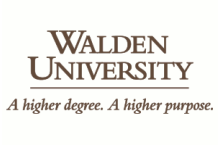

2020

Clinical Nurse Experts' Experience of Transitioning to the Novice Nurse Educator Role

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This is to certify that the doctoral study by

Crystal Toll

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

Clinical Nurse Experts' Experience of Transitioning to the Novice Nurse Educator Role

by

Crystal Toll

MSN, Walden University, 2011

BSN, Florida International University, 2002

Project Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Education

Walden University

April 2020

Abstract

Clinical nurse experts are often recruited into educator roles based solely on clinical expertise. Without support and mentorship, clinical nurse experts struggled with transitioning into the educator role. The purpose of this study was to understand the experience of new nurse educators' transition from a clinical nurse expert to novice nurse educator and to examine the perceptions of supports and barriers. Transitional theory provided the conceptual framework and informed the development of the interview protocol. The research questions focused on the experience of transitioning from expert to novice and on identifying supports and barriers that influenced transition. Using a case study design, the experience of 6 new nurse educators, with 3 years or greater of clinical practice and 3 years or fewer of teaching experience were captured. The study participants were recruited through purposeful sampling. Interview data were validated for trustworthiness through member checking, and themes were identified through a manual coding process. The findings revealed the following 6 areas of supports and barriers: role identity and role clarity, workload expectations and time management, adaptation and motivation, leadership, socialization and mentorship, and feeling valued. The project for this research study used findings to inform the development of a mentorship professional development program for new nurse educators. This study has implication of positive social change by providing a structured transition for new nurse educators to develop a new professional identity, make social-professional connections, and manage workload expectations. The mentored entry into the new role has implication to promote a positive social change in health care institutions by improving job satisfaction and work force retention.

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Section 1: The Problem

According to the American Association of Colleges of Nursing (2019), nurse educator shortages in health care institutions threaten the nursing profession's infrastructure. In response to nurse educator shortages, institutions are increasingly open to hiring nurses into the field of nursing education who lack teaching experience and knowledge of adult learning theory (Bagley, Hoppe, Brenner, Crawford, & Weir, 2018; Hoffman, 2019; Jetha, Boschma, & Clauson, 2016; Reese & Ketner, 2017; Shapiro, 2018). In this local setting, clinical nurse experts are assigned to nurse educator roles, titled Nurse Education Coordinator I (NEC I), without training to the new role. Clinical nurses are often recruited into nurse educator roles based on their performance in clinical practice rather than their abilities to teach (personal communication of director of nurse professional development services, April 1, 2016). Although clinical nurse experts are familiar with nursing practice, many are new to nursing education. This transition between the familiar nurse clinician role and the unfamiliar educator role involves an additional socialization process that is often given limited support (Jetha et al., 2016; Kalensky & Hande, 2017; Legare & Armstrong, 2017; Mann & De Gagne, 2017; Paul, 2015; Thurgate, 2018). The problem is there is a lack of understanding of the experiences of novice nurse educators as they transition to a new role. Teaching nursing is different than practicing nursing. Although clinical nurses have expertise in their field of nursing practice, they may not have the art, skill, or knowledge to convey clinical proficiency (Fritz, 2018; Grassley & Lambe, 2015; Paul, 2015; Schaar, Titzer, & Beckham, 2015; Shapiro, 2018; Turocy, 2015). Understanding how the clinical nurse expert transitions

into the novice nurse educator role may help health care institutions develop and implement training strategies, orientation policies, and social network practices to support a seamless transition to a new role (Barnes, 2015; Fritz, 2018; Miller, Roth, & Vivona, 2017). Further, the National League for Nursing (NLN, 2019) stated there is an essential core of knowledge and skills required for a nurse educator to be effective and achieve excellence in the role. In addition, the NLN suggested that to ensure an adequate supply of competent nurse educators, efforts must be focused on providing training opportunities for teaching development to include recruitment of qualified nurses, appropriate training to the role, and retention strategies.

The Local Problem

The site for this project study is a large academic health center with approximately 600 in-patient beds, over 2,000 employed registered nurses, and approximately 60 NEC Is. (study site website, 2019). Although NEC Is were expected to demonstrate competency as nurse educators as defined by the study site's roles and responsibilities, the problem was a lack of information to understand the experience of the novice nurse educators and how they perceive supports and barriers during transitioning into the new role. Because clinical expertise does not necessarily translate into educator competence, the transition process was stressful. The minimum criteria of the NEC I role, defined by the study site's Shared Governance (study site website, 2019), include a 4-year bachelor of science in nursing degree (BSN), a Clinician II experience level (non-new graduate experience of more than 1 year), and demonstrated proficiency in communication, conflict management, organizational skills, and project management.

The inexperience of clinical nurse experts in teaching methodology is a barrier to being able to translate clinical knowledge into student centered teaching approaches (Bagley et al., 2018; Cooley & De Gagne, 2016; Fritz, 2018; Hoffman, 2019; Turocy, 2015). At this study site, certification in the NEC I's area of clinical nursing practice and experience as an educator are preferred but not required (study site website, 2019). Miller et al. (2017) suggested that because the job description and role boundaries between nurse educator and clinical nurse are blurred, duality in role as nurse educator and clinical nurse lacks meaningful scholarship and challenges role development as educators. Role descriptions that are not clearly defined or that have blurred boundaries such as lacking specific minimum standards of knowledge, skills, training, and certification result in questioning the legitimacy of the nurse educator role as a valid discipline (Bath, Lucas, & Ward, 2017; Mower, 2017; Nguyen, Forbes, Mohebbi, & Duke, 2018). The NEC Is in the study site are practicing clinicians and have the additional role and responsibly of providing staff development education (personal communication of director of staff professional development specialist, April 1, 2016). This duality results in staff becoming overextended and factoring teaching abilities into the process of a successful transition from clinical nurse expert to novice nurse educator is often forgotten (Logan, Gallimore, & Jordan, 2016; Mann & De Gagne, 2017). In addition to providing patient care, responsibilities of the NEC I role defined by the study site's Shared Governance (study site website, 2019) included the following three categories: orientation of newly hired staff, staff development, and staff competency. Each NEC I typically coordinated orientation of two to three new staff to their practice unit every 2 weeks for a 1-week

period. Additionally, they were expected to coordinate and provide staff development sessions as needed once a month. Finally, for each new staff at the completion of orientation and additionally three times a year for all staff, the NEC Is coordinated and provided competency skill validation for the entire nurse and nurse assistant staff in their practice unit. Competency skill validation typically involved 30-40 nurses and 15-20 nurse assistants over a 2-week period of 4-8 hours a day. They are also expected to spend time preparing for the orientation, development, and competency sessions as well as tracking compliance and documenting the outcomes.

Role description within orientation included coordinating the orientation process of onboarding new staff to the practice area, revising the orientation curriculum, developing and maintaining the orientation program, and collaborating with leadership to select and develop preceptors (study site website, 2019). Role description within staff development included assessing learning needs, developing educational programs, implementing education activities, and evaluating the outcomes of education initiatives. In addition, they were responsible for maintaining participant attendance records and tracking of staff development education activities and coordinating staffing plan coverage to maximize participant attendance (study site website, 2019). Role description within staff competency included oversight of staff compliance meeting competency and regulatory mandates, managing and tracking compliance of maintaining minimum licensure and certification requirements, and conducting a learning assessment for local clinical practice competency needs (study site website, 2019). As written in the responsibilities of the NEC I role defined by the study site's Shared Governance (study

site website, 2019), maintaining clinical expertise is the preparation required to support the educator in being able to perform the responsibilities of the NEC I role. Clinical expertise is defined by the study site's Shared Governance (study site website, 2019) as demonstrating commitment to bringing evidence-based practice into educational planning. Summers (2017) and Logan et al. (2016) described this mismatch between clinical expertise and educator expertise as an amalgam of heterogeneous and conflicting standards. Because of the responsibilities expected from nurse educators, an understanding of the potential mismatch between expectations of the role and the support and training provided to achieve success in the role was essential to assimilating and transitioning from clinical nurse expert to novice nurse educator (Bagley et al., 2018; Bath et al., 2017; Cooley & De Gagne, 2016; Fritz, 2018; Paul, 2015; Summers, 2017).

The purpose of this study was to discover the experience of the NEC Is' transition and examine the perceptions of supports and barriers in transitioning from a clinical nurse expert to novice nurse educator. I used the following four concepts of transitional theory (Anderson, Goodman, & Schlossberg, 2012, p. 67-90; Barnes, 2015): support, situation, strategies, and self as a guide to interview novice NEC Is to understand their transition experience and perceptions of supports and barriers during transition to the new role. Most NEC Is who transitioned into the role described their situation as being selected by default or occurring by chance. Novice nurse educators learned to rely on a sense of self to adapt their clinical expertise to meet the challenges of transitioning to a new role and leadership attributes to develop problem solving strategies. Sociocultural mentorship is a

source of support during transition, and a perceived lack of system wide value for the role challenged satisfaction (Dalgaty, Guthrie, Walker, & Stirling, 2017).

Evidence of the Problem from the Professional Literature

Responsibilities of nurse educators who provide nursing staff development are defined beyond the local setting by governing and regulatory bodies. A model to support staff development has been incorporated into the Nursing Professional Development: Scope and Standards of Practice over the last decade, and described competency in teaching behaviors aligned with adult learning principles (American Nurses Association, 2019). Behaviors described include learning needs assessment, curriculum planning and implementation, and evaluation of staff development outcomes (American Nurses Association, 2019). In addition, the accreditation model for nursing staff development education emphasizes teaching from adult learning principles. This includes implementing learning activities that respond to gaps in knowledge and skill and producing outcomes that enhance staff development and quality of nursing care (American Nurses Credentialing Center, 2019).

Regardless of the defined expectations by governing and regulatory bodies, a potential mismatch between work place expectations and training to support the transition of clinical nurse experts to novice nurse educators may exist, potentially resulting in tension between the balance of knowledge and skills in teaching methodology and clinical credibility (Amott, 2018; Bagley et al., 2018; Cooley & De Gagne, 2016; Logan et al., 2016; Paul, 2015; Summers, 2017). Although the need to provide development programs to improve the skills of nurse educators is widely acknowledged as a gap across

health care disciplines, the practice of placing clinical nurse experts into nurse educator positions without support and formal training in teaching may continue (Miller et al., 2017; Nguyen et al., 2018).

Novice nurse educators have credibility in clinical practice but may lack skills, confidence, and ability to teach (Bagley et al., 2018; Mann & De Gagne, 2017; Nguyen et al., 2018; and Summers, 2017). The NLN (2019) stated there is an essential core of knowledge and skills required for a nurse educator to be effective and achieve excellence in the role. In addition, the NLN suggested that to ensure an adequate supply of competent nurse educators, efforts must be focused on providing training opportunities for teaching development to include recruitment of qualified nurses, appropriate training to the role, and retention strategies. According to the American Association of Colleges of Nursing (2019), health care institution's nursing profession's infrastructure is threatened by a shortage of clinical nurse educators and have become increasingly open to hiring clinical experts into the field of nursing education who lack teaching experience and knowledge of adult learning theory (Bagley et al., 2018; Hoffman, 2019; Jetha et al., 2016; Reese & Ketner, 2017; Shapiro, 2018). However, nurse educators that receive support during the transition to the new role, may be more likely to be retained and therefore develop expertise as an educator (American Nurses Credentialing Center, 2019).

Rationale

There are many nurse educators who are experts in nursing practice but novice to nursing education. This transition between the familiar and unfamiliar requires an

additional socialization process that may be given limited support (Jetha et al., 2016; Legare & Armstrong, 2017). Many novice nurse educators experience organizational hierarchy or structures that contribute to a sense of belonging and development of a new identity, and suggest a need for mentorship in addition to training to support the socialization process and facilitate a seamless transition (Bath et al., 2017; Jetha et al., 2016; Logan et al., 2016; Mann & De Gagne, 2017; Thurgate, 2018; Wilkins, 2017). Clinical nurse experts' transition into novice nurse educators requires both training to the role and social support from expert nurse educators to mentor and coach on how to teach, how to facilitate learning in adults, how to develop nursing staff development curriculum and competency activities, and how to evaluate learning outcomes (Bagley et al., 2018; Bath et al., 2017; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Hoffman, 2019; Jetha et al., 2016; Logan et al., 2016; Owens, 2017; Summers, 2017).

The purpose of this study was to discover the experience of the NEC Is' transition and examine the perceptions of supports and barriers in transitioning from a clinical nurse expert to novice nurse educator. A study needs to be conducted to address the problem of not understanding the experience of clinical nurse experts transitioning to novice nurse educator and their perceptions of supports and barriers. A successful transition may have an impact on job satisfaction and retention (Barnes, 2015; Logan et al., 2016; McDermid, Peters, Daly, & Jackson, 2016; Paul, 2015; Wilkins, 2017). An unsuccessful transition may discourage novice nurse educators from developing professional confidence that leads to expertise in the role (Bagley et al., 2018; Barnes, 2015; Miller, et al., 2017; Nguyen et al., 2018; Paul, 2015). As a result, nurse educators may fail to impart their

expert clinical knowledge and result in ineffective development of nursing staff's skills and competency (American Nurses Credentialing Center, 2019; Summers, 2017).

Teaching nursing is different than practicing nursing. Although clinical nurses have expertise in their field of nursing practice, they may not have the art, skill, or knowledge of how to teach and effectively convey clinical proficiency to adult learners (Fritz, 2018; Glynn, McVey, Wendt, & Russell, 2017; Grassley & Lambe, 2015; Hoffman, 2019; Jetha et al., 2016; Paul, 2015; Schaar et al., 2015; Shapiro, 2018; Turocy, 2015). Understanding the experience of novice nurse educators' transition into the new role can offer insight to health care institutions that may inform them on support and training strategies to facilitate the transition from clinical expert to novice educator.

Definition of Terms

Adult Learner Centered: The essence of an adult learner is captured in Knowles assumptions underlying andragogy (Knowles, Holton, & Swanson, 2012). The adult learner is a physiologically, psychologically, and sociologically diverse character whose learning happens by the need to know, self-concept, volume of experience, readiness to learn, life-centered orientation to knowing, and motivation to learn (Knowles et al., 2012).

Barrier: Contradictions and problems associated with realizing a successful transition (Malkki & Lindblom-Ylanne, 2012).

Clinical Nurse Expert: Practicing nurse clinician who has passed through the five levels of proficiency defined by Benner's stages of clinical competence: novice,

advanced, beginner, competent, proficient, and expert. Performance is fluid, flexible, and highly proficient (Benner, 1984).

Competence: The ability to produce outcomes within role expectations (Fernet, Austin, Trepanier, & Dussault, 2012).

Confidence: A belief in the ability to successfully perform role activities necessary to make a successful transition (Goodrich, 2014).

Novice Nurse Educator: Educator who has no experience in the situations in which they are expected to perform (Benner, 1984).

Nurse Education Coordinator I (NEC I): The study institution's appointed nurse educators to help plan for local learning needs and to collaborate across practice areas. Responsible for standardizing, sharing, and improving educational materials; and for maximizing colleagues' educational time investment in meeting the developmental needs of the organization. Responsible for maintaining the following role domains: new nurse orientation, nursing professional development, nursing competency, and self-clinical expertise (study site website, 2019).

Nurse Educator: A nurse who facilitates learning through curriculum design, teaching, evaluation, and advisement reflecting the mission of the educator's institution and content to be taught (National League for Nursing, 2019).

Staff Development Education: Professional learning opportunities for nurses focused on augmenting knowledge and skills by building on the nurses' experience to enrich their contribution to quality health care and to enhance practice, education,

research, and theory development in the pursuit of professional goals (American Nurses Credentialing Center, 2019).

Support: Assistance and guidance involving trust, understanding, and sharing of confidences that are a resource during a transition (Anderson et al., 2012, p. 84-85).

Transition: Any event defined by the individual experiencing it as a change in social networks, assumptions, behaviors, routines, and roles (Schlossberg, 1981).

Significance of the Study

While a review of the literature revealed extensive research related to clinical nurse experts' transition to the role of novice nurse educator as faculty in the academic environment, little recent research could be found on the experience of clinical nurse experts transition to novice nurse educators in a health care institution, and the duality of roles in the clinical environment. The results of this study provided insight to the local study site in understanding the experience of transition and informed on social supports and training strategies to facilitate the NEC I's transition into the new role. Specifically, findings informed stakeholders about role clarity, time management, and abilities to navigate the duality of clinician and educator, adaptive attributes, and highlighted supports and barriers within mentorship and feeling valued during the transition process. The study findings can be used to inform the development of a mentorship program for new NEC Is, and re-evaluate current assumptions of support and barriers influencing the transition experience.

Most educators, learners, and researchers agree that an important factor influencing effective and successful learning is the quality and expertise of teachers (see

Bebas, 2012; Nguyen et al., 2018; Schaar et al., 2015; Turocy, 2015). Quality performance may be achieved through experience as one accumulates expertise in their field, while experiences required to gain expertise may be achieved through retention. Retention may be improved with socialization to the new role such as mentorship and training, therefore the influence of support and training on quality performance must be considered (Bebas, 2012; Benner, 1984; Jeffers & Mariani, 2017; Logan et al., 2016; McDermid et al., 2016).

Staff development education is an important aspect of the nursing profession. It is the nurse educator in the clinical environment who facilitates competency in the skills and knowledge necessary to ensure the delivery of quality health care (Cooley & De Gagne, 2016; Owens, 2017; Turocy, 2015). Therefore, NEC Is must be prepared for the role of teacher to effectively support staff in the professional development process. Nurse educators in the clinical environment are key stakeholders in sustaining the skills and knowledge of the nursing workforce required to keep pace with the dynamic complexities and advances in health care that impact outcomes (Cooley & De Gagne, 2016; Dunbar, Kawar, & Scruth, 2019; Mower, 2017; Owens, 2017; Turocy, 2015).

Not all the knowledge and skills of nursing practice are learned in university and college. Much is learned on the job as the novice clinical nurse develops into the clinical nurse expert (Dunbar et al., 2019), and it is the nurse educators who are expected to behave as leaders in preparing and developing novice nurses to function as experts within the health care institution (Logan et al., 2016; Summers, 2017). The nursing profession is one of many practicing health care provider disciplines responsible for producing quality

care indicators that influence positive outcomes, whilst the NEC Is provide staff development education for nurses that may have an indirect impact on the quality of nursing care provided.

The American Nurses Credentialing Center (ANCC, 2019) Magnet Recognition was removed from the local study site setting in 2014 for failing to meet the five components committed to the pursuit of excellence in empirical outcomes and a healthy workplace. Specifically, 51% of the practice areas failed to outperform national benchmark at least 51% of the time in the nurse sensitive quality indicators of patient outcomes (ANCC, 2019). These quality indicators are defined by the American Nurses Association (ANA, 2019) as being reflective of the structure, process, and outcomes of nursing care. The structure of nursing care is indicated by the skill level, education, and certification of nursing staff (ANA, 2019). As the study institution worked to regain Magnet Recognition in 2016 and continues the mission for sustained Magnet Recognition as defined by ANCC (2019), NEC Is are a key resource in supporting staff development education essential in providing quality care and to meet the health care needs of the population served (see NLN, 2019).

Although in the local study site setting, NEC Is must be competent clinicians, being a good clinician may not be solely enough in supporting transition to the nurse educator role (see NLN, 2019). The significance of the study findings was understanding the NEC I's experience of transition from clinical expert to the new role, and an evaluation of current assumptions of support and barriers during transition. Findings informed about role clarity, time management and abilities to navigate the transition

within the duality of clinician and educator, adaptive attributes, and highlighted supports and barriers of mentorship and feeling valued during the transition process.

Research Question

The purpose of my study was to discover the experience of NEC Is' transition from clinical nurse expert to novice nurse educator and examine the perceptions of supports and barriers during the transition. I explored the experience of novice nurse educators' transition to the new role and sought to identify perceptions of supports and barriers that might contribute to their experience. The guiding question for this project study was *What is the experience of nurse educators' transition from clinical expert to novice nurse educator?* Anderson et al. (2012, p. 37) described transition for adults as involving variability influenced by an uncertain environmental context, cultural diversity in personal and professional relationships, and approaches to coping with social justice; while at the same time experience is a predictable structured process of moving into a new role, moving through roles, moving out of the old role, and moving back into a new role again. Exploring the NEC Is' experience provided a better understanding of commonalities into supports and barriers that may be helpful in developing a process to facilitate transition into the new educator role, moving through clinical and educator roles. This insight may assist future novice nurse educators' in a health care institution transition into the new role. The following research subquestions included in this study were as follows:

1. How do NEC I participants describe their experience transitioning from a clinical expert to a novice nurse educator?

2. What supports and barriers do NEC I's describe in transitioning from clinical nurse expert to novice nurse educator?

Review of the Literature

The aim of the literature review was to examine foundational and current literature related to the experience of clinical nurse experts' transition to novice nurse educator. Foundational literature was obtained using the search term *Schlossberg's transitional theory* in the Google Scholar online database. The database yielded a model for analyzing adaption in transition (Schlossberg, 1981); the classic book on transitional theory (Schlossberg, 1984) and the most current book (Anderson et al., 2012) on adults in transition. Review of the current literature was conducted using CINAHL, OVID, EBSCO, and ERIC, and Google Scholar online databases. The electronic databases were searched for peer reviewed articles and studies published between 2015 and 2019. The search terms used were *nurse educator, clinical educator, nurse role transition, academic nursing, clinical nurse expert, novice nurse educator*, and *hospital educator*. The database search yielded 40 articles and studies focused on the elements of nurse educator role transition. Insights were drawn from a synthesis of the theoretical framework of transition informed by Schlossberg's (1984) theory of transition and the later work of Anderson et al. (2012). Typical examination of transition within the nursing profession is focused on the transition of nursing student to graduate nurse or clinical nurse expert to novice nurse educator as academic faculty responsible for the development of nursing students in the academic setting (Grassley & Lambe, 2015). In addition, role transition is typically explored within the context of exiting one role and entering into another role

(Schlossberg, 1981). More research is needed to examine the nurse educators' transition from clinical nurse expert to novice nurse educators as nonacademic faculty responsible for the nursing staff professional development in the health care institution setting (Brown & Sorrell, 2017).

Conceptual Framework

Schlossberg's (1981) transitional model categorized the complexities of transition into the following four categories: perception, environmental characteristics, individual characteristics, and adaptation. This model was later revised by Anderson et al. (2012) into the following three categories: approaching transitions, taking stock of coping resources, and taking charge. Specifically, Anderson et al. eliminated Schlossberg's original idea of a chronic transition and integrated a new element focused on the process of transition. Transition is viewed by Anderson et al. (p. 183-192) as a process occurring through predictable and structured stages that build on the previous and relate to the next as a framework to successfully adapt to change and navigate transition. Adult development exists as experiences of critical transitions containing periods of conflict, change, and learning opportunities (Schlossberg, 1984, p. 20). Anderson et al. defined the process of transition as a navigation occurring in the following four stages: moving in, moving through, moving out, and moving back in again. These categories and processes provide focus towards understanding transition, and a tool for the integration and interpretation of information about the experience of navigating transition.

A supportive environment of nurture, advocacy, and justice is needed for adults to successfully cope as they navigate the process of transition (Anderson et al., 2012). The

ability to cope during transition includes both internal decision making and observable actions in balancing assets and liabilities and resources and deficits. Throughout life, people continuously try out new coping mechanisms to successfully balance and navigate the environment (Schlossberg, 1984, p. 73). Anderson et al. (2012, p. 67-87) provided a detailed view of decision making and observable coping actions during a transition through the 4S system. The 4S system depicts the human capacity to cope with change as being influenced by the following four factors: self, support, strategies, and situation. Self is what the individual brings to the transition. Personal factors such as emotional, social, financial, and cultural characteristics influence how effectively an individual manages and adapts to transition. Support is systems that function to help with transition through affirmation, affect, and aid. Strategies refer to coping responses during transition used to modify the situation, control the meaning of the situation, and manage stress during the situation. Situation refers to the context of the transition. Context includes what triggered the transition, the timing of transition in the life cycle, aspects of the transition that are controllable, role change involvement, the duration of the transition, stressors resulting from the transition, and self-assessment of the transition as positive or negative (Anderson et al., 2012, p. 67-90). Examining NEC I's transition from clinical nurse expert to novice nurse educator helped to understand the transition as defined by the participants' experiences of how they perceived self and supports, and how they applied strategies to adapt to the situation. The 4S concepts additionally influenced interview development to provide additional information on trends and differences in the NEC I

transition experience. I framed my data analysis by the 4S concepts to inform on the influential relationship of self, support, strategies, and situation during transition.

Self. Transition is the process of change defined by the person experiencing it. It is any event that results in a role change, development of a new set of assumptions, and an examination of the social nature of relationships (Anderson et al., 2012). Transition demands letting go of expressions and forms of the self, letting go of former roles, and learning new roles. Letting go of the old assumptions and creating new assumptions requires the individual to take stock of what support resources are available and to take charge to negotiate change in terms of what is gained and what is lost during a time of transition (Anderson et al., 2012). Transition of nurse educators from clinical nurse expert to novice nurse educator involves entry into the new role, transference of the previous role, and letting go of the previous role (Amott, 2018; Dunbar et al., 2019; Miller et al., 2017).

Support-orientation training. Transitions have been placed conceptually in developmental frameworks that represent the act of learning as a simultaneous process of acquiring new information, making meaning of the new information to transform knowledge, and evaluating a new way of thinking to assess readiness for change (Knowles et al., 2012). Transitional theorists explain how the drive for success, competency, and human expression can be motivated, hindered, and inspired by new experiences (Schlossberg, 1984, p. 76). Work is a major life role and shapes a person's identity (Shapiro, 2018; Thurgate, 2018). The purpose of work is to provide a person with a sense of control and completeness (Schlossberg, 1984, p. 169). Work role transition is

described by Arrowsmith, Lau-Walker, Norman, and Maben (2016) and Miller et al. (2017) as a dynamic and developmental experience of entering into a new practice that requires training, knowledge, and skills to successfully integrate a new set of values and norms, and to develop a new identity as an educator while ensuring the old values and norms as a clinical expert remain intact. Employers may ensure a successful role transition process by providing an orientation that includes social support, training, and transition strategies to cope with role change (Barnes, 2015; Fritz, 2018; Legare & Armstrong, 2017; Mann & De Gagne, 2017; Miller et al., 2017; Summers, 2017; Thurgate, 2018; Wall, Fetherston, & Browne, 2018).

Support-socialization. Anderson et al. (2012, p. 83-85) and Schlossberg (1984, p. 99-104) defined support as a convoy of socialization of people such as intimate relationships, family, and friends and of nonpeople such as institutions and communities. A convoy of social support, whether people or nonpeople is the key to successfully handling stress, adapting to change, and navigating transition. If new relationships are not developed in the work environment, novice educators do not learn how to navigate stakeholder's different expectations, become individualistic in practice, and operate in isolation resulting in work role overload and a perpetual novice state (Hoffman, 2019; Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016). Research on the topic of role transition has shown that identities are influenced by situational events and individual character, and that reconstruction of identities during a role transition must be facilitated to support psychological and emotional adjustments with coworkers, friends, and family (see Legare & Armstrong, 2017; Owens, 2017). Strategies to cope with

change that focus on socialization and emphasizing the relationships involved in establishing a new identity assist a smooth transition between order and chaos (Jetha et al., 2016; Legare & Armstrong, 2017; Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Owens, 2017; Paul, 2015).

The knowledge and skills required for nurse educators to transition from clinical nurse experts to a nurse educator role cannot be generated within a single environment, rather a community approach of mentorship and institutional training is required to prepare clinical nurse experts for a smooth transition as a novice nurse educator (Bagley et al., 2018; Bath et al., 2017; Cooley & De Gagne, 2016; Jeffers & Mariani, 2017; Jetha et al., 2016; McDermid et al., 2016; Miller et al., 2017; Owens, 2017; Summers, 2017; Wall et al., 2018). Transition is an intersecting and overlapping context of process and coping that includes role identity, orientation training, and support-socialization (Bath et al., 2017; Blake, 2016; Fritz, 2018; Jetha et al., 2016; McDermid et al., 2016; Wilkins, 2017). These are linear categories that provide a greater understanding of needs during the transitional period and the supports and barriers influencing the experiences during transition. The following typologies: Strategies, situation, self, and support were used to provide concepts that emerged from the literature and to frame the project study specific to the experience of NEC Is' transition from clinical nurse experts to novice nurse educators.

Strategies and situation. Although adults in transition are able to identify the issues of transition, they are often confused and need assistance to fully explore the issues to develop a transitional plan. Supporting an individual in transition towards developing

strategies to effectively cope with change and resolve problems is central to successfully navigating transition from one point of existing stability to another point of uncertain stability (Schlossberg, 1984, p. 38-39, 2012.). Reaction to transition over time is influenced by personal meaning of change and dependent on an individual's past experiences, coping resources, and where they are in the process of transitioning (Owens, 2017; Paul, 2015; Shapiro, 2018). Coping strategies influence whether transitional outcomes will be positive towards growth and development or negative towards catastrophizing the situation (Schlossberg, 1981). Taking stock is the process through which people draw on resources to accomplish making sense of change and create meaning. This process shapes how effectively transition is navigated (Anderson et al., 2012).

Review of the Broader Problem

Transitional theorists use the 4S classification to illustrate how adults behave in settings where a change event is occurring. I examined Schlossberg's transitional theory (1981) to explain how clinical nurse experts describe their experience transitioning to a novice nurse educator, and the 4S classification was used to understand supports and barriers experienced during transition.

Self-clinical experts. Nurse educators are often selected for their expertise of the clinical content and many may have little to no training in education (Miller, et al., 2017; Mower, 2017; Shapiro, 2018). Although clinical competence cannot be overstated, competence in teaching may often be overlooked (Nguyen et al., 2018; Turocy, 2015). Clinical nurse experts have credibility in practice but may not know how to teach

(Hoffman, 2019; Summers, 2017). Competent clinical practice does not guarantee ability to develop new skills as an educator (Summers, 2017). However, there may be a lack of support and training for clinical nurse experts transitioning into a novice nurse educator role (see Hoffman, 2019; Miller, et al., 2017; Summers, 2017). In addition, there is no consensus regarding the minimal qualifications or competencies for teaching that a clinical nurse expert must have to become a nurse educator (Phillips, Duke, & Weerasuriya, 2017). Thus, nurse educators may be teaching without support or training on how to effectively teach (see Fritz, 2018; Miller, et al., 2017; Shapiro, 2018; Summers, 2017). Although clinical nurse experts have knowledge to share with the next generation, as novice nurse educators they may lack confidence in teaching (Bagley et al., 2018; Jetha et al., 2016; Nguyen et al., 2018), and a lack of training in learning how to teach may result in a difficult transition experience from clinical nurse expert to novice nurse educator (Fritz, 2018; Hoffman, 2019; Miller, et al., 2017). Clinical nurse experts are often recruited for nurse educator positions without support and training strategies to facilitate the transition and foster development in teaching, which may result in low retention within the nurse educator workforce (see Logan et al., 2016; Summers, 2017).

Self-nurse educators. Clinical nurse experts who transition into the nurse educator role do so by successfully demonstrating competence as practitioners and incorporating their previous experience as a preceptor to their new experience as novice educators (Amott, 2018; Barnes, 2015; Mann & De Gagne, 2017; Owens, 2017; Wilkins, 2017). Clinical nurse experts may be hastily recruited into the role of nurse educator and expected to demonstrate clinical competence as well as learn how to become educators

without support and training (see McDermid et al., 2016; Miller, et al., 2017; Mower, 2017). Although there is a lack of clear standards and boundaries of what defines quality and accountability in practice, nurse educators are expected to apply teaching skills and remain expert practitioners (Arrowsmith et al., 2016). Novice nurse educators express stress in being required to transpose clinical expertise into expertise as educators (Bagley et al., 2018; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Legare & Armstrong, 2017; Mann & De Gagne, 2017; Nguyen et al., 2018; Owens, 2017; Shapiro, 2018) and may feel unprepared when faced with teaching role expectations (Bagley et al., 2018; Hoffman, 2019; Jetha et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Paul, 2015; Shapiro, 2018; Summers, 2017), and may be challenged to remain up to date simultaneously within their clinical practice and their ability to teach (see Bagley et al., 2018; Logan et al., 2016). Transitioning from expert back to novice is a challenging and frightening experience (Bath et al., 2017; Fritz, 2018; Legare & Armstrong, 2017). The dichotomous expectations of clinician and educator may be a barrier to being able to fully actualize an identity as a nurse educator (Bagley et al., 2018; Logan et al., 2016; Miller, et al., 2017). Clinical nurse experts' transition to novice nurse educator may be challenged by unmet needs of support and training (Arrowsmith et al., 2016; Fritz, 2018; Miller, et al., 2017; Summers, 2017). Although clinical competence is essential for evidence- based nursing education, nurse educators must also demonstrate competence as teachers (Nguyen et al., 2018; Summers, 2017). It may be unrealistic to expect a clinical nurse expert with little or no teaching experience to become an expert nurse educator

without support and training during the transition period (see Brown & Sorrell, 2017; Paul, 2015).

Support-training for nurse educators. Clinical competence does not prepare clinicians in how to teach. Knowledge in adult education principles is necessary to inform good teaching practice (Grassley & Lambe, 2015; Hoffman, 2019;). Clinical nurse experts know what to teach but may require training in knowing how to teach (Hoffman, 2019; Paul, 2015). Training programs may be necessary to help clinical nurse experts develop knowledge and skills in learning methodology that could facilitate a successful transition to nursing educator (Bagley et al., 2018; Mann & De Gagne, 2017; Owens, 2017).

Novice nurse educators may find the transition from clinical nurse expert stressful without guidance in knowing how to put teaching methodologies together (Bagley et al., 2018; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Hoffman, 2019; Nguyen et al., 2018; Owens, 2017; Shapiro, 2018). Without formal training in teaching methodology, novice nurse educators may teach as clinicians not as educators (Bagley et al., 2018; Logan et al., 2016; Summers, 2017; Turocy, 2015). Placing emphasis on novice nurse educators' expert clinician skills and competency may be detrimental to their ability and status as nurse educators (Arrowsmith et al., 2016). Nurse educators in the clinical environment must be supported in the transition period to become prepared and trained in knowing how to teach professional development and convey the knowledge and skills of nursing practice that is essential to quality patient care (Cooley & De Gagne, 2016; Owens, 2017).

Insufficient training in adult teaching methodologies is one aspect that may challenge the transition from clinical nurse expert to novice nurse educator (Hoffman, 2019; Jetha et al., 2016). Support and training are the process by which those experiencing a transition become aware of the new changes they are experiencing, and it is the process by which they evaluate the transitional experience (Knowles et al., 2012; Miller, et al., 2017). A process emphasizing the following 3 elements: ensuring a clear domain of old knowledge to transform new knowledge, valuing community that builds relationships, and transforming practice may be what is needed to support the transition from clinical nurse expert to novice nurse educator (Legare & Armstrong, 2017; Mann & De Gagne, 2017; Miller, et al., 2017). Clinical nurse experts have knowledge and skills in nursing practice to be shared, however, may need training in how to teach what they know (Fritz, 2018; Glynn et al., 2017; Hoffman, 2019; Mann & De Gagne, 2017; Miller, et al., 2017; Mower, 2017; Paul, 2015; Summers, 2017).

Support and training during transition to the role of novice nurse educator may additionally promote job satisfaction and retention (Barnes, 2015; Logan et al., 2016; McDermid et al., 2016; Paul, 2015; Wilkins, 2017). Stress during transition from clinical nurse expert to novice nurse educator may be elicited by not having experience and knowledge of educational theory or skills in teaching (Bagley et al., 2018; Hoffman, 2019). Transitioning to a nurse educator role without knowing basic adult learner teaching methodologies or how to plan and prepare education programs may create an inability to adapt from clinical nurse expert to novice nurse educator (Bagley et al., 2018; Cooley & De Gagne, 2016; Jetha et al., 2016; Summers, 2017).

Effective clinical teaching is considered critical for quality outcomes (Cooley & De Gagne, 2016; Mower, 2017; Nguyen et al., 2018; Owens, 2017; Turocy, 2015). However, despite the importance, the potential challenges novice nurse educators experience during transition may be attributed to lack of support, training, financial incentives, and policies (Barnes, 2015; Miller, et al., 2017). Institutional investment in the transition process may be vital to retention of nurse educators (Barnes, 2015; Grassley & Lambe, 2015; Logan et al., 2016; Paul, 2015; Wilkins, 2017). Support programs and training must be provided to create a learning environment (Thurgate, 2018) that prepares clinical nurse experts for the transition to novice nurse educator (Barnes, 2015; Fritz, 2018; Jetha et al., 2016; Miller, et al., 2017; Owens, 2017; Paul, 2015). Training in adult learner teaching methodologies is a responsibility of both the institution and the novice nurse educator (Hoffman, 2019; Jetha et al., 2016). Supporting the development and retention of the nurse educator workforce is considered essential to foster the high quality of nurse education and health reform (Cooley & De Gagne, 2016; Summers, 2017). Therefore, institutions are responsible for providing support and training to clinical nurse experts as they move into a novice nurse educator role (Turocy, 2015). Availability of supportive resources may be essential for those experiencing transition to make sense of change and create meaning of the unfamiliar (Miller, et al., 2017; Mower, 2017; Paul, 2015; Thurgate, 2018). Stakeholders must be committed to providing supportive and training resources such as mentorship and orientation, to facilitate clinical nurse experts' transition into becoming expert nurse educators (Bagley et al., 2018; Barnes, 2015; Bath et al., 2017; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Fritz, 2018; Hinderer,

Jarosinski, Seldomridge, & Reid, 2016; Jetha et al., 2016; Logan et al., 2016; Mower, 2017; Owens, 2017; Summers, 2017).

Strategies-transitioning from clinical nurse expert to novice nurse educator. Transition from expert to novice involves the following stages: pre-entry, entry, stabilization, and actualization. These stages require support to assist the transition, take time to adapt to change, and are a necessary process to let go of the previous expert role and embrace the novice role (Dunbar et al., 2019; Logan et al., 2016; Miller, et al., 2017; Nguyen et al., 2018; Wilkins, 2017). The developmental stage, past experiences, emotional and physical well-being, and the timing in which the person is experiencing change provides an explanation into how the individual adapts and transitions (McDermid et al., 2016; Owens, 2017; Paul, 2015; Wall et al., 2018). Adapting to the role of novice nurse educator from clinical nurse expert may be a period of uncertainty, isolation, and anxiety (Bath et al., 2017; Legare & Armstrong, 2017; Logan et al., 2016; McDermid et al., 2016; Nguyen et al., 2018; Paul, 2015; Shapiro, 2018; Summers, 2017). It is common for clinical nurse experts to go through an adaptation period of ambivalence and uncertainty in their new role of nurse educator (McDermid et al., 2016; Owens, 2017; Shapiro, 2018). Adults in transition must let go of former roles, experience a loss of what is familiar, gain new unfamiliar behavior, and make adjustments to the expectations of the new situation (Amott, 2018; Dunbar et al., Jetha et al., 2016; Miller, et al., 2017; Mower, 2017; Paul, 2015). This transition period of adaptation may require support such as mentorship and training such as orientation to make a cultural connection (Bagley et al., 2018; Barnes, 2015; Bath et al., 2017; Brown & Sorrell, 2017; Cooley & De Gagne,

2016; Fritz, 2018; Hinderer et al., 2016; Jeffers & Mariani, 2017; Jetha et al., 2016; Legare & Armstrong, 2017; Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Mower, 2017; Owens, 2017; Paul, 2015; Shapiro, 2018; Summers, 2017; Thurgate, 2018; Wall et al., 2018). Although experienced nurse educators report becoming aware of and knowing adult learner teaching methodologies from collegial expert educators, mentorship may be forgotten as an integral part of a successful transition of the next clinical nurse expert into the role of novice nurse educator (Blake, 2016; Jetha et al., 2016; McDermid et al., 2016). Adaptation to a new role requires time, self- reflection, purposeful actions, and a new mind set (Fritz, 2018; Jetha et al., 2016; Legare & Armstrong, 2017; Logan et al., 2016; McDermid et al., 2016; Nguyen et al., 2018; Thurgate, 2018; Wall et al., 2018; Wilkins, 2017) and mentorship may be a vital factor to facilitating the clinical nurse experts' adaptation and transition to a novice nurse educator role (Bagley et al., 2018; Bath et al., 2017; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Fritz, 2018; Hinderer et al., 2016; Jeffers & Mariani, 2017; Jetha et al., 2016; Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Mower, 2017; Owens, 2017; Summers, 2017; Wall et al., 2018).

Becoming an educator involves a socialization process that spans clinical and educational cultures (Jetha et al., 2016; Kalensky & Hande, 2017; Legare & Armstrong, 2017; Mann & De Gagne, 2017; Paul, 2015). Therefore, fostering socialization may be an important aspect of support and training during transition to the novice nurse educator role (Jetha et al., 2016; Kalensky & Hande, 2017; Legare & Armstrong, 2017; Mann & De Gagne, 2017; Paul, 2015). The person in transition does not experience the process

alone. The person is the repertoire of the self, relationships, and work environment (Mann & De Gagne, 2017; Wall et al., 2018). According to Logan et al. (2016), the average time required to transition is three years, while Turocy (2015) stated it takes approximately two to five years. Feelings of uncertainty and inadequacy may have an impact on clinical nurse experts' transition to novice nurse educators that results in potentially prolonging socialization and connection to the role (Brown & Sorrell, 2017). However, mentorship to support the transition of clinical nurse experts to novice nurse educators could result in a positive attitude towards teaching and feelings of success in the new role (Barnes, 2015; Blake, 2016; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Hoffman, 2019; Jeffers & Mariani, 2017; Logan et al., 2016; McDermid et al., 2016; Mower, 2017; Owens, 2017; Summers, 2017; Wall et al., 2018). Novice nurse educators may find themselves unprepared for the cultural differences between nursing practice and nursing education (Jetha et al., 2016; Legare & Armstrong, 2017), and shadowing an expert nurse educator is a potential strategy to facilitate the transition from clinical nurse expert to novice nurse educator (Thurgate, 2018). Perceived needs of the nurse educators during transition from clinical expert to nurse educator may include making a cultural connection for a successful transition (Jetha et al., 2016; Legare & Armstrong, 2017). Creating a community and building trusting relationships may have the potential to build confidence and develop the clinical nurse expert's knowledge and practice as a novice nurse educator (Amott, 2018; Bath et al., 2017; Jetha et al., 2016; Miller, et al., 2017;). Mentors may be an important support strategy for novice nurse educators in becoming capable of providing quality education (Bath et al., 2017; Brown

& Sorrell, 2017; Cooley & De Gagne, 2016; Fritz, 2018; Hinderer et al., 2016; Jetha et al., 2016; Mann & De Gagne, 2017; Mower, 2017; Owens, 2017; Summers, 2017). Therefore, supporting the nurse educator's transition period from clinical nurse expert to novice nurse educator with mentorship could be a potential consideration (Bath et al., 2017; Blake, 2016; Brown & Sorrell, 2017; Fritz, 2018; Hinderer et al., 2016; Jeffers & Mariani, 2017; Jetha et al., 2016; Logan et al., 2016; McDermid et al., 2016; Mower, 2017; Owens, 2017; Summers, 2017; Wall et al., 2018). Support strategies that emphasize the social relationships involved in establishing a new identity may facilitate a smooth transition (Jetha et al., 2016; Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Owens, 2017; Paul, 2015; Summers, 2017; Thurgate, 2018). Creating a connection may facilitate the ability to gain new perspectives, reconcile competing demands, and fully realize a new professional identity (Amott, 2018; Jetha et al., 2016; Legare & Armstrong, 2017; Logan et al., 2016; McDermid et al., 2016).

Situation-transitioning from clinical nurse expert to novice nurse educator. The context of transition is a dynamic and developmental experience of entering into a new identity that could require diffusion through role boundaries (Amott, 2018; Barnes, 2015; Blake, 2016; Jetha et al., 2016; Logan et al., 2016; McDermid et al., 2016; Miller, et al., 2017; Shapiro, 2018; Summers, 2017; Thurgate, 2018; Wilkins, 2017). Novice nurse educators may struggle in their new identity when they transition between clinician and educator (Barnes, 2015; Jetha et al., 2016; Logan et al., 2016; McDermid et al., 2016; Miller, et al., 2017; Owens, 2017; Shapiro, 2018; Summers, 2017; Wilkins, 2017). Clinical nurse experts may face many challenges in adopting and adapting a new identity

and balancing multiple roles (Barnes, 2015; Logan et al., 2016; Miller, et al., 2017; Owens, 2017; Schaar et al., 2015; Summers, 2017). Having passion in two areas of nursing such as clinical practice and staff development with overarching goals may not necessarily match each discipline's perspective. However, reconciling and integrating previous, past, and future demands could be used as a means to empower and fully realize a new identity (Amott, 2018; Blake, 2016; Jetha et al., 2016; Logan et al., 2016; McDermid et al., 2016; Shapiro, 2018; Wilkins, 2017). Novice nurse educators could use their clinical expertise and experiences as leaders in nursing practice to transition into the nursing education setting (Amott, 2018; Owens, 2017). However, clinical nurse experts who are in the novice nurse educator role may lack clarity within the educator's role description and experience in how to enact dual identity responsibilities (Fritz, 2018; Jetha et al., 2016; Logan et al., 2016; Mower, 2017). A clearly defined role may be a component of the novice nurse educator's successful transition from clinical expert to novice nurse educator (Fritz, 2018; Shapiro, 2018; Summers, 2017). Nurse educators are responsible for clinical expertise, leading teams, problem solving, resolving health inequities, and teaching diverse learner populations (Glynn et al., 2017; Owens, 2017). Therefore, qualified nurse educators are considered essential to ensuring quality nursing education and institutional investment in support and training may be vital for maintaining and sustaining the nursing education and the nursing practice work force (see Cooley & De Gagne, 2016).

Critical analysis. There is a general agreement that novice nurse educators may positively respond to a change in role identity and experience a successful transition from

clinical nurse expert to educator when support and training are provided. This agreement may in part be the result of studies that purposely introduce supportive interventions to be examined and studies that explore transition when supportive interventions were not provided. For example, a limitation of Mower's (2017) work was the premise that training clinical nurse experts as nurse educators would improve their teaching abilities. It is also possible that participants taking part in the studies had an existing positive or negative perspective.

Although findings generally suggest the process of transitioning from clinical nurse expert to novice nurse educator is complex and multi-layered, narrowing the focus to examine the implementation of one intervention and how it affects transition may provide alternative insight. While many studies claim multiple interventions such as social support and mentorship and training in the knowledge and skills of teaching methodologies are needed to navigate the transition, the results do not examine the effect of each intervention individually. General limitations throughout the literature include small sample size and single location sites reducing the generalizability. Although typical for qualitative studies, subgroups of participants may have different transition related needs. In addition, while many current studies provided useful insight into the transition from clinical nurse expert to novice nurse educator in the academic environment, examining the experience specific to clinical nurse experts who transition to novice nurse educators in the clinical environment is limited (Grassley & Lambe, 2015).

Implications

The purpose of this study was to discover the experience of the NEC Is' transition and examine the perceptions of supports and barriers in transitioning from a clinical nurse expert to novice nurse educator. Interview questions focused on discovering the experience of the NEC I's transition from a clinical expert to novice nurse educator and on identifying supports and barriers that influenced the process of transition. The participants' description of their experience informed on what it was like to move from expert to novice and nurse clinician to nurse educator within the health care institution setting. Recounting in depth stories of the novice nurse educators allows institutional stakeholders to consider developing support strategies, training initiatives, and policy initiatives in response to what the transition is actually like rather than what may be assumed. An additional implication based on review of the literature and findings within the data analysis include insight into the NEC Is' role clarity, time management and abilities to navigate the duality of clinician and educator, adaptive attributes. A third implication highlighted supports and barriers of mentorship and feeling valued during the transition process. Finally, this study provided opportunities for future research in terms of concept validation in larger populations. The nurse educator in the health care institution environment plays a vital role in the professional development of the nurse and in maintaining standards of nursing practice (ANCC, 2019). Thus, directions for the project deliverables include this local study site and other institutions incorporating mentorship and the existing regulatory and accrediting agency's predefined nurse educator professional development outcomes into institutional policy and practices.

These directions for the project were informed by the participants' responses to the interview questions.

Summary

In this section of the project study proposal I described the local problem including rationale and significance, a definition of terms, literature review, and implications for potential project deliverables. Health care organizations are rapidly changing to meet the dynamic staff development education needs of nurses and nurse assistants who provide patient care. Many organizations have responded to the demand of staff development and regulatory competency requirements by establishing clinical nurse experts as nurse educators. The literature review indicates that clinical expertise does not necessarily translate into teaching competence and the transition process of clinical nurse expert to novice educator may be stressful. The process of adapting and transposing clinical expertise to teaching expertise may require time to transition, social support, and training. Strategies such as orientation, training, social support and mentorship are cited as ways that may facilitate a successful transition. Understanding the factors that influence the ability to adapt during a transition, and the experience of clinical nurse experts who transition into novice nurse educators, was essential to creating a supportive environment responsive to guiding the next generations of nurses in responding to the challenges of patient care. In this study, I will explore the experience of NEC Is' transition from clinical expert to novice nurse educator. Transition is not solely a matter of change; rather it is the individual's experience and perception of the change (Anderson et al., 2012; Arrowsmith et al., 2016; Paul, 2015; Thurgate, 2018). Whether viewed as a

period of crisis or adjustment, transition is a change in person and process that presents a unique opportunity for growth and transformation of all stakeholders involved in the transition (Barnes, 2015; Legare & Armstrong, 2017; Miller, et al., 2017; Owens, 2017). The potential supports and barriers that may influence the NEC Is transition experience as clinical experts to novice nurse educators is an important experience to explore.

In section 2 I describe the methodology of the study. The section includes an introduction including how the methodology is derived from the research question, rationale for study design and approach, and a plan for ethical treatment of participants. In section 3 I describe the proposed project study, a professional development mentorship program. The proposed project description will include the purpose, goals, and outcomes based on the identified needs of the NEC Is during transition. A rationale for the project study, literature review, detailed description of the hour by hour agenda, learning materials, a plan for implementation and evaluation, and implications for social change will be included. In section 4 I focus on the professional development program project's strengths and limitations and suggest recommendations for future potential projects. This section will also include a self-reflection of my growth as a scholar, practitioner, and project developer. I will address the importance of this study and discuss the potential for positive social change and recommendations for future research. Finally, I will conclude with a message that captures the essence of the study.

Section 2: The Methodology

Research Design and Approach

A qualitative case study design was used to understand the experience of NEC Is' transition from clinical nurse expert to novice nurse educator and to identify supports and barriers during transition to the new role. Transition is a complex social process involving the self, supportive resources, and adaptation strategies (Anderson et al., 2012; Schlossberg, 1984). Qualitative research is well suited to uncover an in-depth understanding of an event, such as transition, through the participants' experiences and the meaning they ascribe to the experience (Merriam, 2009). A case study is considered a robust method to provide holistic, in depth explanations of complex social processes and experiences (Zainal, 2007).

An understanding of what transition means for clinical nurse experts moving into a new nurse educator role may be lacking within health care institutions. Because qualitative research is designed to understand the participants' experiences (Merriam, 2009), it was appropriate for this study, which focused on the experience of transitioning from expert to novice. Additionally, I examined the supports and barriers influencing transition as perceived by the NEC Is. The intent of the qualitative researcher is to understand the phenomenon and the meaning from the participants' perspectives (Merriam, 2009). This case study was based on the NEC I's experience of transition as described in an interview. The experience for adults in transition involves a complex process of change and variability influenced by an uncertain situation, personal and professional relationships, and adaptation strategies, (Anderson et al., 2012. p. 37). A

case study design provided a method to study the complex context of the participant's experience, including supports and barriers, during transition from clinical nurse expert to novice nurse educator.

Case study is a method used to examine an individual, a group of people, an activity, a process, or an event bounded by time (Creswell, 2009). Case study allows for one or several techniques such as observation, survey, and interview to be used to collect data that will broaden an understanding of the research topic and deepen comprehension of the problem by knowing what occurred and what is experienced (Merriam, 2009). Although a phenomenological design also seeks to understand the experience of the participants, phenomenological research is a philosophical approach that identifies the essence of the experience and is not well suited to examine processes, rather it is better suited to understand subjective meaning participants have applied to a shared quality or phenomenon (Creswell, 2009). The focus of this case study was to attend to the individual and event to produce rich data describing the experience, while phenomenology is focused on the lived experience to explore subjective meanings. Phenomenology would answer what the meaning and essence of transition is while this case study provided a holistic and vivid detail of what experiencing transition was like and the supports and barriers perceived during transition to the new role. This study aligned with a case study because I chose one group of novice nurse educators as the unit of analysis and there was a limit to the number of people who were interviewed due to inclusion criteria.

Participants

According to Creswell (2012), purposeful sampling is used to understand a central phenomenon. The study participants were a purposely selected sample of the study site's novice NEC Is who were selected to describe their personal experience transitioning from clinical nurse expert to novice nurse educator. Purposeful sampling is used in qualitative research to identify and select participants with information-rich cases (Patton, 2015). Participants were identified through a survey and selected for their time as a clinical nurse expert and novice nurse educator. According to Englander (2012), participant selection should be systematic, methodical, general, and most critical is ensuring the sample has the experience needed to demonstrate what the phenomenon is like. Inclusion criteria for the selection of the participants included the following:

- Clinical expert: Nurse clinician with 3 years or greater of clinical practice experience.
- Novice nurse educator: NEC I with 3 years or fewer of teaching experience, including time in the NEC I role and excluding time as a preceptor.

A sample size of six NEC I participants was used in my study. Bogdan and Biklen (2007) stated a small sample size in a qualitative study allows the researcher opportunity to conduct in depth inquiry into the phenomenon generating rich data. Creswell (2012) emphasized minimizing the number of participants in qualitative studies to allow for a more in-depth picture of the phenomenon being studied while averting one-dimensional perspectives. Miller et al., (2017) used a sample size of 20 that allowed for in-depth

interviews of expert nurses transitioning to novice educators. Shapiro (2018) interviewed 14 participants to explore transition. Mann and De Gagne's (2017) sample consisted of nine novice educators. Logan et al. (2016) determined a sample size of 14 by applying the data saturation principle. Cooley and De Gagne (2016) used a purposive sample of seven to examine confidence in novice educators. According to Merriam (2009), sample size should be determined by what is relevant to the study's purpose. Interviewing six participants allowed me to have an in-depth inquiry with each participant while understanding a comprehensive perspective on their experience.

Procedures for gaining access. Once institutional review board (IRB) approvals were received from Walden University (IRB approval number 01-12-18-0135453), and the local study site (IRB approval number 201633300), and permission to access the participants from the chief nursing officer, director of the staff professional development specialist, and the Shared Governance cabinet, I sent a confidential email to the chair of the NEC I committee. The email was an introductory letter summarizing the purpose of the study and requesting an opportunity to present this project to the NEC I group and to solicit study participants (See Appendix G). I presented a 5-minute summary of the project and answered questions for an additional 5 minutes (See Appendix I). During the presentation, the NEC Is present completed the inclusion criteria survey. I collected and placed the surveys in a sealed envelope. To ensure all 60 NEC Is were solicited to participate in the survey, I emailed the Survey Monkey link of the inclusion criteria to the NEC I chair (See Appendix H), who forwarded it to those who were not in attendance. A response deadline of 7 days was requested. Survey Monkey responses were downloaded

into an Excel spreadsheet on my personal computer and saved in the Survey Monkey server. Hand collected responses were manually added to the spreadsheet. Thirty-five demographic surveys (See Appendix B) were received for a 58% response rate. Thirteen of the 35 respondents fit inclusion criteria.

In addition to experience, the availability and willingness to participate is important in participant recruitment (Palinkas et al., 2015). After eligibility was determined, I sent a confidential email to each potential participant requesting consent to participate in the study and to schedule an interview (See Appendix J). The email included a copy of the consent. One participant responded to the first emailed request, eight participants responded to a second emailed request, and four participants responded to the third emailed request. Each follow up emailed request occurred 7 days after the previous request. Six participants consented for a consent rate of 46%. A participant size of six allowed an opportunity to conduct an in-depth inquiry to capture diverse experiences, perceptions, and beliefs with each participant. Merriam (2009) stated generalization is not the focus of qualitative research. Using inclusion criteria identified a small sample of participants rich with information to illustrate the phenomenon and create a picture of the experience. The saturation principle was used with the six participants to generate data. The information presented below are the data from the inclusion criteria survey.

Table 1

Study Participation

	#Target population	% of participation
Total NEC I	60	
Survey Respondents	35	58%
Eligible respondents	13	37%
Consenting participants	6	46%

Establishing a Working Relationship

I sent an email to the Nursing Education Coordinators I who met inclusion criteria. The email stated the purpose of the study, included a copy of the consent form, and requested a response receipt to agree to participate in the study. Establishing a researcher-participant relationship is inclusive of respect, trust, and equality (Hanson, Balmer, & Giardino, 2011). I demonstrated respect for participant autonomy. I gained trust through honest disclosure of the purpose of the research, ensured social equality by clarifying that my role as a researcher is separate from my professional disposition in the study site organization, and affirmed confidentiality. I described the qualitative research process and the phenomenon being explored, made myself available to discuss any concerns that may surface, and ensured the participants understood participation was voluntary and they could withdraw from the study at any time.

Protection of Participants

IRB approvals were received from Walden University and the local study site. Permission to access the participants was received from the local study site chief nursing officer, director of the staff professional development services, and the Shared Governance cabinet. Before the informed consent form was signed, it was reviewed in person with each participant. The consent form provided details about the study procedures, protection from harm and potential risks, the right to withdraw from the study without consequence, and assurance of confidentiality. Confidentiality included placing the signed consent in a sealed and marked confidential envelope in transit to my home office, maintaining all hard copy information and raw study data stored in a locked file cabinet in my home office, and conducting all correspondence in secured email or in person. Electronic information was stored in a password protected file. At the conclusion of the study, the file will be transferred to an encrypted drive. All hard copy and electronic information will remain in my home office locked cabinet for 5 years after the study's conclusion and then disposed of in a secured confidential container. In addition, data are reported without compromising the identities of the participants.

Interview questions have the potential to induce thoughts that may cause unexpected feelings such as anxiety, frustration, stress, sadness, or anger (Hanson et al., 2011). Interview briefing and debriefing was used to support and add closure for the participant (see Kvale, 2012). I introduced the interview by a briefing to define the situation, review the purpose and context of the interview, and explain the use of the audio recorder to support the accuracy of the interview transcription. The interview

concluded with a debriefing to summarize the interview process and main points and an opportunity for participant feedback to express additional thoughts not elicited and express concerns.

Data Collection

Qualitative data collection instruments included a demographic survey (See Appendix B) and participant interviews. The demographic survey was used to determine potential study participants through ensuring the potential participant had the experience needed to demonstrate what transition from clinical nurse expert to novice nurse educator is like. Each participant was selected based on willingness to participate and the inclusion criteria. The interview was used to gain an understanding of what the participants were thinking and feeling about their experience and what their perceptions were about supports and barriers during their transition to the new role. The interview provides meaning to what is being studied through personal narratives of the experience (Baxter & Jack, 2008; Englander, 2012; Hanson et al., 2011). I interviewed six participants. I used a semistructured interview protocol (See Appendix E) with open-ended questions to collect granular information about the NEC Is' experience transitioning to novice nurse educators. Semistructured interviews use generated questions for consistency and probes for greater detail (Bogdan & Biklen, 2007), and provide a flexible means of communication between the participant and researcher (Anyan, 2013). The study data include direct quotes from the NEC Is representing their experiences during their transition to the new role.

Sufficiency of Data

Although several issues can affect sample size in a qualitative study, the grounding principle is the concept of saturation (Mason, 2010). Data saturation is reached when there is enough data for another researcher to replicate the study, or when there is no longer an ability to obtain new data (Fusch & Ness, 2015). I structured the interview protocol, ensured all participants were asked the same questions, and used probes to delve more deeply into the participants' experience. An interview protocol ensures consistency of information across study participants (Creswell, 2009) and achieves data saturation for a greater understanding of how participants perceived the experience (Baker & Edwards, 2012). A small sample size of six participants allowed for the opportunity to develop a close relationship with the details provided by each individual participant.

The Interview

The interviews were scheduled via email (See Appendix J) on a date and time selected by the participant. A confirmation email was sent the day before the scheduled interview. I began each interview with a review of the consent, and provided an opportunity for the participant to ask questions before signing the consent. The interviews were recorded, and I used a journal to capture my interviewer thoughts (See Appendix K). Each recording was listened to three times as follows: first without transcription, second for an initial transcription, and third to correct any transcription errors. Transcripts of the interviews captured word for word details in the audio recording. Listening to the recordings and transcribing the data served as a preliminary exploration and allowed a

broad sense of the datum's representation of the research question. A holistic exploratory method is an emerging process of investigation by absorbing themes before more specific coding (Saldana, 2016).

I used a research log to keep track of the data. Bell (2010) described a research log as a document created by an individual to keep track of activities or event entries over a period. Research logs sort and organize topics discussed in the interviews and the approximate time in the audio recording they occurred (The Library of Congress, 2009). Sorting and organizing the data were ongoing. I used a spreadsheet system for keeping track of the data and analysis of the data including the decision process to code and theme the data. According to Merriam (2009), researchers should log their reflections of the interview. A reflective journal (See Appendix K) was used to capture my thoughts about the participant interviews. Reflective notes increase the researcher's awareness of how thoughts and feelings may influence interpretation of the interview (Lodico, Spaulding, & Voegtle, 2010). The reflective journal allowed me to have an interactive role in understanding themes that developed through the interview process.

Role of the Researcher

As the researcher, I developed a working relationship with the participants through the inductive process of qualitative research. To protect the privacy and confidentiality of the participants, I interviewed them in an agreed upon, neutral setting away from their workplace. Before the interview began, I queried the participants sense of feeling safe and comfortable in the interview environment. I had experience as an educator within the Staff Professional Development Services, and I am a clinical nurse

expert within the study site organization. Familiarity with the NEC Is could have been a benefit but also a potential source of bias in my discovery of their transition experience. However, I did not personally or professionally know any of the study participants and I used member checks to provide credibility in accuracy of the data.

Data Analysis Results

Once IRB approvals were received from Walden University and the local study site, and study site permission was received to access the participants, I presented this project study to the NEC I committee and collected demographic inclusion criteria surveys from those present. The surveys were placed in a sealed envelope in transit to my personal home office. I emailed a Survey Monkey link of the inclusion criteria to the NEC I chair, who then forwarded it to those who were not in attendance. Survey Monkey responses and hand collected responses were downloaded into an excel spreadsheet on my personal computer and saved in Survey Monkey server. Thirty-five demographic surveys were received and 13 respondents fit inclusion criteria. Criteria to participate in the study included NEC Is who have 3 years or greater of clinical practice experience and 3 years or fewer of teaching experience. I emailed a consent to participate request to each of the 13 potential participants. This email included a copy of the consent for review. Six participants replied with consent to participate and interviews were scheduled. I reviewed the consent in person with each participant prior to beginning the interview. I used the interview protocol to guide the process, audio recording to capture the discussion, and a reflective journal to record field notes, thoughts, and possible interpretations. Each interview was conducted for approximately one hour. All audio recordings, field notes,

and electronic data relevant to the study were stored in a locked file cabinet in my personal home office.

Data analysis is the process of working with the data to organize it into manageable units that can be searched for patterns (Bogdan & Biklen, 2007). Creswell (2012) breaks down data analysis into the following six steps: initial exploration of the data, developing codes and themes, making visual representations of the findings, interpreting the data, and validating data accuracy. I followed these six steps and applied inductive reasoning to understand the experience of NEC Is transition to the new role and identify perceived supports and barriers during their transition. Interview data was summarized and categorized until major concepts and themes were constructed. This study sought to understand the transition experience of the NEC Is and their perceived supports and barriers; therefore, data analysis was framed by Anderson et al.'s (2012) 4S classification to conceptualize the relationship of self, support, strategies, and situation during transition.

According to Bogdan and Biklen (2007), the mechanics of working with the data includes manual coding even if a software program is used to facilitate the busy work of data analysis. Saldana (2016) described coding data as the link between data and meaning. Although using a computer program offers a faster more efficient process, the programs take time and skill to use effectively (Creswell, 2012). I manually coded and themed the data to employ my time as a novice researcher effectively and allow me to think deeply about the data (Bogdan & Biklen, 2007). My goal from manual coding was to capture the primary essence of the participant's experience by translating meaning

through identification of patterns and themes. I read each transcript three times, reducing the codes with each read (See Table 2). The data should be reviewed repeatedly and continuously coded to identify patterns and themes from the participant's perspective (Creswell, 2009). I conducted the initial exploration by reading each transcript carefully and began to map out a visual representation of the data by designating units of data and assigning a number to each unit. I then re-read the transcripts to write down a preliminary list of possible codes. The first code cycle elicited my first impression phrases, resulting in 39 codes. This preliminary exploration serves to get a broad sense of the data and to consider if additional data is needed to answer the research question (Creswell, 2012). I read the interview transcripts a third time to systematically organize the data into themes for coding. The second code cycle resulted in 15 codes. I reduced the codes, developed sub codes, and recognized patterns of synchrony and idiosyncrasy. Patterns can be characterized by similarity and predictable differences (Saldana, 2016). According to Creswell (2012), it is essential not to over code the data to allow a manageable process in developing themes. The third code cycle recognized the following eight themes: workload and expectations, role identity, leadership, socialization, character and motivation, and adaptability. In the final cycle, I reflected on the emerging themes and the relationship to the transition model (Anderson et al., 2012). Interpreting the data was actualized by using the themes to describe the data. Data description can help the reader visualize the participants, visualize the context, and give a credible picture of the phenomenon being uncovered to answer the research question (Creswell, 2012). Following a period of reflection, I codified and linked the themes that emerged from the

data into Anderson et al.'s (2012) 4S concepts of self, support, strategies, and situation. The concepts, themes, and codes presented below are from the study participant's interviews.

Table 2

Codes Themes Concepts

Concepts	Themes	Codes
Situation	Workload expectations Work role identity	Time Expert Novice Fear of unknown
Strategies	Leadership Character	Communication Problem solver Passion Meaning making
Support	Social System	Mentorship Unimportant Inconsistency Orientation
Self	Motivation Adaptability	Confidence Nurturer Resilience

Procedure for Discrepant Cases

Another method to establish credibility is through negative case analysis to identify unexpected findings (Lodico et al., 2010). The data was examined for participant responses that differ from the main themes of evidence. One participant's experience differed in terms of being the only participant who was formally hired into a full time

NEC I role. The participant's responses in terms of having full time to engage in the role differed, however the essence of the transition experience was similar to the themes of evidence. Additional discrepant cases were identified in terms of perceived support received from the Shared Governance and the Nursing Professional Development Specialists. One participant described the Shared Governance hierarchy as a barrier to navigating the role, while all other participant's shared experiences of the group as a valuable resource. Additionally, participants perception of the Nursing Professional Development Specialists' support during transition to the role was mixed. These discrepancies are managed by clearly informing the reader of each participant's hiring experience, time to engage in the role, and perceived supports and barriers described by the participant with quoted thoughts.

Transferability in qualitative studies does not indicate generalizability. Rather, it refers to how well the study provides readers the ability to decide if similar experiences or processes occur in their environment (Lodico et al., 2010). Transferability was established by including granular details of the study site environment and participants, and by including narratives of participant data to enhance the richness of the study findings. Narratives from the six participants are presented as NEC-A, NEC-B, NEC-C, NEC-D, NEC-E, and NEC-F. Interpretation of the participant's dialogue was verified for accuracy during the interview. Formative strategies included asking for clarification, repeating back for verification of understanding, probing to further explore a thought or feeling. A summative strategy included a brief summary of my overall sense of the data and an opportunity to correct or clarify gaps. Presenting an accurate picture of the data

included giving attention to voice. Participant voice is given prominence in the analysis by including samples from the transcript.

Evidence of Quality

Reliability and validity are two criteria used to judge the quality of quantitative research while the quality of qualitative studies is evaluated in terms of dependability, credibility, and transferability (Lodico et al., 2010). Dependability is similar to reliability. Establishing dependability is ensuring the data collection processes are detailed so that other researchers can repeat the study (Lodico et al., 2010). Dependability was established by providing a detailed explanation of the methods used to collect and analyze the data. Establishing credibility in qualitative research is ensuring the researcher used methods to accurately represent the participants' perception and the picture of the setting (Lodico, et al., 2010). Credibility was established by informing on how much time was spent in the field, how relationships with participants were established, applying a negative case analysis to identify discrepant cases, and through member checking. Member checking is using one or more participants in the study to check the accuracy of the data (Creswell, 2012). Within ten days after the interview session, I sent each participant an email marked confidential with the transcription to review and confirm accuracy (See Appendix L). Member checking through transcript review by the participant provides reliability and validity to qualitative research by infusing credibility in accuracy of the data (Hanson et al., 2011). One follow-up email was sent on day five to remind the participants who had not responded. Once the participant confirmed accuracy, the transcript was marked ready for coding. Coding is the process of organizing the data

into categories with a term to bring meaning to the data (Creswell, 2009). Data collected from the interviews were sorted under the following categories: self, support, strategies, and situation. In addition to these categories, the findings revealed the following six areas of supports and barriers: role clarity, time management, adaptation, leadership, mentorship, and feeling valued.

Data Analysis Results Research Question 1

The first research question focused on understanding the personal experience of the NEC I's transition from clinical expert to novice nurse educator. The interview began by asking the participants to tell their personal story of moving from clinical expert to NEC I. Overall, the participants felt confused about what their role as NEC I meant, struggled with time management in balancing the duality of clinical expert and nurse educator expectations, used their attributes as expert clinicians and leaders to adapt to the new role, felt positively about mentorship opportunities and negatively about feeling valued by the study site stakeholders. Several of the novice nurse educators described their recruitment into the role as informal, credited themselves for having strategies to adapt to the new role, and related appreciation for any mentorship support received. Most of the NEC Is described a lack of mentorship and support in transitioning to the new role. Transitional theorist (Anderson et al., 2012) summarize the following four concepts of transition: support, situation, strategies and self as depicting the human capacity to cope with change. Findings of this project study are presented from the research questions and the four concepts of transition.

Situation

A transition is a change in identity and status influenced by personal meaning of the change (Paul, 2015; Thurgate, 2018). Discovering the process of the participants' transition from recruitment to role entry contextualized the situation and revealed an understanding of their experience in terms of role identity, clarity, and workload expectations. The context of a situation includes what triggered the transition, the timing of transition, controllable and uncontrollable aspects of the transition, change in identity, the duration of transition, stressors, and appraisal of the transition as positive or negative (Anderson et al., 2012, p. 67-90).

Role identity. According to Amott (2018), Blake (2016), and Wilkins (2017), identity is constructed and shaped within a social context and multiple identities are created to adapt to different situations. Although Wall et al. (2018) describes the complexities of transition occurring within the development of a new identity while discarding the old identity, the study participants described the complexities of transition occurring within a duality of identities. The transition of the participants from clinical expert to novice educator was not clearly demarcated by an end of the clinical expert role and the beginning of the novice nurse educator role, rather the two roles were a diffusion. The NEC I role is not a job title formally interviewed and hired into through Human Resources, rather it is a managerial appointed role as an addition to the clinical nurse expert. NEC-A shared "It is not a formal teaching role even though it is," and NEC-C stated "it's not a job description so there was not an application process, it was more of

just a call of who is interested in this." NEC-E recounted her story of becoming the NEC I as self-driven,

> I just sort of took the ball and ran with it. I told my assistant nurse manager I'm going to act as the NEC I because we have a need for one. There isn't really an official NEC I for my department, it's kind of been a let me figure out what we need, let me do a learning assessment.

One participant formally applied to a NEC I position posted by the study site's Human Resources, interviewed for the role, and was hired with a formal NEC job title. "Technically my title is NPDS specialist instead of NEC I even though my badge says NEC I." I don't know why my department has it as a formal job tile and the others don't, we do the same thing." NEC-B shared "I mean I haven't really looked too much to see if that job description exists. I'm not really sure if it exists." The process of the participants' transition to the new role was complicated by the participant's forming a new identity without a formal job description. The recruitment process for the NEC 1 role triggered the transition, however, the informal recruitment process and the new educator role being an extension of the clinician role influenced the participants perception of being in transition. According to Anderson et al. (2012) and Paul (2015), transition does not occur simply because a change has occurred, transition is the individual's experience and perception of the change. Although the participants role changed, recruitment into the NEC I role was described as chosen by default or occurring by chance. "The young lady who was doing it didn't want to, so I was asked to pick up that role." NEC-B "if I asked everybody, they probably just fell into it." NEC-F "so by default I ended up the NEC I."

NEC-D “I’m not sure why I became the NEC I, I think my predecessor just thought I would be good at it. Um, I’m not sure, prior to that I was pretty involved in precepting.” The informal recruitment process and role duality blurred identities and created an unnoticed transition, resulting in the timing of the transition as an unanticipated event. The unanticipated timing influenced the participant’s perception of the duration of transition and stressors experienced within the transition.

The duration of transition from clinical expert to novice educator was described as a bypassed or unnoticed event. Although an identity can develop during the transition period simply from experience, without role clarity the new identity can become lost or deteriorate (Blake, 2016). “I knew I was a new educator but being an expert at the bedside meant that I am an expert and can figure out how to be whatever I am asked, and that’s true, I can figure it out…eventually.” NEC-A “I was a blank slate, but my first task as an NEC I was to develop curriculum to teach the clinicians basic rhythm recognition.” NEC-C “nobody notices you’re novice; you feel your way along alone.” As the participants described how they reshaped and shifted their duality of identities, the duration of transition was additionally perceived as a chronic event that remained continuous and pervasively unpredictable. “A lot of it is just learning in the moment. I have time to do the job kind of haphazard and learn my role as an educator in the moment.” NEC-E “it’s taken some time to wrap my head around who I am as a clinical expert but new educator.”

> There are too many days with too many hats and too many deadlines to meet, most of us only get four hours a week in this role so you accept that you can’t

> transition into becoming an expert educator because you've started a dozen projects and can't finish one, and the whole time you are also full-time in patient care.

Role clarity. Striving to understanding a new identity as an educator was described as an uncomfortable experience without role clarity from the study site organization. Regardless of a formal job description, clarity about role responsibilities and expectations is essential in developing competency (Summers, 2017). Although all participants expressed awareness of a *document* outlining role responsibilities existed, none of the participants were provided the *document* upon accepting the NEC I role, none of the participants could recall the title of the *document*, three participants knew where the *document* was located but two of them have not read it, and three of the participants did not know where the document was located. Participants lacked an understanding about the function or purpose of the document to them as new educators and expressed concern about a lack of clarity about what is expected of them in the educator role. "There really isn't a huge amount of information anywhere to guide you, and you don't get an orientation to the role." NEC-D "there are no clear expectations of what exactly this *document* is, and trying to figure out the expectations of the role has been frustrating." The one participant who read the *document* described feeling frustrated about its purpose and application to defining the role,

> OK we're selecting you to be our NEC I so that means you simply essentially get this piece of paper…or actually, that's not accurate-nobody gave me the document, I found it and printed it out. The document is more like an explanation,

> so it's a very confusing role as far as there's no clear-cut guidelines and as far as this is your title this is what you're expected to do as an educator.

Unclear role expectations were a barrier to transition and led to discomfort during the transition into the new role. Four of the participants share that they did not know what the NEC I roles and responsibilities were to the organization. "It's just very confusing to me. They said go to your subcommittee, and then they say no you're not on the NEC I subcommittee you're on the whatever-other committee-it's confusing."

> The role is just thrown into your lap so you spend the first six months trying to figure out what you're supposed to do, where you're supposed to go, and what is expected of you. I was more under the impression my primary responsibility was to track education, but I am providing more direct teaching than I initially thought when I agreed to the role.

Workload expectations. Identity as an educator is developed over time without predetermination or linear progression (Wilkins, 2017). Although the amount of time allotted to engage in the NEC I role was different for each participant, ranging from zero hours to full time hours, the workload expectations were similarly perceived as overwhelming and made the transition into the new role a stressful experience. "It's a lot of work, I'm still working out what the expectations and responsibilities are, time is the biggest challenge to thinking about how to develop in the new role. I just have to figure it out myself." NEC-D "to be honest, it's really stressful, I asked for more time because I find it challenging to do the work that is expected while learning how to do it."

> It's really overwhelming, it's what keeps me up at night. Teaching nursing is more stressful. To be perfectly honest, I find it very stressful in the sense of at this point I'm more comfortable with patient care. I think as I become more versed in education it will get better, but I still think that not having dedicated time to really look at something is going to be a limiting factor in what I feel like I could do-I didn't give myself transition time.

Development within a new role exists as experiences of conflict, change, and learning opportunities (Schlossberg, 1984). Participants described the realization that learning a new role and performing in the role is a process and requires time,

> I got home exhausted last night, there are some things that I probably don't understand because I'm so busy just trying to do the actual real time teaching. I put in extra hours, and yes, I can get one project or task done but it's not sustainable.

> Time is random. You have an NEC I that's allotted this minimal amount of hours that they're supposed to be an educator but the rest of their time they're supposed to be a clinician, but also engaged. Some weeks I am there seven days a week.

Another participant added that the duality of the role is distracting and impedes the ability to engage as a learner in the NEC I role,

> We jump from many things and I'm not sure what you can do with four hours a week. It's fun sometimes, it's overwhelming sometimes. Because some of my time is shared governance time, and some of its professional development time,

> we separate what my time is, because we're only allotted so much time for Nursing Education Coordinator. I mean it's not nearly sufficient!

Time is needed to make sense of transition and the contextual situation in which transition occurs influences the progression of developing a new identity (Anderson et al., 2012; Thurgate, 2018). The unanticipated and unpredictable time within the transition from clinical expert to novice educator perpetuated the situation of unclear role expectations, identity as a nurse educator and clinical expert, and heavy workloads.

Self

Transition demands letting go of former roles and learning new roles. This requires the individual to organize what is known about the former and new role, and to understand what is gained and what is lost within the self during a time of transition (Anderson et al., 2012). Exploring NEC Is' competency as a nurse educator provided an understanding of the participants perception of self-development during transition to the new role. The participants each shared a different perception of what they thought were the expectations of NEC I and criteria for competency in the role, and similar confusion over knowing what are the competencies and criteria expected from the study site organization.

> None that I am aware of. Well, I think you only need to have a BSN and a Clinician III-that's it, take your clinical experience and apply that to teach? I couldn't quite figure it out and I still don't really know who owns the process of competency. I don't know, I'll have to look it up. I don't think there is criteria on the *document*. It's a very brief document that's very lose to interpretation. It's

> about a page long of bullet points of duties that would be fulfilled. Things like enables bedside personnel to attend education that is necessary for their job description. So, on my unit I interpret that as if my nurse needs to get her skills checked off for BLS today, as NEC I it is my role to ensure that I listen out for her patient care so that she can step off the unit to perform her competency. I don't know if all the NEC Is do that for their staff or not.

All of the participants referred to the *document* but could not recall how it guided their development within the role. NEC-B, "I don't think there is anything, you're just asked to do it, and maybe you have to have some experience being a preceptor." NEC-C "I think the *document* says you have to be a Clinician III or Clinician IV leader to be an NEC I because competencies for the role draw on the clinician status behaviors." NEC-D "Really there's none (laughs). None. No really, it's just experience. I mean and it's just learning from colleagues and just by experiences. It's kind of just listening and learning as I go along. It's an odd role."

> You have to have your Master's degree. I think technically you are supposed to have your Clinician III. But in all my experience I tried to get my Clinician III but I didn't have the numbers in committee participation and direct patient care. You just have to be professional and follow the organization values.

Schlossberg (1984, p. 74-75) described development in a role as behaviors depicting patterned expectations of a position. Patterned expectations give order to transition, preventing confusion and comfortability in self-development within the new role. NEC-E "you're looking for somebody like me that is in unit-based leadership and a Clinician III

or higher. The Shared Governance clinician behaviors are so defined that it draws on those." NEC-D "you have to have an MSN or maybe a BSN, but I do not have either, I'm an associate degree. I guess that is OK because NEC I is not a job description and just a role."

To understand the process of transition, we must understand the contextual variations of the experience and the unique cognitive appraisal of the transition (Anderson et al., 2012, p. 65). The experience of clinical experts' transition to NEC I is a confusing and stressful situation overlooked through the paradox of duality within the clinical expert and NEC I roles. Therefore, to fully organize and develop the self within the process of transition, participants' attributions about the self as a clinical expert were used to establish assimilation as an educator.

> As a new nurse educator, I use the vast amount of clinical knowledge and experience I have gained among many health care organizations and not just in one particular area of clinical expertise. But because I have dealt with multiple different organizational levels, I'll bring that aspect to the classroom. But for me as a new nurse educator, now I can see the importance of having things like the advanced assessment skills and the advanced pharmacology skills in order for me to be able to teach it to someone else.

Although lacking a clear role description and defined expectations, and teetering between the clinical expert and educator identities slowed the progression of developing the self in the new role, all participants expressed feeling positive about their status as a NEC I.

They described adaptability to change, motivation to teach, and expressed enthusiasm for the opportunity to apply their clinical expertise and develop a new identity as educator.

Adaptability. Becoming more familiar and acculturated to the workflow demands resulted in an overall positive appraisal of the transition and attributions about the self in a stressful situation. Adaptability and motivation were identified as skills carried from the role of clinical expert to the role of novice educator. “I have to be flexible and have interpersonal skills.” Adaptation was described as using previous experience, embracing the challenge, seeking out opportunities, resilience, adjusting expectations and finding congruence, and being self-supportive.

Exploring the relationship between expert and novice focused on the participants’ self-assessment of reorganizing and reconciling their transition. Participants described the nursing profession as one under constant transformation, thus previous experiences within the unknown and uncomfortable served to be valuable in adapting to change and leading the self through transition. “Oh, my goodness is my job different and what is different about it? My experience in nursing has taught me to put pieces of a puzzle together and work them to see the big picture.” NEC-A “Not getting orientation to the role and no clear expectations of what it is, when I created a binder of resources, going through that process really taught me what it means to orient someone and to train somebody.” NEC-E “because the NEC I role is not a position that you are hired for, there’s no allotted orientation, so I developed my own orientation folder that I just add to as I go along.” Participants described overcoming barriers such as not knowing the role or feeling uninformed as a source of stress and yet excitement to embrace the challenge.

> I remember sitting in that room with the whole NEC committee thinking I haven't got a clue what to say at these things. I don't know what people want from me and I'm not sure I have anything to add. But I'll ask my questions and feel my way, and I can figure it out.

> I feel lost in the logistics of everything sometimes, but I just think OK, let's just ask questions and feel our way… and I can ask questions! And not having a BSN sometimes makes me feel like do I not know anything. But then I think, I work with BSN students-I was a Clinical Scholar. And then I think I do have the knowledge… or I can find the answer. But when you are brand new and you are searching for something to clarify who you are in this role, it's difficult to find. Sometimes I think I just feel a little uncertain and I don't know. And just not knowing is a barrier.

Although apprehensive, participants are motivated to become knowledgeable in the NEC I role and seek out every opportunity to support transition from novice to expert.

> Very few things are black and white in this role, which is a huge challenge. Sometimes navigating this transition is difficult but that challenge means we question things and we come up with answers and figure out how to do this.

> How do I demonstrate and teach? Because I know how to do what I want to teach without thinking. How do I do these things and explain it to somebody? And so, when I teach somebody, I really think about it and slow down. I think it's really

> interesting to figure out how to teach what I can do easily, because we do a lot of things automatically when you know how to do them.
>
> I've just become more comfortable in the role through doing it. And I've attended classes: The Crucial Conversation class, the Giving and Receiving Feedback class. And that's a big part of education is giving someone feedback on things like when they are not competent in a skill or non-compliant with expectations.
>
> I think you have to be able to learn as well in order to be able to teach. I look for new things to learn. Whether it be a class, or online, or whatever to keep up with what's going on. I just took a couple of giving and receiving feedback classes.
>
> Practice! You certainly aren't going to be able to teach if you don't know what you are doing. I will either find a subject matter expert to teach me so I can teach them or I will do my own research and figure it out.

Adaptability of the participants during transition to the new role was shaped by resilience in seeking a balance between the comfort of clinical expert and the unsettling uncomfortable novice educator.

> I would have never though that I would think taking care of 4 patients on night shift would ever be just a relaxing time. But it is, because I know it, I'm more comfortable with it, I'm able to go through the motions and critically think about what I'm doing and not have to constantly try to figure something out that I don't

> know. I know how to nurse; I don't really know how to educate not quite yet, but I will!

Participants described instilling more self-confidence through adjusting expectations of support and using the overwhelming workload to find congruence between the roles. NEC-D "I think education and practice are hard to separate now after 30 years. Education is so much a part of care and it's too connected making it hard to separate them." NEC-B "It's about being up to date on your most recent practice. I mean, I'm teaching these things so I should know what I'm doing and know what I'm teaching." NEC-A "trial and error, research-research-research, ask a colleague…figure it out. I have to think outside the box. Well first I have to get the box myself and then I have to think outside of it." NEC-F "it becomes me doing some research and being proactive on my own to become an expert."

> Trying to figure out the role is frustrating, I didn't know about the criteria *document* until 6 months into my transition, but by then I already had experiences that had me feeling pretty good in knowing how to navigate the NEC I role.

> Because nobody knows what nursing is except a nurse. For example, there are many days that a new nurse will say "what do I do about this?" I'm thinking I don't know, but why don't we look at our resources, why don't we see who knows, or why don't we text the surgeon or the physician and say you know this is what's happening with this patient. That's what I am doing to adapt to this role…I don't know, but I'm going to find a resource who does know.

Adaptation to the new role involved separating what they could control over what they could not control. Although they lacked clarity within the expectations and responsibilities, they chose to control how they would navigate that barrier and how they performed as a nurse educator. This served to add to the participants internal self-created support system and developed a connectedness between the expert and novice experiences. NEC-E "what my experience has taught me is how to pull it together to share with someone else." NEC-C "Multi-tasking is a really great strength that I'm able to bring to the table because it's never ending. Its constantly re-evaluating and making sure you know what we're teaching is actually effective and not just doing it for the sake of doing it." NEC-D "I think everything is intertwined. For example, during our shared governance meetings I bring things from the NEC I meeting or my other roles; they're kind of all connected." NEC-F "I think my clinical background helped me prepare for a lot of different things and to know how to get the knowledge of where to go to find this or that." NEC-B "We were or are a preceptor and I was an assistant for the clinical simulation lab to teach the hands-on skills to the first-year nursing students. So, I drew from experiences there in terms of teaching."

> Although we have not been given a whole lot of support or incentive, we're actually working on a huge project that everyone's been wanting to do, and it has been really exciting, it feels good, and gives us a sense of purpose. I think for a long time it's just been that idea of keep your head down and do your work because nothing's going to change anyway so why bother, but we are making a change and don't have to keep our heads down.

Motivation. Although uncontrollable aspects of recruitment and time to engage as a new learner in the NEC I role contributed to a stressful transition period of blurred role identities and a heavy workload, each participant drew on their motivation for teaching and desire to be in the NEC I role to make deliberate decisions in terms of controlling their response to the challenges and stressors. Motivation to adapt was fundamental to the overall positive appraisal of the experience. Motivation was described as rewardingly hard, love for teaching, and sharing clinical expertise.

> Sometimes I have to sit on my hands so that I don't volunteer for everything. To me it's like I don't know how you can be a nurse and not look at those learning opportunities and say this is an opportunity for me to grow, this is an opportunity for me to teach somebody else something or learn something for myself. And I think you should do that until the day you die.

Participants share a sense of pride towards being solicited for their clinical expertise and perceive it as a positive role defining moment. NEC-A shared that she did not know what the role required, "but it sounded cool and I like the idea of being viewed as capable for fostering growth and empowering nurses." NEC-F "When you are more on the nurses' level and they know you've been in the trenches with them, they are more apt to open up to you; that listening ear I think helps." NEC-B "I gained the respect from the staff because they knew I would be out there and was willing to come out and help them." NEC-D "my favorite part is when someone says oh good, you're here, I have a question." NEC-C "people will come to me and say I don't know how to…and I'm the one that will teach them how." NEC-E "I'm the expert and the nurturer, people are very open to asking

me questions." Participant's overall experience of the transition was described as rewardingly hard work. NEC-A "As the clinical expert on the unit I get pulled out of the office all the time. I need help trouble shooting or I have this question. Anything they needed they knew they could come to me for help." NEC-D "It's a lot of hard work, the goal is to provide good safe patient care." NEC-F "It's a lot hard work. I am the first resource for any real time education needs, I research evidence-based practice, and develop curriculum and resources."

> I love staff members seeking me out to ask me anything. It's a lot of work because I mean, I could be asked to do anything-I'll even sweep the floors if that's what needs to be done for them to feel supported! As the clinical expert on the unit, I get pulled out of the office often and asked for help. I do a lot for our unit. I've created a binder of different resources for staff. I put a lot of time into being up to date on practice, because if I'm going to be the teacher of these things then I should know what I'm doing well enough to teach it. It's really overwhelming, I don't really know what I'm doing. I am more comfortable with patient care than I am going through paperwork or creating some learning document. But I'm just going to keep moving forward because I love It! I do really love teaching!

> Yesterday we got two off service patients, which means outside of our typical patient population, with unfamiliar diagnoses and management needs. For our novice nurses, all of them have five years or less experience and no knowledge or

> clinical experience to take care of them, you can imagine the excitement and anxiety of about 12 hours of kind of feeling lost out in the dark. So, I come in and I huddle and say these are the steps we are going to take. But the learning experience as the educator is that now I'll go back and say OK well if it's a possibility of us getting these patients then I need to do an education piece for my team. I love that stuff!

> I am kind of the go to person for everything. Can you help me with this or I don't understand happens a lot, and teaching will be on the fly. I like to be the clinical expert so I can answer questions.

Participants expressed love for the role and drew on their passion for teaching to manage stress. Although apprehensive about moving from the comfort of patient care to the unknown uncomfortable educator, the participants were not deterred because they "love to teach" and want to encourage peers to "grow and develop their clinical practice." NEC-E "I just felt like I needed more of a challenge and I love teaching! I like working with clinicians and build them up." NEC-B "I love to teach them and see them begin to get it."

> I love how people learn. I love teaching. I just love that they think they can't do something, and I love the fact that we can change it. I love that! I meet amazing people every day, and their stories, oh my goodness I love their stories! They are amazing! I like doing the best thing for patients and for the unit staff.

> I love my job and I love the people that I work with, and I like the idea of being an educator. I think I am a curious person; you know that whole life long learner thing. I truly enjoy teaching. My attitude helps my transition, because I get excited to teach!

> I love it. I know it's not official, I would do this role anyway! I actually emailed my manager and my assistant manager and I said I'm just letting you know I am the unofficial official NEC and if you have a problem come and see me. But I'm just telling you I am. I have not had an oh I'm sorry you can't do that. And I probably would have said why not if somebody would have! I like to lead, I like to teach, I like to empower nurses.

Understanding the participants adaptive responses and motivations through the lens of their transition experience was evidence of an overall positive appraisal. A positive and optimistic perspective is considered essential to overcoming challenges and stressors implicit in a transition (Wall et al., 2018). The NEC I's adapted to the lack of role clarity and heavy workload expectations by drawing on the rewards associated with increased challenges and developing a new professional status. The NEC Is' sense of self as a learner and an expert influenced the development of strategies as a coping resource to overcome barriers (Wall et al., 2018).

Strategies

Leadership. Exploring the participant's situation and sense of self during transition revealed coping strategies employed during the transition period. Strategies

were described as leadership characteristics, specifically those of problem solving, communicating, and learning, and as wearing many hats to unify the dual expert and novice role. Participants recognized themselves as leaders and drew on their leadership characteristics as strategic empowerment to control personal accountability of the situation, navigate barriers and manage stress, and to make meaning of the transition. Participants described themselves as fully engaged leaders and energized by the challenges during transition. NEC-B "I've been given the opportunity to be a lead education, and that lets me know that I am a leader and I can do these things." NEC-E described her response to an unexpected patient population "I immediately collaborated with NPDS leadership, developed a learning module, and provided a skills competency day to prepare nurses." NEC-B "As an expert I am a shift manager, but also a unit-based leader. Meaning I take initiative, I provide real time education, I create standard work, and I am knowledgeable on our safety initiatives."

> I represent myself as a leader… I own the educator piece so I'm expected to help with any aspect of everything. I'm diligent and I answer emails quickly. And my sense of humor and willingness to listen is part of being an NEC I because your staff and team members sometimes need to vent and they don't always feel comfortable venting to upper management.

> I am a leader by example. leading the way by example and being a role model is huge in this role. Be the kind of person who is curious and asks questions. And

> sometimes you are on your own and you just have to get on with it anyway. As an NEC I lead the way!

> I love to be part of leadership because it gives me the opportunity to lead the way and to support others to lead the way. I'm stubborn so I believe what I believe, and I'm able to take criticism so I'm flexible and can change my belief. I'm passionate about doing the right thing.

Exploring the participants transition experienced revealed how their personal characteristics shaped their interactions with the transition situation to which they have adapted. Participants recognized themselves as problem solvers, communicators, and learners. NEC-A "Communication is key. I've always been somebody who likes to explain things. The way I best understand a problem is when I'm able to explain the problem to other people. I'm also in grad school which helps." NEC-F "I am a learner, I hold two professional certifications and was asked yesterday if would become CPI certified, and I'm OK with that!"

> Let me do a learning needs assessment and figure out what we need. I'm advocating for the unit's staff development needs. I made sure I went to NEC I meetings because I wanted all of the NEC Is to know and understand what goes on in my unit. And, my unit was not involved in Shared Governance at all; I thought, well, we need to change that. So, I said here I am, I want on central committees…and I then I was!

> I'm a communicator. Everyone I meet becomes a resource to me. You are now a resource to me! It felt like my name was getting networked without me trying. I'm not really sure how all these people know who I am. I haven't even been here for four years and I've moved all the way up to the Clinician IV. I think it's because I am an open communicator.

The NEC Is described themselves as wearing many hats that although exhausting, served as a way to connect their expertise and leadership with preparing for the new role. NEC-E "I am the most engaged in the NEC I meetings, highly involved in the Shared Governance to make practice change and update practice, and I serve on a Coalition." Participants described their current and past service as members and chairs on several committees as supportive to the transition. NEC-F "I try to stay involved, not just locally per my unit, but with the organization so that I can keep my unit informed." NEC-A Actually, I would say nearly half of my NEC I time is in Shared Governance associations. I'm trying to separate out my NEC I responsibilities vs. my quality improvement responsibilities." NEC-D "I feel like the multifaceted hats provides a lot more experience that prepares me as the novice educator vs. the expert clinician. That's why I stay on the committees because I get to know what's happening all over." NEC-B "I am part of the Magnet committee and champion lots of initiatives." NEC-C "I do a lot of the quality improvement projects. I ask the questions and think-do we need a new policy or protocol for this?"

Although the demarcation of the participants' clinical expertise and novice educator was blurred, they chose to unify the role boundaries through the perception that

teaching is a responsibility of every clinician expert's role, and not limited to those with a formal position or training in teaching. Participants recognized themselves as both a clinical expert and a new educator and drew on their duality as beneficial to make meaning of the situation. NEC-C "I look at expert, leader, and educator as the same thing. It doesn't matter that I don't know the NEC I role. I am an expert and a leader. Lead by example and that is teaching." NEC-E "before I held this role, I was considered a unit-based leader and I have always been in that kind of figure."

> "My manager gave me free reign to make whatever of the role I chose. I'm a blend of everything but I think the most important competency of my role is making sure people know their role and are able to find the resources they need to continue to develop. Helping them find their way has helped me figure out how to find my way"

> "…that's how it has to be because there aren't any formal ways of educating in nursing unless you are in school." Education is part of caring, nursing and teaching is hard to separate after practicing at the bedside for thirty years."

The NEC Is described their experience transitioning from clinical expert to novice nurse educator as an unnoticed and chronic event. The situation lacked role clarity and perpetuated a confused identity as a nurse educator. In addition, the situation required a workload that challenged time to transition from clinical expert to novice educator. Participants developed their self in the new role through adaptation. Specifically, they used their skills and experience as an expert to navigate the transition to the new role and

were self-motivated to discover or create supportive resources to achieve success as a new educator. Strategies to move through the process of transition came from their interpersonal sense of leadership and their formal status as leaders within the study site organization. Synthesizing an understanding of how the NEC I's experience shaped their coping strategies during transition was integral to their perception of being in a successful transition (see Wall et al., 2018).

Research Question 2

The second research question focused on understanding the perceived supports and barriers during the transition experience. The interview progressed by asking the participants to describe what they perceived as a support and as a barrier in moving from clinical expert to NEC I. Overall, the participants identified supports and barriers during their transition to the NEC I role within the following two areas: socialization and feeling devalued by stakeholders of the health care system. In terms of socialization, mentorship and connecting with colleagues and peers were identified as the most important support. In terms of the health care system, a lack of orientation to the role and feeling depreciated in the role were identified as the most important barriers. An understanding of the potential mismatch between expectations of the NEC I role and the support provided to achieve success in meeting expectations was essential to realizing the supports and barriers experienced during the transition (Bagley et al., 2018; Bath et al., 2017; Cooley & De Gagne, 2016; Fritz, 2018; Paul, 2015; Summers, 2017). Findings of this project study are presented from this research question and Anderson et al.'s (2012) 4s concept of support during transition.

Support

Participants described frustration with an inconsistent orientation and receiving little training and guidance while transitioning to the role. Inconsistencies were described in terms of variant time and supportive activities within that time. NEC-A received six months of orientation by the previous Nurse Educator Coordinator I but described feeling it was not an orientation to the role: “six months before my predecessor left, she showed me her techniques, organization skills, and how she fulfilled the role. But there was no formal process; together we just completed the tasks she was currently closing out.” NEC-F received 2 weeks of orientation, “I think I had a two-week orientation and then it was OK, here you go.” NEC-E received a “binder of information” left by the previous NEC I, and three participants did not receive any orientation. NEC-B “It’s different for each NEC I, there is no standard orientation process because it is not a position you are hired for. There’s the preceptor classes but that’s an expectation of all preceptors.” NEC-E “because the NEC I role is not a position that you are hired for, there’s no allotted orientation, so I have developed my own orientation folder that I just add to as I go along.” NEC-F “in general there wasn’t someone or something to help guide me into what exactly it was that I really needed to do. I’m learning on the fly and as I go.” NEC-B “there is nothing that I am aware of. Although there may be and I just don’t know it.”

> A lot of it is just learning in the moment, nobody has ever shown me the way. Recently we did have some education, the nursing professional development group presented on different styles of learning. A lot of it has been very haphazard. So, I feel that I have found my way sometimes just by chance.

> There's no training courses, there's no module, there's nothing to orient you. I did not know about the *document* until my sixth month when the NEC I chair created a PowerPoint with the *document's* roles and expectations for the NEC Is. I don't think people really understand that you can't just throw us in there and say you will get it.

> There is no one responsible for orientation and there isn't a huge amount of information to guide you. I've spoken to other NEC Is and there doesn't seem to be a process. I've been meaning to put something together because I think it's up to us to change that, but we're new and we don't have time to do that for any future newcomers.

Most of the participants described how they found a way to orient the self to the NEC I role by accessing resources available from the Shared Governance department. "The Nursing Professional Development Services website is very useful with resources." NEC-C "there really wasn't anything for us. But there's information on the Shared Governance website that I accessed." NEC-F "I just searched resources and figured it out. It took a little bit of growing pains, but I think finally now have it figured out." Two participants described finding additional support through a weekly newsletter from the Shared Governance. "The Shared Governance news comes out weekly. Lots of information for the nurse educators." NEC-E "Shared Governance does another thing helpful for the nurse educator; it's the practice news." However, one participant shared a different

perspective and described struggling with understanding the Shared Governance: “the Shared Governance structure has made it so difficult to figure out who is the expert in what and actually change anything.” The NEC Is’ self-directed approach in orienting to the new role informed on how their self attributes influenced their ability to overcome orientation challenges. According to Wall et al. (2018), self-efficacy promotes a positive socialization during transition. The NEC I’s strong self-efficacy helped to understand why the NEC Is found socializing with people as a resource to coping with transition to the new role (Wall et al., 2018).

Social. The workplace offers its own kind of community and connectedness (Anderson et al., 2012). As routines and relationships in the participants’ familiar clinical practice environment became unfamiliar, participants expressed enthusiasm for social supports and frustration at the lack of a formal mentorship to the role. “It’s very important to be able to find people resources with the information you need. Make connections with people and get to know who your support system is.” NEC-B “just knowing who people are and who can help with where to find things. If you know who to email, you can just say hey-where do I find this?” NEC-F “networking actually helped a lot. Not knowing who to ask to find resources is challenging. It will take three or four emails and finally…oh now I know who can help me.” One participant described feeling extremely welcomed by the organization and highly comfortable networking to find supportive resources, “however, nobody was assigned to show me the way, you feel your own way around. Because I do network rather quickly, there are a lot of people that are now resources.” The members of the Nurse Education Coordinator committee were

described as a group of social support. “The NEC meetings is where the learning is for me. I’ll ask people which way to go and bring information from the meetings and say these are the things I need to do.” NEC-E “the NEC committee chair has been great in answering questions, the NEC group shares ideas, and that’s been great.” NEC-C “the NEC group has really been the social support on an organizational level. We are able to trouble shoot with each other.” Although participants felt overall positive towards the NEC committee members as a supportive resource, they identified communication via email as being the most common connection but personal communication as being most helpful. “If I throw an email out there, I’m going to get some type of email back to answer my question which is great, but it can sometimes take some time!” Two participants described their experience of being new to the NEC committee and frustration using email communication to obtain guidance,

> …it was emotionally exhausting until a peer responded and offered to meet face to face. I was on my fourth email and feeling frustrated that I wasn’t getting to the right person with my question. But after meeting with her I felt like I knew who to go to moving forward, and I really just felt better, emotionally I felt like OK, I can do this.

> I’m feeling like I’m watching these email discussions and I wasn’t sure exactly what to do. So, I emailed that I was confused and another NEC I offered to meet. That was really nice, I didn’t know her at all and she took the time to sit with me

> for over a half an hour. She made a big difference and I got to know her a little bit.

> I love the NEC I meetings! People ask questions that I'm never going to think of, and just talking to each other. And then the Nursing Professional Development Specialist are closely connected to the NEC I group and they're usually there. But they have a different agenda because their role is different. But they support us.

Two participants described excitement over attending the NEC committee meeting for the first time but feeling intimidated upon arrival,

> My first time I was in the meeting, I thought this is nice because you can see people faces to the emails, but I was the shy sit in the corner type because I didn't know anybody. But now that the faces are more familiar and we've worked on some projects together that require collaboration, I'm starting to get to know some people and it makes it a little easier because you feel like you can reach out and ask for help.

> Since I have been participating in a big project, I have become closer and more involved with some of the individuals within the NEC I community. Now that I know them better I feel even more supported because I could go to that inner circle, whereas the big meetings, especially if you are new to the role, can be intimidating because you see nurses that have probably been in their role for twenty years, and you're brand new-so it can be kind of intimating.

Three participants described welcoming a new NEC I and becoming supports regardless of their novice status. “She was having trouble finding her way so I went up to the unit where she was at and walked her through where and how to find certain things.” NEC-B “I reach out to the new NEC Is as they come or if I don’t know them. I make sure to introduce myself and I say hi to them when I see them outside of the meetings.”

> I didn’t get a ton of support from the previous NEC I and it just was a difficult transition. I remember how intimidated I felt, so when I heard there was a new NEC I on another unit, I reached out immediately. And now, I am mentoring her because she didn’t get any bit of an orientation. She said I have been very helpful, I hope so! This is an important role and it’s important to have some guidance on how to transition into it.

The participants’ local unit manager, colleagues, and peers were also described as being a team of social support. “We have a strong supportive nursing force that helps each other. As NEC Is, we all have other hats, and so I think that awareness makes us as a unit a support system for each other.” NEC-C “I have my unit Clinician IVs and CNS that I can bounce ideas off.” NEC-B “my manager has invested in me which is invaluable. A colleague who is a wizard at finding resources and has outstanding clinical knowledge has been really supportive. I also have a CNS to support me.” One participant described a local unit retreat as supportive to transitioning into the new role:

> A lot of our meetings are not connecting us as a team. A meeting here, a meeting there, an email here. So, my manager provided two retreats. It was really nice to

> get together, solve some problems, and just connect with each other and clear up misunderstandings.
>
> My manager and my assistant manager have said several times that my NEC I work is so important to the unit that they are always going to try and give me the time to finish my task. I know if I need help, they are more than willing to work with me to get me situated and back on track
>
> My colleagues, my boss, my unit leadership group, we have a brilliant team. We regrouped and she said oh my goodness this place is great. I said it is great! It really is because nobody lets anybody drown, we are a huge support system.

Participants described their perception of the Nursing Professional Development Specialists support as mixed. Participants described the group as either supportive or not a source of support. Two NEC Is recognized the theoretical availability of the group but described not soliciting their service. “I have not tapped into them that much.” NEC-E “I probably don’t utilize the Nursing Professional Development Specialist as much as I could.” Two NEC Is described not feeling a connection with the group. “I feel like I could get more support from NPDS.” NEC-C “the NPDS person assigned to our unit has changed over my time. That’s a challenge, it’s a barrier-not knowing who that person is. I have bumped into him twice but I haven’t had a formal conversation.” Two NEC Is viewed the group as supportive to their transition. “The biggest resource is the NPDS.” NEC-F “NPDS has been really supportive. They take the time to ask me what’s going on

and if there is anything they can help me with. I feel support there." NEC-A described her experience with the NPDS and Shared Governance as "confusing and frustrating" to knowing how to navigate the role:

> The chain of command in our shared governance is challenging. Trying to figure out who makes decisions about education and my role in it is what I struggled with the most when trying to figure out this role. I struggled a lot with knowing who do I go to, who is the ultimate decision maker in these things. Is it me? Because if it is, great I will make the decisions, but if it's not me then who do I go to!

System. Participants described feeling valued by the organization for the continuing education they provide to the staff and undervalued in a system of role duality and informality. Specifically, the perception of being undervalued was described within the context of inconsistent time to engage in the role from one NEC I to the other, lack of a formal job description, and lack of a tangible investment from the organization. Without a formal job description, the decision on how much time to allow the NEC Is to engage in the role resides with the unit manager, and therefore varies for each NEC I. "Most NEC Is don't get the amount of dedicated time that my manager gives me because the NEC I is a role and not a job." One participant was full time in the NEC I role, a second participant spent 50% of the time in the NEC I role, and a third participant had zero time provided for the role. One participant was given twelve hours a week, while two participants were allotted four hours a week to engage in the NEC I role. The participants identified stress inherent in trying to transition into a new role while

balancing the dual role demands without adequate dedicated time away from patient care, and struggled with reconciling the inequity of dedicated time from NEC I to NEC I. "Differences in support and time given to the NEC Is influence group cohesiveness. My manager has invested in me enough to give me the necessary dedicated time. However, not everyone gets to have that support." NEC-B shared her story of feeling angry but staying silent within that anger:

> I don't know what I am doing in this role yet, so I am very reluctant to show negative feelings about the inequity of time to the NEC Is who have been doing it this way for decades, I don't want to be the whining newbie who is considered less of a team player. It's just generally accepted that we all do the best we can knowing that we all don't have the same time to do the job.

Without a formal job description, the decision on how to actualize and perform in the NEC I role resided with the unit manager, and therefore varied for each NEC I. "My entire job as the educator doesn't really have a role, there is actually three of us that provide the education for the unit and my primary role is to track that." NEC-C "there is a *document* of expectations, however it doesn't matter, the role is different in each unit, some combine the NEC I and orientation coordinator roles, some have them separated." NEC-E "my unit has two of us sharing the role, other units may have one person for both the NEC I and orientation coordinator roles" NEC-B "we have two orientation coordinators and separate me as the only NEC I."

Participants described feeling organizational investment in valuing the importance of the NEC I role in supporting continuing education for the staff, however, described a

lack of appreciation in providing the resources required to actualize and perform in the role. “I don’t see anything that shows that they value our role or invest in us as professional group.” NEC-F “a lot of times I think we are forgotten, even though we are essential.” NEC-B "recognition of the NEC Is as essential to continuing education is undisputed, there is a commitment to continuing nursing education but not directly to the NEC Is developing and providing the education.” NEC-E “I don’t know the commitment from the organization, that’s an area of opportunity. I started to write a proposal showing the benefits of having a formal NEC I role. I have not had time to finish, it’s a work in progress.” NEC-F “the issue of time was brought to leadership… but the NEC I getting time was not the priority…hopefully one day, because it’s a very important role and is very time consuming.” NEC-D “I don’t think that there is a lot of investment into the role. NEC Is are trying to keep up while they scarf their lunch down-that’s not a lunch break, and also-things just don’t get done.” One participant described the lack of monetary appreciation as a source of feeling devalued,

> You would think that we would get just a little monetary compensation for doing that extra work. I personally do not care, but I think it speaks towards the professionalism if you say this is our NEC I then you should be formalized and incentivized. But really what we’re bargaining for is not to get more pay. What we’re bargaining for is what is better for the patients-that is having nurses who receive effective quality education and educators who receive effective quality support to educate.

Anderson et al. (2012, p. 207-209) describe hardiness as solution oriented rather than an avoidance-oriented way of managing transition. Although the participants are navigating a transition described as an unnoticed and chronic event within an overwhelming workload, participants illustrate a sense of self, resilience, and salience. These attributes support a feeling of value that avoids linking the lack of system support with a sense of worthlessness in the role.

Conclusion

Health care institutions are increasingly open to hiring nurses into the field of nursing education who lack experience as educators (Bagley et al., 2018; Hoffman, 2019; Jetha et al., 2016; Reese & Ketner, 2017; Shapiro, 2018). The participants of this study described the situation of their transition from clinical expert to novice nurse educator in terms of establishing a new identity and role clarity, and overwhelming workload expectations. In addition, supports and barriers experienced during the transition were perceived as a lack of mentorship and orientation to the new role and institutional depreciation for the NEC I. Participants drew on their sense of self as leaders to cope with change and navigate the transition.

In this study site, NEC Is were appointed to the role without a role description or clearly identified expectations, time to engage in actualizing the role, orientation to the processes of delivering education, and socialization and mentorship. Roles that are not clearly defined result in questioning the legitimacy of the role as valid (Bath et al., 2017; Mower, 2017; Nguyen et al., 2018). However, the NEC Is appraised the informality of

the role as providing validity to the lack of support during the transition. Although adults in transition are able to identify supports and barriers, they are often confused and need assistance to develop a transitional plan (Anderson et al., 2012; Schlossberg, 1984, p. 38-39, 2012.). However, the NEC Is described using their status of clinical expert as a strategy to navigate transition and drew on their sense of self and leadership as strategies to adapt to change. In addition, participants described their love for teaching as motivation to engage in the role and develop a personal transition plan. Anderson et al. (2012) defined self as the characteristics the individual brings to the transition that influence how effectively an individual manages and adapts to transition. The NEC Is characteristics of adaptation and motivation to navigate change served as positive influences during their transition. Nurse educators are expected to behave as change agents and leaders (see Logan et al., 2016; Owens, 2017; Summers, 2017). The NEC Is used their clinical expertise and skills as leaders to create their personal path of transition into the new role.

Nurse educators who are balancing multiple roles face many challenges when transitioning to a new role (Logan et al., 2016; Miller et al., 2017; Owens, 2017; Summers, 2017). The NEC Is described a stressful transition related to the mismatch in the amount of time needed to transition to the new role and the amount of time allotted to engage in the role. Additionally, a potential mismatch between role expectations and knowing how to fulfill the expectations resulted in tension between balancing knowledge and skills in teaching and clinical credibility (Bagley et al., 2018; Cooley & De Gagne, 2016; Logan et al., 2016; Paul, 2015; Schaar et al., 2015; Summers, 2017). Qualifications

and competencies for the NEC I were inconsistent and uniquely defined by each participant. According to Phillips et al. (2017), consensus regarding the minimal qualifications or competencies a nurse educator must possess is lacking. The NEC Is reconciled their situation of duality by viewing teaching as part of every clinician's role not limited to only those educators with a formal educator position. Coping strategies influence whether the outcome of transition will be positive and foster development or negative and catastrophic to the situation (Schlossberg, 1981). The NEC Is' passion for teaching and the opportunity to foster clinician development concluded to a positive appraisal of the transition to the new role.

A supportive environment of nurture, advocacy, and justice are essential to coping with change and a positive appraisal of the transition (Anderson et al., 2012). Participants described their experience of supports and barriers in terms of socialization to the new role and connecting with the nurse educator peer group. Although they felt they could reach out to people for assistance, they were not aware of who to reach out to and struggled with the lack of mentorship to help make meaningful connections. Bath et al., 2017; Logan et al., 2016; Wilkins, 2017) described organizational hierarchy or structures as contributing to a sense of belonging. If new relationships are not developed during transition, novice educators will operate in isolation that could result in experiencing an overwhelmingly heavy workload (Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Shapiro, 2018; Wilkins, 2017). Expectations and demands of the role were described as beyond their ability to successfully complete within the time

allotted. According to Bath et al. (2017), feelings of inadequacy results in potentially prolonging socialization and competency in the new role.

The NLN (2019) suggested that to ensure competent nurse educators, institutional efforts must focus on providing training opportunities and retention strategies. The participants' experience in transitioning from clinical nurse expert to novice nurse educator was perceived as lacking orientation to the new role and mentorship to support the transition from clinical expert to novice educator. In summary, the findings from this qualitative case study revealed an understanding of the experience and the following six areas of supports and barriers: role identity and clarity, workload expectations and time management, adaptation and motivation, leadership, socialization and mentorship, and feeling valued by the intuitional system. This study has implication of positive social change by providing an understanding of the NEC Is' transition to the new role that can be used to make decisions towards improving the transition experience of new nurse educators. The culminating project for this research used the study findings to inform the development of a mentorship program for new NEC Is.

Section 3: The Project

Introduction

This qualitative case study was designed to gain an understanding of the novice nurse educators' experience during transition to the new role and examine perceptions of supports and barriers during the transitioning period. Data collection included semistructured interviews of six novice NEC Is with 3 years or greater of clinical practice experience and 3 years or fewer of teaching experience. Interviews with the NEC I study participants bestowed me an understanding of the overall transition experience into a new nurse educator role and identified areas of supports and barriers experienced during the transition. The interview data was analyzed to identify a project that is responsive to the needs of the novice NEC Is during transition to the new role. Overall, the participants' transition from clinical nurse expert to novice nurse educator was perceived as lacking orientation and mentorship to support professional development within the role in terms of role clarity, managing expectations, and feeling valued. Several project options were considered, including a curriculum plan and policy recommendation. These options were rejected because all study participants shared the unified need of social support to the new role as being the most beneficial and lacking in opportunity during the transition period. A curriculum plan would provide orientation in terms of training in teaching methodology and impact their future practice as educators. A recommendation for policy would provide consistency in workload and role expectations in terms of time to engage in the role, a formal job description, and tangible investment from the organization. However, these two options would not support the NEC I's navigation of the transition in

terms of establishing a new identity and managing expectations of the role. Transition between what is familiar and unfamiliar requires a socialization process to develop confidence in the new role (Jetha et al., 2016; Legare & Armstrong, 2017). After analyzing the data, the most appropriate option for this study was a mentored professional development project for NEC Is to support transition to the new role.

The NEC Is shared a common experience socializing to their role. Interview data revealed that role development and management of expectations during the transition period was positively influenced when the participants received opportunities to network with experienced NEC Is. However, opportunities were lacking, and the participants felt mentorship would have positively benefited the transition experience. The mentored professional development project is a 3-day program for NEC Is newly appointed to the role. The mentored professional development program will incorporate the supports and address the following barriers identified in the study: role identity and role clarity, workload expectations and time management, adaptation and motivation, leadership, socialization and mentorship, and feeling valued by the intuitional system. The program is a total of 24 hours, will be provided one 8-hour day per week over 3 weeks, and attended by new NEC Is within their first month of transitioning to the role. The program agenda was derived from the identified needs of the novice NEC Is (See Appendix A).

Project Goals

King's theory on goal attainment states the teacher learner relationship includes open communication that leads to setting goals together and taking steps to achieve those goals (McQueen, Cockroft, & Mullins, 2017). The goals for this project were determined

by analyzing the interview data provided by the study participants. The goals of this project are (a) to support novice NEC Is experience transitioning from clinical expert to novice educator and address concerns, (b) to socialize newly appointment NEC Is and establish a professional connection with experienced NEC Is, and (c) to assist NEC Is in the development of their professional identity and management of workload expectations. A follow up assessment with the NEC Is who participated in the 3-day mentored professional development program every 3 months within the first year of transition to the new role would measure achievement towards these goals. This project recommendation will also be shared with the study site organization to provide the opportunity to reevaluate the transition needs based on the NEC Is' feedback.

Rationale

A mentored professional development program was chosen to address the need for a social connection, concerns in role identity, and management of expectations experienced during transition to the new nurse educator role. In this study site setting, clinical nurse experts are recruited and assigned to nurse educator roles without a transition plan for entering the new role. According to Auseon et al. (2016), many educators receive a jumbled orientation and inconsistent experiential learning opportunities when transitioning into the teaching role. Study participants shared confusion about the identity of the NEC I role and that they struggled with time management in balancing the duality of clinical expert and nurse educator expectations but felt positively about mentorship and opportunities to network. As routines and relationships became unfamiliar, participants prioritized socialization as the most

important. Although the participants identified a few opportunities to network, they expressed enthusiasm to connect and collaborate with experienced NEC Is more often. Although they felt they could reach out to peers and colleagues for assistance, they were not aware of who to reach out to and struggled with the lack of mentorship to help make meaningful connections. Wall et al. (2018) described socialization and self-confidence as a snowball effect towards supporting a successful transition. That is, making social connections during transition supports self-confidence, self-confidence facilitates a positive self-esteem, a positive self-esteem enables the development of wider social networks, and networking further enhances self-confidence. The study participants described frustration with a lack of mentorship and struggled with navigating the transition experience into the new role. According to Thurgate (2018), the lack of mentorship during role transition contributes to uncertainty in the new role and hinders professional development. This project was designed from the analysis of the study data that revealed mentorship, role identity, and management of expectations as the most important needs for NEC Is during transition into the new role. Mentorship will be incorporated in a professional development program.

A mentored professional development program was chosen as means to develop professional identity through knowledge of the expectations of the role and awareness of resources to support the transition to the nurse educator role. According to Glynn et al. (2017), an orientation program familiarizes the participants with the new role and results in preparedness to enter the situation within a partnership towards transitioning professional practice. Participants described inconsistent orientations and little training

and guidance as a barriers to a successful transition. The mentored professional development program agenda draws on the study data and reflects the reality of the transition situation as described by the study participants. Professional development and mentorship programs are a resource of empowerment by gaining new knowledge, and an important strategy in creating a social connection (Auseon et al., 2016; Nowell, Norris, Mrklas, & White, 2017). The participants in this study identified not knowing who the people resources are or where resources are located, not feeling a connection with the Nurse Education Coordination committee and Nursing Professional Development Specialists, and not having opportunities to engage in face to face communication with colleagues and peers as barriers to transitioning to the new role. Through professional development and mentorship programs, professional networks are created, and relationships are established among peers and colleagues who share interest and passion in the educator role (Gonce, 2016). In addition, despite not having an orientation to the new role, the study participants embraced the challenge and an opportunity to draw on their leadership skills and self-develop. According to Summers (2017), professional development and mentorship programs embrace the concept of life-long learning by providing meaningful activities to develop both professionally and personally. Adult learners are motivated to learn when it is applicable to their situation and provides practical information to help solve problems (Knowles et al., 2012). This mentored professional development program is meaningful for the NEC Is because the agenda addresses barriers to role identity and managing expectations experienced during transition into the role, and the supports by providing an opportunity to make social

connections. The purpose of this mentored professional development program is to well equip the NEC Is with the knowledge needed to be resilient in the development of their professional identity and management of workload expectations, to make social and professional connections with experienced NEC Is and related colleagues, and to provide a mentor to support transition by addressing concerns as they adapt to understanding the new role.

Review of the Literature

Data analysis revealed the experience of the NEC Is during transition to the new role and identified perceived supports and barriers during the transition period. The study participants felt confused about what their role as NEC I meant, struggled with time management in balancing the duality of clinical expert and nurse educator expectations, used their attributes as expert clinicians and leaders to adapt to the new role, and felt positively about mentorship opportunities and negatively about feeling valued by the study site stakeholders. Professional development and mentorship program activities and topics are aligned with the themes that emerged from the data analysis and address the overall problem, a lack of understanding the transition experience and the supports and the barriers s during transition to the new role. The program incorporates a mentored process of networking and socialization to address the needs of role identity and time management of expectations and draws on their leadership qualities and adaptation to change to address the need to feel valued. This study's findings of role confusion, barriers in time management, application of leadership and adaptation qualities, and absent

mentorship during transition from clinical expert to novice nurse educator are consistent with the literature.

The aim of the literature review was to examine current literature related to mentorship and professional development programs. Review of the current literature was conducted using CINAHL, OVID, EBSCO, and ERIC, and Google Scholar online databases. The electronic databases were searched for peer reviewed articles and studies published between 2015 and 2019. The search terms used were *mentor, mentorship, mentorship program, mentee, preparation, coaching, training, nursing educator,* and *educator*. The database search yielded 52 articles; I used 37 in the literature review for the project.

Mentorship

Mentorship is a guided process towards developing knowledge and skills and an essential step in professional development (Burgess, Van Diggele, & Mellis, 2018; Greenfield, 2015). Mentorship provides new educators with a sense of community through opportunities to connect with peers, share experiences, and receive encouragement (Clochesy, Visovsky, & Munro, 2019; Haggins, Sandhu, & Ross, 2018). The NEC Is in this study identified mentorship and connecting with colleagues and peers as the most important support and struggled with a lack of a formalized process to receive mentorship during their transition to the new role. To get the most out of transitioning to a new role, novice educators need structured mentoring (Greenfield, 2015; McPherson & Candela, 2019). Structured mentorship is described by Giancola, Guillot, Chatterjee, Bleckman, and Hoyme (2018) as helpful to novice educators in planning their career

paths, navigating challenges in professional development, and supportive in becoming confident in the new role. The NEC Is in this study felt they could reach out to peers and colleagues for support, however struggled with not knowing who to reach out to. Gueorguieva et al. (2016) stated a structured approach towards developing a community of practice allows novice educators to receive timely and meaningful guidance. Cooley and De Gagne (2016) described a patch-work mentorship for novice educators as intermittent, constrained, and lacking in purposeful meaning towards their concerns. MacLaren (2018) described informal mentorship as an unstructured relationship that is weak and passive. In a formal mentorship program, the structured process builds an effective relationship; one in which the mentor and mentee rely on one another to share information and someone to collaborate with to accomplish job related activities. Mentors are leaders who guide and encourage novice educators towards achieving success and job satisfaction during the transition to their new role (Koenig, 2019). According to Clark (2015), institutions that provide professional development and mentorship programs have team members who experience an increased sense of community and job satisfaction (Clark, 2015). The findings in this study are consistent with the literature. The NEC Is in this study identified mentorship as the most important support and described the lack of a structured mentorship as a barrier during the transition period. Feeling supported and mentored during transition to a new role may have an impact on job satisfaction retention (Barnes, 2015; Logan et al., 2016; McDermid, et al., 2016; Paul, 2015; Wilkins, 2017).

Mentorship programs have the potential to positively influence job satisfaction by providing novice educators with support during the transition period (Gentry & Kelly,

2019; Giancola et al., 2018; Haggins et al., 2018; Stubbs et al., 2016). Manzi et al. (2017) and McPherson and Candela (2019) found that incorporating mentorship led to improvements in decision making, competence, and job satisfaction. Mentorship promotes the novice's professional development, which in turn promotes job satisfaction and productivity, which can lead to a transition period of positive reinforcement and feeling appreciated (McBride, Campbell, & Deming, 2019). The NEC Is in this study described feeling undervalued within the context of inconsistent time to engage in the role, lack of a formal job description, and lack of a tangible investment from the organization. McBride et al. (2019) stated when mentorship is provided, an investment is made, which leads to the mentors and mentees feeling appreciated in the role and enhances motivation to paying mentorship forward. Runyan, Austen, and Gildenblatt (2017) described the mentor mentee relationship as the piece of transition that occurs at a deeper level without fearing judgment while establishing a new identity. Add summary to fully conclude the section and transition to the next. The NEC Is in this study described the complexities of transition occurring within a duality of role identities and struggled with how to make sense of their transition situation. Feeling guided and mentored within the situation of role duality may have an impact on promoting development within the new educator role.

Role Identity

Barriers experienced by nurse educators in the health care setting include unclear expectations and varied work roles (Burgess et al., 2018). Institutions that provide professional development and mentorship programs have team members who experience

an increased sense of community and professional identity, which in turn supports an easier transition to a new role and ability to manage responsibilities (Clark, 2015). The NEC Is in this study were experts in nursing practice but novice in the nursing educator role, and all of them shared confusion about what their role as a NEC I meant. Adults in transition must be equipped with the knowledge and tools enabling them to recognize role expectations and to be resilient in the development of their new professional identity (Broughton, Plaisime, & Green Parker, 2019).

Professional identity is enhanced when knowledge is provided in how to navigate role expectations and work processes in the practice environment (Beck & Traficano, 2015; Ensign & Woods, 2017). According to Rathmell, Brown, and Kilburg (2019), mentorship support during transition allows the mentee to become aware of their individual style and approach to doing the work, facilitating a progressive development of a new professional identity. Study participants described the complexities of transition occurring within a duality of identities and struggled in forming a new identity without a formal job description. According to Thurgate (2018) and Reitz, Mitchell, and Keel (2017), making sense of how to actualize responsibilities of the new role while being a learner in the role is a reflective discourse that works through an identity mismatch between what was envisioned about the role and the reality of the role. Runyan et al. (2017) stated that exploring professional identify must be done through a process of authenticity and openness. Striving to understand a new identity as an educator was described by the study participants as an uncomfortable experience without role clarity

from the study site organization, and they expressed concern about a lack of clarity about what is expected of them in the educator role.

Establishing a professional identity is a complex process that requires peer support, eff ective communication, and a welcoming atmosphere (Ensign & Woods, 2017). Because professional identity defines a person's sense of self, a clearly defined role with support in actualizing the responsibilities cannot be underestimated in terms of creating stability and a feeling of connection with the new role (Hunter & Hayter, 2019). In addition, as novice nurse educators transition to the new role, establishing a professional identity is critical to long-term job satisfaction in terms of work life balance (Hunter & Hayter, 2019).

Time Management

Increasing responsibilities, competing priorities within dual roles, and fear of making a mistake is overwhelming during the transition period (Chang, Chiu, Hsu, Liao, & Lin, 2019; McDaniel, Rooholamini, Desai, Reddy, & Marshall, 2019). Novice educators require support in managing the increased workload that frequently comes with transitioning into a new role (Gueorguieva et al., 2016). The NEC Is in this study struggled with time management in balancing the expectations of both the nurse clinician and the nurse educator roles. Rohatinsky, Udod, Anonson, Rennie, and Jenkins (2018) stated that wearing many hats creates a heavy workload and inhibits time to commit to learning the role. However, mentorship acts as a protection from overwhelming expectations by coaching on how to set reasonable and realistic expectations for the self (Kramer, Hillman, & Zavala, 2018).

According to Gentry and Kelly (2019), a deficit of knowledge related to the new role challenges role transition by hindering time management and promotes attrition. In addition, the lack of a job definition and insufficient support leads to feeling overwhelmed by the workload and isolated within the role's unknowns (Runyan et al., 2017; Scott et al., 2017). The NEC Is in this study described reconciling their clinical expert and educator identities within an unclear job description and undefined role related expectations and attributed the situation to slowing progression of self-development in the new role. Cooley and De Gagne (2016) and Rathmell et al. (2019) described transition from clinical expert to novice nurse educator as stressful due to the amount of new responsibilities and realization that the difference between the clinician and educator role is a much wider gap than expected. The NEC Is in this study described the new workload and expectations as overwhelming and stressful. New educators experience stress during the first few months of transition, and need time to become familiar with the routine of the role (Chang et al., 2019; Dalgaty et al., 2017).

Those who have not learned role specific time management skills are not able to successfully cope with the stress and challenges experienced during transition without the support of a mentor (Cooley & De Gagne, 2016; Kramer et al., 2018; Runyan et al., 2017). In addition, a breakdown in the work-life balance of nurse educators is frequently a result of an overwhelming workload and contributes to attrition (Clochesy et al., 2019). Runyan et al. (2017) stated mentor support extends beyond the work place and helps to find balance between work and personal time. Mentoring early in the transition period demonstrates improved satisfaction in the work and increased retention, reduced anxiety

and self-confidence, and the acquisition of time management skills useful during the transition to a new role (Kramer et al., 2018).

Leadership Qualities and Adaptation to Change

Nurse educators do not necessarily have to be positioned in power to be empowered and empower others (McQueen et al., 2017). The NEC Is in this study used their attributes as expert clinicians and leaders to adapt to the new role. Cooley and De Gagne (2016) observed that personal leadership characteristics enhanced motivation towards becoming competent in a new role. In response to the barriers experienced during transition to the new role, the NEC Is in this study applied their behaviors in leadership and expertise to embrace the challenges and to develop problem solving strategies. According to Stubbs et al. (2016), transposing learned behaviors of expertise and leadership to adapt to a new role is enhanced by a mentor supporting motivation in pursuing professional development and confidence in pursuing leadership opportunities. Haggins et al. (2018) described a person who desires change as one who pursues mentorship opportunities to lead change, and thus has the characteristics to adapt to change.

Nurse educators are dedicated to the nursing profession, have a sense of responsibility to promoting staff development, and understand the long-term impact of their role as nurse educators (Cooley & De Gagne, 2016). This dedication, responsibility, and self-appreciation attracts nurse educators who are leaders that seek peer-to-peer learning opportunities to help develop a new leader identity (Rosenau, Lisella, Clancy, & Nowell, 2015). The NEC Is in this study described strategies to address the challenges of

transitioning between dual roles as adaptability to change, motivation to teach, and enthusiasm for the opportunity to apply clinical expertise and develop a new identity as both clinical expert and educator.

A lack in understanding organizational dynamics and dual role expectations within the organization was described by Runyan et al. (2017) as a barrier to adapt to change. The NEC Is described their role as wearing many hats and undervalued. According to (Rosenau et al., 2015), mentoring is one way to show new educators the value of their role and leadership characteristic, offers collegiality, and demonstrates a culture of collaboration in the workplace. Although the duality of the role was described as exhausting, it served as a way to connect their expertise and leadership with preparing for the new role. Rathmell et al. (2019) described difficulty with adapting to change when the line between expert and novice roles are blurred. Although participants experienced role confusion, they identified personal accountability of the situation in seeking support from peers to help make meaning of the barriers experienced during transition. Respondents in Stubbs et al. (2016) study indicated that it was important to receive mentorship to embrace the growth that can result from adapting expertise into successfully navigating the role of novice.

Project Description

Needed Resources

While the lack of support for clinical experts during transition to nurse educator is a concern, there is a gap in available resources to implement effective strategies that could support the transition period (Manzi et al., 2017). This mentored professional

development program uses the resources the organization already has to support professional development of the mentee and improve satisfaction with the transition experience. Resources needed for a mentorship program involves putting an infrastructure in place to support the program to run smoothly (Beck & Traficano, 2015). The infrastructure will include a welcome questionnaire, meeting space, learning resources, and a specialist to facilitate communication and help guide the mentors and mentees through the program and through their relationship. The welcome questionnaire will identify information used for matching mentors and mentees such as professional goals, skills, areas for development, and personal and professional interests. The meeting space will support uninterrupted discussion time together. Learning resources will include the agenda of the program, a guide to the mentor and mentee relationship, templates for mentees to record action items and their progress during the transition period, and journal logs to reflect on the mentor-mentee relationship. These learning resources will be recorded, stored, and maintained in alignment with the organization's policy and practice on competency filing. This section described the resources needed to implement a mentored professional development program in the simplest form of a mentor, space to meet, templates to support the mentor-mentee relationship and document professional development progress, and a specialist to facilitate program completion. However, Beck and Traficano (2015) stated there is a need for more mentors to meet the growing need for mentoring partnerships and more organizational support to meet the adequate time and energy to devote to the relationship. The following section will describe existing supports, potential barriers, and potential solutions to the barriers.

Existing Supports and Potential Barriers

The study site's Shared Governance has an existing mentorship committee including volunteer mentors for clinicians seeking advancement within the clinical career ladder, and an overall culture of support towards professional development of nurses. Professional development support includes opportunities for continuing education, academic progression, specialized certification, degree advancement, and retention (study site website, 2019). In addition, the Nursing Professional Development Services offers a Preceptor Development program, Leadership Development programs, a Nurse Residency program, and a Nursing Education Coordinator website equipped with a "Nursing Education Coordinator I new member orientation" PowerPoint presentation. These programs include tools and resources to facilitate professional development, and templates to document action items, record progress, and monitor program completion (study site website, 2019).

Additional existing support includes the experienced Nursing Education Coordinators. Study inclusion criteria data showed that the Nursing Education Coordinator committee members are rich with experienced NEC Is, defined in this study as those with greater than three years of experience in the role, who may have potential interest in serving as a mentor. Although mentorship experiences can be very rewarding and beneficial for the mentor, mentee, and the organization, mentoring requires a dedicated time commitment (Beck & Traficano, 2015).

Study data revealed time limitations is the most challenging aspect of the role. Organizational resistance to the mentored professional development program may be a

potential barrier because of the existing lack of support in terms of time to engage in the role. In addition, the lack of time may hinder experienced NEC Is away from volunteering to be mentors despite interest in the mentorship opportunity. Another potential barrier may be the ability to match a mentor and mentee, or a gap in the knowledge or skill on how to be an effective mentor and mentee to build a successful relationship. Finally, the proposed project includes intentionality with a system of tracking, monitoring, and reflecting on the transition, professional development, and mentor-mentee relationship. Nurse Education Coordinator Is and a program specialist may not be willing to spend their already stretched time providing formal feedback or documenting the transition, professional development, and mentor-mentee relationship.

Potential Solutions to Barriers

A potential solution to address the barrier of time to engage in the role may be through precedence and relating the organization's values to culture. The organization has demonstrated value of supporting transition through the provision of the Nurse Residency program, value of mentorship through the formalization of a mentorship committee, value in time by providing purposeful time to those who seek advancement in continuing education, academic progression, specialized certification, and degree advancement, and finally value in job satisfaction through a retention program. Drawing on these existing values and equalizing the priority of importance to valuing time for the NEC Is transition to the new role could lead to organizational buy in. The goal is to identify a partnership in shared objectives and a co-creation of solutions to the barrier of time.

Although the solution to the identified barriers of time could be to formalize the role, and therefor provision of time to engage in the role, would be an effective solution, it may not be feasible, realistic, and attainable within the organization's culture. The first step would be to present the problem and invite discussion on potential solutions. In addition, proposing a return on investment (ROI) by correlating the ROI success of the study site organization's existing mentorship and residency programs, and the ROI from other organization's with professional development and mentorship programs to the potential success of this project proposal may convince decision makers.

A gap in the knowledge or skill on how to be an effective mentor or effective mentee and build a successful mentor-mentee relationship may exist. A potential solution to address this barrier would be to define the roles in the program, include instruction about the expectations of the relationship, and provide strategies to develop the relationship beginning on day one of the program. Finally, a mentor-mentee match may not be made or the NEC Is and a program specialist may not be willing to spend their already stretched time in a mentored professional development program. The timetable was developed from the study data revealing NEC Is typically receive zero to forty hours a week to engage in the educator role. The timetable of three 8-hour professional development days spread over one day per week, on a feasible day within the schedule demands may be a potential solution. In addition, responsibility sharing among several mentors within the Nurse Education Coordinator committee and specialists within the Nursing Professional Development Services may be a potential solution. The old adages go *sharing is caring* and *teamwork makes the dream work*!

Proposal for Implementation and Timetable

Implementation of this proposed project will begin planning and organizing upon organizational approval. Once approval has been received, the mentor-mentee match questionnaire will be provided to the experienced NEC Is and stored for a future potential mentor-mentee match (See Appendix A). Once a novice NEC I has been assigned, implementation of mentored professional development will begin in the first week and continue over three nonconsecutive days, one day per week within their first-month of transitioning to the role. The appointing manager will notify the Nurse Education Coordinator committee chair and Nurse Professional Development Services by email within the first week of appointment. This email will include the new NEC I's completed Mentor-mentee match welcome questionnaire. The Nurse Education Coordinator committee chair will identify a NEC I mentor, the Nurse Professional Development Services will assign a specialist, and together the mentor and specialist will schedule the dates of the professional development mentorship. Day one of the program will include a meet and greet, a discussion of this study's finding and the rationale for this type of program, a review of the program content and agenda, and the schedule for the next two program days over the next two weeks will be reviewed (See Appendix A). During and after participating in the 3-day mentored professional development program, the mentee will be requested to complete evaluations to assess the effectiveness and satisfaction of the program.

Roles and Responsibilities of Student and Others

My role as a student researcher is to objectively present the findings of this study to the organization's stakeholders including the NEC Is, the Shared Governance, Nurse Professional Development Services, and the nurse managers to receive support for the mentored professional development program. The role of the stakeholders is to accept the research findings and improve the transition experience of their novice nurse educators. In addition, the Nurse Education Coordinator committee members, mentorship committee members, and Nurse Professional Development Services specialist will be responsible for providing the mentored professional development program. Finally, the mentor, mentee, and specialist are responsible for tracking, monitoring, and reflecting on the mentored transition experience.

Project Evaluation Plan

Evaluating mentorship programs is essential to ensuring that the purpose of the program and the needs of new educators during transition are met (McPherson & Candela, 2019). This mentored professional development program will include formative and goal-based evaluations. A formative evaluation survey will be provided in SurveyMonkey for the mentor and mentee at the end of each day. In addition, the daily reflective discussions and journals serve as supportive tools for the mentee to provide a well-informed formative evaluation. Through formative evaluation, immediate change is possible relative to the data collected as the program is taking place (Billings & Halstead, 2009) and establishes a review of the timeline for achieving program goals (Foster, 2014).

Goal-based evaluation will be used to determine if the program addressed the needs of novice nurse educators during their transition to the new role. The goals of this project are the following: (a) to support novice NEC Is transition by addressing their concerns (b) to provide new NEC Is with a social and professional connection (c) to help NEC Is in the development of their professional identity and management of workload expectations. Three goal-based evaluations will be provided at months three, six, and nine during the first year of transition to the new role. Through goal-based evaluation, the outcome of the program compared to the goals of the program can be determined (Foster, 2014).

Several project evaluation options were considered, including summative and outcomes-based evaluations. These options were rejected because the main goal of this project study is to address the needs the novice nurse educators identified during their transition to the new role. A summative evaluation could compliment the formative evaluation by evaluating learning obtained from the mentored professional development program compared to the current standard of no formal mentored or programmatic support during transition. However, the goal of this project study was not to assess learning achieved in the 3-day program, rather to assess whether the 3-day program addressed the identified needs of support during transition. Although an outcomes-based evaluation could measure if program objectives were met and show the impact the 3-day program had on the participant's behaviors within the NEC I role (see Center for Disease Control), the change in behavior must have a beginning and end, be predictable, and

measurable (New York State Library, 2010). The goal of the project was not to evaluate a change in the NEC Is behavior, rather to positively influence the transition experience.

Project Implications

This project addresses the needs the novice nurse educators identified during their transition to the new role based on their experience and perceived supports and barriers. Specifically, the needs addressed are to support the novice NEC Is transition, to provide them with an opportunity to make social and professional connections, to support the development of their professional identity, and to support their management of workload expectations. This study has a possible implication of positive social change by providing a structured process for improving the transition experience of new nurse educators. Transition is not solely a matter of change; rather it is the individual's experience and perception of the change (Anderson et al., 2012; Arrowsmith et al., 2016; Paul, 2015; Thurgate, 2018). By providing a structured process to support transition, a unique opportunity for growth and transformation is available (Barnes, 2015; Legare & Armstrong, 2017; Miller, et al., 2017; Owens, 2017).

Local Stakeholders

Although a professional identity eventually will develop simply by gaining experience, without role clarity, the new identity can deviate from what is expected (Blake, 2016). In addition, feelings of uncertainty and inadequacy in the role may result in prolonging socialization and connection to the role (Brown & Sorrell, 2017). This study has a possible implication on the local stakeholders through providing a mentored entry into the new role that could result in a positive attitude and feelings of success in

the new role (Barnes, 2015; Blake, 2016; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Grassley & Lambe, 2015; Hoffman, 2019; Jeffers & Mariani, 2017; Logan et al., 2016; McDermid et al., 2016; Mower, 2017; Owens, 2017; Summers, 2017; Wall et al., 2018). Strategies within this project are focused around socialization and emphasize the peer and collegial relationships involved in establishing a new identity. These strategies address coping with change and could have a possible implication on the local stakeholders by assisting a smooth transition (Jetha et al., 2016; Legare & Armstrong, 2017; Logan et al., 2016; Mann & De Gagne, 2017; McDermid et al., 2016; Owens, 2017; Paul, 2015). Coping strategies influence whether transitional outcomes will be positive towards growth and development or negative towards catastrophizing the situation (Schlossberg, 1981).

Larger Context

The informal recruitment process and the clinician-educator duality of the role influenced the participants perception of being in transition, the duration of transition, and stressors experienced within the transition. This project study could have possible implications on the larger context by highlighting the transition period as a change event that is noticed and supported. In addition, providing a structured process to support entry into the role, could shape how effectively transition is navigated (Anderson et al., 2012). A successful transition may have an impact on job satisfaction and retention (Barnes, 2015; Logan et al., 2016; McDermid et al., 2016; Paul, 2015; Wilkins, 2017). This project study has potential implications to improve retention, through mentored socialization to the new role and training through identifying expectations and supporting

management of the expectations. Mentored programs have the potential to positively influence job satisfaction by providing novice educators with support during the transition period (Gentry & Kelly, 2019; Giancola et al., 2018; Haggins et al., 2018; Stubbs et al., 2016). This project study promotes the novice's professional development, which in turn has potential to promote job satisfaction and productivity, which can lead to a transition period of positive reinforcement and feeling appreciated by the organization, resulting in retention (McBride et al., 2019).

Section 4: Reflections and Conclusions

The purpose of this qualitative case study was to understand the experience of the novice NEC Is' transition into the new role and examine the perceptions of supports and barriers during the transition period. I identified several perceived needs during the transition period that produced the mentored professional development project study. In this section, I discussed the project's strengths and limitations, and alternative approaches to addressing the problem of a lack of understanding the novice nurse educators' transition experience. This section also includes a reflective analysis of my personal learning and growth in the project development and a reflective discussion on the importance of the work and potential impact for positive social change.

Project Strengths and Limitations

Strengths

The strength of the mentored professional development project was the alignment of the agenda in addressing the identified needs of the novice nurse educator, the alignment of the program's flexibility to use the organization's existing resources, and the alignment with acknowledging the nurse educators as leaders. This mentored professional development program was meaningful for the novice nurse educator because the agenda is responsive to what the project study participants said they needed to support professional development during the transition period. Specifically, the topics covered were role identity, management of workload expectations, making a social connection, and feeling valued. According to Anderson et al. (2012), people draw on resources to accomplish making sense of change and create meaning during transition. A strength of

the project was that it shapes how effectively transition is navigated by providing a structured process of networking with peer resources to define the role and navigate workload expectations.

Adult learners are motivated to learn when instruction is applicable to their situation and provides practical information to help solve problems (Knowles et al., 2012). Another strength of this project was that it embeds the program content with andragogy for professional development. The content is applicable to supporting the transition of the novice into the new educator role through using the clinical expert's established leadership characteristics as self-directed learners. Specifically, the agenda involved the novice nurse educators in experiential activities with immediate relevance, used networking with peers as a problem-centered learning approach to understanding the role, and provided reflective opportunities to involve internal learning and evaluation of self-concept in the new role.

According to Summers (2017), professional development and mentorship programs embrace the concept of life-long learning by providing meaningful activities to develop both professionally and personally. An additional strength of this project was providing one-on-one guidance and comradery with an expert nurse educator. Time with a peer who experienced transition to the new role facilitates making sense of the unfamiliar (Summers, 2017). Specifically, the strength of the mentorship element of the project was the provision of a structured approach towards receiving a timely response in addressing concerns and meaningful guidance in developing a community of practice.

Stakeholders must be committed to providing supportive and training resources to facilitate a novice's transition into becoming an expert (Bagley et al., 2018; Barnes, 2015; Bath et al., 2017; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Fritz, 2018; Hinderer et al., 2016; Jetha et al., 2016; Logan et al., 2016; Mower, 2017; Owens, 2017; Summers, 2017). However, solutions to contextual problems including existing gaps in available resources is important in achieving success and sustainability (Manzi et al., 2017). The strength of this project was that the design was created to implement feasible solutions that could be both an effective intervention and acceptable as feasible by the decision-making stakeholders. This approach is consistent with best practices, where the implementation of a project is associated with understanding the people and organizational context of the situation (Manzi et al., 2017; Nowell et al., 2017). Using the existing available resources was a feasible method to achieve success and sustainability in supporting the novice nurse educator during transition to the new role.

Participants within an intervention function within a social context. Program evaluations that focus on the curriculum design, intervention implementation, and situational context impact and strengthen each other, contributing to a holistic understanding of the outcomes (Erlandsson, Doraiswamy, Wallin, & Bogren, 2018). The formative and goal-based evaluations were an additional strength of this project. The formative and goal-based evaluations support understanding the novice nurse educator's experience of transition and facilitate revisions to the agenda. Building a greater understanding of transition and adapting the program to address the identified needs as

they evolve builds a successful and sustainable professional development and mentorship program that results in a meaningful transition into the new role.

Limitations

A structured program contributes to achieving buy in; however, buy in from the key program participants is identified as contributing to the effectiveness (Nowell et al., 2017). The limitation of the mentored professional development project was the need to use the organization's existing resources. Although a strength of the project was not requiring the purchase of new resources, the limitation is that the already existing resources are challenged with overextended demands of time. This mentored professional development program requires the novice nurse educators and mentor to volunteer their time for 3-full days and requires the experienced peers to set aside time in their workday schedule to participate. Although buy in from the top is critical and this demand of time from the novice educator, mentor, and peers could be considered feasible from the organization's decision-making stakeholders, buy in from the participants was essential, and it may not be considered feasible by these key players in the program. A second limitation of the project was that the mentor's personal experience with transitioning into the role could influence the effectiveness of mentorship and guidance through the program. Finally, a third limitation of the project was that it was developed from data derived from six participants in a single institution at a single point in time and may not be a true representation of the whole population of novice nurse educators' transition needs. Thus, the project may not be applicable to novice educators outside of the institution included in the study.

Recommendations for Alternative Approaches

The problem was a lack in understanding the experiences, including perceived supports and barriers, of novice nurse educators as they transition to the new role. The goal of the mentored professional development program was to support the transition by addressing the needs of the novice nurse educators. There are alternative ways to address the problem. One alternative approach to understanding the transition experience could be to collect data from the experienced nurse educators on what they perceive as important to support transition from clinical nurse expert to novice nurse educator. This inclusion of a more diverse participant pool ranging from novice to expert may be a truer representation of the problem.

Alternatively, the definition of the problem could be explained through the lens of the organization's decision-making stakeholders' perception of the role rather than the novice nurse educators experience in the role. Because nurse educators are often selected for their clinical expertise, competence as an educator may be overlooked, and therefor may have little to no orientation to the new role (Miller, et al., 2017; Mower, 2017; Shapiro, 2018). The problem could be alternatively defined as a lack in understanding the organization's decision maker's perception of the transition period and identified gaps in available resources needed to support novice educators as they transition to the new role. In addition, there is no consensus regarding the minimal qualifications or competencies for teaching that a clinical nurse expert must have to become a nurse educator (Phillips et al., 2017). Thus, alternative solutions to the problem could be a project study designed to

quantify and qualify the work of the nurse educator in effort to develop a ROI proposal for a formalized position.

Scholarship, Project Development and Evaluation, and Leadership and Change Scholarship

Scholarship in research means a path towards improving the social context in which clinical educators work. Outstanding scholars have contributed original research in transition and in the experiences of novice educators, and I wanted to create a new piece of knowledge in the discipline of clinical educator and develop solutions to problems. Thus, I entered the doctoral program with an immense amount of excitement. I learned that the type of scholarly research and writing at a doctoral level was detailed, occasionally confusing, and often challenging to complete in lieu of the activities of daily demands. I used my established skills in reflection and critical thinking to reflect and think differently about the research process. Although my professional experiences led me to feel like an old hat in conducting a needs assessment and developing a solution-oriented curriculum, the cyclical nature of doctoral research prescribed a detailed engagement with the topic that created a strong intimacy with the problem. Verifying that there is enough literature to support my topic was humbling in terms of setting the stage for approval to conduct research. Identifying the evidence in literature needed to support my research question was eye-opening to appreciating my bias towards there being a problem. And, critically reviewing the local problem to know whether more research is truly needed or not needed was clarifying in terms of the purpose of the project.

In addition, the objectivity of conducting research, collecting data, analyzing data, and reporting the data was challenging in terms of bias. Becoming aware of bias and incorporating strategies to address bias and refrain from influence challenged my natural response to the problem. Throughout the analysis process, my awareness of maintaining a clear purpose of the study data and objectively connecting the purpose with the results was life changing. The results of the study were not what I expected, but they accurately depict the participants experience.

Finally, this doctoral program has coincided with many physical challenges, personal struggles, professional changes, and academic confusion in my life. Through each challenge and change, I gained a new perspective of my sense of self, including determination to overcome failures and apply scholarship to this project study. Self-discipline, motivation, and focus were at many times challenging to maintain in the context of life changes over the years. The necessity of sustaining focus on the demanding expectations including exhaustive literature reviews, comprehensive data analysis, and coherent scholarly written communication of the entire process as it developed and changed within the assignment of four different chairpersons was difficult. One experience I found difficult was letting go of a previous chairperson's vision and learning how to re-develop my thought processes. Overall, engaging in this opportunity to be part of a rigorous scholarly endeavor has changed my view of self-care and self-promotion of voicing needs necessary to support success and feel accomplished.

Project Development

This project was developed from a case study and created within the context of the participants' situation. The need to support novice nurse educators with opportunities for professional development and mentorship during transition to the new role was supported by the data in this research project. The study participants provided substantial narrative that made identifying the supports and barriers easier than expected. However, the institution's contextual complexities that formed the root of supports and barriers for the nurse educators were difficult to reconcile into a project agenda that could be both feasible for the institution's decision-making stakeholders, and effective in addressing the needs identified by the study participants. Capturing the events that influenced the transition experience to create the project while avoiding a narrow focus on the institution's approach to support as the root of barriers was challenging. To implement a project deliverable without limits is to do so without value of the contextual situation in which change is needed (Cohen, 2007). Giving into the barriers would have given up on the project, while standing firm in feasible collaboration gave power to the development of the project.

Leadership and Change

Development of this project was created from the relationship built with the study data and reflects a direct link to leadership. The study participants exemplified leadership qualities within the relationships between their roles as clinical experts, novice educators, and self-motivated leaders. However, regardless of having established leadership qualities, transition to a new role means the novice relies on support to lead them to the

path of confidence, competence, and eventual expertise (Koenig, 2019). This mentored professional development program incorporated the leadership characteristics of the participants into the program through connection with peer leaders in discussion, reflection, and meaningful application to the work. Developing the mentored professional development program was an approach to improving the nurse educators' transition to the new role by empowering the participants to be aware of their role. The program's agenda described the changes implemented in transition to the new role through the content, purpose, and goals.

Reflective Analysis of Self as a Scholar

The experience throughout this doctoral program was key to preparation for the dissertation process. For many years I completed reading, writing, and discussion assignments that were scholarly and reflective. Although I often felt like a task driven robot running in a circle going nowhere, I became a novice researcher. Conducting a qualitative case study provided an opportunity to understand the experiences and perceptions of the participants. The guidance of the doctoral program provided insight on how to listen to the study participants' experience objectively. Reviewing the data clearly identified needs of the novice nurse educators during their transition that needed to be addressed. In addition, listening to the interviews and reviewing and analyzing the data with the level of commitment required to fulfill the role of a qualitative researcher became an intimate process. I developed an emotional connection with the data that inspired my commitment to change. Conducting a review of the literature to inform on the project provided an opportunity to step back and reflect again on the data and gain

clarity in the decision to develop a mentored professional development program for this project.

Reflective Analysis of Self as a Practitioner

The research process looks like nursing education. It begins with a needs assessment and ends with an action item towards change. As the researcher in this study, each phase in the doctoral program was important to achieving the development of the mentored professional development program. Although I used my established skills as an educator, a nurse clinician, and a leader in the development of this project, the guided support throughout the doctoral process was one of the most important influences on completion of this project.

Leaders and change agents are created from mentors (Koenig, 2019). Developing this project within the doctoral process served as mentorship to develop my existing skills and leadership qualities. The guided process served as an opportunity to critically assess the situation being studied, and to be equipped with confidence in the ability to engage with the data in a way that produced a project that was feasible and effective. The design of this study was a good fit for the purpose of understanding the experience of the participants. The project was a good fit to support novice nurse educators during their transition to the new role by addressing the needs identified through their perception of supports and barriers.

Reflective Analysis of Self as a Project Developer

Developing a project to address the needs identified by the study participants was an intimidating task. Efforts to connect the literature with the research and with the

participants' perspective, in effort to build a common approach to effecting change was a humbling experience. I must concede that during the development of the project, I was constantly reminded of the voice of the participants, and by their stories which I became intimately connected with during the exhaustive interview analysis. The following nagging question settled in my mind and taunted my project development: "Will they truly feel that a mentored professional development program will change their experience, or will they be disappointed a formal educator position that includes monetary and time compensation was not achieved?" When I began to develop the project, I could only see the data as a contradiction of needs and institutional feasibility to support the transition. However, as I worked through the guided doctoral checklist and templates, I began to see how a project could be developed to address both needs and institutional feasibility. I must celebrate growth in the project development process. When I neared the end of the development of the project, the following voice of reassurance replaced that nagging question: "Even if the study resulted in a formal position, professional development and mentorship is needed to support the transition, and this project addresses that need."

Reflection on Importance of the Work

Mentoring as an important part of professional develop is often overlooked as a resource for novice educators as they transition to the new role (McPherson & Candela, 2019). Although the findings of this study revealed challenges during the transition period related to a lack of support, study participants shared a positive response to moments of feeling mentored during the transition process. The literature strongly

suggested that mentorship may facilitate professional development, and that quality mentorship requires a structured program (Giancola et al., 2018). Although informal moments of mentorship were beneficial and regarded as positive, without a structured mentored process to support professional development, the overall transition experience was stressful. The reflections generated through the doctoral process and the overall learning gleaned from this study data is an appreciation for mentorship. I appreciate that the aim of a structured mentorship program is not necessarily to fix the inherent institutional challenges in supporting educators, rather mentored professional development focuses on enhancing the established abilities of the mentee through building self-confidence and role-competence to produce desired outcomes (Burgess et al., 2018).

Reflecting on the importance of this work linked the value of supporting a novice nurse educator's transition to ultimately benefiting the care given to patients and clients. Feeling supported and valued during transition into a new nurse educator has an impact on the quality of the patient experience (Scott et al., 2017). The importance of mentorship and professional development extends beyond participation in a program through the potential to pay it forward. Mentored professional developmental provided for a novice nurse educator during transition to the new role extends the boundaries of the program to benefit peers, learners, and colleagues. In turn, this collaboration of shared benefit eventually transfers into care for the patients or clients admitted to the healthcare institution.

Reflecting on the importance of this work has additionally yielded an appreciation of the variability of professional development and resiliency during transition. The literature strongly suggested transition is a process of coping with unpredictability (Anderson et al., 2012). The reflections generated through the doctoral process and the overall learning gleaned from this study provided a greater understanding of transition as personal growth that requires exploration of the personal experience. I have learned that I have a passion for understanding transition. I began this research with a crusader's passion for the contextual situation in which the nurse educators struggled to perform their work. As I conclude the doctoral process, my passion has evolved into wanting to better understand transition in effort to implement outcomes that could improve the experience.

Implications, Applications, and Directions for Future Research

The impact of the findings from this study data and evaluation of the mentored professional development program has potential to inform individual, institutional, and decision makers of policy about the experience of the nurse educator in health care institutions. The implications of this research suggested nurse educators in the health care institution are ineffectively supported in their role. The practical applications to promote social change and make a positive impact on the experience may include encouraging a new way of thinking about supports and barriers within this role. A new understanding of the supports and barriers has potential to lead to an important paradigm shift that considers the self-development and satisfaction of nurse educators in the role, defined

expectations to support desired outcomes, minimum training criteria, and a supported workload.

Potential Impact for Social Change in the Individual

Nurse educators may be recruited for their expertise in nursing practice and leadership qualities and given little support during transition to the new role. Because transition is a personal and individual process in letting go of former roles and learning new roles, transposing clinical expertise into expertise as a nurse educator may be a stressful and isolating experience (Bagley et al., 2018; Brown & Sorrell, 2017; Cooley & De Gagne, 2016; Legare & Armstrong, 2017; Mann & De Gagne, 2017; Miller, et al., 2017; Mower, 2017; Nguyen et al., 2018; Owens, 2017; Shapiro, 2018). The impact of a mentored transition for the individual novice nurse educator is an opportunity to promote self-development and job satisfaction. Supporting the novice nurse educator's application of coping strategies in developing a new educator identity while ensuring the old values and norms as a clinical expert and leader remain intact, has potential to promote positive feelings, confident emotions, and competent knowledge. This positive association with transition into the new role can lead to intentions of retention. Transition is the individual's experience and perception, by providing a structured process to support transition, opportunity for personal growth and transformation is available (Barnes, 2015; Legare & Armstrong, 2017; Miller, et al., 2017; Owens, 2017).

Potential Impact for Social Change in the Institution

Nurse educator roles within the health care environment may not be clearly defined, valued, or appropriately incorporated into the existing workload. The

expectations may be unclear due to inconsistent role descriptions and multiple job titles (Scott et al., 2017). The potential impact a mentored professional development program could have for the institution is an opportunity to ensure nurse educators understand their role and are performing at the level of expectations aligned with desired institutional outcomes. In addition, the institution may gain a greater understanding of the nurse educators work-life balance in terms of the added workload involved in navigating dual roles. This insight could positively impact a change in culture towards defining equitable time allotted to perform in the nurse educator role.

Potential Impact for Social Change in Policy

Building on the study findings of supports and barriers that influenced the nurse educators' transition to the new role may bring forth strategic directions for policy development. Although the NLN (2019) stated there is an essential core knowledge and skills required of a nurse educator, consensus is lacking in defining support and training in policy for nurse educators teaching in health care institutions (Phillips et al., 2017). The potential impact of this study is the opportunity to highlight a possible mismatch between expectations of the role and the support and training provided to achieve desired outcomes. Understanding the potential mismatch may impact reform in the process of recruiting and supporting the development and retention of the nurse educator workforce as essential to producing high quality nursing care.

Methodological and Theoretical Implications

The methodological implication of relying on novice nurse educators to describe their experience transitioning into the new role is important because the local problem of

not knowing the nurse educators' experience prompted exploration. The qualitative approach to this study provided an opportunity for novice nurse educators to share their stories of entry into the nurse educator role. The research process involved intense rigor to ensure credibility, however given my personal and professional interest with education in health care institutions, I found that I required purposeful awareness and reflection to maintain participant objectivity and data analysis free from personal bias. Overall, the interview data yielded a unique perspective from the participants' point of view and satisfied answering the question of understanding what the transition experience was like. Novice nurse educators in this study provided quality evidence that there was a need for structured mentorship, socialization, and professional development to establish a new identity and support managing the new workload during the transition period.

The theoretical framework upon which this study was derived was Schlossberg's theory of transition (1984) and the later work of Anderson et al. (2012). This study reflected the four concepts of support, situation, strategies and self, defined by Anderson et al. as the 4S system. The study participants described a transition experience consistent with the ideas of the 4S system in the regard that they depicted the capacity to cope with change as being influenced by self and what they brought to the situation, assessed available resources, and developed strategies to take charge of what is positive and supportive and negative and challenging during the transition. In addition, the participants' shared expressions of reward in the role, motivation to improve as educators, and desire to give their knowledge and experience regardless of challenges.

This behavior is indicative of the 4S model as demonstrated through a solution-oriented way of managing the situation that builds hardiness and sense of worth during transition.

Recommendation for Future Research and Practice

Recommendation for future research. Literature is largely focused on role transitions involving education within the health care setting in terms of moving between academia and practice. For example, nursing student to new graduate nurse, or clinical nurse expert to novice academic faculty. In addition, role transition is typically examined as exiting one role and entering into a new role (Schlossberg, 1981). More research focusing on the transition of new nurse educators in the health care setting is needed. A replication study should include novice nurse educators in various health care institutions to see if the results would be similar.

Self is what the individual brings to the transition. Personal, emotional, social, financial, and cultural characteristics influence how effectively an individual navigates and adapts to transition (Anderson et al., 2012). Additional future studies should include examining transition with nurse educators at different stages in years of experience, cultural, social, and economic perspectives.

Recommendation for practice. Recent literature strongly supports the use of transition programs involving mentorship and professional development to support confidence and competence in the new role. An intentional structured mentoring program created by the target population's personal experiences during transition to a new role is beneficial (McPherson & Candela, 2019). Recommendations for future research include a more detailed examination of the specific outcomes of mentorship that are most and least

useful and meaningful to practice. Researchers should also consider examining the perspectives of mentored participants with regard to their overall transition experience.

Conclusion

The purpose of this qualitative case study was to discover the experience of the novice nurse educators' transition and examine the perceptions of supports and barriers during the transition from a clinical nurse expert to novice nurse educator. Analyzing the data validated that the research questions were addressed and presented a detailed description of the experience. This unique perspective allowed me to see the story of transition beyond addressing the problem, and differently than what was expected from the literature review. The essence of this study offers a contribution to the body of knowledge on the perception and meaning behind the decision to become a nurse educator in the health system.

With a clinical expert to educator pathway, it can be expected that there may be novice educators entering the role with limited or no experience in teaching methodologies. Understanding the difference of the transition in terms of what inherent characteristics and qualities the nurse educator brings with them and what support is needed is important. The barriers were easy to discover and clearly identified the following needs: what is required to facilitate transition are (a) informed role expectations and (b) access to resources, including social-networks. However, the essence of the study was the meaning of self. The meaning of self during transition became clearer the more I engaged with the data. The empowerment within the participants' support of self, although more subtle than identifying gaps in resources, was the meaning behind their

decision in becoming a nurse educator, and the essence of the transition. Because of the duality in clinician and educator roles, the transition was an unnoticed and thus stressful and challenging. Regardless, motivation to succeed in the role was rooted in the commitment to the professional development of nurse clinicians that ultimately led to the reward of giving good care to patients and clients. The participants' personal empowerment assumed no power over institutional decisions about their role. However, the participants recognized self-responsibility and made choices to promote forward progression and positivity within the role. Anderson et al. (2012) described hardiness during transition as a solution-oriented approach, rather than a catastrophizing-oriented way of managing challenges. Although the participants navigated an unnoticed transition with an overwhelming workload in isolation, they illustrated a sense of resilience towards the challenges and salience towards importance for the purpose of doing what needs to be done for the patients and the nurses that care for them.

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Appendix A: The Project

New Nurse Education Coordinator I Professional Development and Mentorship

Purpose: To support the new NEC I during transition to the new role by providing an opportunity to participate in three days of mentor supported professional development that addresses the areas participants in this study identified as challenges to transitioning into the new role. The agenda is created from the analysis of the research data.

Target audience: New NEC Is in a large academic hospital.

Objectives:

- Identify role expectations
- Equip NEC Is with practical knowledge of how to access tools and resources to support informed decisions and overcome challenges
- Support NEC Is into developing role confidence during the transition
- Provide an opportunity to network and make a connection with the organization
- Establish a trusting mentor-mentee relationship with accountability and responsibility

Materials:

- Transition to NEC I Role Checklist
- Welcome questionnaire-mentor-mentee match
- Program folders (one per participant)
- Program agenda
- Sign in sheet
- Sweet Ice Breaker document
- Shared reading: The Good Mentor and How to Be a Good Mentee documents
- Self-assessment documents (mentor and mentee
- Progress tracking record
- Reflective journal
- Daily evaluation
- SMART Goals Worksheet
- Sweet Ice Breaker bag for responses and candy for prizes
- Nurse Educator video
- NLN’s top 10 reasons Worksheet and weblink
- Why You Became a Nurse Educator top 10 Worksheet
- Race Against Time answer sheet, easel, responsibility cards, and stickers
- Time Management Mind Map document
- Blank paper (3 per each participant)
- Networking Checklist Document

- Outcomes-based evaluation
- Pens
- Flash drive
- Reserved room(s) with audio-visual equipment

People resources:

- Nurse manager
- NEC I mentee
- Nursing Education Coordinator mentor
- Mentorship committee member
- Nursing Education Coordinator chair
- Shared Governance representative
- Nurse Professional Development Services specialist
- 3 NEC I peers

Time:

- Completion of welcome questionnaire-mentor-mentee match
  - 10 minutes
- Total of 25 hours
  - 8-hour days, once a week, for 3 weeks

Transition to Nurse Education Coordinator I Role Checklist Packet

This checklist is your toolkit to guide the newly appointed NEC I through the 3-day Professional Development and Mentorship Program. This checklist will be used in correspondence via email. It is intended for your use only. It is recommended that you save all completed checklists in the team member's department file.

Because it is important for newly appointed NEC Is to understand the culture by learning norms, practices, goals and values, several team members play a key role in the transition process. To facilitate a structured experience, it is essential the checklist be followed.

Transition planning begins in week one of appointment to the NEC I role, and the mentored professional development in weeks 2-4. The process is divided in 5 steps. This document will outline the process in detail and capture oversight of the program. For easy reference, follow these Quick Check Steps:

To be completed during NEC I appointment Week 1

- ☐ Immediately upon appointment: Mentee completes *Mentor Mentee Match Questionnaire* and sends email notification to NPDS
- ☐ Nurse Professional Development Services assigns a specialist
- ☐ Nursing Education Coordinator chair assigns a mentor
- ☐ Specialist schedules the 3-day program and sends email introduction to mentor and mentee. Scheduling includes
    - ☐ Mentor and mentee
    - ☐ Mentorship committee member
    - ☐ Shared Governance representative
    - ☐ 3 NEC I peers

To be scheduled once per week over three weeks

- ☐ Program day 1 (appointment week 2) ☐ Program day 2 (appointment week 3) ☐ Program day 3 (appointment week 4)

Transition to Nurse Education Coordinator I Role Checklist

Include the *Transition to the NEC I Role Checklist* document in all email correspondence

To be initiated by the appointing nurse manager and completed during NEC I appointment Week 1:

Today's Date _____

NEC I Name _____

Nurse manager Name _____

Practice Unit _____

Date of NEC I appointment _____

- ☐ Mentee completes *Mentor Mentee Match Questionnaire*
- ☐ Nurse manager notification to Nurse Professional Development Services. (Include *Mentor Mentee Match Questionnaire*) Date_____
- ☐ Nurse Professional Development Services assigns specialist
  Date_____
- ☐ Specialist sends mentor request to Nurse Education Coordinator committee chair
  Date_____
- ☐ Nurse Education Coordinator committee chair assigns mentor and notifies specialist
  Date_____

Assigned mentor name _____

Assigned specialist name _____

- ☐ Specialist coordinates/schedules Professional Development Mentorship

Professional Development Mentorship Day 1:
Date/time_____ Location: _____

Professional Development Mentorship Day 2:
Date/time_____ Location: _____

Professional Development Mentorship Day 3:
Date/time_____ Location: _____

- ☐ Specialist emails Mentor-Mentee Introduction. Include with the introduction email: *Transition to the NEC I Role Checklist* and *Professional Development Mentorship Program* agenda.
- ☐ Specialist emails presenter request to Shared Governance, NPDS and NEC committee distribution list
  - Specialist replies to email confirming date and time

Welcome-NEC I Mentor Mentee Match Questionnaire

The goal of the mentoring program is to establish a trusting relationship with accountability and responsibility from the mentor and mentee. Please fill out this profile so we may make an informed match and unlock the full potential of the relationship**.**

Mentor/mentee Name: _____

Practice area: _____

Professional goals and areas for development:

_____

Professional skills:

_____

Personal and professional interests:

_____

Goal of mentored professional development program:

_____

Goal of mentor-mentee relationship:

_____

Nurse Education Coordinator I Mentor-Mentee Introduction

Dear (mentee) and (mentor),

Welcome to the NEC I Professional Development Mentorship Program! (Mentee), congratulations on your new role and (mentor), congratulations on this exciting opportunity to provide a positive and professional support system to our newest team member. As your specialist, I look forward to facilitating your professional development and mentorship relationship. We are pleased the two of you have been matched as mentor and mentee. During your time together, you will examine the philosophy, goals, and values of continuing education here at (study site); identify resources and resource persons, and share skills, knowledge and ideas pertaining to your role as NEC I. You will also have time to discuss any concerns and questions you may have. You should plan for three 8-hour days during your first month in the new role. Although not required, we strongly encourage you to plan to stay in regular contact at least once a month during the first year of transition to the new role. You are scheduled for:

Professional Development Mentorship Day 1:
Date/time_____ Location: _____

Professional Development Mentorship Day 2:
Date/time_____ Location: _____

Professional Development Mentorship Day 3:
Date/time_____ Location: _____

Please see the attached documents: Appointment to the NEC I Role Checklist, completed Welcome-NEC I Mentor-Mentee Match Questionnaires, and program agenda.
I look forward to being your specialist and supporting your relationship as (mentee) transitions to the new role as NEC I.
Sincerely,

Specialist
cc: Nurse Education Coordinator committee chair; mentor, mentee, nurse manager

Professional Development and Mentorship Program Presenter Request

Dear educators,

It is my pleasure to announce we have new NEC I joining the team! Please join together in welcoming (name) _____. I am calling on volunteers to give 45 minutes of their time in supporting in the Professional Development and Mentorship Program. Because it is important for newly appointed NEC Is to engage in the culture by learning norms, practices, goals and values, YOU play a key role in the transition process and your contribution is appreciated. See the role, date, and time needs below. Please reply to me by (date) _____ with your availability. I look forward to hearing from you.

Shared Governance: date/time _____

NPDS: date/time _____

NEC#1: date/time _____

NEC#2: date/time _____

NEC#3: date/time _____

NEC#4: date/time _____

Thank you,
Specialist

Professional Development Mentorship Program Day 1 Agenda
Introduction

Location:

Time	Topic
0800-0845	Sign in Meet & Greet Welcome: Specialist, mentor, and mentee - Participant sign in - Specialist welcome and self-introduction - Mentor welcome and self-introduction - Mentee self-introduction
0845-0945	Opening Activity: " Sweet Icebreaker"
0945-1000	Program purpose and objectives
1000-1015	Break
1015-1100	Q&A Review *Transition to the NEC I Role Checklist* packet and 3-day *Program* agenda
1100-1230	**Program collaborates: Defining roles and relationships** • Specialist https://www.slideshare.net/activepresence/the-roles-responsibilitiesofafacilitator **Shared Reading Discussion:** • **"The good mentor"** http://www.ascd.org/publications/educational-leadership/may99/vol56/num08/The-Good-Mentor.aspx • **"How to be a good mentee"** https://www.psychologicalscience.org/observer/how-to-be-a-good-mentee
1230-1400	Lunch on your own
1400-1430	**Self-assessment:** • Mentor http://www.assist.educ.msu.edu/ASSIST/school/mentor/decided/indexdecided.htm • Mentee https://cas.wsu.edu/faculty-staff/documents/2016/03/mentee-self-assessment-worksheet.pdf/
1430-1515	**Q&A Review of program deliverables** • Progress tracking record • Reflective journal • Evaluation
1515-1530	Break
1530-1600	**Debrief and day 1 closure** • Roundtable "what is your takeaway" • Complete Day 1 evaluation

Day One Specialist Notes

- Day before:
  - Print sign in sheet and pack flash drive
  - Materials: copy to flash drive and make participant program folders (print one per participant unless otherwise indicated):
    - Transition to NEC I Role Checklist
    - Program agenda
    - Sweet Ice Breaker document
    - Shared reading: The Good Mentor and How to Be a Good Mentee documents
    - Self-assessment documents (mentor and mentee
    - Progress tracking record
    - Reflective journal (3)
    - Daily evaluation (3)
    - SMART Goals Worksheet
    - NLN's top 10 reasons Worksheet
    - Why You Became a Nurse Educator top 10 Worksheet
    - Time Management Mind Map document
    - Blank paper (3)
    - Networking Checklist Document
    - Outcomes-based evaluation
  - Send email confirmation to mentor and mentee
- Day of:
  - 0730-0800 Tables in roundtable format (circle or square). Audio/visual equipment on; presentation materials ready
  - 0800-0815 Have sign-up sheet and program folder with all materials at entry and greet participants for 15 minutes
  - 0815 begin welcome
  - 0845-0850 Handout "Sweet Ice Breaker." Explain rules.
  - 0850-0905 Activity. Get candy and drop bag prepared while participants engage in activity.
  - 0905-0910 Instruct participants to enter responses into drop bag
  - 0910 begin sweet reward responses
  - 0940 announce the last sweet reward response
  - 0945 end "Sweet Ice Breaker" and begin program purpose/objectives
  - 1000 send to break.
  - 1015-1100 review and discuss checklist packet
  - 1100-1115 define roles and relationship in the program
  - 1115-1145 quiet reading
  - 1135 give a 10-minute reading wrap up warning
  - 1145 begin shared reading discussion: open question "what stood out to you the most"
  - 1225 give a 5-minute discussion wrap up warning
  - 1230 dismiss to lunch.
  - 1400 welcome back from lunch; instruct to take 10-15 minutes to complete self-assessment
  - 1410 give 2-minute wrap up warning
  - 1415-1430 self-assessment discussion: open question "what did you learn about your strengths and opportunities in your role as mentor/mentee?
  - 1430-1445 review progress tracking record
  - 1445-1500 review reflective journal
  - 1500-1515 review evaluation
  - 1515 break
  - 1530-1545 debrief
  - 1545 complete evaluation
  - 1600 thank participants, announce program day 2 date, time, location
  - 1605 begin room clean up

Sweet Ice Breaker

You have 15 minutes to answer as many of the following questions you can. Tear away your responses on the dotted line, fold each answer in half, and drop them in the bag. Reponses will be read to the group. If you correctly guess the respondent, you get a sweet reward!

- Describe how and when you came to work at this company.

- Share your biggest current challenge at work.

- Share two things about yourself that you think no one at your table knows about you.

- Tell your coworkers what you appreciate about your coworkers.

- Share what you like about your current job.

- Share the funniest or most fun situation you have experienced at work.

- What is your favorite pet, and why?

- If you could pick your birthday dinner, what would you choose to eat?

- If you could choose one location for your next travel adventure and money is no object, where would you go and why?

Professional Development Mentorship Program Day 2 Agenda
Role Identity and Time Management

Time	Topic
0800-0815	Sign in
0815-0830	Group roundtable recap of program day 1
0830-0930	SMART Goals Worksheet https://www.exploring.org/activity/setting-smart-goals-activity/
0930-1030	• Nurse Educator https://youtu.be/3666k68hynI • NLN's top 10 reasons Worksheet and discussion http://www.nln.org/about/career-center/career-as-a-nurse-educator • Why did you become a Nurse Educator?
1030-1045	Break
1045-1200	**Defining the NEC I role (study site specific)** • *Nursing Education Coordinator New Member Orientation and Welcome* Power Point NEC I Orientation (study site NPDS website, 2017))-NEC chair presentation
1200-1330	Lunch on your own
1330-1430	Race Against Time: What's my role? Activity Discussion-time management strategies
1430-1515	Time Management Mind Map http://www.usingmindmaps.com/mind-map-time-management.html
1515-1530	Break
1530-1600	**Debrief and day 2 closure** • Roundtable "what is your takeaway" • Complete Day 2 evaluation

Day Two Specialist Notes

- Day before:
  - Print sign in sheet and pack flash drive
  - Send email confirmation to NEC chair
  - Pack Race against time prize (two for potential tie), easel pad, stickers for responsibility cards
- Day of:
  - 0830-0845 SMART goals activity: Open questions: what is the different between a “wish” and a “goal?” What is the different between “what will you do” and “who will you be?”
  - 0845-0850 Review SMART goal worksheet and explain activity
  - 0850-0915 Walk around and discuss/assist participants in activity
  - 0915 5 minute wrap up warning
  - 0920-0930 close questions: do you think writing your goal in the SMART format might help you accomplish your goal? Do you think this is a good way to set a goal for yourself and navigate time management constraints? Why or why not?
  - 0930-0940 watch nurse educator video
  - 0940-0950 NLN top 10 reasons to become a Nurse Educator Worksheet
  - 0950-1030 Participants share their personal story in choosing to become a nurse educator
  - 1030 during break: greet NEC chair and upload PowerPoint presentation
  - 1045 introduce NEC chair
  - 1200 during lunch prepare the Race against time activity: place easel paper on walls (write one category on each paper). Every group will have 3 easel paper categories (orientation, preceptor, and professional development). The number of groups depends on the number of participants. Place responsibility cards and stickers at each group’s station
  - 1330 welcome back from lunch. Divide into even groups. Explain race against time activity. Time to complete will vary. Use remaining time to engage in group discussion time management strategies
  - 1430 introduce time management mind map activity. To be completed individually.
  - 1510 give 5 minute wrap up warning and send to break to 1530
  - 1530-1545 round table take away discussion
  - 1545 complete evaluation
  - 1600 thank participants, announce program day 3 date, time, location
  - 1605 begin room clean up

SMART Goals Worksheet

Success as the NEC I includes setting goals to get things done!

Making a SMART goal is the first step in meeting expectations in the role.

Envision something you dream about achieving or something you need to get done in the next week. Fill out the SMART GOAL Worksheet.

Example

***S**pecific*	Be able to run three miles
***M**easurable*	Log activity each week
***A**ction Oriented*	Run/Walk for 30 minutes three times a week
***R**ealistic*	Run a ten minute mile by the end of the month
***T**imely*	I want to be able to do this by the end of the month

Why You Became a Nurse Educator

There are challenges to become and remain in a nurse educator role. We cannot pretend that those challenges don't exist and we give up on improving the work environment in education. As you read the NLN's top 10 reasons to become a nurse educator, think about your reasons for being a nurse educator.

NLN Top 10 Reasons to become a Nurse Educator	What is your top 10? Put NLN's Reasons in your top 10 order.
10.You work in an intellectually stimulating environment.	
9. You have autonomy and flexibility.	
8.Your research creates knowledge and advances the field; your publications bring you prestige.	
7. Your work has value to society.	
6. You can teach anywhere in the world.	
5. You can teach from the beach or the slopes, using technology.	
4. You encourage and educate eager minds, and rejoice when your students surpass you.	
3. You shape the future of healthcare.	
2. You change lives.	
1. You teach what you love.	

List your additional reasons for becoming a nurse educator?

Reflect on your story-how did your path lead you into where you are now? You do not need to write your story, we will group share.

Race Against Time: What's my role?

Instruction/Answer sheet

In addition to maintaining clinical expertise, the role of the Nursing Education Coordinator I include several categories. Match the category with the responsibility. Match your *responsibility card* with the correct category. The first group to match correctly wins a prize!

Category	Responsibility
Unit-based orientation	Coordinate with unit/area leadership regarding orientation needs for new RN clinicians and non-RN unit staff (PCA-PCT, HUC) to maximize competency, productivity, and minimize turnover
	Perform learning needs assessment for unit/all new hires
	Update unit-based orientation manual/process annually
	Support unit/area manager in updating New Hire Form
	Collaborate with unit/area manager and administrative assistant for new hire orientation schedules
	Coordinate additional orientation experiences (shadowing off-unit/area teams etc.)
Unit Preceptors	Communicates with unit-based preceptor team
	Supports unit/area manager with Designation of unit/area preceptors
	Supports unit/area manager with Preparation of preceptor
	Supports unit/area manager with Support of preceptor in role
	Supports unit/area manager with Evaluation of preceptor
	Supports unit/area manager with Match primary preceptor with new hire
	Supports unit/area manager with Placement of nursing student practicums/capstones
Professional Development	Assign CBLs to new and existing employees
	Maintenance of employee department file containing employee competency information
	Supports unit/area manager in determining competencies, planning/implementing/evaluating competencies, maintaining Annual Competency Records and tracking
	Design, teach, and/or support specialty classes (unit area/department)
	Design, teach, and/or support unit/area in-services
	Collaborates with designated Nursing Professional Development Specialist regarding unit education and competencies

Race Against Time Responsibility cards (to be cut)

Coordinate with unit/area leadership regarding orientation needs for new RN clinicians and non-RN unit staff (PCA-PCT, HUC) to maximize competency, productivity, and minimize turnover	**Supports unit/area manager with Evaluation of preceptor**
Perform learning needs assessment for unit/all new hires	**Supports unit/area manager with Match primary preceptor with new hire**
Update unit-based orientation manual/process annually	**Supports unit/area manager with Placement of nursing student practicums/capstones**
Support unit/area manager in updating New Hire Form	**Assign CBLs to new and existing employees**
Collaborate with unit/area manager and administrative assistant for new hire orientation schedules	**Maintenance of employee department file containing employee competency information**
Coordinate additional orientation experiences (shadowing off-unit/area teams etc.)	**Supports unit/area manager in determining competencies, planning/implementing/evaluating competencies, maintaining Annual Competency Records and tracking**

Communicates with unit-based preceptor team	**Design, teach, and/or support specialty classes (unit area/department)**
Supports unit/area manager with Designation of unit/area preceptors	**Design, teach, and/or support unit/area in-services**
Supports unit/area manager with Preparation of preceptor	**Collaborates with designated Nursing Professional Development Specialist regarding unit education and competencies**
Supports unit/area manager with Support of preceptor in role	

Time Management Mind Map

Using Mind Map Time Management techniques enable you to create whole brain To Do lists and will revolutionize the way you manage your tasks.

The standard 'To Do' List is one of the basic tools of Time Management, including Mind Map Time Management. It normally follows the following process:

1. Make a list of tasks
2. Prioritize the tasks
3. Work the list

While this is fine for simple tasks, it often does not work for multiple tasks across the various roles one has to play in any given day. Some days you may only make the first three of your top ten for the day. By Mind Mapping your 'To Do' list, you put yourself back into the process.

1. Take out a piece of blank paper from your folder, draw a circle or rectangle in the middle of the page and write 'To Do' and the days of the week e.g.
2. Draw a branch coming out from the center and label it 'GOALS'

Think of the major groupings of your tasks.

3. Draw a branch coming out of the center for each of them, refer to this as 'Roles and Goals'.
4. List the tasks you would like to achieve in each of these areas as sub branches coming off the main branches. Refer to the example below.

You now have a pictorial view of all your tasks for the week on one page. All you have to do now is prioritize and manage your tasks.

Managing your tasks: You have to do the work and manage your tasks. Use this method to track and manage your tasks and stay focused.

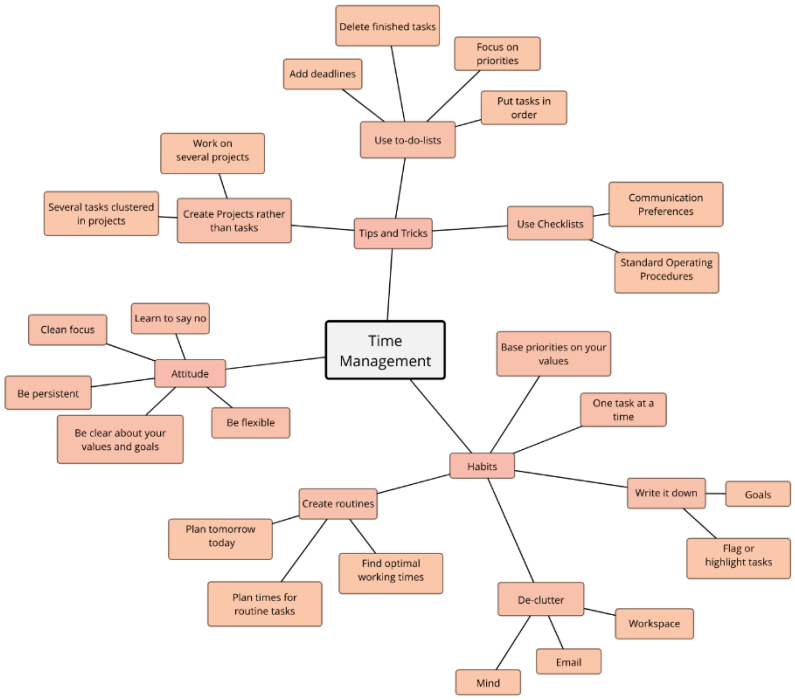
1. Highlight all the tasks you would like to do for the day in YELLOW. You could also number them in order of priority

You are now ready to start working through your Mind Map.

2. Once you have completed a task, highlight it in PINK. This will create an orange branch, which 'fades' into the background.

Doing this, you will be able to track what you still need to do and what has been done, while naturally preserving history with absolute clarity.

Completed Example:


Time Management
Tips and Tricks
Use to-do-lists
Delete finished tasks
Focus on priorities
Put tasks in order
Add deadlines
Create Projects rather than tasks
Work on several projects
Several tasks clustered in projects
Use Checklists
Communication Preferences
Standard Operating Procedures
Attitude
Learn to say no
Clean focus
Be persistent
Be flexible
Be clear about your values and goals
Habits
Base priorities on your values
One task at a time
Write it down
Goals
Flag or highlight tasks
Create routines
Plan tomorrow today
Find optimal working times
Plan times for routine tasks
De-clutter
Workspace
Email
Mind

Professional Development Mentorship Program Day 3 Agenda
Social Connection and Networking

Time	Topic
0800-0815	Sign in
0815-0830	Group roundtable recap of program day 2
0830-0850	• Purpose of networking and review of networking checklist • Review agenda/timeline for the day
0900-0945	Meet with Shared Governance member(s): Office rm _____ • Review Shared Governance website (study site) • Discuss connection of NEC I in shared governance
1000-1045	Meet with NPDS member(s): Office rm _____ • Review NPDS website (study site) • Discuss connection of NEC I with NPDS in professional development (central and local)
1100-1145	Meet with NEC I #1 Office rm _____
1200-1255	Lunch on your own
1300-1345	Meet with NEC I #2 Office rm _____
1400-1445	Meet with NEC I #3 Office rm _____
1500-1545	Meet with NEC I #4 Office rm _____

1550-1630	**Debrief and day 3 closure**
	• Roundtable “what is your takeaway”
	• Complete Day 3 evaluation
	• Closure: What now?
	  ○ Outcomes-based evaluation
	  ○ Mentor-mentee discuss relationship plan moving forward

Day Three Specialist Notes

- Day before:
    - Print sign in sheet and pack flash drive
    - Send email confirmation to Shared Governance, NPDS, and the four NEC I members

- Day of:
    - Review agenda/timeline for the day: ensure mentor and mentee are aware of office locations and understand timeline
    - Share contact and remain reachable throughout the day for troubleshooting potential issues
    - 1545 return to room for debriefing and closure
    - 1550-1605 roundtable discussion
    - 1605-1615 complete evaluation
    - 1615-1630 review outcomes-based evaluation
    - 1630 thank participants, and close out with private mentor-mentee discussion planning for relationship moving forward
    - 1645 begin room clean up
- At program completion:
    - Enter outcomes-based 3, 6, 9 month evaluation reminders to calendar: send email reminder 1 week before evaluations due

Networking Checklist (All resources are study site specific)

Purpose: Use social connections to support self-confidence. Because our role defines who we are, creating a connection with the new role may facilitate the ability to gain new perspectives, reconcile competing demands, and fully realize a new professional identity.

Shared Governance

- ☐ Review Shared Governance website
- ☐ Discuss connection of NEC I in shared governance

Shared Governance signature_____

NEC I #1

- ☐ Review NEC website
- ☐ Access NEC distribution list
- ☐ Access shared drive
- ☐ Open discussion (suggested examples):
    - A "typical day in my life as an NEC looks like"
    - What I enjoy the most is….
    - The greatest challenge is…
    - Advice-My tips and tricks are…

NEC signature _____

NEC I #2

- ☐ Review list of organizational wide and unit specific competencies
- ☐ Review competency forms and Annual Competency Record
- ☐ Review the Competency process
- ☐ Open discussion (suggested examples):
    - A "typical day in my life as an NEC looks like"
    - What I enjoy the most is….
    - The greatest challenge is…
    - Advice-My tips and tricks are…

NEC signature _____

NEC I #3

- ☐ Review New Medical or Device Implementation process
- ☐ Review New Hire Orientation process and tools
- ☐ Open discussion (suggested examples):
    - A "typical day in my life as an NEC looks like"
    - What I enjoy the most is….
    - The greatest challenge is…
    - Advice-My tips and tricks are…

NEC signature _____

NEC I #4

- ☐ Review Learning Management System
- ☐ Review Unit-based continuing education resources and CBL development
- ☐ Review Performing a needs assessment, objectives, evaluation resources and forms
- ☐ Open discussion (suggested examples):
    - A "typical day in my life as an NEC looks like"
    - What I enjoy the most is….
    - The greatest challenge is…
    - Advice-My tips and tricks are…

NEC signature _____

Confirmation Letter to Presenters

Dear _____,

Thank you for your time in supporting the Professional Development and Mentorship Program for our newest NEC I, (name)_____. This is to confirm your meeting on (date)_____ at (time)_____ in your office (rm #)_____. The checklist of areas to review and discuss are:

NEC I #1

- ☐ Review NEC website
- ☐ Access NEC distribution list
- ☐ Access shared drive
- ☐ Open discussion (suggested examples):
  - A "typical day in my life as an NEC looks like"
  - What I enjoy the most is….
  - The greatest challenge is…
  - Advice-My tips and tricks are…

NEC I #2

- ☐ Review list of organizational wide and unit specific competencies
- ☐ Review competency forms and Annual Competency Record
- ☐ Review the Competency process
- ☐ Open discussion (suggested examples):
  - A "typical day in my life as an NEC looks like"
  - What I enjoy the most is….
  - The greatest challenge is…
  - Advice-My tips and tricks are…

NEC I #3

- ☐ Review New Medical or Device Implementation process
- ☐ Review New Hire Orientation process and tools
- ☐ Open discussion (suggested examples):
  - A "typical day in my life as an NEC looks like"
  - What I enjoy the most is….
  - The greatest challenge is…
  - Advice-My tips and tricks are…

NEC I #4

- ☐ Review Learning Management System
- ☐ Review Unit-based continuing education resources and CBL development
- ☐ Review Performing a needs assessment, objectives, evaluation resources and forms
- ☐ Open discussion (suggested examples):
  - A "typical day in my life as an NEC looks like"
  - What I enjoy the most is….
  - The greatest challenge is…
  - Advice-My tips and tricks are…

Please feel free to contact me at _____with questions.
Sincerely,

(Specialist name) _____

NEC I Mentored Professional Development Program Record

Name_____

To Do	Due Date	Date Completed	Comments (optional)
Reflection Day 1 Complete journal Submit evaluation			
Reflection Day 2 Complete journal Submit evaluation			
Reflection Day 3 Complete journal Submit evaluation			
Month 3 Outcomes-Based Evaluation			
Month 6 Outcomes-Based Evaluation			
Month 9 Outcomes-Based Evaluation			

I have complete Day 1 of the Mentored Professional Development Program:
Mentee signature_____
Mentor signature_____

I have complete Day 2 of the Mentored Professional Development Program:
Mentee signature_____
Mentor signature_____

I have complete Day 3 of the Mentored Professional Development Program:
Mentee signature_____
Mentor signature_____

NEC 1 Professional Development and Mentorship Program Reflective Journal

Program Day_____

Name_____

Date_____

The reflective log is intended to serve as an additional means of thoughtful examination between you, your mentor, and the NEC 1 role. This log is designed to provide: opportunities for you to be an active participant in your learning and a written record of your progress in meeting clinical objectives.

- Reflect on & describe your goals that you set for yourself at the onset of your day
- Describe something you learned as a result of a celebrated success today, or; describe something you learned as a result of a disappointment
- What changes (personal new goals) will you intend on making for next week? How will you do so?
- What additional knowledge do you need to work on? Where might you look for additional information? Did you appropriately use the knowledge you had?
- Share and further discuss one point from discussion with colleagues that resonated most with you
- Reflect on and describe your mentor-mentee relationship

Professional Development and Mentorship Program
Daily Evaluation

Program Day_____
Name_____
Date_____

Please circle the number that most represents your assessment

1. To what extent do you feel the agenda contributed to accomplishing the goal and objectives? (circle the appropriate number)

NOT AT ALL < 1 2 3 4 5 6 7 > COMPLETELY

Comments:

2. How would you rate the overall effectiveness of meeting with the peers/colleagues in accomplishing the goal and objectives?? (circle the appropriate number)

INEFFECTIVE < 1 2 3 4 5 6 7 > VERY EFFECTIVE

Comments:

3. To what extent did this program provide you with useful tools and strategies which you expect to apply in your NEC role? (circle appropriate number)

NONE < 1 2 3 4 5 6 7 > SEVERAL

Comments:

4. What suggestions do you have for improving this program?

5. Would you suggest this program continue? (circle one response)

YES NO MAYBE

Comments:

6. What, if any, suggestions do you have for additional support in transitioning to the NEC role?

Outcomes-based Evaluation Completion Reminder to Participant

Dear (participant) _____,

I hope your time in the NEC I role has been rewarding! Can you believe _____ months have passed since your participation in the Professional Development and Mentorship Program? I am reaching out to remind you to submit your Outcomes-based evaluation month _____ to me at this email address. Your feedback is valuable and I appreciate your taking the time to complete the evaluation. Please contact me if you have questions.
Sincerely,
Specialist

Mentored Professional Development Program Outcomes-Based Evaluation
Month 3

Complete this evaluation at 3 months after program completion and return via email to specialist at (email address) _____

Refer back to your previous three months…

1. Describe your experience transitioning into the NEC I role
2. Describe supports and challenges during your transition to the NEC I role
3. In what ways has the Professional Development and Mentorship Program prepared you for the NEC I role?
4. What additional preparation do you need for the NEC I role?
5. What has the social network experience been like in developing relationships within nursing education?
6. Describe the relationship you currently have with your mentor.

Mentored Professional Development Program Outcomes-Based Evaluation
Month 6

Complete this evaluation at 6 months after program completion and return via email to specialist at (email address) _____

Refer back to your previous six months…

1. How has your experience transitioning into the NEC I role progressed over the last 6 months?
2. What additional preparation and/or support do you need for the NEC I role?
3. How has your relationship with your mentor progressed over the last 6 months?

Mentored Professional Development Program Outcomes-Based Evaluation
Month 9

Complete this evaluation at 3 months after program completion and return via email to specialist at (email address) _____

Refer back to your previous nine months…

1. How has your confidence in the NEC I role progressed over the last 6 months?
2. How has your competence in the NEC I role progressed over the last 6 months?
3. How has your relationship with your mentor progressed over the last 9 months?
4. Overall, do you feel the Professional Development and Mentorship Program prepared you for the NEC I role? Why or why not?

Appendix B: Demographic Survey

Name: _____ ___Email address:_____
Practice area/unit: _____

How long have you been practicing as a nurse clinician?

- Less than 1 year
- 1 to 3 years
- Greater than 3 years

How long have you been in the NEC I role?

- Less than 1 year
- 1 to 3 years
- Greater than 3 years

Have worked in any other educator role (excluding the preceptor role)?

- Yes
  - Less than 1 year
  - 1 to 3 years
  - Greater than 3 years
- No

Have you received academic preparation or training in education or teaching? (*Academic is defined as: of or relating to a college, academy, school, or other educational institution)*

- Yes
- No

.

Appendix C: Permission Letter to Gain Access to Participants

To: XXX

I am pursuing a Doctor of Education degree from Walden University. As a partial fulfillment of my requirements, I must complete a doctoral project study entitled "Clinical Nurse Experts' Experience of Transitioning to the Novice Nurse Educator Role." My research is a qualitative design in which the participants will be asked to participate in confidential one on one interviews. I have expressed interest in completing this study and received Institution Review Board approval from Walden University and University of XXX for Social and Behavioral Sciences.

I am writing this letter to request permission in gaining access to the Nurse Education Coordinator I employees who have three years or less of nursing education experience and 3 years or more of clinical practice experience. These employees can hold the position of full-time, part-time or adjunct.

After identifying the employees who meet the participant inclusion criteria, the individuals selected to participate will be emailed a letter asking them for their willingness to participate in the study. Along with the invitation to participate, those individuals will also receive a description of the methodology/design of the study, an explanation of their expectations and informed consent explaining their rights and that their privacy and confidentiality will be maintained.

Thank you for your time and support in helping me satisfy the requirements for my degree.

Sincerely,

Crystal Toll MSN, RN, CCRN, PCCN
Doctoral Student, Walden University

.

Appendix D: Participant Recruitment Letter

Dear colleague:

I am a doctoral student at Walden University pursuing an Ed.D in Higher Education and Adult Learning. I am also a faculty at The University of XXX School of Nursing. I am conducting a qualitative study to explore the experience of clinical nurse experts who transition to novice nurse educators and to better understand what are potential supports and challenges that may have an impact on role transition. I wish to interview Nurse Education Coordinator Is with three years or greater of clinical practice experience as a registered nurse, three years or fewer of teaching experience including time in the Nurse Education Coordinator I role, and has no academic preparation or training as an educator. If you are willing to participate, I would like to schedule an interview with you. The interview process should take approximately 60 minutes of your time. An informed consent document will be provided for you, and your identity will be kept confidential. Participation in this project study is completely voluntary. If you wish to participate, please send me an e-mail to XXX, expressing your willingness to participate. If I do not hear from you within one week of sending this letter, I may contact you by email as a follow -up to your willingness to participate in this study.

Thank you for your time and consideration.

Sincerely,

Crystal Toll

Doctoral Candidate, Walden University

Appendix E: Interview Protocol

Date _____ ___Location_____

Name: Interviewer _____Name Participant _____

Participant Identification Number_____

Instructions:

- State the purpose of the study to the participant. The purpose of this study was to discover the experience of the Nurse Education Coordinator Is' transition and examine the perceptions of supports and barriers in transitioning from a clinical nurse expert to novice nurse educator.
- Read consent form sections: procedures and voluntary nature of the study. Ask participant if they have any questions about the consent form.
- Assign participant identification number and write it on the protocol.
- Write date, location, interviewer and participant on the protocol.
- Inform participant the interview will begin and the audio recorder will be turned on.
- Ask each interview question in the same order.
- Thank the participant for participation in the interview. Inform the participant they will receive a transcript of the interview by secure email in 72 hours to review for accuracy and data interpretation. Request a return response in five business days.
- End interview by walking participant to door and thanking them for their time.

Interview Questions:

- Describe your experience transitioning into the Nurse Education Coordinator I role. What is your personal story?
- Describe supports and barriers during your transition to the Nurse Education Coordinator I role.
- Describe the support and training you received to prepare you for the Nurse Education Coordinator I role?
- What are your personal strengths and personal challenges that have influenced your transition experience?
- What resources do you have access to that support your transition? What challenges do you experience that hinder the transition?
- What has the social network experience been like in developing relationships within nursing education?
- What are the institutional investments and commitments to you as a Nurse Education Coordinator I?
- Is there anything else you would like to tell me about your experience?

Appendix F: Human Subjects Certification

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Crystal Toll (ID: 5697345)
- **Email:** crystal.toll@waldenu.edu
- **Institution Affiliation:** Laureate International Universities (Walden) (ID: 2906)
- **Institution Unit:** Doctorate of Education

- **Curriculum Group:** Student Researchers
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 20434531
- **Completion Date:** 15-Aug-2016
- **Expiration Date:** N/A
- **Minimum Passing:** 70
- **Reported Score*:** 89

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	15-Aug-2016	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	15-Aug-2016	3/3 (100%)
History and Ethical Principles - SBE (ID: 490)	15-Aug-2016	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	15-Aug-2016	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	15-Aug-2016	5/5 (100%)
Assessing Risk - SBE (ID: 503)	15-Aug-2016	4/5 (80%)
Informed Consent - SBE (ID: 504)	15-Aug-2016	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	15-Aug-2016	3/5 (60%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	15-Aug-2016	3/4 (75%)
Cultural Competence in Research (ID: 15166)	15-Aug-2016	4/5 (80%)
Students in Research (ID: 1321)	15-Aug-2016	5/5 (100%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	08-Aug-2016	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: https://www.citiprogram.org/verify/?38cd2adc-91d4-4937-8fda-8032cd84f775

CITI Program
Email: support@citiprogram.org
Phone: 888-529-5929
Web: https://www.citiprogram.org

Appendix G: NEC I Committee Chair Request to Contact Participants

Hi Lauren-
Happy New Year! I am conducting a qualitative study looking at the clinical nurse experts' experience of transitioning to the novice nurse educator role and reaching out to request 5 minutes at the NEC I monthly meeting. I have received approval from the IRB and XXX. I would like use these 5 minutes to briefly explain the study and to collect a short demographic survey that I will use to recruit participants. I do not remember when your meetings are, however, I would love to come to the next one if possible. Could you also assist me in obtaining a contact list of the NEC Is so I may email the demographic survey to those who are not in attendance at the meeting? I am excited about this study and I look forward to engaging with the NEC Is!

Thank you,
Crystal

Hi Crystal!

I would be happy to have you at our March meeting. My February agenda is completely packed and this month I tasked our NEC Is with a lot of pre-work so I want to spare them any more additions until after our Feb meeting if that is OK. We are working on building the competency portion of WorkDay which is good times :)

Let me know if this can work for you and I will send you an invite to March!

Best,

Lauren

.

Appendix H: Inclusion Criteria Survey Email

Dear colleague:

I am reaching out in the capacity of a doctoral student at Walden University pursuing an Ed.D in Higher Education and Adult Learning. I am also a faculty at the University of XXX School of Nursing and practice as a critical care nurse within the University of XXX Health Center Staffing Resource Office. I am conducting a qualitative study to explore the experience of clinical nurse experts who transition to novice nurse educators. I will have an opportunity to introduce the study in greater detail at your March meeting. At this time, I am simply seeking demographic data to determine potential study participants. Attached is a brief one-page demographic survey. Your time and consideration in completing the survey is much appreciated! Thank you for your support.

Sincerely,

Crystal Toll

Doctoral Candidate, Walden University.

https://www.surveymonkey.com/r/DGFCXTY

Appendix I: NEC I Committee Presentation

NEC I Committee Report

Clinical Nurse Experts' Experience of Transitioning to the Novice Nurse Educator Role

Background

Drawing on Schlossberg's transitional theory, a qualitative case study of clinical nurse experts who have transitioned to the Nurse Education Coordinator I role.

Purpose

The purpose of this study was to discover the experience of the Nurse Education Coordinator Is' transition and examine the perceptions of supports and barriers in transitioning from a clinical nurse expert to novice nurse educator

Significance

Extensive research on clinical nurse experts' transition to faculty in the academic environment. Little recent research on clinical nurse experts' transition to educators in the clinical environment.

Data Methods

- Demographic survey to determine potential study participant
    - Inclusion criteria: 3 years or greater clinical practice; 3 years or less in NEC I role; Voluntary
- Sample size: 5-6
- Instrument: Interview
- Member checking-transcript review

Dissemination

- Nursing Education Coordinators and Professional Staff Development Specialist
- Shared Governance
- Doctoral report published in Proquest-organization unnamed

Potential Implications

- Identify potential strengths and gaps in the transition process
- Identify potential supports and challenges influencing the transition experience
- Insight of dual role transition: expert to novice and clinician to educator in the clinical practice environment
- Illustrate information that may inform organizational support/training/strategy decisions to facilitate transition
- Contrast supports and challenges identified within Transitional Theory to the clinical nurse experts' experience of transitioning to the NEC I role

Appendix J: Participant Recruitment Email

Dear XXXXX:

Thank you for taking the time to complete the demographic survey for the NEC I study. You meet the inclusion criteria and I am excited to extend an invitation to participate in the study titled: Clinical Nurse Experts' Experience of Transitioning to the Novice Nurse Educator Role

I am conducting this study in the capacity of a doctoral student at Walden University pursuing an Ed.D in Higher Education and Adult Learning. Within UVA, I am faculty at the School of Nursing and practice as a critical care nurse in the Staffing Resource Office. I am conducting this qualitative study to explore your experience transitioning to the NEC I role to better understand what are potential supports and challenges that may have an impact on clinician to educator role transition. If you are willing to participate, please reply to this e-mail (do not use my UVA email), stating “I consent to participate”. An informed consent document is attached for your review and a hard copy will be provided to you at the interview.

The interview process should take approximately 60 minutes of your time. Participation in this study is completely voluntary and your identity will be kept confidential. Please provide me with 4-6 dates/times, anytime between February 26 and March 31, that are convenient for you. Our interview will be about 1 hour; plan for 90 minutes in your calendar to allot us a little extra time to navigate to our meeting space and to review the consent and interview protocol.

Once I receive your availability, I will send you a calendar invite with full details. If I do not hear from you within one week of sending this letter, I may email you again as a follow -up to your willingness to participate in this study.

Please reach out with any questions, thank you for your time and consideration to support this study!

Sincerely,

Crystal Toll

Doctoral Candidate, Walden University

Appendix K: Researcher Reflective Journal

Clinical Nurse Experts' Transition to Novice Nurse Educator: Researcher Thoughts:

Laughter is used as a coping strategy when she tells story of teaching expectations (DKA, recruitment b/c of telemetry experience)

Learning needs and NEC "to do's" are facilitated/motivated by events

Support and training received to prepare for this role is perceived as simply the managers seeking her out to do it. Does being believed in give the sense of being supported with the tools to do the job? Also, when asking about support-support to her is being part of leadership groups and advancing on the clinician ladder-it is not specific to NEC role rather about the clinician aspect

Willing to jump in and figure out without hands on support for self but preventing that for staff is a big part of the endearment they feel about and for their role as NEC

The expectations are unclear but the demand of the role is greater than the supply of time given to do the role

Lack of clarity to "the document" but the document is the only thing available to describe the expectations

described role as not a formal teaching role but then mentioned the formal teaching that is done as if unaware that the teaching she provides is formal. Does being made to believe the role is informal serve as a coping mechanism to be OK with the mismatch of expectations and support

Doesn't recognize formal teaching moments is formal teaching

Believes being a support and resource is "really important" but does not seem to expect that to be given to her. Helping others know their role and expectations is really important but does not have that for herself.

Laughter as a coping strategy for lack of support

NEC meetings seem to be the biggest support

Say the website and NPDS are support but no examples of how support has been given. It's appears as just saying they are supported gives the illusion that they have received support. They facilitate but not knowing them is challenging

Feels supported by being able to engage in leadership things they enjoy-like awards and recognition

Socialization occurs naturally as part of the job through attending meetings and participating in email communication. No purposeful social support given.

States time is the commitment to them as an NEC but in same breath says we don't have enough time-is rationalizing what they have a coping mechanism?

This is an NEC II but she does the same stuff as an NEC I. What makes the role title one or the other? Is it the quantity of people/areas that delineates an NEC II to NEC I? She doesn't know why she has to have a Master's degree. Nor does she have the essential Clin3

When asked about social networks within education the response was about connections with staff. I have found so far that their answers are rooted in patients and staff, not really able to make a connection with being an educator. Even when asking about a sense of belonging in an ed community the answer is back to staff centered/time demands. There is no sense of belonging even enough to answer the question

Asking about how the organization commits to her she believes their commitment is simply because they thought she could do it. It's almost as if getting the role was an honor that deserves nothing more than just being asked to do the role.

The competencies, views, output, ROI, is different with each NEC. Some are solid, and some are clueless

Criteria to be an NEC are unknown or differently known, followed or not followed

"it's fine" is a coping mechanism? Just like laughter? Resilience?

Support (time) given as a PRN. This instills that education is an intermittent need rather than a continuum.

NPDS is a namesake support…they are there but not accessed.

What comes first the chicken or the egg. Knowing somebody builds confidence to mingle, mingling builds collaboration, collaboration builds competence, and competence builds confidence. Shy to speak until a project brings them closer.

Give support and are a resource but do not expect the same support or resources for the self

Because it's not a real job I don't get an orientation to it

They don't express recruitment as purposeful because of good teaching skills, etc. recruitment is expressed as by chance. Also, no job description. How does this influence sense of belonging? And how does that influence transition?

When I ask about their strengths, they don't express that in terms of transference of knowledge, rather in communication, interpersonal skills, organization, time management. Why no sense of belonging to a culture of teaching in terms of strengths?

Literature shows participants want feedback on their performance but my participants did not express that as a need

Although their role is not formal, they are independently formalizing themselves as educators through professional development such as Master's degree in teaching

Planning is important for moving through transition but without reliable time, planning is futile

Appendix L: Member Checking

Hello XXX,

Thank you for taking the time to interview with me. I have attached the interview transcription for your perusal and confirmation of accuracy. This transcript is verbatim from the recording. Please reach out to me by May 1st with any thoughts, comments, corrections or clarifications. Thank you again for your support!

Crystal