform in nursing education outlined in the National League for Nursing Position Statement (Innovation in Nursing Education: A Call to Reform, 2003) which was echoed in the Carnegie National Nursing Education Study (Benner et al., 2009) findings. These reports recommend new teaching pedagogies along with the transformation of the delivery of nursing education via classroom teaching, clinical experiences, and simulation. Innovation and excellence in teaching, and research and scholarship are basic requirements for today's nurse educator; however, expert clinicians who have been focused clinically for most of their careers are just not prepared for the academe.

Statement of the Problem

How do clinical nurse experts transition into the role of novice nurse educator?

The purpose of this study is to describe the lived experiences of clinical nurse experts who chose to transition to academia. The study seeks to discover how prepared they felt for academia as well as the challenges and obstacles encountered in their new role.

Definition of Terms

Clinical nurse expert: an advanced practice registered nurse with graduate preparation (earned master's or doctorate) with comprehensive, authoritative, and intuitive knowledge of nursing (Morrison & Symes, 2011).

Transition to academia: changing the area of full-time employment from clinical to an academic (baccalaureate, master's, or doctorate) setting.

Chapter 2

Literature Review

Introduction

The purpose of this study is to describe the lived experiences of clinical nurse experts who chose to transition to academia. The study seeks to discover how prepared they felt for academia as well as the challenges and obstacles encountered in their new role. A review of the literature includes the nursing shortage, nursing faculty shortage, evolution of the nursing educator profession, complexities of the professoriate as well as short- and long-term solutions for the nursing faculty shortage.

The literature was examined for relevant research regarding novice nurse educators and to answer the question: how do clinical nurse experts transition into the role of novice nurse educator? The PubMed MeSH database was employed in the search, using the phrases "novice nurse educator," "new faculty," "experienced clinician," "role transition," and "clinical expert," resulting in 185 articles. The database contained 75 full text articles with 65 articles having been published since 2002. The CINAHL database was also queried using the terms "nurse clinician," nursing faculty," and "transition" and 81 articles were retrieved. The reference lists of relevant articles were appraised for more germane articles for further review and inclusion in this study.

The review of the literature begins with information on the nursing shortage and ensuing faculty shortage. According to the AACN, job growth in the healthcare sector has been significant over the past several years. However, projections predicted that 1.2 million nurses would be required by the year 2020 (AACN Nursing Shortage, 2015). The U.S. is facing a substantial nursing shortage, amplified by the lack of growth in qualified nursing faculty. This faculty deficiency is expected to peak in the next 10 years with half of the current 32,000 active nursing faculty reporting anticipated retirement (Kaufman, 2007). In

2010, the NLN reported that 119,000 qualified applicants were refused entry into nursing schools, the primary reason for which was cited as the nursing faculty shortage (NLN Nurse Educator Shortage Factsheet, 2010). In addition to the current shortage of nurses, there is a proportionate shortage of baccalaureate prepared nurses. In 2011, the NAM released a report calling for an increase in their number to comprise 80% of the nursing workforce. The report also recommended doubling the number of nurses who hold doctoral degrees (NAM, 2011). These statistics are compelling as baccalaureate prepared nurses are far more likely than associate degree nurses to continue their education and earn a master's degree or higher; unfortunately, the current education pipeline to the doctorate is dwindling along with the pool of qualified individuals who might function as nursing faculty.

The Nursing Shortage/The Nursing Faculty Shortage

The current nursing shortage is the result of multiple factors including a decline in nursing school enrollments, an increase in the average age of the registered nurse, high nurse turnover and vacancy rates, and a shortage of nursing school faculty. A report from the Association of Academic Health Centers (AAHC) asserts that without enough faculty members to teach the next generation of health professionals, the nation's health infrastructure is in jeopardy (*Academic health center CEOs say faculty shortages threaten health workforce*, 2007). The nursing faculty shortage across the country is being complicated by budgetary issues, an aging professoriate, attractive compensation packages outside of academia, and job competition in clinical and private sector settings. Additional factors contributing to the nursing faculty shortage include widespread faculty retirements and a dwindling pool of nurse educators due to qualified applicants being turned away from graduate nursing programs (AACN Faculty Shortage, 2012). A 2002 Berlin and Sechrist report stated the future of nursing education is directly affected by "the impact of faculty age and retirement timelines" (p. 51). This 2002 study clearly showed that these factors are "a

primary influence on the future availability of doctorally prepared nursing faculty" (p. 51). Many of the nurse faculty also spent less time in the academe according to Cleary et al. (2009) since "the quick fix mentality that encouraged the associate degree as a solution to previous nurse shortages have had the unintended consequence of attracting older students who have shorter careers" (p. 7).

Several strategies recommended by hospitals, schools, private entities, and the government have been introduced to alleviate the nursing shortage. Recommendations include increasing the amount of available online education programs for nurses, requiring all new nurses to complete a BSN program within 10 years of licensure, increasing the amount of the Title VIII: Nursing Workforce Development Program federal funding to increase the number of faculty and students in nursing school, the creation of public-private partnerships to infuse money into schools so more nursing faculty can be hired (AACN Nursing Shortage, 2012), and scholarships to attract minority nurse educators (AACN Faculty Shortage, 2012).

Novice to Expert

Almost 30 years ago, the groundbreaking work of Pat Benner demystified the transition encountered by beginning nurses as they grapple with the role and responsibilities of an RN. Utilizing the Dreyfus Model of Skill Acquisition, Benner describes five proficiency levels experienced by nurses during their career (Benner, 1982). The five stages include novice, advanced beginner, competent, proficient, and expert; as the nurse transitions through these stages, expertise is fostered by experience (Benner, 1982). The faculty shortage is necessitating academic institutions to hire master's prepared clinical experts as novice faculty. The clinical experience that these novice educators possess is critical in their role development as a nurse educator (Hunt, 2017) and as Benner's theory posits, experienced clinicians draw upon previous practice experiences to develop expert teaching skills (Diekelmann, 2004).

The tripartite responsibilities of the academy can be daunting because taking on the role of educator is not additive for the clinical expert, but rather, requires the acquisition of new knowledge, skills, and competencies. Since nursing education has moved to the university setting, faculty roles can be complex and multifaceted as Hawkins et al. (2008) describes "faculty members are expected to be excellent teachers; produce scholarly work in the form of research publications and presentations; and perform community service both within and outside the institution in the professional as well as in the larger community" (p. 289).

In 1992, the tripartite role of nursing faculty was studied by Davis et al. in a descriptive study of 427 novice faculty and their perceptions of nurse educator competencies. The authors deemed the master of science in nursing degree as inadequate as the terminal degree for nurse faculty. They suggest direct concentration onto the area of teaching in masters' education as well as socialization into the role of faculty. This study, from 20 years ago, is important, because much of the current literature supports these findings about the role, preparation, and success of novice nurse educators. Cangelosi (2004) reports "the most common reason cited for leaving the college or the tenure-track trajectory were lack of time and support to pursue the scholarship and service activities required of tenured faculty" (p. 186).

Nursing Education Competencies

The NLN has established core competencies for nurse educators to reflect the diverse responsibilities of today's nurse educator. The following competencies have been identified: (a) facilitate learning, (b) facilitate learner development and socialization, (c) use assessment and evaluation strategies, (d) participate in curriculum design and evaluation of program outcomes, (e) function as a change agent and leader, (f) pursue continuous quality improvement in the nurse educator role, (g) engage in scholarship, and (h) function within the

educational environment ("Core Competencies," 2005). These competencies exemplify the position of the AACN (2004) regarding advanced degrees in nursing:

> the growing complexity of health care, burgeoning growth in scientific knowledge, and increasing sophistication of technology have necessitated master's degree programs that prepare APNs to expand the number of didactic and clinical clock hours far beyond the requirements of master's education in virtually any other field. (p. 7).

In 2002, the Southern Regional Education Board also compiled 35 competencies for nurse educators, focusing on the three core roles of nurse educators: teacher, scholar, and collaborator (Council on Collegiate Education in Nursing). The professional education and graduate education of nurse educators are essential to the success of the faculty and students. Conversely, entry-level nurse educator competencies vary between associate and baccalaureate degree programs, tenured and non-tenured faculty lines, and the research intensity of the institution (Poindexter, 2013).

Changing the Profession

The Carnegie Foundation for the Advancement of Teaching completed a national study of nursing education in the context of a complex healthcare system with advances in science and technology as well as a nursing shortage and nursing faculty shortage. The study, Educating Nurses: A Call for Radical Transformation led by Patricia Benner proposes several essential changes to transform nursing education to meet the challenges we face in healthcare in our nation today. The radical transformation to nursing education encompasses many facets including teaching and learning paradigms in nursing education. Concerning the faculty shortage, the key recommendations include providing courses about pedagogy, curriculum and instruction in master's and doctoral programs, supporting nurse educators in enhancing teaching practices, and working to improve disparate teaching salaries (Benner et al., 2009).

The NAM partnered with the Robert Wood Johnson Foundation (RWJF) in 2008 to study the nursing profession. Indicating similar findings to the Carnegie Report, this collaborative study endorsed strategic changes to the nursing profession, including changing to: (a) nursing practice, (b) nursing partnerships, (c) innovation in data collection and the technology infrastructure, and (d) nursing education. Specifically, the NAM recommended that nurses attain higher levels of education as well as be offered "seamless academic progression" (NAM, 2011, p. 4) as they negotiate various levels of nursing education. There are multiple education pathways to becoming a newly licensed RN in this country, therefore, the transition to higher education must be improved to replenish the supply of nurse faculty and nurse researchers (NAM, 2011).

Private Sector Strategies

The RWJF and the American Association of Retired Persons (AARP) joined together to raise awareness about the nurse faculty shortage. Together, they created the Center to Champion Nursing in America (CCNA) to strengthen the nursing workforce (Center to Champion Nursing in America [CCNA] website, n.d.). The focus of their collaboration was to expand the capacity of the nursing education system. They appealed to stakeholders within and outside the healthcare industry to ensure all Americans would have safe, high-quality patient care. The RWJF also created the Evaluating Innovations in Nursing Education program to promote faculty recruitment and retention in nursing schools. The program additionally issues grants to create innovative interventions to alleviate the nurse faculty shortage (i.e., the creation of designated education units and implementation of a statewide education consortium curriculum) (Evaluating Innovations in Nursing Education website, n.d.).

The Demands of the Academy

Nursing, as a practice discipline, was formerly taught in hospitals through service. Nursing education moved into institutions of higher learning in the 1950s and nursing faculty were required to embrace the same standards for promotion and tenure including scholarship and the attainment of doctoral degrees. Boyer (1990) asserted that we must revisit the demands of the professoriate and reevaluate the feasibility of having faculty scholars focus more time on research or the generation of knowledge, instead of on teaching or the dissemination of knowledge, suggesting that "the work of the scholar also means stepping back in one's investigation, looking for connections, building bridges between theory and practice, and communicating one's knowledge effectively to students" (p. 16).

The available literature of other professions, such as physical therapy, also reports a shortage of doctorally prepared faculty (Peterson & Sandholtz, 2005). Physical therapy, a practice profession as well, struggles with the demands of scholarship, with the faculties having reported a lack of guidance early in their new academic career (Harrison & Kelly, 1996) possibly due to the competing demands of teaching and service (Peterson & Sandholtz, 2005). A 2007 study of medical school faculty revealed that 42% of survey respondents were preparing to leave academic medicine within the next five years (Lowenstein et al., 2007). The intent to leave was based on inadequate faculty development, inefficient recognition of the clinician-educator role, unsatisfactory work-life balance, lack of collegiality, and poor communication with institution leaders (Lowenstein et al., 2007).

Brendtro and Hegge (2000) stated that nursing faculty are "one generation away from extinction" (page 97). In a descriptive survey of graduate degree prepared nurses in one Midwestern state, the authors discovered that the faculty were older and closer to retirement, and potential faculty were being deterred from the transition to academia because of salaries, rising expectations in higher education, and the desire to stay clinical (Brendtro & Hegge,

2000). The demands of the academe and the gap between clinical and faculty salaries are frequently cited as reasons why clinical nurses do not make the transition to academia (Hinshaw, 2001; Reid et al., 2013).

Academic-Service Partnerships

Academic-service partnerships are being created throughout the country to educate more nurses and combat the nurse faculty shortage. Due to the lack of qualified faculty in schools of nursing, more part-time faculty are being sought—who are frequently assuming roles of clinical scholar, clinical preceptor, and clinical nurse instructor to provide clinical education to nursing students. Preceptor programs, orientation programs, and scholar development programs are materializing throughout schools of nursing and healthcare agencies in many areas of the country.

Reid et al. (2013) discuss another initiative for experienced RNs transitioning to part-time clinical teachers. In Maryland, the Eastern Shore Faculty Academy and Mentorship Initiative provided 30 hours of face-to-face, simulation, and online instruction about clinical teaching, creating positive learning environments, managing clinical experiences, and managing multiple roles. Clinicians who were trained in the academy reported feeling more knowledgeable and having a firm foundation about expectations, designing and managing clinical experiences, and providing feedback (Reid et al., 2013).

The collaboration between the Louisiana State University Health Sciences Center School of Nursing and local hospitals was found to have positive implications to continue these academic-service partnerships. A group of hospital-based clinical expert nurses were prepared in a workshop to precept pre-licensure students. The workshop covered: (a) adult learning principles, (b) generational differences in staff, (c) development of critical thinking skills, (d) Benner's model of novice to expert, and (e) conflict resolution (Schaubhut & Gentry, 2010). The feedback about this partnership in Louisiana was overwhelmingly

positive—collaborative partnerships were strengthened, preceptors had new understandings of their critical role for students, and perhaps the most optimistic benefit was the desire expressed by the preceptors to continue their education to become nurse educators (Schaubhut & Gentry, 2010).

An education-practice partnership in the Midwest lead to nursing schools increasing enrollment by 1,046 students (Murray et al., 2010). Similar to many of the current academic-service partnerships, expert nurses were loaned to the nursing schools to provide clinical education after a two-day Clinical Faculty Academy designed to immerse new clinicians in matters related to teaching (Murray et al., 2010). The clinical educators were given 50% release time from their clinical employment to attend to teaching and student related concerns.

The Colorado Center for Nursing Excellence, with support from the Colorado Department of Labor, also recognizes the benefits of developing staff nurses as clinical faculty (Kowalski et al., 2007). In preparation for their role as clinical scholars, clinical nurses receive 40 hours of training about their role, today's learners and principles of learning, communication, evaluation, and technology. These nurses are released from their hospital facility clinical assignment to fulfill their role as clinical scholars. The scholars maintain salary and benefits from their hospital and the school of nursing reimburses the facility. The scholars come from several clinical facilities and work with numerous educational institutions; this is considered to be a long-term solution for the faculty shortage (Kowalski et al., 2007).

Meyers (2004) discusses a partnership in Delaware between a medical center and school of nursing where master's prepared clinical nurse specialists are loaned to the nursing school to serve as faculty. This partnership has allowed 33% of graduating students to receive the clinical component of their nursing education (Meyers, 2004).

Academic-service partnerships in nursing education are a successful collaboration in confronting the nurse educator shortage. Nursing students are offered quality clinical experiences with qualified clinicians while academic institutions can increase enrollment. Novice faculty scholars gain expertise in the area of teaching, understand their new work role, and confidently serve as a role model and mentor for students.

New Clinical Faculty Experiences

The perspectives of nurses, who transitioned from staff nurses to clinical nurse educators, are significant as their transition and experience with the new role provides an in-depth understanding of how to attract new nursing faculty. Moreover, a thorough understanding of the challenges faced by experienced clinicians who have attempted to transition to the educator role is critical for the remapping of the education system upon which we train future nurses. The goal should be to reduce barriers encountered by nurses who desire such transitions, thereby smoothing the pathway and improving the recruitment and retention of career nursing faculty.

The experiences of new clinical faculty during transition have been described using the Bridges Transition Framework of ending, neutral zone, and beginnings. This framework was used in a qualitative, descriptive study of clinical nurse educators in New Zealand who described their initial feelings about transitioning from staff nurses as disorienting with unexpected responsibilities, stating that entering the transition period was like “going in blind” (Manning & Neville, 2009). The tumultuous transition was complicated by feelings of chaos, turmoil, and feeling overwhelmed. Some respondents reported feeling like an imposter. Ultimately, the new clinical nurse educators adjusted by developing a support network and learning to negotiate physical and emotional stress and were ready to embrace new possibilities (Manning & Neville, 2009).

The written narratives of 45 clinical nurse experts who participated in the Clinical Nurse Educator Academy, an orientation program for which Benner provided the framework, were interpreted using phenomenology (Cangelosi et al., 2009) and narratives were utilized to describe the experiences of the participants. The first theme identified was "buckle your seatbelt," where participants describe forging ahead on an unsettling journey and working outside of their comfort zone. The second theme, "embracing the novice," was described as the beginning of a journey. The third, "mentoring in the dark," caused feelings of uncertainty on how to become an expert educator, not being prepared for the role, and having little guidance. The authors identified the "phenomenon of learning to teach" as the central theme of this investigation, summarizing that "the participants in this study were clear that a nurse who is proficient in clinical practice is not necessarily proficient in teaching clinical skills to others" (Cangelosi et al., 2009, p. 371).

In a multiyear, multisite study of nurse educators, Diekelman concluded that novice faculty often feel "isolated and alienated" by experienced faculty (2004). This seniority-based system often leads to new faculty exiting the profession prematurely due to the failure to gain their footing brought on by this uncomfortable isolation. This feeling of segregation was supported by Dunham-Taylor et al. in their 2008 study of novice nursing faculty who voiced concerns about transition, professional development, and collaboration with role models and mentors. Roberts et al., in 2013, on clinical nurse transitioning to the adjunct clinical faculty role, "reported being left to their own devices" (p. 300).

Increasing the Pipeline

While much of the literature discussed a dwindling pipeline for faculty, few studies offered solutions. A faculty shadowing experience at a small, rural, public comprehensive university offers a glimmer of hope for developing qualified faculty (Seldomridge, 2004). Pre-licensure students pursuing a bachelor's in nursing degree were assigned to shadow

nursing faculty during their leadership practicum in their last semester of nursing school. These 54 leadership students were bolstered by the reception from the underclassmen and felt confident in providing support. They gained insight into the faculty role as well as the attributes required by faculty. The leadership students expressed the desire to consider a teaching career, however, faculty salaries and the workload were major concerns (Seldomridge, 2004).

Retaining nurses in healthcare and promoting their education level is another strategy toward increasing the nursing faculty. Clark and Allison-Jones (2011) discussed the "application of human capital theory" (p. 18) in a partnership between a health system—Carilion Clinic—and school of nursing at the Jefferson College of Health Sciences to recruit and retain nurses. Investing in their employees through tuition advancement and improving the educational level of registered nurses is beneficial for the health system, the school of nursing, and the patients they serve. This program also grew their own nursing faculty by promoting both the master's and doctoral degrees for interested nurses while providing full tuition support. As of 2010, 59 students completed the master of science in nursing program and 16 graduated from the doctor of nursing practice program. The tuition assistance program allowed the creation of 158 registered nurses in a ten-year period (Clark & Allison-Jones, 2011).

Role Preparation and Socialization

The literature confirms that several strategies are being realized to improve the nursing faculty shortage. It is crucial that colleges and universities retain novice faculty and aid their progress through the tenure process (Dunham-Taylor et al., 2008; Gilbert & Womack, 2012). Socialization into the academic role, orientation, mentorship, and collegiality are important elements for the success of novice faculty since "many nurse practitioners and clinical nurse specialists have not had courses in curriculum development,

classroom instruction, or development of the clinical instructor responsibilities" (West et al., 2009, p. 309). The absence of such information may cause "role strain and conflict" (Hessler & Ritchie, 2006, p. 152).

Socialization, networking, and collaboration with peers (Savage et al., 2004) can help with feelings of isolation reported by the novice faculty (Diekelmann, 2004); however, Schneider (1997) suggests that technology has fostered collegiality within the professions rather than within the hallways. To alleviate stress, the University of North Carolina at Greensboro created a support group for new faculty (Lewallen et al., 2003). Mentors were assigned to each novice faculty member and the strategy provided "camaraderie, emotional and instrumental support and partners to work with to attain tenure" (Lewallen et al., 2003, p. 259). This group was cohesive and supported one another in their pursuit of scholarship and tenure.

Orientation is often cited as a necessary component to ensure success for novice faculty. Formal orientation has been described as a positive experience for novices (Gazza & Shellenbarger, 2005; Genrich & Pappas, 1997; Peters & Boylston, 2006; Suplee & Gardner, 2009). Krisman-Scott et al. (1998) evaluated a nine-month teacher education program for experienced advanced practice clinicians teaching a master's level nurse practitioner for the midwifery program. This program was completed by 59 nurse practitioners and nurse midwives who, after one year, were enthusiastic about the acquisition of new knowledge and success (Krisman-Scott et al., 1998).

Cangelosi (2004) describes a mentoring program created at the College of Nursing and Health Sciences at the George Mason University as an intervention to retain faculty. New faculty was assigned a faculty partner with similar teaching responsibilities for one year of mentoring. A tenured faculty member was also assigned to the new faculty member with the

goal of mentoring through the tenure process. The novice faculty returned positive feedback regarding this program considered to be a low-cost option for retaining faculty.

Genrich and Pappas (1997) identified mentoring "as the most helpful resource they used" (p. 88) in an evaluation of an orientation program for new faculty—both novices and experienced personnel. Novice faculty have reported needing more information about teaching, curriculum, conflict resolution, technology, and course objectives (Dunham-Taylor et al., 2008). Mentoring fosters socialization, collaboration, orientation, validation and feedback, the transition and transformation of novice faculty, and role modeling thereby enabling better support and guidance to the novice faculty (Dunham-Taylor et al., 2008; Gilbert & Womack, 2012).

Challenges Facing Novice Educators

Current nursing students want educators who are credible and have current practice experience (Bartels, 2007; Wieck, 2003); therefore, clinical nurse experts are the ideal solution for the nursing faculty shortage. The literature discusses the needs of the novice faculty, emphasizing the insights provided by clinical experts who transitioned to the role; therefore, clinical nurse experts are a key component in resolving the nursing faculty shortage. New faculty tends to learn how to teach from their own experiences as students or from observing colleagues in their classrooms (Anderson, 2009; MacNeil, 1997). The novice faculty member expects, through the emulation of good teachers, that they will be good teachers too (Schriner, 2007).

Several phenomenological studies have examined the challenges facing novice educators. In a descriptive, explanatory study of the work-role transition from clinician to educator, Anderson (2009) queried a purposive sample of 18 nurse educators using naturalistic inquiry to gain an understanding of their experiences during the transition. Findings from this study were related to a "sea of academia" through which the novice nurse

educator navigated and, at times, felt as though they were underwater (Anderson, 2009). This feeling of being overwhelmed was discomforting to the former clinical expert and compelled some to question their decision to pursue the profession (Anderson, 2009). The study participants also expressed concerns about the required skills of a nurse educator, which were echoed in Schriner's (2007) study of a Midwestern, seven-member convenience sample that was polled utilizing ethnographic inquiry. This cohort agreed that despite being expert clinicians, they felt underprepared for the role and their ability to become an expert educator (Schriner, 2007). Comparable to the findings of Shriner (2007) and Anderson (2009), similar feelings were expressed by a group of Irish nurse educators who felt deficient in their preparation for their role in academia despite having completed coursework in nursing education (Dempsey, 2007). MacNeil (1997) explored the transition of nurse educators with varying years of teaching experience through ethnography and described feelings of isolation, discomfort from assuming the role of novice again, disparate teaching assignments, and, ultimately, feelings of acceptance (MacNeil, 1997).

Siler and Kleiner (2001) selected hermeneutic phenomenology to examine the new faculty experience described by six participants. Novice faculty described feeling like they were left to "figure things out on their own" (p. 402) and were unfamiliar with the expectations of the academe (Siler & Kleiner, 2001). Similar themes of isolation, frustration, and uncertainty were revealed by Anibas et al. (2009) as they analyzed 10 novice academics at a Midwest liberal arts university. Schriner (2007) further related harboring the expectation of having to figure things out: "I was hired because I was a nurse practitioner and because I was familiar with the clinical [specialty]. But my competency in teaching really never entered into the picture. I was told to just do the course" (p. 148). In an exploration of a new education model to expand the faculty role in a community college, faculty identified

unknown role expectations and an ill-defined job description, inconsistent faculty opinions, and confusion related to integration (Toto et al., 2009)

"Learning to lecture" (p. 407) was the central theme of the hermeneutic inquiry of 17 nurse educators with two years or less of teaching experience (Young & Diekelmann, 2002). The authors assert through an exemplar case that as new faculty learns to lecture, they become reflective, attend to learning, and connect with students (Young & Diekelmann, 2002).

Novice faculty reported helpful behaviors occurring during transition, such as observing other teachers (McArthur-Rouse, 2008) as well as having a mentor committed to the success of the new faculty member (Anibas et al., 2009; McArthur-Rouse, 2008). The Irish cohort of nurses examined by Dempsey (2007) acknowledged that their transition to novice nurse faculty was hindered by the lack of an orientation and mentoring, leading to the unfortunate departure of some faculty from nursing education.

Other inquiries have revealed that despite the frustration related to the transition, clinical experts who now teach have achieved their dreams (Gazza & Shellenbarger, 2010) and expressed a love for teaching (Duphily, 2011). The experiences of clinical nurse experts who transition to the role of novice nurse educator should continue to be examined to get a sense of how the novice understands their new role, builds collegial relationships, develops a sense of empowerment, and transitions from expert to novice to expert.

Summary

The review of the literature began with the historical background of the shortage of nursing faculty as well as nursing, with several strategies to ameliorate the former being elucidated. The private sector was determined to strengthen the nursing workforce by shedding light on the shortage and expanding the nursing education system. In doing so,

academic-service partnerships were proven to be an effective strategy to increase nursing school enrollments.

The theoretical perspectives of Benner's novice to expert theory as well as transition theory were explored, offering guidance for the reformation of graduate nursing education. Nurse educator competencies described by the NLN, AACN as well as the Council on Collegiate Education for Nursing outlined a framework for graduate nursing education as well. Mentoring and formal orientation demonstrated optimistic outcomes in regard to the retention of novice nursing faculty, however, novice faculty experiences were examined and the impediments to recruitment and retention of nursing faculty underscored.

The tripartite responsibilities of academia proved to be overwhelming to novice nursing faculty, the same being true for several other practice profession faculties such as medicine and physical therapy. The NAM and Carnegie Foundation reports confirm that nursing education is on the brink of major transformation and nursing researchers must continue to evaluate the ways to recruit and retain nurse educators who have dreamt of teaching and are passionate about educating the next generation of nurses.

Chapter 3

Method

The aim of this study was to examine the lived experiences of nurse experts who transition to academic novices. The researchers strove to uncover the reasons behind this transition, their preparation for the new role, their struggles and challenges in the new role, and—finally—their adaptation to the new role. The central research question guiding this study is "how do clinical nurse experts experience transition to academic novice?" A qualitative phenomenological approach is optimal as the embodied expression of the experiences help create meaning and understanding of the pragmatic experiences of the academe from the perspective of novice nurse educators. This chapter discusses the research design, sampling procedures, data collection methods, data analysis and synthesis, data management, ethical considerations, trustworthiness, and limitations.

Research Design

A phenomenological research approach engages the researcher in the philosophical underpinnings of the source of meaning and desire to provide rich descriptions and understandings of the phenomena. This research asks the question "what is the nature of transition as an essentially human experience?" Phenomenology is regarded as a philosophy as well as a research method and Husserl (1965), Heidegger (1962), and Van Manen (1990) have influenced the use of phenomenology as a research method in the human sciences, such as nursing. Nursing science has utilized phenomenology to examine a range of topics and issues, including nursing education, grief and loss, communication, and sexual assault.

Phenomenology as philosophy. In this study, the hermeneutic phenomenological method, as described by Van Manen (1990), was employed. Van Manen's phenomenological approach, a combination of descriptive and interpretive phenomenology, is the most appropriate method of inquiry to examine the transition from one role to another. The study

sought to demonstrate how the lived experience of transition presents itself. This method reveals how individuals situate themselves to the lived experience and questions the way the world is experienced.

Phenomenology is based on epistemology—what it is to know something—and ontology—how we know something. "Phenomenology asks what is this or that kind of experience like?" (Van Manen, 1990, p. 9). Rather than provide explanations, it offers insights into everyday experiences. The essential structures of phenomenology refer to the ways in which human beings experience the lifeworld and the meaningfulness of those experiences. The two approaches to the field—descriptive and interpretive—originated from the work of Edmund Husserl and Martin Heidegger. The collective belief between the two schools of thought comes from the German word *Verstehen*—we examine the experience as it actually occurs, on its own terms.

Husserl (1965) deemed the value in *zu den Sachen*—going back to things themselves—as the basis of investigating and describing the human perception of experience, under the belief that the researcher must approach the research with a pre-reflective gaze of eidetic reduction. In essence, the researcher must put aside any pre-understandings or experiences with the phenomena. Husserl believed this suspension of judgement by the researcher is essential to uncover "that which makes a some – 'thing' what it is – and without which it could not be what it is" (Van Manen, 1990, p. 10). Another principle of Husserlian phenomenology—writing, editing, and re-writing—exposes the structural features of the phenomenon. Martin Heidegger, a student of Husserl, deviated from the Husserlian approach in several respects.

Heidegger (1962) conceived hermeneutic phenomenology and focused on the unveiling of concealed meaning in our experiences as the basis for interpretation rather than pure description suggested by Husserl. "It is a descriptive (phenomenological) methodology

because it wants to be attentive to how things appear, it wants to let things speak for themselves; it is an interpretive (hermeneutic) methodology because it claims that there are no such things as uninterpreted phenomena" (Van Manen, 1990, p. 180). Heidegger posits the researcher possesses a fore-structure or pre-understanding of the phenomena. The background of the researcher essentially enables the researcher to be a part of the research since their past always influences the interpretation of the meaning of the experience. Heidegger asserts that "description itself is an interpretive process" (Kafle, 2011, p. 187). Van Manen shares the Heideggerian hermeneutic position of reduction in phenomenological inquiry as well as descriptive interpretation. "Phenomenological research is a lived experience for researchers as they attune themselves towards the ontological nature of phenomenon while learning to 'see' pre-reflective, taken-for-granted, and essential understandings through the lens of their always already pre-understanding and prejudices" (Kafle, 2011, p. 188; Van Manen, 1990). Hermeneutic phenomenology presumes that "your past is always in front you." As the researcher embarks on writing the text, these pre-understandings are preserved.

Van Manen explains the phenomenological hermeneutic method as the interpretation of lived experience and textural analysis of these experiences; the thoughtful, reflective writing element allows the invisible to become visible (1990). The phenomenological method of inquiry answers the research question and uncovers the lived experience of transition to academia by clinical nurse experts. The rich descriptions of their transitions calls attention to the phenomenon which necessitates our awareness and reflection. Hermeneutic phenomenology is not meant to provide answers or solutions to a problem, rather, illuminate the experiences of the participants. Essences are uncovered as the researcher is oriented toward the inquiry and grasps the essential meaning or essence, which is "that which makes a thing what it is" (Van Manen, 1990). It is through the discovery of essences that the

significance of the phenomenon, as this human being engages in the world, is revealed. As the researcher reveals the essences, they are reflecting on their own history and perspective of the phenomenon, further informing understanding.

Van Manen (1990) approached phenomenology as "textual reflection on the lived experiences and practical actions of everyday life with the intent to increase one's thoughtfulness and practical resourcefulness or tact" (p. 4). An essential element of this method was the iterative process of writing and re-writing as patterns and themes emerged, causing a deeper understanding of the transition experienced by the participants. "Writing teaches us what we know and in what way we know what we know" (Van Manen, 2016, p. 127). Writing and rewriting provides layers of meaning to the analysis as the text begins to speak to us. The researcher declares, "I understand what is like for clinical nurse experts to transition to academic novice."

This study employed the Van Manen approach to phenomenological inquiry which reveals the essences, the taken-for-granted assumptions, and the common meanings embedded in the lived experiences of clinical nurse experts who transition to novice nurse educators. "Phenomenology demands of us re-learning to look at the world as we meet it in immediate experience…phenomenology does not produce empirical of theoretical observations or accounts…it offers accounts of experiences space, time, body, and human relation as we live them" (Van Manen, 1990, p. 184). This design will accomplish the specific aims as the experiences of novice nurse educators come under the "reflective phenomenological gaze" (Van Manen, 2002, p. 25). Focusing on the lived experiences of the participants in their situatedness in the phenomena under study allows the participants to discover what they know from the world (Van Manen, 1997).

Phenomenology as method. The phenomenon under analysis is the transition, the descriptions of the lived experiences of which allows us to "grasp the nature and significance of this experience" (Van Manen, 1990, p. 39). It is imperative that the research participant give experiential descriptions of transition, instead of explanations about the transition, or interpretations of the experience, allowing the researcher to come to a deeper understanding of the phenomenon. As the researcher collects and analyzes data, essential themes or experiential structures of the phenomena become evident along with a better understanding of the experience. The units of meaning contribute to a more complete picture. The writing and rewriting element of the process allows careful reflecting, recognizing, and rethinking as the experience of transition is brought to the lifeworld.

The reality of transition is viewed through multiple lenses, contributing a description of the major concepts and essences of the lived experiences of clinical nurse experts as they transition to novice nurse educators. Recognizing the nuances of this transition will inform the analysis and interpretation of the data. Transition differs from change. The "shock and detachment associated with letting go of old roles before taking up new ones" (Hill & MacGregor, 1998, p. 189). Meleis (2007) describes transition as a change in "experiences or abilities…and requires the person to incorporate new knowledge, to alter behavior, and, therefore, to change the definition of self in social context" (p. 470).

Procedures

The purpose of this study was to investigate how clinical nurse experts experience the transition to novice nurse educators. Open-ended, in-depth interviews were conducted in person at a location of the research participants' choosing or via Skype (an online synchronous interview). Face-to-face interviews were preferred because "the interview is an intense experience, for both parties involved, and a physical encounter is essential context for an interview which is flexible, interactive and generative, and in which meaning and

language is explored in depth" (Ritchie & Lewis, 2003, p. 142). Skype interviews have become an important component in accomplishing the face-to-face interview by overcoming geographic, timetable, and financial barriers (Janghorban et al., 2014). In-depth interviews are structured, interactive, and allow for "exploration and explanation" (Ritchie & Lewis, 2003, p. 142) of first-hand accounts of the experience (Appendix A).

The interviews consisted of two parts; the first to gather demographics including background characteristics of the research participants such as age, gender, ethnicity, number of years as a RN, number of years working as a clinical nurse expert, highest degree achieved, current degree program taught in, tenure track or clinical track, pursuit of doctoral degree. The second part employed semi-structured interviews; participants were asked to give narrative accounts of their experiences detailing the transition to teaching and the academe. A grand tour question, along with "a small number of sub questions that further specify the central question into some area for the inquiry" (Creswell, 2013, p. 140), guided the interview process.

Grand Tour Question/Opening Statement

Can you tell me how the idea of transitioning from clinician to educator first emerge?

a. When did you decide to change careers?
b. What was your first step toward becoming an educator?
c. How did you prepare for the move to academia?
d. Who helped you prepare for the transition?

The researcher had the opportunity to follow up with open-ended, clarifying questions to facilitate the interview (Streubert & Rinaldi Carpenter, 2011) without leading the discussion.

Sample

In selecting sample members for this qualitative research study, participants should have experienced transition from clinical nurse expert to novice nurse educator firsthand (Creswell, 2013). The sample was selected purposefully, based on several criteria. Purposive sampling is a common method in phenomenological inquiry and proves to be especially useful when the researcher seeks to "describe the lived experience of a phenomena" (Terry, 2012, p. 123). A purposeful sample provides participants who possess the desired characteristics related to the phenomenon of interest, are rich in knowledge, and will illuminate the study questions. According to Patton:

> The logic and power of purposeful sampling lie in selecting information-rich cases for study in depth. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling. Studying information-rich cases yields insights and in-depth understanding rather than empirical generalizations. (Patton, 2001, p. 230)

The inclusion criteria for the sample comprises of nurse educators with a: a) fulltime academic appointment at the bachelor's, master's, or doctoral level in a nursing program in a college or university in the U.S.; (b) clinical background as clinical nurse specialist, nurse practitioner; nurse midwife, or nurse anesthetist. The level at which the research participant teaches is of key importance because the tripartite role of the academe does not exist at the vocational or associate degree level; however, as more inclusion criteria are included, the more homogeneous the sample becomes (Robinson, 2014).

The sample consisted of seven participants and the demographic data collected included age, gender, ethnicity, years of RN licensure, degree program currently taught in, and educational preparation.

Recruitment

Recruitment began in October 2016 and concluded in August 2019. The research participants were solicited initially by email. The board of nursing website was queried for

accredited schools of nursing that taught the bachelor's degree or higher to create a list. The website of each school was then reviewed to confirm the contact information and degree level taught. If the website did not identify a nursing chair, then the dean of the school was contacted. The name and title of the contact and email address were put into a spreadsheet, which was used to keep a log of the schools contacted and responses received. An introductory email (Appendix B) with the aim of the study along with a request to forward the researcher's message to the faculty was the initial communication with each school. The email included a recruitment letter (Appendix C) with an introduction, a brief overview of the study, and the inclusion criteria. Initial contact was made with 78 nursing schools within the tri-state area of New York, New Jersey, and Connecticut—chosen due to the proximity to the researcher's home to facilitate face-to-face interviews. The desired sample size was not achieved in the tri-state area and the search was expanded to include Pennsylvania, Ohio, Maryland, Virginia, and Kentucky and 87 more schools were contacted.

Altogether, 166 nursing schools were contacted in which four required their own institutional review board (IRB) approval prior to sharing the introductory email with faculty. Institutional review board applications were made to three of these schools. Addenda from the Case Western Reserve University was not required for the IRB application from these additional nursing programs. In February 2017, the AANP was contacted to assist with data collection via their Data Collection Program. The AANP offers data collection opportunities via conference participants or mailing lists; unfortunately, attendance at their conference could not be arranged due to scheduling conflicts and the fee for the mailing list was $250.00. Ultimately, the AANP Data Collection Program was not utilized.

Email contact was made with potential participants until the interview was scheduled. The interviews took place between December 2017 and August 2019. The research

participants received a $5.00 Starbucks gift card as an expression of thanks for participating in this study.

Setting

The interviews were all conducted via Skype due to the distance between the researcher and participants. The date and time of the interviews were mutually agreed upon and the face-to-face nature of the interviews accorded the opportunity for spontaneity and the ability to read nonverbal cues such as tone of voice, facial expression, or pauses in speech. All interviews were audiotaped which lends itself to the auditability of the study (Hamilton & Bowers, 2006).

Rigor

This study strove to "create the evocative, true-to-life, meaningful portraits, stories, and landscapes of human experience that constitute the best test of rigor in qualitative work" (Sandelowski, 1993, p. 1). The researcher's perspective of transition from clinical expert to novice educator may have influenced the interpretation of the participants' experiences. The researcher has experience with this phenomenon as a nurse practitioner who transitioned to academia, however, multiple steps were utilized to eliminate bias, avoid judgement, and remain open to the data. The researcher kept a journal "for keeping a record of insights gained, for discerning patterns of the work in progress, or for reflecting on previous reflections" (Van Manen, 1990, p. 73). Finally, the researcher kept an organized and systematic audit trail with a clear understanding of the methods and understandings of the original research. Auditability is essential to rigor and allows the interpretive effort of the research to be monitored.

Data Management

The interviews occurred via Skype and were recorded with two digital recorders, the audio file of each was sent to the transcriptionist as soon as the interview was complete.

Participants were assigned a pseudonym to maintain confidentiality. The transcripts were compared to the audio tapes to check for verbatim transcription. The interviews were read to ascertain an overall understanding. The interviews or segments of interpretive statements from analysis were returned to the participants, or member checked, to authenticate the results (Lincoln & Guba, 1985). Each interview was evaluated for meaning units by the researcher and compiled into themes. The digital recorders and the transcribed interviews are locked in the researcher's home office in New York.

Data Analysis

The aim of this study was to understand the lived experiences of clinical nurse experts as they transitioned to academia. Meaning units, themes, and essences were revealed through rich, detailed, and descriptive storytelling. Once these themes and essences were analyzed, a text was created to impart meaning to their stories. The hermeneutic phenomenological reflection provided "multi-dimensional and multi-layered meaning" (Van Manen, 1990, p. 78) of the phenomena. How does the lived experience of transitioning from expert clinical nurse to novice nurse educator show itself? The researcher began with being aware of assumptions and historical involvement with the phenomenon and provided a full description of the researcher's own experience to bracket themselves away from the lived experiences of the participants (Creswell, 2013).

The data analysis concentrated on the emergence of meaningful expressions or concepts; meaning units were derived from these clusters and compiled into themes (Graneheim & Lundman, 2004). The core of the analysis focused on thinking, writing, reflecting, and rewriting. As the researcher dwelled on each of the interviews by reading and re-reading, new insights were revealed about the experiences described; Van Manen's (1990's) procedural steps of phenomenological methodology provided general guidance for the approach to this inquiry:

(1) turning to the phenomenon which seriously interests us and commits us to the world;

(2) investigating experience as we live it rather than as we conceptualize it;

(3) reflecting on the essential themes which characterize the phenomenon;

(4) describing the phenomenon through the art of writing and rewriting;

(5) maintaining a strong and oriented pedagogical relation to the phenomenon;

(6) balancing the research context by considering both parts and the whole (pp. 30–31).

Maintaining a strong and oriented relation to the phenomena was achieved by staying focused on the research question. The researcher deliberately chose to study expert nurses who transitioned to educator roles due to the severe nursing faculty shortage looming ahead of us. In fact, the researcher is themselves an expert clinician who transitioned to a nurse educator, however—after six years—still felt like a novice and left academia to return to the bedside. To understand the meaning of the lived experience of this transition can help with future recruitment and retention of qualified nursing faculty.

The interviews focused on what is essential to know about the phenomenon. Investigating the experience of transition as it is lived was achieved through interviews with research participants. The interviews are narrative accounts of the experience with thoughts, concerns, and as many details as possible. The researcher sought for raw descriptions of the experience; those that have not been perceived, judged, or interpreted as this fosters “an understanding of the deeper meaning or significance of an aspect of human experience (Van Manen, 1990, p. 62).

Reflecting on essential themes helped in the analysis and understanding of the phenomenon, beginning with reducing the text to meaning units. Meaning units—“words, sentences or paragraphs containing aspects related to each other through their content and

context" (Graneheim & Lundman, 2004, p. 106)—were then grouped together or abstracted as suggested by Graneheim and Lundman (2004). Abstraction "emphasizes descriptions and interpretations on a higher logical level" (Graneheim & Lundman, 2004, p. 106). Synthesizing meaning units into codes, categories, and themes allowed the researcher to "see" the layers and dimensions of the phenomenon. When we possess a notion of a phenomenon, we cannot always explain our understanding of it with words; therefore, "we are trying to determine what the themes are, the experiential structures that make up that experience" (Van Manen, 1990, p. 79).

Writing and re-writing provided the textual reflection that is the core of human science research (Van Manen, 1990). The inclusion of paradigm cases or exemplar identification further explicates certain key aspects of the phenomena and the verisimilitude provides rich descriptions and a level of detail which allows the reader to immerse themselves in the study. The words in the text allow what is unseen to be seen and to be "attentive to other voices, to subtle significations in the way that things and other speak to us" (Van Manen, 2006, p. 713).

The text created from this research, writing, and re-writing will maintain a strong orientation, authenticity, and depth about the phenomenon. As the researcher writes about the experiences shared by the participants, their pre-reflective gaze is contrasted with the contemplative understanding of the phenomenon. The writing, reflection, and re-writing permits insight, and we are moved to provide rich descriptions of the phenomenon.

Balancing the research context by considering parts and the whole require the researcher to maintain focus on the research question and ask what it is (Van Manen, 1990, p. 33). Van Manen urges the researcher "to step back and look at the total, at contextual givens, and how each of the parts needs to contribute toward the total" (Van Manen, 1990, pp. 33–

34). Furthermore, the lifeworld existentials of spatiality, corporeality, temporality and relationality help the researcher uncover meaning in the experience.

Spatiality provides understanding about what it is like to live in the space surrounding oneself in the world while corporeality lends awareness to how one is bodily in the world. Temporality refers to subjective time and the "the temporal dimensions of past, present, and future" (Phenomenology Online website, 2011) inform behaviors, memories, and experiences. Relationality addresses the lived relation one maintains with others on an interpersonal level.

Additional analysis and interpretation of the data was achieved by returning to the literature for corroboration. The evaluation of the outcomes in phenomenological research is tied to an extensive literature review to validate the findings of the study. The literature is reviewed to "place findings within the context of what is already known about the topic" (Streubert & Rinaldi Carpenter, 2011, p. 93). The constructionist stance of this research generated knowledge out of human engagement with objects already in existence (Mertens, 2014).

The strength of phenomenological inquiry in this study highlighted being a novice nurse educator as "consciously experienced" (Streubert & Rinaldi Carpenter, 2011, p. 73). Furthermore, common understandings of the transition from clinical expert to novice educator will be revealed. The gap in the literature that this inquiry vowed to close is to investigate how clinical experts prepared as advanced practice nurses experience the transition to novice nurse educators.

Protection of Human Subjects

Human subject protection was outlined by Case Western Reserve University Institutional Review Board policy and procedures to safeguard confidentiality and anonymity. The researcher was trained in the protection of human subjects in research

through the Case Western Reserve Continuing Research Education Credit (CREC) program and documentation of this training is available. An application was made to the Institutional Review Board of the Case Western Reserve University. Data collection commenced once the IRB approval was granted and informed consent obtained prior to each interview. Pseudonyms were employed to maintain anonymity in addition to participants being informed that they may opt out any time during the data collection period. The transcriptionist signed a confidentiality agreement (Appendix D). Digital recorders, the researcher's journal, and the interview transcripts were locked in the researcher's home office in New York. The transcripts and audio recordings will be destroyed once the research study has been published.

This chapter described the methodology underpinning the research design. The philosophical and theoretical assumptions were presented and methods for sampling, data collection, and data analysis addressed. Additionally, issues of trustworthiness and rigor, ethical consideration, and limitations were discussed.

Chapter 4

Findings

This chapter presents the findings related to transitioning from one role to another and provides a profile of each of the participants who experienced this process. The findings explore the lived experiences of clinical nurse experts who transitioned to novice educators. What are the common meanings and experiences of those transitioning to academia? Van Manen's procedural phases provided guidance as the findings were explored and the central and secondary themes emerged.

The Participants

Nurse practitioners transitioning from a clinical role to academia imparted candid, authentic descriptions of their experience. While many had worked in academia for numerous years, they were asked to focus on the time surrounding their transition when responding to the interview questions. Passages from their stories were included to elucidate their experiences. This interpretive description of the participants' experiences will explore this transition from clinical expert to academic novice.

The sample of participants in this study consisted of seven nursing faculty members who are clinical nurse experts: each with a significant clinical background, from adult and pediatric medicine to women's health, midwifery, and psychiatry and all of them having taught at the baccalaureate level. The study participants were recruited from public and private universities on the east coast and Midwest of the U.S. Six schools were represented in this sample, two public and four private ones. The public universities were based in large metropolitan cities while the private universities were based in both rural areas and cities. The schools all had undergraduate and graduate nursing programs. Two of the programs were in research intensive universities.

All seven participants were women and were employed full time as nursing faculty. The participants ages ranged from 37 to 61 and with the exception of one, who was African American, all were Caucasian. Their clinical nursing backgrounds varied and included medical-surgical, pediatrics, women's health, and mental health. During the analysis, each participant was assigned a pseudonym. A summary of their demographics is presented in **Table 1**

Table 1

Participant	Current Age	Ethnicity	Highest Degree	Clinical Expertise
Blanche	47	African American	DNP	Women's Health
Nora	46	Caucasian	PhD	Pediatrics
Dorothy	61	Caucasian	DNP	Family
Sophia	43	Caucasian	MSN/DNP	Mental Health
Phyllis	59	Caucasian	DNP	Women's Health
Janice	60	Caucasian	DNP	Midwife
Alice	37	Caucasian	MSN	Mental Health

Themes

The understanding of the lived experiences of the transition from clinical expert to academic novice is based upon the phenomenological analysis of the participant's narratives. As the interviews were analyzed, two dominant themes emerged from the participants' interviews: Learning Curve and Mentoring. The two central themes will be discussed in-depth in this chapter. The first theme "Learning Curve" comprised of three subthemes: 1) Figure it out on my own, 2) "I didn't know what I didn't know," and 3) Where do you learn to teach? The second theme "Mentoring" comprised of two subthemes: 1) No mentor, no direction, and 2) Mentoring done right. These themes resounded throughout the participant interviews as they articulated their stories of transition.

Learning curve. All the participants in this study experienced issues related to teaching, reporting feelings of not being prepared, having to figure it out on their own, being naïve about the responsibilities of teaching, feeling disconnected, not knowing where to start, or not knowing what they did not know. The term "learning curve" was utilized by several participants. Coined in 1885 by German philosopher Herman Ebbinghaus, a learning curve is the course of progress made in learning something (Thorne & Henley, 2004).

***Figuring it out on your own*.** Four of the seven participants discussed feeling unprepared for their academic role. The expectations in academia were either unknown, or unclear, to the participants. Many participants found themselves in this unfamiliar role and unfamiliar situations, often being left on their own to navigate the new environment.

Phyllis, who teaches at the graduate level in a public university, has been teaching for 10 years. A women's health nurse practitioner, she has been in practice for 30 years. She shared her story of being assured support early in her transition to academia but was ultimately left to navigate on her own. Phyllis asserted:

> The faculty that were there didn't really teach me how to teach, I had to teach myself how to teach. And they had all said that they would – they all said that they would help me and mentor me and teach me. But really, when it came down to it, I was sort of left to my own devices.

Sophia was a 43-year-old woman who had been employed at a public university for three years with seven years' experience as a psychiatric mental health nurse practitioner. In addition to teaching, she maintains a private practice. She described the early stages of her transition switching jobs from being a clinically based nurse practitioner to a nurse educator in a university setting. Sophia stated, "I didn't know what I was getting into and I didn't know what I would need to prepare." However, As she became immersed in her duties of teaching, she reports having to learn how to execute multiple aspects of teaching:

> I enjoyed teaching, and I didn't feel a lot of major stress, except, the learning curve of trying to figure out how to do it. How to plan courses, how to interact with students? What's going to be the best way of helping students meet their needs, in meeting their

> needs, and achieving their goals? Just understanding how to like write a syllabus. How to make rubrics. How to run modules and lesson plans. I had no idea how to do any of that. That was a huge learning curve for me.

Sophia explained she initially had support from the peer who helped her secure the job in academia, however, they left the institution shortly after Sophia was hired. She states "…I got some mentoring from him. But otherwise, it was pretty much just like figure it out on my own." Sophia became a better teacher through trial and error and seeking out her own resources.

Janice, a nurse midwife in practice since 1986, still works clinically one half day per week at a local public health clinic. She has taught at a private university for six years. According to her account, the university provided a formal orientation and mentor; however, Janice describes feelings of uncertainty experienced early in her transition to academia. She proclaimed:

> I went from being an expert to knowing nothing. I knew that was coming but, it was it was still a little startling. The other thing I felt was I needed to learn really quickly how to apologize. Because not knowing exactly what you're doing leads you to sometimes not doing the right thing. I had to figure out really fast how to say, "I'm sorry," and move on from that. Yeah. It was a little bit of that disconnect between being the expert and now being a novice. It took a little getting used to.

Janice anticipated assuming a novice role and figured out that apologizing was a way to make up for mistakes made early in her transition.

Alice, a 37-year-old woman employed at a private university for one month, has 12 years' experience as a psychiatric mental health nurse practitioner. She reports impulsively transitioning form clinical practice to academia and is in the process of establishing a private practice. Sharing that she usually learns a new job by jumping in and immersing herself in the work, Alice conveyed:

> I didn't realize that I was going to be offered the position until halfway thought the summer. I figured I would just come in and figure it out that way but that's kind of how I learn is to just throw myself to the wolves. I'm confident enough in my

> knowledge. It's the ability to teach that I don't quite know all, it's a whole new set of acronyms and academic words and all that stuff I have to learn.

Alice expressed a passion for her job as a psychiatric mental health nurse practitioner and believed sharing her passion for the profession was enough to be able to teach students. She had taught her peers in her previous role and reports "If I liked doing that maybe I can figure out how to teach a class."

The participants shared the "learning curve" was challenging regarding figuring out things for themselves. The stories consistently echo themes of wanting help and not knowing where to turn. These participants were teaching in settings where they were forced to "do it on their own" under protest.

I didn't know what I didn't know. Two of the seven participants discussed an awareness of a knowledge deficit regarding teaching and the expectations of university faculty. They relied on their clinical expertise as a basis for their teaching methods and their self-awareness was an important component for their growth as educators.

Nora, who teaches in a public university at the undergraduate level, has been teaching for 13 years. A pediatric nurse practitioner, she has been in practice for 20 years and also described needing to learn to teach. Nora took on the full-time role of nurse educator while still working full time clinically as a nurse practitioner. Her expectations of teaching were idealistic. Nora proclaimed:

> I didn't prepare (laugh). I really didn't because I thought, you know, I'm a clinical expert so, I'll be able to go. I was asked to be teaching peds (pediatrics), which was my area of expertise. And I went in thinking that, "well, this'll just be fun. I'll teach them everything I know about peds and that's a great way to start." So I would say about a year into my teaching experience, I was – you know, that first year was a bit of a learning curve for me because I didn't realize I needed to go back and look at their textbook and realize what they need to learn because I didn't – you know, and so, you don't always remember that. Plus, I was in a primary care setting so, I was a little bit removed from the bedside. So, I had to go back and refresh like what it is I really needed to know. So, I would say I read the textbook and like, you know, just felt like it was more of a learning curve like that.

Nora was teaching for one year when she acquired a teaching partner that helped her realize she was not delivering the proper content to the students, admitting:

> I really did not feel like I needed to prepare until someone changed my mind in the first year. So, it didn't really dawn on me that I needed to prepare. The person working with me said, "Hey, we need to teach differently because all you're doing is lecturing and we need to really work at not necessarily what we want them to know but what they need to know." And it opened my eyes to what nursing education was about because I didn't really realize until they brought it to my attention.

Nora used PowerPoint presentations and lectures in the first year of teaching and believed because she was a clinical expert, the students would learn the content if she shared all that she knew about the topic with them. She reflected on that first year of teaching:

> When I went to the educator role, I didn't really know I needed help because you don't realize you are going back to a novice role…you don't realize how much knowledge and how much foundation you need to be a teacher.

Janice, on the other hand, expressed her knowledge deficit in another way stating: "I was probably a little naïve and [did] not realize how big of a leap it was going to be. I had a big knowledge gap." She describes a knowledge gap in regard to multiple aspects of teaching:

> Test construction was one thing that took me a while to figure out. Also, the sort of ins and outs. I got assigned advisees pretty quickly. The ins and outs of figuring out how a program plan of study got put together. What classes students needed to take when. How to do advising was perplexing to me for quite a while. The actual finding the contents that I needed to teach; and standing up in front of the class, and engaging the class, and doing active learning that I had pretty good success with very quickly. That was not an issue. But, it's the other parts of academia. The figuring out sort of the informal structure, who you were supposed to go to. When, and for what sort of things? That took me a little while to figure out.

These nurse educators embarked on a new career trajectory in education with unrealistic expectations of the profession. As they became immersed and engaged in their new role, the participants quickly realized that new skill acquisition was essential to success. They agreed learning how to teach was a priority for their own job satisfaction and for the success of the students.

Where do you learn to teach? Four of the seven participants in the study admitted to not knowing how to teach, and not knowing where to learn how to teach. The skill set of the advanced practice registered nurse (APRN) does not include teacher and this apprehension was shared by participants with varying years of experience in academia. Early on in the APRN transition from clinician to educator, they realized their inexperience with instruction and teaching.

Alice, who was "brand new" to the academic environment, had not been assigned a course load during the semester at the time she was interviewed. She reports "they have not assigned me to teach…they know I don't know how to do a full class." She observed teachers in others' classes and concluded that she needs to learn how to teach when she stated:

> It's the ability to teach that I don't quite know. There's a lot of stuff I don't know and I don't know where to even start. You are throwing yourself into something that you have never been trained to do. It's almost like you need a class on how to teach a class. So I think this transition is tough because you've got, you're not just becoming good at what you were trained to do, now you're throwing yourself into something you've never been trained to do. Trying to use the skills you already have and somehow manage to apply them in this whole new world and its strange. This (teaching) is not the job I've been doing for the last 12 years. This is a whole different ball game, because I don't know how to do this job.

Alice's statement about needing a class about how to teach is profound given she was a novice educator who had not yet begun teaching any courses. This sentiment was echoed in the reflections of the seasoned participants who have been in academia for several years. Phyllis, who has been in academia for 10 years, validated Alice when she stated:

> I didn't really know how to teach…I had to teach myself how to teach. I was so busy try to learn how to teach and trying to teach myself how to be a better teacher, I couldn't really focus on the students.

Phyllis reported feeling like she was hearing new language for the first time in committee meetings and feeling out of place, sharing:

> I remember going to committee meetings and listening to the other faculty talk and thinking that is sounds like Greek to me. I didn't know what they were talking about. They were talking a lot about curriculum and learning outcomes and measurements

> and I had no idea what they were talking about. And I remember feeling lost and being afraid of being found out that I had no idea what they were talking about.

Phyllis uses the phrase "being found out" or discovered like an imposter. Additionally, unsure about her performance in the classroom, she described: "and I remember being in a classroom and it was a very small class. And not being afraid of what I was teaching but now being sure if what I was teaching or how I was teaching was effective."

Phyllis added that she felt like she had few resources and limited options when it came to teaching.

> It was scary because I didn't know how – I didn't really know how to teach, and I had to sort of – and the faculty that were there didn't really teach me how to teach. I had to teach myself how to teach. And they had all said that they would – they all said that they would help me and mentor me and teach me. But really, when it came down to it, I was sort of left to my own devices.

Blanche affirmed Phyllis' stance regarding students and meeting their needs versus learning how to be an educator. Blanche, who teaches in public university at the undergraduate level, has been teaching for eight years. Also a women's health nurse practitioner, she has been in practice for 10 years. She stated feeling unprepared for the academic role and reported: "I didn't feel prepared for full time teaching because it was on the job training. I could not give the students enough because I needed to learn more myself."

Blanche also recognized that a master's degree education differs greatly between nurse practitioners and nurse educators and has a significant impact on the preparation for the role of a college or university professor.

> Just because you're a person with a master's degree doesn't mean you know how to teach. You may know how to show someone in the unit or wherever you are how to perform a procedure and you may have nurse practitioner students shadowing you. You may know how to answer their questions, but it doesn't mean that you can actually just jump ahead and be a teacher.

Dorothy, teaching at a public university at the graduate level, is a tenured professor. She is a family nurse practitioner and has been in practice for 22 years and volunteers

clinically with the homeless. She admits to a gradual understanding of the demands of teaching when she shared the early years of her transition to academia.

> The first two years that I taught; I was trying to emulate the good instructors that I could remember. The ones that were engaging me, the ones that I felt I had learned from. It took me two years to figure out that there was a lot I didn't know about teaching…I think that the first one to two years I really was just trying to emulate good instructors that I had in college and I think I realized that there's more to this than that. You've got to figure this out a little bit better and learn more about it.

Dorothy believed she could impart the necessary knowledge to nursing students by replicating her own previous experiences with teaching and learning.

The account of learning to teach focused mainly on lectures, as opposed to labs or clinicals, and was consistent among half of the respondents. The participants took the initiative to assess their learning needs and seek out resources to guide their teaching. The knowledge gap was minimized and their performance as educators, both inside and outside the classroom, improved.

The theme "Learning Curve" was common between study participants. These clinical experts share feelings of isolation, fear, and being unqualified and uninformed. The study participants became aware of this deficit early in their transition. The participants then sought out resources and mentors to learn how to teach.

Mentoring. Along with the shared experiences outlined in the previous theme "learning curve," the participants expressed apprehension about mentoring during their interviews. The theme of mentoring resonated in each of the participant's stories and consisted of the subthemes—1) no mentor, no direction, and 2) mentoring done right. Some participants had formal mentors, some informal mentors, a few had colleagues willing to share knowledge while others were left to figure it out on their own. The robustness of the formal and informal mentoring varied from university to university. The desire to be

mentored and supported was verbalized by the participants as they shared feelings of bewilderment, loneliness, and being out of place.

No mentor, no direction. Five of the seven participants discussed having little to no support during their transition. The participants expressed a desire for supportive measures to help guide them in and out of the classroom. The tripartite responsibilities in the university setting are foreign to nurse practitioners who have been clinically based for their entire career.

Sophia began her academic experience at a time when her department was going through significant leadership changes and believes this affected her transition experience.

> I have to say that was a little lacking when I started. When I came in, there had been some transition. We had a new Department Chair who had just started a couple of months before I started. We had a new Associate Dean of Academic Programs who had just started a couple months before. There wasn't really much structure in place in terms of bringing new faculty on. Not really, I would say. My one colleague did some mentoring, like I said. But, other than that, I didn't get any kind of…. I feel now, I know. Because I'm so much more familiar with what I'm doing. I'm like, "Whoa, I didn't get anything about so many things." It was mostly just figuring it out on my own.

Sophia was informally mentored by the individual who helped her gain employment in academia; however, this individual left her university shortly after she arrived.

> My colleague, kind of, brought me on. Yeah, I mean, I don't know. When I was an adjunct, I was teaching like a practicum group for the NP students. He, kind of, mentored me. He mentored me a little bit with that. Then, when I came on full-time he was still here. He moved on shortly thereafter. But I got some mentoring from him. But otherwise, it was pretty much just like figure it out on my own.

Sophia expressed dismay regarding departmental resources when she stated, “that was kind of lacking, I didn’t get much of that in my department.” However, as time when on, she gained support.

> There was eventually. I feel like that first year, there wasn't a lot because of, like I said, the transition. Or, new people coming in, and there just wasn't very good structure in place for that. When I had been here for a year, our department chair was encouraging us to do these NLN (National League of Nursing) Workshops. They were held up in D.C. I did one of those with a couple of my colleagues. That started to give me more of the information I needed; and give me more of that, kind of, framework, structure, curriculum planning, course planning, and stuff like that. That did exist, it took a little while to get there, I guess.

Alice shared her experiences with the lack of support and guidance along with a background of isolation:

> It's been more lonely than I thought it would be. The flexibility in an educator's schedule is wonderful but for somebody brand new coming in, there's probably 30 doors on my hallway and I've met six of those people. Nobody's around so it's been a little lonely. Overwhelming to some degree but mostly because I know there's a lot of stuff I don't know and I don't know where to even start in learning that and there's really no structured, mentor relationship or anybody that they've said hey we're going to pair you with this person and they want to be a part of making sure you're successful. There's nobody like that, and in mental health there's four I think, I may be the fourth faculty member so even those people are never here, I never see them. So, I'm having a hard time finding colleagues and mentors and things because they don't have to be here every day, some of them are doing clinicals and some of them are teaching here and there and yeah so, I think that's why. I'm excited, I have a lot of ideas, I don't know how to put those ideas into practice, I don't have any direction.

Phyllis had brief moments of support from peers, also having experienced periods of time during the transition that were dreadful.

> So there was not one person that was assigned to teach me there – the Associate Dean tried to mentor me a little bit, but she was quite busy with her own responsibilities and there were other faculties that would give me little points and little pearls of wisdom and I would really take those pearls and grab onto them. I remember there was one faculty where my teacher, and she was really nice to me and I liked her very much, and she said to me, make your – don't you do all the work, you have to make the students do some of the work. And she did give me good pointers on special matters, things of that nature. So she was helpful, but I was – it was just a little point here, a little pointer there. It wasn't any official mentoring process. And when it came to writing questions and things of that nature, then no one was there to help, and it was really quite terrible.

Blanche reported difficulties during her transition. The program she taught in placed multiple demands on her and as a teacher as well as in terms of career expectations. “I didn’t have strong enough mentoring as a new faculty, and then to have to go into a PhD program, I needed mentoring in that aspect. It was a bit overwhelming.” She ultimately left her first academic appointment to pursue her doctoral studies. Upon completion of her DNP, she returned to academia at a different institution. It was in this second academic role that Blanche had the following revelation:

> Everyone was busy. It’s not to say that I was left alone but it wasn’t as much as I needed and I didn’t know what I needed until I went to the second institution and I got so much more. So, I got so much more because I was around so much more people who were experienced, they would come into your classroom…an offer help. They would share things to give support for the teaching.

Janice transitioned to teaching within the university where she had already obtained three college degrees. She knew many of the professors well and shares “I already knew people in the building that I could ask things of. I had a group of experts that I would go to for help and advice.” Though she had a structured orientation both at the university level and in the school of nursing, Janice recognized a knowledge deficit.

> Once I got there and realized that I had a big knowledge gap, then I really started taking advantage of the formal sort of things, but also the informal mentoring. There was a lot of orientation. I took advantage of every sort of orientation thing I could find. There's a University Center for Innovation and Teaching Excellence. They have Thursday sessions once a week. I did those sessions. I did some technology sessions. The University has online technology, free classes. I took some of those classes and some of the learning management system, and some of the other technologies that I would be using. I just took advantage of every sort of orienting thing that I could find once I started. The University has an orientation. But also, the Nursing school had an orientation as well, a pretty structured sort of orientation.

After teaching for six months, Janice was assigned a formal mentor by the associate dean of academic affairs in her school of nursing.

> I was assigned a mentor. I had been there just a little bit, maybe like six months or so. I was assigned a mentor. Then, we meet. We still meet. It's still the same mentor. We still meet every so often to discuss the career path and how things are going. What she can do to help and have some suggestions. Yeah. That's been good. That's someone that I don't work with on a day-to-day basis. It's good because she has a different perspective.

Alice had been working in academia for one month at the time of our interview and related feelings of being lost with no direction.

> Not in any sort of official capacity (did I have a mentor). I've been lovingly adopted by two or three people that noticed that I don't have a lot do to so the biggest issue they wanted to give me time to adjust. I got here there was about three mandatory trainings that I had to do and those took me two hours maybe. And then after that I've just been signing up for different stuff, so I go to different symposiums and different classes that the university offers but there's no direction to it. I'm shadowing different teachers, but this nursing school really only holds class Mondays and Fridays because they do all their clinicals in the middle of the week so that students can sort of plan ahead to know when they'll need to be in class and when clinicals and stuff like that, so I have stuff to do on Mondays and Fridays which is basically just sitting in other people's classes. But Tuesday Wednesday Thursday I'm sort of on my own and there's not a lot of people around. I expected there to be more staff around, like there's nobody around. I think, so I started with two other people within a week of each other and those two people were hired for specific purposes that they've already started to take on those roles. But they don't really have a clear direction for me, they said well if you want to teach undergrad, we can do that, if you want to teach graduate you can do that, and I said I just want something to do. Something to plan for, something to look forward to. Because I take all these classes, but I don't have anything to apply it to.

These nurse practitioners shared a common expectation of support as they embarked on a career in academia, anticipating support from their administrators and colleagues. The unfortunate lack of resources hindered the confidence and performance of these academic novices, as they expressed a desire for formal and informal resources of support such as mentoring and orientation.

Mentoring done right. A total of three study participants described a lack of support and no mentor during their transition to academia, while four study participants described robust, meaningful mentoring experiences through collegial, supportive relationships with

peers that were formally assigned or informally pursued. All seven participants described receiving some degree of support from their department and their university.

Phyllis sought out her own resources. Phyllis had the good fortune of finding support with a new, experienced faculty member. Phyllis stated:

> There was one faculty that started when I did. And we're still friends to this day, and our offices are right next to each other. And but she had been an educator for like 30 years. So, she really knew what she was doing, so she helped me. Every time I needed something, I would ask her, and she would be there, she would help me.

Dorothy was fortunate to have support during her transition. She was assigned a formal mentor during her first semester of teaching and had access to university level resources as well as department level resources. Dorothy was also familiar with her university having been employed in their university health service prior to the transition to academia. Dorothy also had a strong professional network. Dorothy reported confidence with her decision to transition to academia. Dorothy shared:

> I always had help. I had made relationships with people in the department about teaching, I had an expert I can go to for Blackboard, I had a great department head who was always willing to help me. I got to go to a conference if I wanted to. Yeah, I had lots of help… We didn't have a formal mentoring system but I had a lot of help. I always knew who to go ask for something and then at our university we have always a lot of courses about improving your teaching and student engagement and student assessment. There's lots of resources here I can't tell you I've taken advantage of all of them but we've always had a lot of access to resources and offering of going to conferences.

Despite having a formal mentor both inside and outside of the classroom, Dorothy experienced periods of anxiety with regard to teaching. Dorothy's mentor was supportive as evidenced by Dorothy's experience of her first year of classroom teaching:

> I think it went okay, it was very nerve-racking. Because I was new to teaching, they had the person that had taught the course the previous year, she would sit with me through the class and say "this went well" "this

> didn't go so well." I did a lot of preparations. I tried to make sure that I could answer any question the student had about the slides because we were teaching off PowerPoint since we still do some, but I did a lot of preparation.

Dorothy has succeeded in this transition and has been promoted to coordinator of the DNP program; she still continues to teach, and this has made a promising change in her career trajectory.

Alice reported feelings of loneliness and disorientation and pursued resources on her own. Alice was able to connect with a former professor who informally mentors Alice. Alice sounded more hopeful and optimistic when she shared the following:

> There's a professor who was my favorite professor when I was teaching before and she's still here and I was thrilled that she was still here and she's one of the people who sort of adopted me which has been amazing because she made a huge impact on me when I was in school so the idea that I might be able to learn from her is huge. And I followed her around like a lost puppy whenever I can. She makes me feel confident that I can be good at it.

Nora was fortunate to team teach when she embarked on a career in academia. She possessed a strong clinical background having been a clinical nurse specialist and pediatric nurse practitioner. Her partner possessed a master's in nursing education. Nora did not have any formal or informal mentoring when she first transitioned and reports "it was really a lot of leaning on my colleagues that I worked with." Nora reported that she found support in her PhD program; however, this was several years after her transition to academia. Nora shared "my PhD program was like a mentorship in regard to academic scholarship."

A mentoring relationship is beneficial for new nurse educators in the university setting. The support of a mentor builds confidence as the nurse educators embark on a new career trajectory. Mentoring and supervision are associated with clarity and success in the new role.

Mentoring was a common thread discovered during data analysis. The mentoring experiences of the nurse educators varied; some participants recounted successful mentoring experiences while others shared a profound lack of mentoring. The participants reported a continuum of support describing examples of no support, limited support, and robust support. The nurse educators implicate a lack of mentorship as a perceived lack of support. Formal mentoring is desired by new nurse educators to facilitate confidence and competence.

This chapter presented two major themes revealed by this study, learning curve and mentoring. The verbatim quotes of the study participants allow the interviews to speak for themselves. The theme of learning curve comprised three related sub-themes and referenced feeling unprepared, lacking in skill, and knowledge deficit. The participants reported each of these hindered their ability to teach. The theme mentoring was composed of two related themes and included reports of negligible support to accounts of significant, successful mentoring. Van Manen's method of interpretation assisted the researcher in understanding the participants transition from clinical expert to academic novice, and practical applications for recruitment and retention of nursing faculty. The following chapter will analyze, interpret and synthesize the findings. The researcher will return to the literature for comparison and to draw conclusions regarding the findings of this study.

Chapter 5

Discussion

The healthcare system in the United States has evolved significantly over the past several years. This evolution can be attributed to expanded access to healthcare and a complex medical system. Nurses constitute the largest portion of the health professionals and the nursing shortage is at the forefront of this changing tide; experts estimate a deficit of one million RN's as of 2022 (Kinner, Auerbach, & Staiger, 2017). The literature asserts the United States must continuously replenish the RN workforce to meet the challenges of healthcare reform, an aging population, and an aging RN workforce. The unprecedented COVID-19 pandemic has also taken a toll on the nursing workforce. While currently there are no available statistics reporting RN attrition, there are multiple reports of nurses leaving the profession due to safety fears for themselves and their families, lack of personal protective equipment, and feeling undervalued by their employer (Haas, 2020). The nursing faculty shortage jeopardizes the future supply of registered nurses. The scarcity of nursing faculty is influenced by several factors, including a deficiency of prepared graduate nurses, attractive private sector salaries, faculty retirements, and the challenges of academia. Due to these problems, additional research focusing on new faculty experiences was required. Previous studies have explored new faculty transitions; however, they have demonstrated traditional faculty orientation and mentoring programs do not solely meet the needs of new faculty (Cooley & DeGagne, 2016; Grassley & Lambe, 2015; Jeffers & Mariani, 2017). This inquiry described how clinical experts prepared as advanced practice nurses experience the transition to novice nurse educator.

Summary of Study

Healthcare has become a more complex matter; the education and training of the RN workforce to provide safe, quality care to diverse populations requires expert nursing faculty.

Advanced practice registered nurses and clinical experts are the ideal individuals to lead that charge; however, preparation in the faculty role is necessary. As described in chapter 2, the myriad causes of the faculty shortage, as well as potential solutions to replenish the supply, are the foremost issues being addressed by public and private stakeholders.

The following sections in this chapter will further describe the findings of this study which includes the two themes learning curve and mentoring. The discussion of the findings will illuminate the key discoveries within each of these themes and illustrate the relationship between the two. The implications for the recruitment and retention of nursing faculty will be provided in this chapter. This chapter will also present the limitations of the research, recommendations for future research, and conclusions.

Discussion of Findings

This study highlighted that being a novice nurse educator is "consciously experienced" (Streubert & Rinaldi Carpenter, 2011, p. 73); the participants described their experiences of transition as each had experienced it. Furthermore, common understandings of the transition from clinical expert to novice educator were revealed. The theme "learning curve" consisted subthemes related to a knowledge deficit, loneliness, and lack of support and the theme "mentoring" consisted subthemes related to inadequate mentoring contrasted with successful mentoring experiences. The findings of this study shape what is known about transitioning to academia and expands on how to recruit and retain nurse educators.

The experience of the novice nurse educators in this study was perceived as challenging and, in some regards, unexpected. The "learning curve" theme contained participant descriptions of being inept at teaching effectively, loneliness, and feeling unsupported. These former expert clinicians, now in this new academic role, felt ill prepared, unsure, and assumed the role of novice once again. The novice educators experienced 'thrownness' as they tried to make sense of the world they were hurled into (Withy, 2014),

albeit at their own behest. Clinical competence and expertise were not assets to these nurse educators in the early stage of academia. They were thrust from being an expert into being a novice again. Negotiating the new role and the fundamentals of teaching proved to be complex as they attempted to make sense of this new environment. Janice, one of the study participants, described her expectation of uncertainty with the new role and admitted she was still startled by the ambiguity encountered in academia.

Nursing is a practice discipline somewhat comparable to medicine (Vidic & Weitlauf, 2002), physical therapy (APTA, 2019), and occupational therapy. Advanced practice registered nurses (APRN) are prepared at a graduate level of education. The minimum level of education required for college professors is a master's degree (Levine, 2006). Consequently, the master's degree allows the APRN to teach at the collegiate level.

The APRN is a nurse who has completed course work in an accredited graduate level education program and passed a national certification exam. Typically, the APRN student must already possess registered nurse licensure, as well as considerable clinical experience. The APRN selects a course of study, either acute, family, pediatrics, midwifery/women's health or anesthesia that then builds on their years of RN experience and expertise. The APRN is then intensely educationally prepared to provide an array of services across a wellness-illness continuum and possesses an array of skills of varying complexity. The APRN is also expected to exhibit vital attributes such as that of a leader, mentor, consultant, educator, manager, advocate, and researcher.

In addition to the didactic component where they are taught advanced principles of health assessment, pharmacology, pathophysiology, and leadership, APRN nurses complete an average of 630 clinical hours in their specialty clinical area (Hawkins-Walsh, 2011). During these clinical rotations, the APRN is immersed in areas of assessment, diagnosis, prescription of pharmacologic and non-pharmacologic interventions, and health promotion

and maintenance (Thomas et al., 2017). The focus of graduate-level APRN education is gaining clinical expertise (AANP.org 2013). Educational strategies are not a component of the APRN curriculum.

Teaching is a separate degree program that requires a unique skill set. Educators are taught education principles such as curriculum, instruction, assessment, literacy, pedagogy, and technology. The theory and practice of teaching requires competencies in the areas of learning, education, technology, and community (Moynihan, Paakkari, Valimaa, Jourdan, & Mannix-McNamara, 2015). Alice, a study participant with 12 years of clinical experience, admitted to needing to teach herself how to teach in order to meet students' needs.

Advanced practice registered nurses develop familiarity with their APRN practice role from their observations in their clinical role as an RN. When the APRN assumes the role of nurse educator, there is some understanding of the role because each had been a student at one time and possesses familiarity with the role of teacher as facilitator or mentor; however, the responsibilities beyond the classroom, such as curriculum, instruction, assessment, literacy, and technology present a unique skill set that they are unfamiliar with. Nora, a study participant, acknowledged her unfamiliarity when she started teaching by instructing students about what she thought they should know, instead of following the curriculum and developing dynamic instruction strategies besides lecturing. A mentor, a faculty member who has achieved expertise in these areas, can guide novice faculty and can facilitate a smooth role transition, strengthen relationships, build confidence, and promote job satisfaction. Effective mentoring promotes confidence, fosters collegial relationships, and guides the neophyte educator as they overcome obstacles (Leslie, Lingard, & Whyte 2005). The mentor is the key to evolution as clinical experts develop and move through Benner's (1982) five stages of proficiency. Benner used the results of her study, based on the Dreyfus model of skill acquisition, to describe the following five stages of professional development:

> 1. Novice: Beginners have no experience to the situations in which they are expected to perform. Nursing students enter a new clinical area as novices; they have little understanding of the contextual meaning of the recently learned textbook terms. But students are not the only novices; any nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar.
> 2. Advanced Beginners: are ones who can demonstrate marginally acceptable performance, ones who have coped with enough real situations to note (or have pointed out to them by a mentor) the recurring meaningful situational components that are termed aspects of the situation' in the Dreyfus model.
> 3. Competent: Competence, typified by the nurse who has been on the job in the same or similar situations two to three years, develops when the nurse begins to see his or her actions in terms of long-range goals or plans of which he or she is consciously aware.
> 4. Proficient: Characteristically, the proficient performer perceives situations as wholes rather than in terms of aspects, and performance is guided by maxims. Perception is a key word here. Proficient performance can usually be found in nurses who have worked with similar patient populations for approximately three to five years.
> 5. Expert: The expert performer no longer relies on an analytic principle (rule, guideline, maxim) to connect her or his understanding of the situation to an appropriate action. The expert nurse, with an enormous background of experience, now has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions (Benner, 1982, pp. 20–32).

Mentors can provide guidance about policy and procedure, organizational structure, and expectations. Mentoring can play a significant role in job satisfaction and the intent to stay among novice faculty. One study participant, Blanche, disclosed that she left a job in academia due to lack of mentoring. Blanche felt she could not teach well while trying to figure out how to navigate academia on her own. Mentors provide encouragement, support, and companionship and their support leads to significant job satisfaction (Gentry & Johnson, 2019). Conversely, in a study of junior medical education faculty, Straus, Johnson, Marquez, and Feldman (2013) revealed a share of educators left the professoriate due to failed mentoring relationships.

The participants in this study were teaching at a level where the tripartite responsibilities of teaching, service, and scholarship were expected of their academic appointment and each participant reported some difficulty with the teaching component of the role. Nora, another participant, thought she could just “teach” because she was a clinical

expert. Nora was unaware of student outcomes and expectations and believed she could effortlessly transfer her content expertise into their minds. Learning how to teach has been identified in previous explorations into transition to academia. Teaching in the classroom has been described in the literature as "learning to teach as you teach" (Tucker, 2016, p. 172), "flying by the seat of my pants" (Schoening, 2013, p. 169; Cooley, 2013, p. 78), and "winging it" (Schoening, 2013, pg 169). These references suggest on the job learning is often the reality for novice nurse educators. Blanche, one of the study participants, summed up this struggle quite well when she stated, "just because you are a person with a master's degree doesn't mean you know how to teach."

Dorothy, another interviewee, during the early years of her transition to academia, was teaching as she had been taught until she realized she needed to become competent in teaching. Helterbran (2008), in a study of professors of education, makes this same assertion of "teachers often teach as they are taught" (p. 126). Nurse educators are expected to be effective teachers and use innovative pedagogies to support clinical reasoning and complex patient situations (NAM, 2011). Ineffective teaching strategies fail to motivate students and help them reach their objectives. Preparation in the faculty role is a priority if universities are expected to produce a highly educated nursing workforce. Formal mentoring is an important component in the development of novice nursing faculty. Mentors are experts who can demonstrate innovative pedagogies thereby fostering learning, inquiry, and inventiveness in nursing students (Ironside, 2015). Pedagogies that introduce students to various learning environments are necessary to create nurses who possess higher order thinking and can provide safe, adaptable care. Dorothy recognized she lacked the traits and characteristics of an effective teacher, despite being an expert clinician, and endeavored to become a better educator.

Navigating the academic environment proved to be challenging for the participants in this study; specifically, they felt alone and were left to figure things out for themselves. In this study, the participants felt isolated and disconnected from other faculty. In a 2014 study of physician assistant faculty, Graef concluded professional relationships and a supportive network of academic colleagues played a significant role in job satisfaction. Socialization into the new educator role is crucial for success. Figuring out the academic environment on one's own for novice faculty has been described in the literature as "trial by fire" (Peters, 2014, p. 221), and "fumbling…trying to figure it out" (Tucker, 2016, p. 123). The isolation experienced by this study cohort was uncomfortable and in stark contrast to the team-based environment many clinicians usually functioned in. Mentoring is a useful tool to mitigate feelings of isolation and disconnect experienced by novice faculty members.

In this phenomenological study, semi-structured interviews allowed participants openness and fluidity in expressing multiple views of their experiences as they transitioned from an expert clinician to faculty member. The face-to-face interaction during the interviews enhanced communication and real-time clarifications. The multi-site selection of participants provided the opportunity to draw interviewees from multiple sites around the United States and provided a broader perspective of the phenomena of interest.

A homogeneous purposeful sample involved a small number of participants with similar characteristics. For example, all participants were recruited from baccalaureate programs. The advantage of a homogeneous sample of participants teaching at the same degree level (e.g., baccalaureate, master's, doctorate) is that it can enhance the credibility of the study and help produce more focused descriptions of the experience. Palinkas et al. (2015) asserted a homogeneous sample reduces variation, streamlines analysis, and affords greater understanding of the phenomena.

Limitations

A potential limitation of this study is participant recall. Participant recollection may be an issue based on time since participants made the transition and the interview and the average length of time in academia was 7.7 years. Another limitation may be that no males were included in the sample. All the study participants lived 500 miles or more from the researcher and all interviews were conducted via Skype rather than in person. Only one interview was conducted with each participant and this may be a limitation of the study as well. The sample size can be considered a limitation on a numerical basis; however, sufficient information was gathered to generate new knowledge.

Implications for Nursing

Nursing is the nation's largest healthcare profession with approximately 3.4 million nurses in the United States. However, the demand for nurses continues to exceed the supply. The nursing workforce is positioned to build healthier communities and improve access to care (Salmond & Echevarria, 2017). However, a robust nursing faculty is necessary to produce nurses who are agile, flexible, technologically skilled, autonomous, problem solvers, and leaders. Advanced practice registered nurses can help fill the vacancies of nursing faculty in colleges across this country. They merely require the right tools. Nurse educators teaching all levels of nursing education should receive formal training regarding instruction, including the learning process, facilitating learning, and assessment of learning (Poindexter, 2013). Mentoring should be embraced as a strategy to retain and recruit new nursing faculty as new faculty have voiced their desire to have formal mentoring relationships to foster the transition into academia (Cangelosi, 2014). Incentivizing mentoring could attract senior faculty to guide junior faculty through the tripartite responsibilities of academia. The incentives could be reduced teaching load or having mentoring count as departmental service.

Providing intense education about teaching and learning strategies and assessment and evaluation could be a component of faculty's professional development via in person workshops or online training. The schools would incur the costs associated with faculty's professional development as an investment in strengthening faculty advancement, retention, and performance. Investing in clinical experts as they transition to academia can deliver the nursing workforce necessary to meet the continued challenges we face as a nation. The past year, as we battled a worldwide pandemic, everyone was reminded of the nurses on the frontlines of healthcare who act as a bridge for our communities to an increasingly complicated health care system.

Recommendations for Further Research

This research could be replicated within nursing at other levels of nursing education such as the masters or doctoral level or with other practice professions in healthcare such as medical education, physical therapy, and pharmacy. Another recommendation from this study is the incorporation of the study findings into new faculty orientation programs. Further research is required to measure the success of new faculty when colleges and universities are embracing these recommendations and investing time and effort into new faculty to foster smooth transitions.

Conclusions

The findings from this study provide important implications for schools of nursing across the country in recruiting and retaining nursing faculty. This study is vitally important for nursing schools to increase nursing school enrolments and avoid turning away qualified nursing school candidates. The Affordable Care Act has intensified the demand for healthcare in the current structure and nurses are integral to successful increased access to quality care.

The objective of the qualitative study was to describe the lived experiences of clinical experts transitioning into academia. Semi-structed interviews with open-ended, guiding

questions were conducted and allowed the participants to describe their lived experience during transition. Nurse faculty participants with 2 months to 10 years of formal teaching experience contributed to the data collection of the study. The themes that emerged included a learning curve and mentoring. The findings from this study validated the importance of mentoring in the transitioning process to promote confidence in the novice faculty member, provide support and encouragement as the novice faculty member forges on, at times, an uncomfortable path, and finally to promote job satisfaction and retention of the novice faculty member.

Considering the impending nursing shortage is crucial so that the pipeline of new nurses is continually replenished. Stakeholders from the public and private domains, along with colleges, hospitals, insurance companies, and regulating bodies should come together to prioritize the faculty shortage approach. New nursing faculty could be enticed with higher wages, compensation for the cost of terminal degrees, and promising faculty practice agreements.

Appendix A

Interview Guide

A Phenomenological Inquiry of Transition from Clinical Expert to Academic Novice

Pseudonym for this participant: _____
Date of Interview: _____

Time of Interview: _____

Demographic Data:

Gender: _____Age: _____Ethnicity: _____

Years as a registered nurse: _____

Years as a clinical expert (NP, CRNA, Midwife): _____

Highest degree achieved: _____

Current degree program teaching: _____

Tenure or clinical track/Instructor: _____

Years in academia: _____

Pursuit of doctoral degree: _____

- Brief introduction about me and my present role as a doctoral student completing a scholarly project.
- Brief description of the study.
- Informed consent Q&A (completed prior to first audio-taped interview).
- Assurance of privacy, confidentiality, and anonymity.
- Description of the interview process, purpose, format of the interview, length of time, permission to record the interview and take notes.

Grand Tour Question/Opening Statement

Can you tell me about your transition from a clinician to educator?

a. When did you decide to change careers?

b. What was your first step towards becoming an educator?

c. How did you prepare for the move to academia?

d. Who helped you prepare for the transition?

Specific Questions

1. What were the reactions of others (family members, coworkers, etc.) to your transition?
2. Describe some of the feelings you experienced during this transition.
3. Can you describe any resources or support you received during the transition?
4. Can you tell me about a time that you felt unsure about your transition?
5. Describe a time when you felt confident about your transition?
6. Can you compare this transition (from clinician to educator) to your transition from novice nurse to expert nurse?
7. How has the transition impacted your life?
8. Is there anything else you would like to add or share with me before ending the interview?

Examples of Probing Questions

What do you mean by...?

Tell me more about...

Why?

What else was going on then?

Give me an example?

That is really interesting…

Appendix B

Recruitment Letter

Dear Madam or Sir,

I am writing to tell you about a research study titled: A Phenomenological Inquiry of Transition from Clinical Expert to Academic Novice being conducted by Cheryl Killion, PhD, Principal Investigator and Lisa Scholz, DNPc, Co-Investigator at Case Western Reserve University. The purpose of this research study is to obtain vivid descriptions of the lived experiences of clinical nurse experts who choose to transition to academia. The study seeks to discover how prepared they felt for academia as well as the challenges and obstacles encountered in their new role.

You may be eligible for this study if you are an experienced advanced practice nurse and you have had an academic appointment. The research involves an in-person interview with the researcher; however, the interviews can be completed via synchronous online format (Skype).

If you are interested in learning more about this study, please review the enclosed information, and email us at lms181@case.edu.

I would also like to ask whether you would be willing to pass along the enclosed information to peers or colleagues who may also be interested in learning about this research study.
You do not have to respond if you are not interested in this study. If you do not respond, no one will contact you.

Thank you for your time and consideration. We look forward to hearing from you.

Sincerely,
Lisa Scholz, DNPc
Co-Investigator

Appendix C

Introductory Email

Subject: A Phenomenological Inquiry of Transition from Clinical Expert to Academic Novice Research Study Invitation to Participate

Dear Nursing Dean, Director, or Chair:

As a doctoral student at Case Western Reserve University, I am conducting learning about the transition from clinician to faculty member. Through the vivid descriptions of the lived experiences of clinical nurse experts who chose to transition to academia, I hope to learn how to improve retention and recruitment of nursing faculty.

Approval for this study has been obtained from the Institutional Review Board at Case Western Reserve University. All information collected in this study is anonymous and will not be linked to any particular faculty member of instituting.

Enclosed in this email is the recruitment letter with my contact information and a copy of the IRB approval form. The study employs interviews that should take approximately 1–2 hours.

Faculty wishing to participate may contact me at lms181@case.edu.

If you have any additional questions or would like additional information about this study, please do not hesitate to contact myself or Dr. Killion.

Sincerely,

Lisa Scholz, DNPc
Co-Investigator

Appendix D

Transcriptionist Confidentiality Agreement

A Phenomenological Inquiry of Transition from Clinical Expert to Academic Novice

I, _____ [name of transcriptionist], do hereby agree to maintain full confidentiality when serving as a transcriptionist for this research project.

I will be performing the following transcription services:
__ Transcribing recordings or other raw data

__ I verify that I possess the qualifications to accurately perform the translations.

Specifically, I agree to:

1. Keep all research information shared with me confidential by not discussing or sharing the information in any form or format (e.g., disks, tapes, transcripts) with anyone other than the primary investigator.
2. Hold in strictest confidence the identification of any individual revealed during the transcription of recordings, during a live oral interview, or in any other raw data.
3. Not make copies of any raw data in any form or format (e.g., disks, tapes, transcripts), unless specifically requested to do so by the primary investigator.
4. Keep all raw data that contains identifying information in any form or format (e.g., disks, tapes, transcripts) secure while it is in my possession. This includes:
    - Keeping all digitized raw data in computer password-protected files and other raw data in a locked file.
        - Closing any computer programs and documents of the raw data when temporarily away from the computer.
        - Permanently deleting any e-mail communication containing the data; and
        - Using closed headphones if transcribing recordings
5. Give, all raw data in any form or format (e.g., disks, tapes, transcripts) to the investigator when I have completed the transcription tasks.
6. Destroy all research information in any form or format that is not returnable to the investigator (e.g., information stored on my computer hard drive or any backup device) upon completion of the transcription tasks.

Provide the following contact information for the transcriptionist:

Printed name of transcriptionist _____
Address: _____

Telephone number: _____

Signature of Transcriptionist _____Date _____
Printed name of Investigator _____
Signature of Investigator _____

References

American Physical Therapy Association Report. (2019). Retrieved from https://www.apta.org/contentassets/172fd7878f694a1f8b9da8032eb1da76/2019-apta-annual-report.pdf

AACN Nursing Shortage Fact Sheet. (2015). Retrieved from http://www.aacn.nche.edu/

AACN Position Statement on the Practice Doctorate in Nursing. (2004). Retrieved from http://www.aacn.nche.edu/publications/position/DNPpositionstatement.pdf

AACN Nursing Faculty Shortage Fact Sheet. (2012). Retrieved from http://www.aacn.nche.edu/media-relations/FacultyShortageFS.pdf

ANA Reaffirms Commitment to BSN for Entry into Practice. (2000). Retrieved from http://www.nursingworld.org/FunctionalMenuCategories/MediaResources/PressReleases/2000/CommitmenttoBSN.html

Academic health center CEOs say faculty shortages threaten health workforce [Press release]. (2007, July 9). Retrieved from http://www.aahcdc.org/Policy/PressReleases/PRView/ArticleId/34/Academic-Health-Center-CEOs-Say-Faculty-Shortages-Threaten-Health-Workforce.aspx

Aiken, L. H. (2011, January 20). Nurses for the future. *The New England Journal of Medicine*. doi:10.1056/NEJMp1011639

Aiken, L. H., Cheung, R. B., & Olds, D. M. (2009). Education policy initiatives to address the nurse shortage in the United States. *Health Affairs, 28,* 646–656. doi:10.1377/hlthaff.28.4.w646.

Alliance for Aging Research. (2002). *Medical never-never land: Ten reasons why America is not ready for the coming age boom*. Retrieved from www.agingresource.org

American Academy of Physician Assistants. (n.d.). Retrieved from www.aapa.org

American Association of Colleges of Nursing. (2012). Retrieved from www.aacn.edu

American Association of Colleges of Nursing. (n.d.). Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage

American Association of Nurse Practitioners. (n.d.). Retrieved from www.aanp.org

Anderson, J. K. (2009). The work-role transition of expert clinician to novice academic educator. *Journal of Nursing Education*, *48*, 203–208.

Anibas, M., Brenner, G. H., & Zorn, C. R. (2009). Experiences described by novice teaching academic staff in baccalaureate nursing education: A focus on mentoring. *Journal of Professional Nursing*, *25*, 211–217. http://dx.doi.org/10.1016/j.profnurs.2009.01.008

Auerbach, D. A., Buerhaus, P. I., & Staiger, D. O. (2011). Registered nurse supply grows faster than projected amid surge in new entrants ages 23 - 26. *Health Affairs*, *30*, 2286–2292. doi:10.1377/hlthaff.2011.0588

Bartels, J. E. (2006). Preparing nursing faculty for baccalaureate-level and graduate-level nursing programs: Role preparation for the academy. *Journal of Nursing Education*, *46*, 154–1583. Retrieved from http://web.ebscohost.com/ehost/detail?vid=40&sid=6f070d6c-24ad-452f-913c-c01d10d50d6c%40sessionmgr110&hid=108&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d#db=rzh&AN=2009558630

Benner, P. (1982). From novice to expert. *The American Journal of Nursing*, *82*, 402–407. Retrieved from http://www.jstor.org/stable/3462928

Benner, P., Sutphen, M., Leonard, V., & Day, L. (2009). *Educating nurses: A call for radical transformation*. Retrieved from http://media.wiley.com/product_data/excerpt/61/04704579/0470457961.pdf

Berent, G. R., & Anderko, L. (2011). Solving the nurse faculty shortage: Exploring retention issues. *Nurse Educator*, *36*, 203–207. http://dx.doi.org/10.1097/NNE.0b013e3182297c4a

Berlin, L. E., & Sechrist, K. R. (2002). The shortage of doctorally prepared nursing faculty: A dire situation. *Nursing Outlook*, *50*, 50–56. doi:10.1067/mno.2002.124270

Boyer, E. L. (1990). *Scholarship reconsidered: Priorities of the professoriate*. San Francisco, CA: Jossey Bass.

Brendtro, M., & Hegge, M. (2000). Nursing faculty: One generation away from extinction. *Journal of Professional Nursing, 16*, 97–103.

Buerhaus, P. I., Auerbach, D. I., & Staiger, D. O. (2009, June 12). The recent surge in nurse employment: Causes and implications. *Health Affairs, 28*, 657–668. doi:10.1377/hlthaff.28.4.w657

Buerhaus, P. I., Auerbach, D. I., Staiger, D. O., & Muench, U. (2013). Projections of the long-term growth of the registered nurse workforce: A regional analysis. *Nursing Economics, 31*(1), 13-17.

Buerhaus, P.I., Skinner, L.E., Auerbach, D.I. & Staiger, D.O. (2017). Four challenges facing the nursing workforce in the United States. *Journal of Nursing Regulation, 8*(2), 40–46 doi:10/ggcht5

Cangelosi, P. R. (2004). A lack of qualified faculty: One school's solution. *Nurse Educator, 29*, 186–188.

Cangelosi, P. R. (2014). Novice nurse faculty: In search of a mentor. *Nursing Education Perspectives, 35*(5), 327–329.

Cangelosi, P. R., Crocker, S., & Sorrell, J. M. (2009). Expert to novice: Clinicians learning new roles as clinical nurse educators. *Nursing Education Perspectives, 30*, 367–371. http://doi:10.1043/1536-5026-30.6.367

Center to Champion Nursing in America website. (n.d.). Retrieved from – http://campaignforaction.org/CCNA-overview-2010

Clark, R., & Allison-Jones, L. (2011). Investing in human capital: An academic-service partnership to address the nursing shortage. *Nursing Education Perspectives, 32*, 18-21. http://dx.doi.org/10.5480/1536-5026-32.1.18

Cleary, B. L., McBride, A. B., McClure, M. L., & Reinhard, S. C. (2009). Expanding the capacity of nursing education. *Health Affairs, 28*. doi:10.13770hlthaff.284.w634

Cooley, S. S. (2013). *The lived experience of novice nursing faculty in academia* (Order No. 3602782). Available from ProQuest Dissertations & Theses A&I; ProQuest Dissertations & Theses Global. (1468720040). Retrieved from https://search.proquest.com/docview/1468720040?accountid=9920

Cooley, S. S., & De Gagne, J. C. (2016). Transformative experience: Developing competence in novice nursing faculty. Journal of Nursing Education, *55*(2), 96–100. doi:10.3928/01484834-20160114-07. PMID: 26814820.

Core Competencies of Nurse Educators with Task Statements. (2005). Retrieved from http://www.nln.org/profdev/pdf/corecompetencies.pdf

Council on Collegiate Education for Nursing. (2002). *Nurse educator competencies*. Atlanta, GA: Southern Regional Education Board.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications.

Crimmins, E. M. (2004). Trends in the health of the elderly. *Annual Review of Public Health, 25,* 79–98. doi:10.1146/annurev.publhealth.25.102802.124401

Curtin, L. L. (2007). The perfect storm: Managed care, aging adults, and a nursing shortage. *Nursing Administration Quarterly, 31,* 105–114.

Davis, D. C., Dearman, C., Schwab, C., & Kitchens, E. (1992). Competencies of novice nurse educators. *Journal of Nursing Education, 31*(4). 159-164.

Dempsey, L. M. (2007). The experiences of Irish nurse lecturers role transition from clinician to educator. *International Journal of Nursing Education Scholarship, 4(1),* 1–10. http://dx.doi.org/10.2202/1548-923X.1381

Department of Health and Human Services, Health Resources and Services Administration. (2010). *The registered nurse population: Findings from the 2008 National Sample Survey of Registered Nurses*. Retrieved from https://data.hrsa.gov/DataDownload/NSSRN/GeneralPUF08/rnsurveyfinal.pdf

Diekelmann, N. (2004). Experienced practitioners as new faculty: New pedagogies and new possibilities. *Journal of Nursing Education*, *43,* 101–103.

Donley, R., & Flaherty, M. J. (2008, April 30). Revisiting the American Nurses Association's first position on education for nurses: A comparative analysis of the first and second position statements on the education of nurses. *OJIN: The Online Journal of Issues in Nursing*, *13*. doi:10.3912/OJIN.Vol13No02PPT04

Dunham-Taylor, J., Lynn, C. W., Moore, P., McDaniel, S., & Walker, J. K. (2008). What goes around comes around: Improving faculty retention through more effective mentoring. *Journal of Professional Nursing*, *24*, 337–346. http://dx.doi.org/10.1016/j.profnurs.2007.10.013

Dunphy Suplee, P., & Gardner, M. (2009). Fostering a smooth transition to the faculty role. *The Journal of Continuing Education in Nursing*, *40,* 514–520. http://dx.doi.org/10.3928/00220124-20091023-09

Duphily, N. H. (2011). The experience of novice nurse faculty in an associate degree education program. *Journal of Teaching and Learning in Nursing*, *6*, 124–130. http://dx.doi.org/10.1016/j.teln.2011.01.002

Evaluating Innovations in Nursing Education website. (n.d.). Retrieved from http://www.evaluatinginnovationsinnursing.org/

Garrett, N., & Martini, M. (2007). The boomers are coming: A total cost of care model of the impact of population aging on the cost of chronic conditions in the United States. *Disease Management*, *103,* 51–60. doi:10.1089/dis.2006.630

Gazza, E. A., & Shellenbarger, T. (2005). Successful enculturation: Strategies for retaining newly hired nursing faculty. *Nurse Educator*, *30*, 251–254.

Gazza, E. A., & Shellenbarger, T. (2010). The lived experience of part-time baccalaureate nursing faculty. *Journal of Professional Nursing*, *26*, 353–359. http://dx.doi.org/10.1016/j.profnurs.2010.08.002

Genrich, S. J., & Pappas, A. (1997). Retooling faculty orientation. *Journal of Professional Nursing*, *13*, 84–89. Retrieved from http://web.ebscohost.com/ehost/resultsadvanced?sid=6f070d6c-24ad-452f-913c-c01d10d50d6c%40sessionmgr110&vid=33&hid=21&bquery=retooling+faculty+orientation&bdata=JmRiPXJ6aCZ0eXBlPTEmc2l0ZT1laG9zdC1saXZl

Gentry, J., & Johnson, K. V. (2019). Importance of and satisfaction with characteristics of mentoring among nursing faculty. *Journal of Nursing Education*, *58*(10), 595–598.

Gilbert, C., & Womack, B. (2012). Successful transition from expert nurse to novice educator? Expert educator: It's about you. *Teaching and Learning in Nursing*, *7*, 100–102. http://dx.doi.org/10.1016/j.teln.2012.01.004

Graeff, E. C., Leafiman, J. S., Wallace, L., & Stewart, G. (2014). Job satisfaction levels of physician assistant faculty in the United States. *Journal of Physician Assistant Education (Physician Assistant Education Association)*, *25*(2). 15-20. http://dx.doi: 10.1097/01367895-201425020-00004. PMID: 25016908.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, *24*, 105–112. http://dx.doi.org/10.1016/j.nedt.2003.10.001

Grassley, J. S., & Lambe, A. (2015). Easing the transition from clinician to nurse educator: An integrative literature review. Journal of Nursing Education, *54*(7), 361–366. doi:10.3928/01484834-20150617-01. PMID: 26155026

Hamilton, R. J., & Bowers, B. J. (2006). Internet recruitment and e-mail interviews in qualitative studies. *Qualitative Health Research, 16*, 821–835.

Haas, S. (2020). The impact of the coronavirus pandemic on the global nursing workforce. *Nursing Economics*, *38*(5), 231–237.

Harrison, A., & Kelly, D. (1996). Career satisfaction of physical therapy faculty during their pretenure years. *Physical Therapy*, *76*, 1202–1208. Retrieved from www.aptaeducation.org

Haskins, S., & Pierson, K. (2016). The impact of the bachelor of science in nursing (BSN) degree on patient outcomes: A systematic review. *Journal of Nursing Practice Applications & Reviews of Research*, *6*(1), 40–49.

Hawkins, J. W. (*20*08). Cognitive dissonance in faculty roles: Lots of questions, few answers. *Journal of the American Academy of Nurse Practitioners*, 20, 289–290. http://dx.doi.org/10.1111/j.1745-7599.2008.00322x

Hawkins-Walsh, E., Berg, M., Docherty, S., Lindeke, L., Gaylord, N., & Osborn, K. (2011). A national survey of the primary and acute care pediatric nurse practitioner educational preparation. *Journal of Pediatric Health Care, 25*(1), 5–15.

Health Resources and Services Administration. (n.d.). Retrieved from http://bhpr.hrsa.gov/healthworkforce/index.html

Heidegger, M. (1962). *Being and time. 1927* (J. Macquarrie & E. Robinson, Trans.). New York, NY: Harper.

Helterbran, V. R. (2008). Professionalism: Teachers taking the reins. *The Clearing House: a Journal of Educational Strategies, Issues and Ideas*, *81*(3), 123–127.

Hessler, K., & Ritchie, H. (2006). Recruitment and retention of novice faculty. *Journal of Nursing Education*, *45*, 150–154.

Hill, Y., & MacGregor, J. (1998). Charting the course of change. *Journal of Clinical Nursing, 7,* 189–194.

Hinshaw, A. S. (2001, January 31). A continuing challenge: The shortage of educationally prepared nursing faculty. *OJIN: The Online Journal of Issues in Nursing, 6.* Retrieved from www.nursingworld.org

Hunt, D. D. (2017). *The new nurse educator: Mastering academe*. Springer Publishing Company.

Husserl, E. (1965). *Phenomenology and the crisis of philosophy*. New York, NY: Harper Torchbook.

Innovation in Nursing Education: A Call to Reform. (2003). Retrieved from http://www.nln.org/docs/default-source/about/archived-position-statements/innovation-in-nursing-education-a-call-to-reform-pdf.pdf?sfvrsn=4

Ironside, P. M. (2015). Narrative pedagogy: Transforming nursing education through 15 years of research in nursing education. *Nursing Education Perspectives*, *36*(2), 83–88. doi:10.5480/13-110

Jacobs, L. A., DiMattio, M. K., Bishop, T. L., & Fields, S. D. (1998). The baccalaureate degree in nursing as an entry-level requirement for professional nursing practice. *Journal of Professional Nursing, 14,* 225–233. 10.1016/S8755-7223(98)80063-X

Janghorban, R., Roudsari, R. L., & Taghipour, A. (2014, April 15). Skype interviewing: The new generation of online synchronous interview in qualitative research. *International Journal of Qualitative Studies on Health and Well-being, 9.* http://dx.doi.org/10.3402/qhw.v9.24152

Jeffers, S. & Mariani, B. (2017). The effect of a formal mentoring program on career satisfaction and intent to stay in the faculty role for novice nurse faculty. *Nursing Education Perspectives*, 38, 18–22. doi:10.1097/01.NEP.0000000000000104

Kafle, N. P. (2011). Hermeneutic phenomenological research method simplified. *Bodhi: An Interdisciplinary Journal*, *5*(1), 181–200.

Kaufman, K. (2007). Introducing the NLN / Carnegie national survey of nurse educators: Composition, workload and teaching practice. *Nursing Education Perspectives*, *28*, 164–167.

Knickman, J. R., & Snell, E. K. (2002). The 2030 problem: Caring for aging baby boomers. *Health Services Research*, *37*, 849–884.

Kowalski, K., Horner, M., Carroll, K., Center, D., Foss, K., Jarrett, S., & Kane, L. A. (2007). Nursing clinical faculty revisited: The benefits of developing staff nurses as clinical scholars. *The Journal of Continuing Education in Nursing*, *38*, 69–75. Retrieved from http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=6f070d6c-24ad-452f-913c-c01d10d50d6c%40sessionmgr110&vid=14&hid=108

Krisman-Scott, M. A., Kershbaumer, R. M., & Thompson, J. E. (1998). Faculty preparation: A new solution to an old problem. *Journal of Nursing Education*, *37*, 318-320. Retrieved from http://search.proquest.com/docview/203929379?accountid=9920

Leslie, K., Lingard, L., & Whyte, S. (2005). Junior faculty experiences with informal mentoring. *Medical teacher*, *27*(8), 693–698.

Leveille, S. G., Wee, C. C., & Iezonni, L. I. (2005). Trends in obesity and arthritis among baby boomers and their predecessors, 1971-2002. *American Journal of Public Health*, *95*, 1607–1613. doi:10.2105/AJPH.2004.060418

Levine, A. (2006). *Educating school teachers.* Washington, DC: The Education Schools Project.

Lewallen, L. P., Crane, P. B., Letvak, S., Jones, E., & Hu, J. (2003). An innovative strategy to enhance new faculty success. *Nursing Education Perspectives*, *24*, 257–260.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Lowenstein, S. R., Fernandez, G., & Crane, L. A. (2007). Medical school faculty discontent: prevalence and predictors of intent to leave academic careers. *BMC Medical Education*. *7(1).* 1-8. http://dx.doi.org/10.1186/1472-6920-7-3

MacNeil, M. (1997). From nurse to teacher: Recognizing a status passage. *Journal of Advanced Nursing*, *25*, 634–642.

Mahaffey, E. H. (2002). The relevance of associate degree nursing education: Past, present, future. *OJIN: The Online Journal of Issues in Nursing*, *7(2)*. Retrieved from www.nursingworld.org/ojin/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume72002/No2May2002/RelevanceofAssociateDegree.aspx

Manning, L., & Neville, S. (2009). Work-role transition: From staff nurse to clinical nurse educator. *Nursing Praxis in New Zealand*, *25(2)*, 41–53. Retrieved from http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=15&sid=6f070d6c-24ad-452f-913c-c01d10d50d6c%40sessionmgr110&hid=108

Martin, L. G., Schoeni, R. F., & Andreski, P. M. (2010). Trends in health of older adults in the United States: Past, present, future. *Demography*, *47*, 17–40.

McArthur-Rouse, F. J. (2008). From expert to novice: An exploration of the experiences of new academic staff to a department of adult nursing studies. *Nursing Education Today*, *28*, 401–408. http://dx.doi.org/10.1016/j.nedt/2007.07.004

Meleis, A. I. (2007). *Theoretical nursing: Development & progress* (4th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Mertens, D. M. (2014). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (4th ed.). Retrieved from http://www.sagepub.com/upm-data/29985_Chapter1.pdf

Meyers, S. (2004). The nursing faculty shortage: Hospitals take action. *Trustee: the journal for hospital governing boards*, *57*(10), 24-7.

Morrison, S. M., & Symes, L. (2011), An integrative review of expert nursing practice. *Journal of Nursing Scholarship, 43*, 163–170. https://doi.org/10.1111/j.1547-5069.2011.01398.x

Moynihan, S., Paakkari, L., Välimaa, R., Jourdan, D., & Mannix-McNamara, P. (2015). Teacher competencies in health education: Results of a Delphi study. *PloS one*, *10*(12), e0143703.

Murray, T. A., Schappe, A., Kreienkamp, D. E., Loyd, V., & Buck, E. A. (2010). A community-wide academic-service partnership to expand faculty and student capacity. *Journal of Nursing Education, 49*, 295–299. http://dx.doi.org/10.3928/01484834-20100115-03

National Academy of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.

NLN Nurse Educator Shortage Factsheet. (2010). Retrieved from http://www.nln.org/docs/default-source/advocacy-public-policy/nurse-faculty-shortage-fact-sheet-pdf.pdf?sfvrsn=0

Nurse Practitioner Curriculum. (2013). Retrieved from https://www.aanp.org/advocacy/advocacy-resource/position-statements/nurse-practitioner-curriculum

Nursing faculty shortage fact sheet. (2012). Retrieved from www.aacn.nche.org

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health*, *42*(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y

Patton, M. Q. (2001). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.

Peters, A. B. (2014). Faculty to faculty incivility: Experiences of novice nurse faculty in academia. *Journal of Professional Nursing*, *30*(3), 213–227.

Peters, M. A., & Boylston, M. (2006). Mentoring adjunct faculty. *Nurse Educator*, *31*.

Peterson, C. A., & Sandholtz, J. H. (2005). New faculty development: Scholarship of teaching and learning opportunities. *Journal of Physical Therapy Education*, *19*, 23–29. Retrieved from www.aptaeducation.org

PhenomenologyOnline. (2011). Retrieved from –www.phenomenologyonline.com

Poindexter, K. (2013). Novice nurse educator entry-level competency to teach: A national study. *Journal of Nursing Education*, *52*, 559–566. http://dx.doi.org/10.3928/01484834-20130913-04

Registered Nurses per 100,000 Population. (2011). Retrieved from http://kff.org/other/state-indicator/registered-nurses-per-100000-population/

Reid, T. P., Hinderer, K. A., Jaronski, J. M., Mister, B. J., & Seldomridge, L. A. (2013). Expert clinician to clinical teacher: Developing a faculty academy and mentoring initiative. *Nurse Education in Practice*. *13(4).* 288-293. doi:10.1016/j.nepr.2013.03.022

Ritchie, J., & Lewis, J. (Eds.). (2003). *Qualitative research practice; A guide for social science students and researchers*. Retrieved from http://mthoyibi.files.wordpress.com/2011/10/qualitative-research-practice_a-guide-

for-social-science-students-and-researchers_jane-ritchie-and-jane-lewis-eds_20031.pdf

Roberts, K. K., Kasal Chrisman, S., & Flowers, C. (2013). The perceived needs of nurse clinicians as they move into an adjunct clinical faculty role. *Journal of Professional Nursing*, *29*, 295–301. http://dx.doi.org/10.1016/j.profnurs.2012.10.012

Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, *11(1).* 25-41 http://dx.doi.org/10.1080/14780887.2013.801543

Sandelowski, M. (1993). Rigor or rigor mortis: The problem of rigor in qualitative research revisited. *Advances in Nursing Science*, *16*(2), 1–8.

Salmond, S. W., & Echevarria, M. (2017). Healthcare Transformation and Changing Roles for Nursing. *Orthopedic nursing*, *36*(1), 12–25. https://doi.org/10.1097/NOR.0000000000000308

Savage, H. E., Karp, R. S., & Lague, R. (2004). Faculty mentorship at colleges and universities. *College Teaching*, *52*, 21–24.

Schaubhut, R. M., & Gentry, J. A. (2010). Nursing preceptor workshop: Partnership and collaboration between academia and practice. *The Journal of Continuing Education in Nursing*, *41*. http://dx.doi.org/10.3928/00220124-20100326-01

Schneider, A. (1997). Empty tables at faculty clubs worry some scholars. *Chronicle of Higher Education*, *43*, 12–13. Retrieved from

Schriner, C. L. (2007). The influence of culture on clinical nurses transitioning into the faculty role. *Nursing Education Perspectives*, *28*(3), 145–149.

Schoening, A. M. (2013). From bedside to classroom: The nurse educator transition model. *Nursing Education Perspectives*, *34*(3), 167–172.

Seldomridge, L. S. (2004). Attracting students to the professoriate: A faculty shadowing experience. *Nurse Educator*, *29*, 256–259.

Shoob, H. D., Croft, J. B., & Labarthe, D. R. (2007). Impact of baby boomers on hospitalizations for coronary heart disease and stroke in the United States. *Preventive Medicine*, *44*, 447–451. doi:10.1016/j.ypmed.2006.12.013

Siler, B. B., & Kleiner, C. (2001). Novice faculty: Encountering expectations in academia. *Journal of Nursing Education*, *40*, 397–403.

Straus, S. E., Johnson, M. O., Marquez, C., & Feldman, M. D. (2013). Characteristics of successful and failed mentoring relationships: A qualitative study across two academic health centers. *Academic medicine: journal of the Association of American Medical Colleges*, *88*(1), 82–89. doi: 10.1097/ACM.0b013e31827647a0. PMID: 23165266; PMCID: PMC3665769.

Streubert, H. J., & Rinaldi Carpenter, D. (2011). *Qualitative research in nursing; Advancing the humanistic imperative* (5th ed.). Philadelphia, PA: Wolters Kluwer Health Lippincott Williams & Wilkins

Terry, A. J. (2012). *Clinical research for the doctor of nursing practice*. Sudbury, MA: Jones & Bartlett Learning.

Thomas, A., Crabtree, M. K., Delaney, K., Dumas, M. A., Kleinpell, R., Marfell, J., & Wolf, A. (2017). Nurse practitioner core competencies content. *The National Organization of Nurse Practitioner Faculties*. Retrieved from https://nursing.lsuhsc.edu/docs/quality/nursepractitionercorecompetencies(2017).pdf

Thorne, B.M., Henley, T.B. (2004). *Connections in the history and systems of psychology.* Belmont, CA: Wadsworth Cengage Learning.

Toto, D. L., Peters, A. B., Blackman, B. I., & Hoch, C. R. (2009). Bridging the gap: Answering the need for nursing faculty. *Teaching and Learning in Nursing*, *4*, 109–114. http://dx.doi.org/10.1016/j.teln.2009.02.0

Tucker, K. A. (2016). The lived experience of clinical nurse experts transitioning to the role of novice educators. Available from Nursing & Allied Health Database; ProQuest

Dissertations & Theses A&I; ProQuest Dissertations & Theses Global. (1882665881). Retrieved from

Van Manen, M. (1990). *Researching lived experience: human science for an action sensitive pedagogy*. The State University of New York: State University of New York Press.

Van Manen, M. (1997). From meaning to method. *Qualitative Health Research*, *7*, 345–369.

Van Manen, M. (2002). Researching the experience of pedagogy. *EDUCATION CANADA - TORONTO*, *42*, 24–27. Retrieved from http://www.maxvanmanen.com

Van Manen, M. (2006, May 5). Writing qualitatively, or the demands of writing. *Qualitative Health Research*, *16*, 713–722. http://dx.doi.org/10.1177/1049732306286911

Van Manen, M. (2016). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. New York, NY: Routledge.

Vidic, B., & Weitlauf, H. M. (2002), Horizontal and vertical integration of academic disciplines in the medical school curriculum. Clin. Anat., *15*, 233–235. https://doi.org/10.1002/ca.10019v

Wakefield, M. K. (2010). Nurses and the Affordable Care Act. *American Journal of Nursing*, *110*.

West, M. M., Borden, C., Bermudez, M., Hanson-Zalot, M., Amorim, F., & Marmion, R. (2009). Enhancing the clinical adjunct role to benefit students. *Journal of Continuing Education in Nursing*, *40*(7), 305–310. https://doi.org/10.3928/00220124-20090623-05

Wieck, K. L. (2003). Faculty for the millennium: Changes needed to attract the emerging workforce into nursing. *Journal of Nursing Education*, *42*, 151–158.

Withy, K. (2014). Situation and limitation: Making sense of Heidegger on thrownness. *European Journal of Philosophy*, *22*(1), 61–81.

Young, P., & Diekelmann, N. (2002). Learning to lecture: Exploring skills, strategies and practices of new teachers in nursing education. *Journal of Nursing Education*, *41*, 405–412.