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Transition of Expert Clinical Nurse to Novice Nursing Professional Development Practitioner

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This is to certify that the doctoral study by

Lisa M. Langdale

has been found to be complete and satisfactory in all respects,
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Abstract

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by

Lisa M. Langdale

MSN, Medical University of South Carolina, 1994

BSN, The Ohio State University, 1987

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Nursing professional development (NPD) is an evolving nursing specialty role that combines expertise in clinical nursing with ongoing education in acute care settings. A novice NPD practitioner may not understand the complexities, demands, and stressors that accompany a work role transition. This qualitative case study used thematic analysis and revealed four themes associated with the successful work role transition of an expert clinical nurse to the novice NPD practitioner. The conceptual framework guiding this study was Nicholson's work role transitions theory. The first research question sought to determine the professional experiences of expert clinical nurses as they transition into the novice NPD practitioner role. The second question, guided by Nicholson's theory, asked how the personality characteristics, self-discipline, and personal control factors influence a successful transition. Study participants were identified through a purposive sampling of 11 NPD practitioners in the United States with less than 3 years of experience in the NPD practitioner role. A qualitative data analysis was performed using a computer-assisted qualitative data analysis software. The results of this study revealed four themes: (a) no orientation to role, (b) lack of skills, (c) self-directed in role, and (d) motivation to succeed. Key elements within each theme were identified that support future successful work role transitions from expert clinical nurse to novice NPD practitioner. Further examination and implementation of these elements would be impactful on the retention of novice NPD practitioners. The findings of this study may lead to positive social change in the healthcare industry by increasing retention and increased patient satisfaction and outcomes.

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Dedication

This dissertation is to every NPD that I have had the privilege to work with over the years. It is also dedicated to all novice NPD practitioners who will continue to propel the specialty forward.

While writing and completing this dissertation study, I lost six family members; my in-laws Furman and Wilma; Uncle Joe, Grandma Martz, my sweet dog Caroline, and baby sister Paula Lambert Harris. This dissertation was completed in their honor for their love, support, and encouragement given to me throughout the years.

Acknowledgments

I would like to acknowledge my husband, Les, for his patience, love, and excellent editorial skills. My success could not be possible without him.

I would like to acknowledge and thank Dr. Nancy Williams and Dr. Mary Martin for their support and guidance during the proposal process. I am grateful for their professional generosity and willingness to develop novice researchers.

I would also like to thank the Sigma Theta Tau Gamma Omicron-at Large chapter for the New Researcher Grant which provided financial assistance to complete this study.

Table of Contents

List of Tables

Chapter 1: Introduction to the Study

Nursing professional development (NPD) is a nursing specialty that is dedicated to the professional role development, clinical practice, and professional growth of registered nurses along the skill acquisition continuum of novice to expert (Harper & Maloney, 2016). Little is understood about the link between Benner's (1984) skill acquisition model, which focused highly on time and experience gained in each stage of development, and the personal characteristics necessary for a successful transition to the emerging role of NPD. Benner's novice to expert model is heavily influenced by the Dreyfus model of skill acquisition (Peña, 2010). Both academic nurse educators and NPD practitioners must demonstrate expertise in both clinical nursing and education professions (Fritz, 2018). Novice NPD practitioners struggle to appreciate the complexities, demands, and stressors that accompany work role transition (Arrowsmith et al., 2016; Miller et al., 2017). NPD practitioners frequently leave the role within 2 years of transition and contribute to the high nursing turnover rates (NSI Nursing Solutions, Inc., 2020). NPD practitioners contribute to a positive social change in society. Rapid changes in the current healthcare environment challenge NPD practitioners to meet the many continuing education needs facing today's nurses. Harper et al. (2016) asserted with the addition of NPDs, competency can be reached in a timelier manner due to their intervention in the acclimation and learning process.

Chapter 1 discusses the background, complexity and demands of the NPD practitioner role in acute care hospitals. The lack of preparedness of the NPD practitioner to their new role contributes to the unsuccessful transition to the role. Although the

transition from clinical expert nurse to academic nurse educator has been studied extensively, the work role transition to NPD practitioner remains unstudied. Chapter 1 also describes the problem statement, study purpose, research questions, the conceptual framework that will frame the study, definitions, assumptions, scope and delimitations, limitations, and the significance and implication for positive social change.

Background

NPD is an evolving nursing specialty role dedicated to the professional role development and clinical practice of acute care nurses along the skill acquisition continuum from novice to expert (Benner, 1984; Harper & Maloney, 2016). Benner's (1984) novice to expert model evolved from the work of Dreyfus model of professional expertise to describe the progression of an individual through five levels from novice, advanced beginner, competent, proficient, and expert (Dreyfus & Dreyfus, 1980). The NPD practitioner role is expanding beyond the scope of education and training. The coeditors and foundational members of the Association of Nursing Professional Development (ANPD) Harper and Maloney (2016) defined the role of the NPD practitioner as a combination of leader, educator, facilitator, change agent, consultant, and researcher. The NPD practitioner plays an important role in the acute care hospital setting in ensuring the growth and development of nurses to provide cost-effective and quality patient care (Fritz, 2018).

The current dynamic healthcare environment has been a major emphasis for the expansion of the NPD practitioner role to include more than just ongoing education and training of the nursing staff (Harper & Maloney, 2016). The scope of responsibility of

NPD practitioners includes orientation of new hires, transition to practice for new graduate nurses, competency validation, dissemination of clinical practice, and regulatory changes. In addition, nursing professional development practitioners now lead quality and safety teams, implement technology to improve health care effectiveness and efficiencies, and are actively involved in the promotion of hospital and patient outcomes (Warren & Harper, 2017). Additionally, NPD practitioners strive to empower nurses to develop proficiency in their reasoning and critical thinking skills to improve their own delivery of safe quality patient care (Mower, 2017). NPD practitioners encourage and provide an environment for life-long learning for nurses to remain informed of evidence-based practice changes and application at the bedside.

However, novice NPD practitioners struggle to appreciate the complexities, demands, and stressors that accompany their new career choice (Fritz, 2018). The inability of an expert clinical nurse to seamlessly transition to a novice academic nurse educator role is well documented in the literature (Fang & Bednash, 2016; Feldman et al., 2015; Flanigan, 2016; Fritz, 2018; Owens, 2017). The challenges of educating in a clinical environment and the uniqueness of the different learning experiences such as a traditional classroom, simulation, virtual, and online methods, can be overwhelming to the novice NPD practitioner. An integrative review by Fritz (2018) found that unrealistic expectations, role ambiguity, poor orientation, lack of mentoring, and inadequate knowledge of educator skills served as barriers to a transition from clinical nursing to NPD roles. In current literature, researchers have identified the need to understand work

role transition phases to better support NPD practitioners through their transition process (Warren & Harper, 2017).

The multifactorial aspects of a work role transition substantiate the rationale for NPD turnover. Like the transition of novice academic nurse educator, the NPD practitioner role requires the development of new knowledge and competency and is dependent on personality characteristics and personal control factors of the individual (Arrowsmith et al., 2016). Due to a scarcity of interventional research studies, especially for the inpatient practice settings, Fritz (2018) concluded that there is a need for rigorous research with a specific focus on the transition to the NPD practitioner role.

Problem Statement

Academic nurse educators and NPD practitioners face unique challenges in role transition because they must demonstrate expertise in both nursing and education professions (Fritz, 2018). The current dynamic healthcare environment has been the emphasis for the expansion of the NPD practitioner role to include more than just education (Harper & Maloney, 2016). The complex scope of the NPD practitioner role and the acute care environment contribute to the success or failure of a work role transition (Arrowsmith et al., 2016). NPD practitioner turnover within the first 2 years of transition mirror the high nurse educator turnover experienced by academia. Fritz (2018) and Harper et al. (2012) identified the lack of research related to the work role transition from expert clinical nurse to novice NPD practitioner. Although similar, it cannot be assumed that the work role transition from expert clinical nurse to NPD practitioner or academic nurse educator are the same (Fritz, 2018). The problem is the unknown

potential factors that influence the successful work role transition of an expert clinical nurse to the novice NPD practitioner role and retention in their new role.

In 2019 Charleston, South Carolina hospitals experienced a nursing turnover rate of 17% which is slightly above the national and Southeast regional rates of 15.9% and 17.4% respectively (NSI Nursing Solutions, Inc., 2020). The local Charleston area experienced NPD turnover rates from 25% - 50% in 2019 (Medical University of South Carolina Human Resources Department, 2019; Trident Health Human Resources Department, 2019).

Purpose of the Study

The purpose of this qualitative case study was to examine the lived experiences of the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influence a successful work role transition. Moreover, I aimed to understand how the successful transition will influence the retention of NPD practitioner in their new role. The study followed an interpretivist paradigm which holds that reality is shaped by human experiences and social contexts. The study participants and I formed a subjective relationship to better understand the world from their unique experiences. The intent of the study was to explore the work role transition experiences of novice NPD practitioners. This exploration will provide a groundwork for future studies influence NPD practitioner retention.

Research Questions

RQ1: What are the professional experiences of expert clinical nurses as they transition into the novice NPD practitioner role?

RQ2: As guided by Nicholson's work role transition theory, what are the individual personality characteristics, self-discipline tendencies, and personal control factors that influence a successful transition from expert clinical nurse to NPD practitioner?

Conceptual Framework

Nicholson (1984), in the work role transitions theory, proposed that an individual's personality characteristics, self-discipline, and personal control shapes their fate both within their current job and throughout their career (Arthur et al., 1989). The central purpose of this theory was to explain the range of adjustment modes as defined by both personal and role development (Nicholson, 1984). The theory defined four adjustment modes: replication, absorption, determination, and exploration. Nicholson believed that correlation exists between the characteristics of a person, their specific role, the organizational culture, and personal and organizational adjustment outcomes. Adjustment is defined as the successful transition between work role requirements, previous occupation experience, and the organization's induction and socialization processes (Nicholson, 1984). Nicholson argued that successful work role transitions have a significant advantage for the future development of individuals and their employer. The application of this theory guided the discovery of factors that may influence successful transition and retention of novice NPD practitioners into their new role.

Nature of the Study

A qualitative case study (QCS) design was used to explore the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that

influence a successful transition. Stake (1995) proposed that collective QCS design intends to understand the uniqueness of a particular case. The QCS design produces results which provide real world experiences of the participants as they transition into the novice NPD practitioner role (see Denzin & Lincoln, 2013). The qualitative case study design allowed for the development of an appreciation of the participants' identities and the various relationships between the participants themselves and their environment (see Levitan et al., 2018).

The QCS design is consistent with the aim of the study which was to examine the individual personality characteristics, self-discipline tendencies, and personal control factors that influence a successful transition to an NPD practitioner. As framed by Nicholson's work role transition theory, I also explored the organizational components and culture that attributed to a successful transition. A purposeful convenience sampling strategy was used to select 11 participants who transitioned into the NPD practitioner role within the last 3 years. The data collection method was an in-depth qualitative interviewing using semistructured interview questions, documented field notes, and audio recordings necessary for information gathering, analysis, and accuracy of presentation (see Ravitch & Carl, 2016). An open coding method with thematic analysis was used for data evaluation. Qualitative analysis is an iterative and recursive process, guided by the work role transition theory, that allows for ongoing and summative data to answer the research questions (Ravitch & Carl, 2016). The data from all participants were used to identify patterns, trends, and emerging themes. The analysis of these interviews also provided new insight and formative knowledge to determine the experiences and

individual factors applicable to the successful transition of expert clinical nurses to novice NPD practitioner roles.

Definitions

Adjustment: The successful transition between work role requirements, previous occupational experience, and the organization's induction and socialization processes (Nicholson, 1984).

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).

Nursing professional development (NPD) practitioner: A registered nurse who influences professional role competence and professional growth of learners in a variety of settings; supports lifelong learners in an interprofessional environment that facilitates continuous development and learning for the healthcare team (Harper & Maloney, 2016).

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

Academic Nurse Educator: Qualified nursing faculty who teaches in an academic or clinical setting (Schoening, 2013).

Transition: The process of disengaging from prior roles and engaging in new roles (Allen & van de Vliert, 1984).

Work role transition: Any change in employment status and any major changes in job content, including all instances of "status passages", forms of intra- and

interorganizational mobility, and other changes in employment status (e.g., unemployment, retirement, re-employment; Nicholson, 1984).

Assumptions

A key assumption I had with this study was that the work role transition from expert clinical nurse to novice NPD practitioner is like the work role transition to a novice nurse educator. Both the NPD practitioner and nurse educator roles require knowledge in both the clinical educational realms. The work role transition for both roles require a change and adaptation in nursing practice environments. Both roles require the establishment of new relationships, the ability to work autonomously, and self-confidence in one's ability to make a successful transition. Despite the similarities, the education practice settings and the learners are different. Associate and baccalaureate nurse educator teach prelicensure students while the NPD practitioner supports the registered nurse in an acute care setting (Fritz, 2018).

Previous research for novice nurse educators was used to establish a focus and design for the study. I did not assume that work role transitions between novice nurse educators and NPD practitioners are the same. The lack of literature and evidence to support the work role transition from expert clinical nurse to novice NPD practitioner required this assumption to be necessary. However, the previous studies provided a contextual framework to build upon.

Scope and Delimitations

I addressed the unknown facilitators, barriers, and intrinsic and extrinsic factors that influence the successful work role transition of an expert clinical nurse to novice

NPD practitioner. The NPD practitioner was considered novice if they transitioned into the role within the past 3 years. This time frame was selected as a specific transition period based upon most common transition periods outline in previous studies. This specific timeframe allowed study participants to experience the transition and accurately describe their relevant experiences. I did not account for any previous past experiences that the NPD practitioner may have had such as serving as a preceptor to new nurses to the bedside. The education background or preparation of the novice NPD practitioner was not a point of focus.

The term novice was defined by Benner (1984) in her novice to expert nursing theory. The theory describes the essential stages for a nurse to garner the experience and proficiency necessary for competent nursing practice. Benner's model was informed by the Dreyfus model of professional expertise (Dreyfus & Dreyfus, 1980). Although the theory has been applied to nursing education, these studies focused on new knowledge and skills obtain through ongoing experiences (Oshvandi et al., 2016). They did not account for individual personality characteristics, self-discipline, or environmental and social factors. This focus limits the applicability of her theory in this study.

Limitations

A qualitative researcher has the responsibility to mitigate potential weaknesses or limitation of their study (Ravitch & Carl, 2016). In QCS design I had to be cautious not to allow my own experiences, prejudices, or perception cloud my view of the data (see Rubin & Rubin, 2012). My responsibility was to build trust with each participant prior to the interview session. Trust can be established by ensuring the confidentiality of the

participants' responses and the data collected during the interview (Rubin & Rubin, 2012). One limitation of this study is that the participant and researcher may have a known professional relationship. Participants may work in the same healthcare system as myself. I did not have a direct supervisory reporting relationship with any of the participants. The participants understood and believed that there were no professional ramifications from their participation in this study or any information that they may disclose during the interview. Informed consent was obtained from each participant to mitigate this limitation. Each participant read and signed the informed consent document which outlined maintenance of confidentiality throughout the study design.

Technology can play a role in the limitation of this study. Each participant interview was recorded. The use of telephone or online video conferencing methods to conduct the interview can influence how the participant responds or the interviewer interpret and records responses (Rubin & Rubin, 2012). I ensured the transcription of each recorded interview. Participants were asked to conduct member checking, or review the transcription, to provide feedback and corrections to provide clarity to their experiences.

Significance

The rapid pace of change in healthcare necessitates a continuous need for professional development and lifelong learning of acute care nurses. The current nursing workforce shortage in South Carolina is predicted to continue for the next 5-10 years (NSI Nursing Solutions, Inc., 2020). A shortage of competent nurses poses a health threat for the citizens of Charleston, South Carolina, and the surrounding region. NPD

practitioners play a crucial role in the development and maintenance of a competent nursing workforce necessary to fill this ongoing need. In current literature, researchers have identified the need to understand work role phases to better support NPD practitioners through the transition process (Warren & Harper, 2017). This study ascertained the professional experiences of the expert clinical nurse's work role transition into the novice NPD practitioner role.

Summary

Chapter 1 introduced NPD and described the problem related to the work role transition of the expert clinical nurse to the novice NPD practitioner. The purpose and significance were outlined and provided the foundation for the two research questions. The work role transition theory was described to provide the relevance for the importance of understanding the problem. The rational for the qualitative case study design was explained as part of the nature of the study. A list of term definitions was provided for clarity and consistency for the study design and analysis. The important assumption that the work role transition of the expert clinical nurse to novice nurse educator was like the transition to the NPD practitioner role was identified. The scope and delimitations of the study were reviewed. The chapter concluded with the limitations of the study. The next chapter provides a literature review of the relevant past research that contributed to the scope and design of this study.

Chapter 2: Literature Review

The rapid pace of change in healthcare necessitates a continuous need for professional development and life-long learning of acute care nurses. The current national nursing workforce shortage is predicted to continue for the next 5-10 years (NSI Nursing Solutions, Inc., 2020). A shortage of nurses poses a national health threat. NPD practitioners play a crucial role in the development and maintenance of a competent nursing workforce necessary to fill this ongoing need. In current literature, researchers have identified the need to understand work role phases to better support NPD practitioners through the transition process (Warren & Harper, 2017). This study is unique as it will explicate and document the professional experiences of the expert clinical nurses' work role transition into the novice NPD practitioner role.

The potential finding of this study may lead to positive social change in the healthcare industry. Identification of potential factors that influence the successful transition of the expert clinical nurse to a novice NPD practitioner is necessary to influence retention. Initially, the finding may benefit NPD practitioners who have invested their time and talent in during this work role transition. NPD and hospital leadership will benefit from study findings. Retention of NPD practitioners will have a fiscal impact by limiting orientation and improve quality of care provided by a competent nursing staff. A competent nursing staff is necessary to continue to provide quality care and improve patient outcomes.

Literature Search Strategy

The aim of the literature review was to examine foundational and current literature related to the work role transition from clinical nurse expert to novice NPD practitioner. The foundational literature related to Nicholson's (1984) work role transition theory was obtained using Google Scholars online database and Walden University Library theoretical framework database search. Several databases across the disciplines of education and nursing were searched to obtain the most current literature related to this problem. These databases and resources included CHAHL, ERIC, SAGE, Google Scholar provided through the Walden University Library. The literature reviews were conducted to link the work role transition experience of an expert clinical nurse to the NPD practitioner role and the influence on retention in those new roles. The following inclusion criteria were applied to all articles: (a) published in the English language; (b) peer reviewed; (c) in full text; and (d) published between 2015 and 2022. The exclusion criteria were studies not published in English and articles that were not available in full text. The following keywords were used to search the literature on the topics included in the literature search: *work transition, role transition, work roles, expert to novice, clinical nurse expert, nursing, clinical nurse educator, novice nurse educator, professional development, nursing professional development, nursing education, nurse educator, nursing faculty,* and *nursing workforce*. The literature generated 56 current journal articles that met the set criteria and were selected for use in this literature review. Twelve foundational articles provided additional background and historical perspective. Initial searches related to NPD practitioner work role transition resulted in few articles or

dissertations. The transition to an academic nurse educator role was used to provide guidance for the study.

Conceptual Framework

Work role transitions often entail a reorientation of goals, attitudes, identity, behavioral routines, informal networks, and many other large and small changes. A change is inherent in all transitions but not all changes result in transition (Meleis et al., 2000). Transition is defined as the process of disengaging from prior roles and engaging in new roles (Allen & van de Vliert, 1984). The theory focuses on how one engages in a new role rather than on how one disengages from a previous role.

Nicholson (1984) believed that a correlation exists between the characteristics of a person, their specific role, and the organizational culture and personal and organizational adjustment outcomes. Nicholson postulated that the range of adjustment modes experienced are defined by both personal and role development. Personal development is argued to be a function of role novelty and the newcomer's desire for feedback, while role development is argued to be a function of role discretion and desire for control (Ashforth & Saks, 1995).

Adjustment is defined as the successful transition between work role requirements, previous occupational experience, and the organization's induction and socialization processes (Nicholson, 1984). Personal development and role development are combined to create four modes of work adjustment: (a) replication, (b) absorption, (c) determination, and (d) exploration (Ashforth & Saks, 1995; Nicholson, 1984). Low personal development and low role development combine to create replication, where one

"performs in much the same manner as in previous jobs and also in much the same manner as previous occupants" (Nicholson, 1984, p. 176). The NPD practitioner role requires replication in teaching course curriculum. High personal development and low role development combine to create absorption, "where the burden of adjustment is borne almost exclusively by the person" (Nicholson, 1984, p.176). The NPD practitioner's creativity and personality can determine the absorption of the teaching role. Determination is the combination of low personal development and high role development. Determination is the opposite of absorption, where the burden of adjustment is borne by the role. Exploration is the combination of high personal development and high role development, where there is simultaneous change in personal and role attributes (Ashforth & Saks, 1995). Exploration in the NPD practitioner role would allow for changes to occur in both the individual and the role to support a successful transition.

Two aspects of roles are argued to affect work adjustment: discretion and novelty (Ashforth & Saks, 1995). Discretion denotes to one's freedom to alter task-related characteristics (e.g., methods, timing). The scope for role development is determined by the level of discretion. Low discretion allows minimal opportunity for modifying one's role. High discretion provides abundant opportunity for autonomy (Ashforth & Saks, 1995). Nicholson contends that high-discretion jobs necessitate role development because the person new to the role lacks the experience to conform to the role (Ashforth & Saks, 1993). Low discretion will forecast either replication or absorption modes while high discretion will forecast either determination or exploration.

Novelty is the second role requirement and refers to the degree to which the role permits the use of prior knowledge, skills, and habits. Novelty is the perception of similarity between one's new role and previously held roles. Novelty is a determinant for change in one's job-related capabilities and identity (Ashforth & Saks, 1995). The higher the novelty, the greater the pressure and necessity for personal development. The transition to NPD practitioner role allows for the expert clinical nurse to use knowledge and skills gained at the bedside. Many expert clinical nurses act as preceptors for new nurses and bring that experience to the NPD practitioner role.

Nicholson (1984) argued that successful work role transitions have a significant advantage for the future development of individuals and their employer. The application of this theory will guide the discovery of factors that may influence successful transition and retention of novice NPD practitioners into their new role.

Literature Review Related to Key Concepts and Variable

Background of Nursing Professional Development

NPD is a recognized nursing specialty that is dedicated to the professional role development, clinical practice, and growth of nurses along the skill acquisition continuum of novice to expert (Harper & Maloney, 2016). Academic nurse educators, and NPD practitioners face unique challenges in role transition because they must demonstrate expertise in both nursing and education professions (Fritz, 2018). NPD practitioners must maintain a level of clinical competency to teach nurses necessary skills and knowledge. The current dynamic healthcare environment has been the emphasis for the expansion of the NPD practitioner role to include more than just education (Harper &

Maloney, 2016). Nursing professional development practitioners are actively involved in the promotion of hospital outcomes, lead quality and safety teams, and implement technology to improve healthcare effectiveness and efficiencies (Warren & Harper, 2017). Academic educators produce traditional educational outcomes such as test scores. NPD practitioners may not only use test scores to measure outcomes but also monitor changes in patient outcomes to determine the success of training and education. The roles of NPD practitioners need to continue to be examined to frame the future competency development and NPD role preparation (Warren & Harper, 2017).

Factors Related to Work Role Transition

The common barriers to a successful transition from clinical to academic nurse educator are well documented (see Arrowsmith et al., 2016; Bagley et al., 2018; Brown & Sorrell, 2017; Clochesy et al., 2019; Dunker et al., 2019; Grassley & Lambe 2015; Hoffman, 2019; Hunter & Hayter, 2019; Mann & De Gagne, 2017; Miller et al., 2017; Miner, 2019; Owens, 2017; Schoening, 2013; Wenner &Hakim, 2019). Unrealistic expectations, role ambiguity, poor orientation, lack of mentoring, and inadequate knowledge of educator skills are common barriers identified in previous studies (Faraz, 2016; Fritz, 2018). Fritz (2018) found no literature reviews that explicitly addressed the transition from clinical nurse to an NPD practitioner role. This study will provide a foundation to determine the barriers of the clinical nurse to NPD practitioner.

One common theme identified throughout the literature were the intrinsic and extrinsic barriers experience during the work role transition (Fang &Bednash, 2016; Faraz, 2016). Intrinsic barriers were related to the perceptions, feelings, and experiences

of the novice nurse educator. Novice nurse educators describe the lack of identity as a clinical educator and uncertainty about role expectations as being a barrier to embracing the new role (Choo et al., 2018; Hunter & Hayter, 2019; McPherson & Candela, 2019). Feelings of stress escalated as the enormity of the role become apparent (Hunter & Hayter, 2019). The lack of knowledge and experience specific to education also caused feelings of stress and anxiety (Dunbar et al., 2019; Jeffers & Mariani, 2017). The need to build peer relationships for support was also identified as an intrinsic need of novice nurse educators (Kemery & Serembus, 2019). The lack of peer relationships or support often led to feelings of abandonment or fending for oneself (Jeffers & Mariani, 2017). The novice nurse educator's personal attributes influence identity formation (Dunbar et al., 2019; Kalensky & Hande, 2017; Shirey, 2016). Expert clinical nurses have clinical knowledge and experience and a desire to share and develop the next generation of nurses (Cooley & De Gagne, 2016; Miner, 2019). The internal motivation to learn and develop will build confidence and their love of teaching (Hunter & Hayter, 2019; Jetha et al., 2016; Owens, 2017; Shapiro, 2018). Novice NPD practitioners may also lack similar knowledge and experience specific to education. It is also unknown how peer support may impact the transition to the new role.

Extrinsic barriers are related to lack of formal role description and expectations, formal training, and quality professional and interpersonal relationships (Dunker et al., 2019; Faraz, 2016). Previous relevant education and experience should be considered when selecting new nurse educators for the role. Clear human resources (HR) policies should detail the appropriate minimum education preparation for the role (Nguyen et al.,

2018; Warshawsky et al., 2020). Role ambiguity is decreased when the role description outlines minimum standards and expectations (McPherson & Candela, 2019). Local hospital human resource departments were asked to provide turnover data for this study. Each hospital had different titles and job descriptions for NPD practitioner role. The lack of formal training or direction leads to a feeling of unpreparedness. Additional didactic education of knowledge development may be necessary for novice nurse educators (Dunker et al., 2019; Jetha et al., 2016; Monsivais & Robbins, 2020). Role specific orientation with a mentor or preceptor can provide experiences that ease stress and promote successful transition (Choo et al., 2018; Cooley & De Gagne, 2016; Dunbar et al., 2019; Jeffers & Mariani, 2018; McPherson & Candela, 2019; Nguyen et al., 2018). Ongoing coaching to promote the application of new knowledge through lived experience is seen as beneficial by the novice practitioner (Warshawsky et al., 2020). The lack of consistent job descriptions and requirements may lead to a variety of educational backgrounds and preparation of an NPD practitioner role.

Themes for Retention of Novice Nurse Educators

Two major themes, socialization and orientation and development, were identified in the literature that can promote the retention of the novice nurse educator. Key strategy development pertaining to these themes can mitigate novice nurse educator turnover and impact the shortage of nursing faculty (Bagley et al., 2018; Feldman et al., 2015). Socialization and camaraderie were found to impact retention. Establishment of quality professional and interpersonal relationships for peer support can familiarize the novice nurse educator with the culture of the academic environment (Choo et al., 2018; Faraz,

2016; Flanigan, 2016; Jeffers & Mariani, 2017). Mentorship was seen as a critical component of novice nurse educator retention in the majority of studies reviewed (Cangelosi, 2014; Choo et al., 2018; Glynn et al., 2017; Miner, 2019; Owens, 2017; Shapiro, 2018). However, one study found no statistically significant difference in retention between faculty in a mentorship program and those who were not (Jeffers & Mariani, 2017).

The second theme surrounded orientation, education, and development of the novice nurse educator. A learning needs assessment of the expert clinical nurse prior to the transition to the role of clinical instructor is necessary to ensure competency with basic skills and tasks (Choo et al., 2018; Glynn et al., 2017; Owens, 2017; Summers, 2017). The essential support and experience critical to develop nurse faculty skill level can be facilitated by role-specific orientation programs with a strong mentoring component (Hoffman, 2019; Shapiro, 2018; Summers, 2017). The combination of expert NPD specialist with additional resources was found to facilitate a novice NPD practitioner's role development efficiently and economically (Butlar et al., 2017). Participation in professional organizations and conferences, past clinical experience, and teaching experience was found to contribute to successful transition into the novice nurse educator role (Chase, 2015).

Previous Study Methodology and Methods

The predominant study methodology was a qualitative design from the literature reviewed. Semistructured interviews were conducted in the majority of the studies to allow common themes and concepts to emerge from the analysis (Denzin & Lincoln,

2013). Interview questions were constructed to guide the respondents to determine facilitators and barriers associated with the work role transition as well as intrinsic and extrinsic factors that impacted the successful transition. Bleich (2017) used reflective questions to determine the individual's readiness to transition into a new role. The questions were presented to study participants in either face to face interviews (including online video conferencing), focus groups, reflective journaling, or a questionnaire method. Thematic analysis was used to identify the key variables and concepts related to the work role transition into a nurse educator role.

Qualitative research design can identify the complexities and subtleties of work role transition from expert clinical nurse to novice nurse educator. A quantitative study design may not capture the nuances discovered in a qualitative approach. Data collection methods are usually more cost efficient and provide more detailed information to explain complex issues. However, data collection can be more time consuming than in quantitative design. Analysis of the data can be challenging to determine standard categories or a thematic fit of the data (Merriam, 2002). Additionally, the smaller number of study participants is an inherent weakness in qualitative design (Merriam, 1995).

Summary and Conclusions

Novice NPD practitioners struggle to appreciate the complexities, demands, and stressors that accompany their new career choice (Fritz, 2018). Scant literature was found to related to work role transition from expert clinical nurse to novice NPD practitioner. The work role transition to a novice nurse educator revealed similarities to the struggles of the NPD practitioner. The identification of these similarities provides a foundation for

discovery of the professional experiences of the expert clinical nurse's transition into the NPD practitioner role.

Results from the literature review revealed themes consistent with Nicholson's work role transition theory. Intrinsic and extrinsic factors were found to support or inhibit a successful work role transition to nurse educator role. Personality characteristics, self-discipline tendencies, and factors of personal control were found to influence the successful transition into a nurse educator (Choo et al., 2018; Dunbar et al., 2019; Jeffers & Mariani, 2017; Jetha et al., 2016; Mann & Ge Gagne, 2017; Owens, 2017; Shapiro, 2018; Wenner & Hakim, 2019). Results from previous studies provide a foundation for investigation into the intrinsic factors experienced by novice NPD practitioners.

This study addressed the research significance to modify a work role transition model to the NPD practitioner role. The implications for future study have identified the need to understand the work role transition phases to better support NPD practitioners through the transition process (Warren & Harper, 2017). The application of this new knowledge will assist the NPD practitioner to prepare for work role changes through increased information about the role, mastery of new knowledge and skill, sense of personal well-being, and confidence in adaptation into their new role (Fritz, 2018; Schoening, 2013).

Chapter 3: Research Method

The purpose of this qualitative case study was to examine the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influence a successful transition. Moreover, I aimed to understand how the transition success can influence the retention of NPD practitioners in their new role. Chapter 3 will discuss the research design and rationale and the role of the researcher. The study methodology including participant selection, instrumentation, the procedures for recruitment, data collection, and plan for analysis will be described. The chapter will conclude with an overview of trustworthiness and ethical procedures. The chapter summary will include a summarization of main points and a transition to Chapter 4: Results.

Research Design and Rationale

My study was guided by two research questions:

RQ1: What are the professional experiences of expert clinical nurses as they transition into the novice NPD practitioner role?

RQ2: As guided by Nicholson's work role transition theory, what are the individual personality characteristics, self-discipline tendencies, and personal control factors that influence a successful transition from expert clinical nurse to NPD practitioner?

In this study, I explored the work role transition of the expert clinical nurse to a novice NPD practitioner. Nicholson's (1984) theory of work role transitions guided the exploration. His theory predicts the success of transition is based upon personal

characteristics, the role, and the organization (Nicholson, 1984). I attempted to identify the individual intrinsic characteristics that can influence the success of the work role transition.

Research Tradition

A qualitative case study research methodology was used to conduct this study. Case study design was appropriate for this qualitative study because it allowed me to observe, portray, or describe characteristics of a phenomenon (see Manning & Neville, 2009). Qualitative case study research allows for the study of real-life events which are bound by time and place (Ravitch & Carl, 2016). As part of the naturalist paradigm in qualitative research, I did not attempt to replicate previous studies since the context of the research is what is critical (see Rubin & Rubin, 2012). The QCS design promotes reiteration and continuous refinement of the phenomenon being studied (Ravitch & Carl, 2016).

Research questions in a qualitative study intend "to describe, discover, or explore an experience or process" (Burkholder et al., 2016, p. 169). The language used to construct a qualitative research question is also important. The qualitative research question should start with "what" or "how" and may use exploratory verbs such as "discover" and "explore" (Burkholder et al., 2016). Qualitative research questions may also evolve over the course of the study. Additional questions may be generated during the analysis of interview transcripts to further clarify or define the research phenomenon (Burkholder et al., 2016). The problem and purpose statements are important to keep revised research questions aligned and within the bounds of the study (Burkholder et al.,

2016). Qualitative analysis is an iterative recursive process which will allow for ongoing and summative data to support the work role transition theory. The analysis provided new insight and formative knowledge in relation to how this is applicable to the successful transition of expert clinical nurses to a novice NPD practitioner role.

Rationale for Chosen Tradition

The reasoning methodology used by a researcher in quantitative and qualitative study is different. Quantitative research uses deductive reasoning to form a hypothesis prior to data collection (Rutgers University, 2020). The data were collected and analyzed to either prove or disprove the hypotheses (Rutgers University, 2020). Inductive reasoning is used in qualitative design. Data collection is performed around a general concept or topic which assists to form a hypothesis (Rutgers University, 2020). The problem and purpose of this study were exploratory in nature and led to the qualitative design. The research questions are formed from an ontology perspective. In this perspective, the goal was to engage with the participants to understand and report their reality (see Ravitch & Carl, 2016). The responses collected from the participants may provide the basis for rationale related to successful work role transition.

The descriptive design of qualitative research allows the researchers to observe, portray, or describe characteristics of a phenomenon or a specific group (Manning & Neville, 2009). As an instrument of qualitative research, I generated data by asking open-ended interview questions and making observations. Then, I used the data from all participants to look for patterns, trends, and emerging themes. In this case study design, the participants lived experiences of the work role transition from expert clinical nurse to

novice NPD practitioner provided more details and insight to development of interventions that can augment the transition process and assist in retention.

Role of the Researcher

My role in this study was to serve as the principal investigator. As a researcher, I must acknowledge that my subjectivity, the social location, positionality, and desire for meaning making will form the research process and impact the data and findings (see Ravitch & Carl, 2016). Due to the purpose of this study, I am deeply invested in meaning making and seek to understand how the participants make sense of the work role transition experiences. More importantly, I seek to understand how the individual and social experiences are related to their successful transition and retention in the NPD practitioner role.

Positionality has been defined as "the multitude of roles and relationships that exist between the researcher and participants within and in relation to the research setting, topic, and broader context that shape it (Ravitch & Carl, 2016, p. 11). Criticality accepts these complexities and the fact that roles and identifies are always in complex interaction (Ravitch & Carl, 2016). I applied a constructionist framework for this study. The constructionist framework refers to each participant having a unique frame of reference and attempts to uncover how that influences how the participant views their experiences (Rubin & Rubin, 2012).

My professional identity as a division vice president of clinical education (DVPCE) played a vital role in the data inquiry. This role created a bias and power relationship between me and the participants (see Ravitch & Carl, 2016). This bias

naturally conforms to the feminist slant in qualitative research in which there may be empathy toward those who are being interviewed (see Rubin and Rubin, 2012). During data collection, I played the role of a respectful listener and recognized that my own personal lens affected the information collected and the meaning created (see Rubin & Rubin, 2012). In keeping with the constructivist framework, I was less authoritative and allowed for the participants' view to generated meaning and important frames for understanding data (see Rubin & Rubin, 2012). I intended to document my perceptions in a researcher journal throughout the research study. Instead, a researcher journal was not kept but perceptions and thoughts were logged in NVivo 12.

The study was conducted in a neutral environment. The interviews were conducted in a location outside the participant's physical work environment, by live video conferencing. Participants may be known colleagues through professional organizations or the same employer. I am employed by HCA Healthcare as a DVPCE but had no direct supervisory role over study participants. Institutional review board (IRB) approval for inclusion of human subjects was obtained prior to the initiation of the study. Each participant provided informed consent via email prior to the individual interview being conducted. The neutrality of the study location and assurance of confidentiality minimized any ethical concerns for the study.

From initial contact with possible participants, I explained that my role was as a doctoral student conducting dissertation research. I did not meet with the participants in my professional work role. This transparency of roles between myself and participant built an open trusting relationship allowing us to form a conversational partnership (see

Rubin & Rubin, 2012). A conversational partnership is important in qualitative research. A partnership implies that the join process of discovery in data collection. I recognized that each individual participant has distinct experiences, knowledge, and perspective which are not interchangeable with any other participant. I demonstrated respect for participant's experiences and insights. Although I asked the interview questions, both myself and the participant actively shaped the conversation. The goal was for the participant to feel understood and accepted, to have trust that I believe they are sharing reliable information (see Ravitch & Carl, 2016).

Methodology

Participant Selection

A purposive sampling methodology allowed me to choose participants who can provide the most relevant experiences and information to answer the research questions (see Burkholder et al., 2016). The participant selection criteria were (a) an expert clinical nurse with greater than or equal to 3 years' experience in a clinical bedside role, (b) transitioned to an NPD practitioner role within the past 3 years, (c) no previous NPD or nurse educator experience, (d) possessed a willingness to share experiences, and (e) no direct reporting relationship to myself. According to Benner (1984), the transition from a novice to competent stage may last approximately 3 years. The criterion for at least 3 years clinical bedside practice ensured a level of clinical expertise. Three years post transition ensured that the NPD practitioner remains closest to the novice stage. Twelve previous research articles used a similar transition timeframe to identify novice nurse educators. A short demographic survey established that each participant met the selection

criteria. Exclusion criteria include more than 3 years of NPD practitioner experience, unwillingness to share personal experiences, and direct reporting relationship to myself.

A convenience sample was used to select an initial 11 participants for the study. In recent years, there has been discussion in the literature regarding the determination an appropriate sample size for qualitative research a priori rather than through saturation of concept (Sim et al., 2018). Several approaches, such as rules of thumb, conceptual models, numerical guidelines, and statistical formulae, have not yet determined a specific directive or finality for a qualitative sample size (Sim et al., 2018). Code and meaning saturation were achieved after the initial 11participants were interviewed. Data saturation is important in qualitative studies to ensure that the quality, completeness, and amount of information are sufficient for the study (Ravitch & Carl, 2016).

Recruitment

Participants were initially recruited from acute care hospitals in the greater Charleston, South Carolina region. The minimum number of participants was not obtained from that area, so recruitment was expanded to the remainder of South Carolina. The leadership for clinical education and/or nursing professional development received an email and recruitment letter that described the purpose of the study and a request to forward the email to NPD practitioners in their local acute care hospital. Additional participants were also recruited through the South Carolina Coastal Affiliate of the Association of Nursing Professional Development. Similarly, the local affiliate president was sent an email and recruitment letter that described the purpose of the study and a request to forward the email to the membership. The recruitment letter contained a brief

introduction and information about myself, described the purpose of the study, the inclusion criteria, the voluntary nature of participation, a link to the informed consent, demographic survey, and my contact information (Appendices A & B). The participants indicated consent by selecting the statement "I consent" in the electronic survey. The participants had time to review and consider consent without the perception of coercion by the researcher.

The results of the short demographic survey were reviewed to determine inclusion or exclusion from the study. If a potential participant did not meet the inclusion criteria, an email was sent to thank them for their interest in the study and provided notification that they have been dismissed from the pool of potential participants. This procedure continued until 11participants had been recruited. If saturation had not been achieved after the 11 initial participants had been interviewed, additional participants would have been contacted. If necessary, I would have used a snowball sampling strategy. Snowball sampling allows for potential and actual participants to share information about the study with peers and colleagues to increase the applicant pool (Ravitch & Carl, 2016).

Instrumentation Development

Individual participant interviews were the data collection method used in this case study design. The core purpose of the participant interviews was to capture perspective, understand, and engage with participants who have both broad and specific expertise in relation to their own experiences (see Ravitch & Carl, 2016). These interview sessions were guided by semistructured questions. According to Rubin and Rubin (2012), a semistructured interview allows the interviewer to have more control than in an

unstructured interview. This technique allowed for participants to express their feelings and experiences with little interference from the researcher while maintaining alignment with the research questions and purpose (Manning & Neville, 2009). The interview guide contained the specific questions that were asked of each participant as well as additional probing questions that may be necessary to divulge additional subjective knowledge about the work role transition experience (Rubin & Rubin, 2012).

I developed the instrument to explore the lived experiences of expert clinical nurses to the novice NPD practitioner role. The conceptual framework, Nicholson's (year) work role transition, formed the foundation for the interview questions. This framework postulated that personal and role development combine to form work adjustments modes. Personal development is linked to the role novelty, the similarity in a previous or new role or the use of prior knowledge, skills, and habits. Role development is linked to role discretion, autonomy in the new role or the freedom to alter tasks-related characteristics (Ashforth & Saks, 1995). The themes of previous work experience, autonomy in the role, and development of role identity from the literature review supported this line of questioning (Bagley et al., 2018; Barnes, 2015; Bleich, 2017; Dunbar et al., 2019; Fang & Bednash, 2016; Hunter & Hayter, 2019; Jetha et al., 2016; McPherson & Candela, 2019; Owens, 2017; Wenner & Hakim, 2019). Interview questions were formed to explore the participants' prior work experience as an expert clinical nurse and perception of autonomy in the NPD practitioner role.

According to Nicholson (1984), a relationship exists between the characteristics of a person, their specific role, and the organizational culture to work role adjustment

outcomes. The literature review revealed three major themes grounded in the work role transition conceptual framework: intrinsic and extrinsic barriers, socialization, and orientation and ongoing development. Additional interview questions were constructed using these themes to further explore the novice NPD practitioners work role transition experience. The interview guide consisted of 10 open-ended interview questions (Appendix C). I did not use questions from any previous study but used the themes and outcomes to formulate questions relevant to the work role transition of an expert clinical nurse to a novice NPD practitioner.

Content Validity

Qualitative case study design is different from quantitative design in determination of the validity of the data collection instruments. The researcher is unable to statistically test the validity and reliability of the interview questions (Majid et al., 2017). A field test is specific strategy used to determine the validity of a qualitative data collection instrument (Majid et al., 2017). A difference exists between a field test and pilot test or study. In a field test, no human subjects are enrolled, and data was not collected. A select group of topic experts are chosen to review the quality of the interview questions in relationship to the topic of the study. A pilot test or study data were collected from human subjects with the purpose to conduct statistical tests and determine the validity of the instrument (Majid et al., 2017).

Thus, I performed a field test of the researcher-developed interview questions. A small, select panel of NPD experts were asked to review the interview questions to ensure credibility, dependability, validity, and risk level related to work role transition to the

novice NPD practitioner role. The expert review provided feedback on the appropriateness of the questions being asked and how the questions are being asked in relation to the research questions and purpose (see Majid et al., 2017). The panel did not answer the interview questions and no data were collected during the review. Comments and feedback from the panel were used to revise the interview questions. The intent of the field test was to avoid ambiguity and bias, to reduce repetition of the questions, or to adjust work choice to establish authenticity.

Procedures for Recruitment, Participation, and Data Collection

Informed consent is an integral component of any research study involving human subjects (Merriam, 2002). Any participant in a research study must understand the full research process, including the purpose, methods, anticipated benefits, and potential risks, any harm or discomfort that could be experienced by the participant, funding for the research, institutional affiliations, and any conflict of interest of the investigator (Ravitch & Carl, 2016). Additional information that can be contained in the informed consent include the right of participants to withdraw from the study at any time or to refuse to answer questions, a request for permission to video tape the interview, and the approximate time frame required for the interviews. The informed consent form included a statement explaining that if, after volunteering for the study, participants decided not to participate the information provided would be discarded and not used in the study.

A meeting time and private location convenient selected by the participant was arranged to conduct the interview. Each meeting started by reading a scripted introduction to the participant to explain what will occur during the interview. I answered

any questions or concerns asked by the participants. Participants were informed that if at any time during the interview they feel the need to leave or stop the interview, termination of the audio taping and the interview would occur. The participant understood if they experience any emotional strain or discomfort, they may request for the interview to end. Participants experienced no negative consequences if they did not complete the interview and all information provided from the interview, including the videotaped information, would be erased. The final part of the study introduction informed participants that the data collected would be used to examine the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influence a successful transition.

Data Collection

The audio recordings were transcribed for each interview and used to conduct qualitative data analysis. An open coding method with thematic analysis was used in the analysis. Qualitative analysis is in iterative and recursive process which will allow for ongoing and summative data support the work role transition theory (Stake, 1995). The analysis also provided new insight and formative knowledge in relation to how this is applicable to the successful transition of expert clinical nurses to a novice NPD practitioner role.

After IRB study approval was obtained from the HCA Healthcare system and Walden University, # 02-12-21-0640343, data collection proceeded. An email invitation and recruitment letter were sent to HCA Healthcare facility NPD practitioners and South Carolina Coastal Affiliate of the Association of Nursing Professional Development

President with the request to forward to any NPD practitioner in the organization. The recruitment letter provided potential participants an introduction to the study including information on the study, the contact information, and the criteria for participating in this study. During initial contact with the potential candidate a time, date, and location for video conferencing meeting was arranged. The participant was asked to select a time and location that would minimize the opportunity for interruptions.

Preinterview

Prior to initiation of the interview videotaping session, the participant was asked to make themselves comfortable. Participants were asked to place a do not disturb sign on the door of the interview room as appropriate. A safe, comfortable, and respectful atmosphere assists to establish trust and good rapport with the participants. I maintained a calm, relaxing, non-judgmental, respectful demeanor while questioning the participants.

At the interview session meeting, an introduction took place, and the study purpose, duration of the interview, the need for videotaping, the participant's rights, and privacy protection were explained. The benefits and risks of the study were reviewed with the participant. Participants were asked if they have any questions about the purpose of the study, the process of the interview, their rights in the study, and the privacy protection. The introductory portion of the meeting took no longer than 15 minutes.

A person-to-person, open-ended, semi-structure interview was the data collection method for this study. This type of interview allowed participants to express their personal experiences of role transition in-depth. I asked the same specific questions

during each interview but may have also been asked probing questions to further obtain and encourage elaboration of participants' responses (Rubin & Rubin, 2012).

Interview

The person to person, semi-structured interview was scheduled to last 60 to 90 minutes with each participant. The participant had the authority to stop the interview at any point in which they felt uncomfortable. Two audio recording devices were used to ensure complete capture of the entire interview in the event of a malfunction of one of the devices. I engaged in active listening techniques and provided feedback as needed. I remained silent while the participant was speaking to allow the participant to gather their thoughts and reflect on their responses.

Postinterview

At the conclusion of the interview, the participant was thanked for their time and responses. The participant was reminded to expect an email in approximately one week containing the transcription of the interview. The participant was asked to review the transcript for accuracy of content and address any concerns. Participants were instructed to review the transcripts within two weeks. The audio device was checked to validate that no problems occurred during the recording. Each participant was given a letter/number identification to maintain their anonymity.

This interview process was repeated for the initial 11 participants. No additional participants were recruited since data saturation was reached. Data saturation allows the researcher to determine if the data obtained are adequate and at what point further data

collection becomes redundant and doesn't provide any additional relevant information (Sim et al., 2018).

Member check, respondent validation, or participant validation are validity measures to establish credibility. Researchers check in with participants about different aspects of the research process and the parts of the data set that pertain to them. Participant validation varies depending on approach, goals, and research questions (Ravitch and Carl, 2016).

Data Analysis Plan

Qualitative data analysis is an intentional and systematic research process that assists the researcher to "make sense of their data" (Ravitch & Carl, 2016). The data focused on the experiences of each participant and examined those experiences for shared themes consistent with a case study approach. The process consists of three key components: data organization and management, immersive engagement with the data, and writing and representation.

This case study design used interactive dialogue between the participant and researcher to explore and improve the work role transition from expert clinical nurse to novice NPD practitioner. As customary with qualitative design methodology, the interview recordings were transcribed to allow for a content accuracy review by each participant. Transcription is an analytical process that can influence the study in significant ways. Verbatim transcription refers to the exact written word for word replication of the audio or video recordings (Halcomb & Davidson, 2006). A Jeffersonian transcription enumerate speaker tums, overlapping speech, pauses, tone of voice, pace,

and description of the nonverbal interaction (Zakaria et al., n.d.). Field notes are observations of the participants' nonverbals during the interview process (Ravitch & Carl, 2016). The verbatim transcription contributed to the reliability, validity, and veracity of qualitative data collection (Halcomb & Davidson, 2006). Interviewer bias is reduced with the transcription. The researcher can read the conversation and reflect on the content to ensure that the meanings conveyed by participants are adequately represented (Halcomb & Davidson, 2006).

The process of transcription may be intimidating to the novice researcher who struggles with the responsibility for accuracy (Stake, 2010). A novice researcher may be tempted to hire a transcriptionist; however, that choice can lead to ethical issues and endanger credibility of findings (Stake, 2010). I used a system that recorded the telephone interview and performed the transcription. The process of transcription review allowed me to spend time in critique and reflection of the existing data and generate strategies to improve my interviewing techniques (Stake, 2010).

A computer-assisted qualitative data analysis software (CAQDAS) can be useful to assist with organization and sorting of the data (Ravitch & Carl, 2016). One advantage of CAQDAS software is it allows transcription and analysis to be in a single location. ATLAS.ti is one potential CAQDAS software that may be used for data analysis. This software allows for transcription, aggregation of categorical data, and synthesis of the participants' experiences (Stake, 2010).

Prior to data analysis being completed, I engaged participant validation for a second time. The participants were provided with a summary of the data analysis to

determine if I accurately understood their responses and captured their experiences. Participant feedback was integrated into the data analysis and study findings.

Trustworthiness

Validity or trustworthiness in qualitative research can be a confusing concept for the novice researcher. Validity differs greatly from the quantitative paradigm where it originated (Ravitch & Carl, 2016). Some scholars even reject the applicability of the concept of validity in qualitative research. Despite the ongoing debate, qualitative researchers must ensure that the findings accurately portray the participants' experiences. Validity or trustworthiness is both a process and a goal throughout a qualitative research study (Ravitch & Carl, 2016). Specific processes, approaches, and methods can be employed to establish and increase the validity of qualitative research findings.

The terms used to convey trustworthiness or validity have varied greatly among qualitative researchers. For this qualitative study, the term trustworthiness will be used to assess and establish the rigor of this research. The qualitative researcher recognizes that the concept of trustworthiness is shaped by different viewpoints of the study participants, the researcher, and possibly individuals outside of the study (Ravitch & Carl, 2016). In addition to this recognition, the qualitative researcher observes specific standards to consider and plan for validity throughout the design, data collection, and analysis of the study. These standards include credibility, transferability, dependability, and confirmability.

Credibility

Credibility can be compared to internal validity in quantitative research. Credibility is established from the research design, the data collection instruments, and the actual data collected for analysis (Ravitch & Carl, 2016). A recursive research design process is critical to the establishment of credibility in qualitative research. Several different strategies, such as triangulation, member checking, and thick description, will be applied in this study.

The broad definition of triangulation involves using different sources or methods to challenge or confirm a set of interpretations (Ravitch & Carl, 2016). These differences may include various data sources, investigators, or theoretical perspectives. The novice qualitative research must remember that the goal is not achieve convergence of data but to learn from different perspectives to answer the research questions. Methodological triangulation will be used for this study. In addition to an in-depth interview, the researcher will record observations and fieldnote methods to obtain between-methods triangulation.

Member checks or participant validation is another method that will be used to establish credibility. The first strategy is to provide the participants with a written copy of the interview for them to verify the accuracy of the transcription. Any necessary edits will be made to ensure the transcription is correct in the eyes of the participants.

Transferability

Conversely, transferability can be compared to external validity in quantitative research. Transferability in qualitative research is “the way in which qualitative studies

can be applicable, or transferable, to broader context while still maintaining their context-specific richness" (Ravitch & Carl, 2016, p. 189). Previous research of expert clinical nurse to novice nurse educator may have transferability to this study. In turn, the results of this study may have transferability to the work role transition of expert clinical nurses to nurse educator or other non-direct care nursing roles.

Thick description is strategy used to foster credibility and transferability. Thick description is defined as "thoroughly and clearly describing the study's context, participants, and related experiences so as to produce complex interpretations and findings that allow audiences to make more contextualized meaning" of the research (Ravitch & Carl, 2016, p.194). As with credibility, transferability uses the researcher's observations and fieldnotes in addition to the interview transcriptions to form thick description. Thick description generates the foundation for thick interpretation, or the meaning assigned to the descriptions and interpretations of the data. The reader or audience is able to imagine in full detail the research setting and form their own opinions related to the quality of the research and the researcher's interpretations (Ravitch & Carl, 2016).

Dependability

Dependability can be compared to reliability in quantitative research. The standard of dependability refers to the stability of the data (Ravitch & Carl, 2016). Dependability is grounded in the rationale for data collection methods and the consistency of the data with the rationale. Dependability is also established by the extent

to which the findings answered the research question(s). The solidity of the research design process is key in the determination of dependability.

Dependability will be established in this research study by use of an audit trail and an interview protocol. An audit trail is systematic written record of the research process, the data collection, and data analysis that allows the audience to draw the same conclusions about the study. The research audience can authenticate the findings by logically following the trail or process used by the researcher and deem the study as useable. Detailed explanations of the research method, implementation, data collection, and data analysis have been provided to support the dependability of the research. The interview protocol is another method used by the researcher to safeguard the dependability of the research. The protocol dictates that the same inclusion criteria and research questions are used for each participant (Ravitch & Carl, 2016).

Confirmability

Qualitative research accepts that the world is subjective and does not seek to be objective. The standard of confirmability strives to acknowledge that the researchers' biases and prejudices may influence the interpretation of the data and attempts to mitigate through reflexivity processes (Ravitch & Carl, 2016). As the primary instrument in qualitative research, the researcher must continually examine their biases and positionality throughout all stages of the research process. The research design must include systematic and ongoing approaches to confront these biases and positionality (Ravitch & Carl, 2016).

Participant validation methods can also be used to ensure confirmability of the research study and minimize researcher bias. The goal of participant validation is to create the conditions that help the researcher to explore and ascertain if the researcher is or is not understanding the participants' responses, how the researcher is understanding the participants (Ravitch & Carl, 2016, p. 197). The participants had the opportunity to challenge the data collection process and interpretation of the data.

Ethical Procedures

Qualitative research rarely results in physical harm but does have the potential to elicit emotional distress from participants (Stake, 1995). To minimize emotional distress, the researcher will establish a conversational partnership with each participant. This partnership conveys to the participant that the researcher respects the participant's experience and insights and views the interview as a joint process for data collection (Rubin & Rubin, 2012).

Internal review boards require participants to have informed consent prior to engaging in a research study. Participants demonstrate through informed consent that they understand the nature of the research, have been notified of the risk and benefits of participation and are participating in the research without coercion (Rubin & Rubin, 2012). I upheld bioethical principles of uncoerced participation, justice, respect for human rights, voluntary participation, respect for autonomy, beneficence, and non-maleficence by obtaining approval for the study through the HCA Healthcare and Walden University IRB processes. Each participant was provided with an informed consent document providing a detailed description of the reason for the study, the rights of the

participants, and how the information will be reported at the conclusion of the study to minimize emotional stress related to study participation.

Summary

Chapter 3 introduced the research method used in this qualitative study. The rationale for the qualitative case study design was outlined. The qualitative research tradition was reviewed to establish the importance of design to the central concept of this study. Furthermore, my role as a qualitative researcher was discussed to confirm the trustworthiness and ethical standards that may arise due to the research design. The research methodology, including participant selection, instrumentation, recruitment, data collection and the data analysis plan, were outlined. The planned strategies to be used to establish trustworthiness were reviewed. Lastly, the ethical procedures to be followed with discussed and any possible ethical concerns with the research design were addressed. This chapter provides the solid foundation for moving ahead with the study to begin to provide results in Chapter 4.

Chapter 4: Results

The purpose of this qualitative case study was to examine the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influenced a successful transition. Moreover, I aimed to understand how the transition success will influence the retention of NPD practitioners in their new role. Two research questions guided the study:

RQ1: What are the professional experiences of expert clinical nurses as they transition into the novice NPD practitioner role?

RQ2: As guided by Nicholson's work role transition theory, what are the individual personality characteristics, self-discipline tendencies, and personal control factors that influence a successful transition from expert clinical nurse to NPD practitioner?

In this study, I explored the work role transition of the expert clinical nurse to a novice NPD practitioner. Interview questions were structured to discover the participants' nursing career prior to transitioning into an NPD practitioner role, how they made the decision to transition, their lived experience in the role thus far, any preparation by organization to assist with the transition, how participants describe their comfort level in the role, what knowledge and skills were similar to clinical role and new skills necessary for success, challenges experienced during the transition, how participants describe current work environment, and what advice would they provide to an expert clinical nurse considering the transition.

Chapter 4 provides an overview of the research setting, participant demographics, data collection, data analysis, and trustworthiness. Any personal, organizational, or community conditions that influenced the participants at the time of their interviews are described. Data collection methods were reviewed in comparison to Chapter 3 and any changes are discussed. Data analysis was conducted through the CAQDAS. I reviewed and discussed any discrepant cases. The results were summarized, and each research question was answered.

Research Setting

The data collection for this research began in February 2021. The United States continued to be impacted by the global pandemic caused by the COVID-19 virus (Centers for Disease Control and Prevention, 2021). The pandemic may have impacted certain participants due to the overwhelming volume of patients needing healthcare and the resulting shortage of nurses (National Public Radio, 2021). The need to educate nurses caring for COVID-19 patients impacted several participants' transition to the NPD practitioner role. Several participants described an organizational restructure of the clinical education department that occurred within the timeframe of the participants entry into their new role. This disruption could impact the quality and timeframe of the participants' transition.

Participant Demographics & Characteristics

Three inclusion criteria were established for participants in this study: at least 3 years' experience as a bedside nurse in the same clinical specialty, transitioned to an NPD practitioner role within the last 3 years, and no direct reporting relationship to the

researcher. Email invitations with an attached recruitment letter were sent to HCA Healthcare facility NPD practitioners across the United States and the South Carolina Coastal Affiliate of the Association of Nursing Professional Development president with the request to forward to any NPD practitioners in the organization. A total of 19 possible participants responded to the email invitation and/or recruitment flyers. One of the 19 possible participants did not provide informed consent. Two of the remaining 18 possible participants had greater than 3 years of work experience as an NPD practitioner and were excluded from the participant pool. Another five potential participants were unable to be reached to complete enrollment. A final 11 potential participants met the inclusion criteria and completed the data collection process (Table 1).

All 11 potential participants were female with 4 years or more of clinical nursing experience. Two participants had less than 1 year experience as an NPD practitioner. The education preparation of the potential participants included BSN, MSN, and a Master's degree in another discipline. Six potential participants were certified in their clinical specialty, and one had obtained the NPD certification. Four were members of the American Nursing Professional Development (ANPD) organization. Three potential participants had a reporting structure other than clinical education or clinical unit manager.

Table 1

Participant Characteristics

Participant	Nursing Experience	Length of time NPD	Education Preparation	Certification	ANPD Member	Report Structure	Gender
P1	> 21 years	2 - 3 years	MSN	NPD	Yes	Clinical Education Manager	Female
P2	11 - 20 years	2 - 3 years	BSN	Unassigned	No	Clinical Education Manager	Female
P3	4 - 10 years	< 1 year	Other Master	Unassigned	No	Other	Female
P4	4 - 10 years	1 - 2 years	BSN	Clinical Specialty	Yes	Clinical Education Manager	Female
P5	11 - 20 years	2 - 3 years	MSN	Clinical Specialty	Yes	Clinical Education Manager	Female
P6	4 - 10 years	1 - 2 years	BSN	Clinical Specialty	No	Other	Female
P7	4 - 10 years	< 1 year	BSN	Clinical Specialty	No	Other	Female
P8	> 21 years	2 - 3 years	BSN	Clinical Specialty	Yes	Clinical Education Manager	Female
P9	4 - 10 years	1 - 2 years	BSN	Clinical Specialty	No	Clinical Education Manager	Female
P10	> 21 years	2 - 3 years	BSN	Unassigned	Yes	Other	Female
P11	> 21 years	2 - 3 years	BSN	Clinical Specialty	No	Clinical Education Manager	Female

Data Collection

In February 2021, a recruitment email and flyer were disseminated through the local ANPD Affiliate and colleagues of the researcher. Potential participants completed an electronic survey to provide consent and then determine inclusion criteria. A total of 11 study participants completed data collection. The survey data were stored in a password protected electronic survey tool. After completion of 11 participant interviews, I determined that saturation had been reached when no new information emerged, and responses seemed redundant.

The participants were able to designate the date and time of day of the phone interview. The data collection occurred between March and April of 2021 during the COVID-19 virus global pandemic. Participants or their experience at the time of the study may affect the interpretation of study results. The participants provided at least three available dates and times to complete the interview. I contacted each participant by email to confirm the scheduled interview. I am in the southeastern United States, but participants could be from any state due to my recruitment methods. I was available to participants who lived in other time zones.

The data were collected using the guided interview questions with follow up questions to clarify or summarize the participants' responses. During the interview I allowed the participants to freely share their thoughts or reflections on their experience in the NPD practitioner role. I intentionally allowed the participants to pause or sit in silence to recall and share examples of the transition. Participants were given a letter/number identification to maintain anonymity.

During the 2 months of data collection, I interviewed no more than two participants per week. Participants were asked to find a quiet, private location to complete the interview. The interviews were recorded by audio. The telephone conversations were recorded and saved within TapeACall: Call Recorder Epic Enterprises version 5.5.0 app. This app allowed for recording and then transcription of the interview conversations. Although TapeACall is password protected, the recordings and transcriptions were also saved in a password protected computer file. In a variance from Chapter 3, I did not write field notes after each interview because the interviews were conducted through a phone call and not a video call. I reviewed the transcriptions for accuracy, separated the text between the question I asked and the participant responses, and made minor corrections to spelling of names or other misinterpreted words. Participants were asked to review their interview transcript. None of the participants made corrections to the transcript. The audio recordings and final transcripts were uploaded into a CAQDAS tool. Another study variation from Chapter 3 was use of NVivo12 for Mac not Atlas.ti as the CAQDAS. NVivo is the software I used to organize and analyze the qualitative data (see QRS International, 2020). I have completed the NVivo12 for Mac certification course which included a virtual meeting with a NVivo 12 instructor. The use of a CAQDAS allows for a transparent and systematic analysis by organizing and reviewing all interview transcriptions in one “textual laboratory” (Vanover et al., 2022).

Data Analysis

The combination of the voice recording and CAQDAS software allowed for the reiterative review of both the audio voice and written transcripts at the same time. Due to the time constraints of the dissertation process, I elected to use an auto-transcription method as opposed to manual transcription. The final transcription ultimately shapes the analysis and interpretation of the data (Vanover et al., 2022). I was able to immerse myself thoroughly enough into the data to begin the thematic analysis.

Thematic analysis provides new insight and formative knowledge in relation to how this is applicable to the successful transition of expert clinical nurses to a novice NPD practitioner role. My data analysis involved noting relationships, similarities and differences in data or finding the "generalized feature of the data set" (see Ravitch & Carl, 2016, p. #). A key aspect of approaching qualitative thematic analysis in a critical manner is the transparency the processes and activities that helped determine themes from the data (Ravitch & Carl, 2016). During my thematic analysis I was careful to avoid common pitfalls such as stringing data extracts together and/or simply paraphrasing the content, developing analytic themes from the research questions, themes that do not make sense, overlap too much or do not choere, data does not support the codes or themes, lack of alignment between the theoretical framework, analytical process, and research questions (see Ravitch & Carl, 2016).

The NVivo 12 software provided several tools to aid in thematic analysis of the data and facilitate coding. I initiated thematic analysis by creating two mind maps to capture the initial linkages between the research questions and coding of the data.

Deductive practices were used to begin the initial coding of the transcripts based on the literature review of academic educator transition factors and to answer, "professional experience" (RQ1) and “factors that influence transition” (RQ2). Initial analysis of the transcripts was based on a priori codes:

- Autonomy
- Clinical Experience
- Certification
- Education Development
- Expectation of NPD Role
- Knowledge & Skills
- Clinical Experience
- Leadership Experience
- Orientation
- Preceptor
- Resources

The research questions guided the coding process and the determination of emerging themes, followed by continued review and coding of the data. Reiterative review of the transcripts, the codes, and querying the data revealed additional codes. As I continuously considered overlaps and patterns in the data, I transitioned to more inductive practices that helped to create additional codes (Vanover et al., 2022). Additional emerging codes included:

- Advice
- Challenge
- Comfort Level
- Rewarding Experience
- Socialization
- Transition to NPD Role
- Love/Passion of Education

A different color font was applied to each of the created codes in the NVivo 12 software. I used the word frequency and text search features to facilitate coding, identify patterns, and potential themes. I was able to determine themes and subthemes after continued thematic analysis.

Results

Semi structured interview questions were asked to answer the two research questions on the professional experiences during the transition to the NPD role and how the transition was influenced by individual personality characteristics, self-discipline tendencies, and personal control factors. Interview questions are in Appendix C. The following themes emerged following data analysis: (a) no orientation to role, (b) lack of skills, (c) self-directed in role, and (d) Motivation to succeed.

Theme 1: No Orientation to Role

Poor orientation was one of the barriers identified by Fritz (2018) that contribute to a poor transition to the NPD practitioner role. Orientation is defined by several components including formal content, a designated preceptor, and socialization to the

department or team (Dickerson, 2017). These components were identified as subthemes to the Theme 1: No Orientation to Role.

Formal Orientation

Eight of the participants revealed that they had no formal or structured orientation to the nursing professional development role. Formal orientation was defined as a specific time to complete ongoing competency and practice in an independent and autonomous manner. During this specific time, specific goals to measure progression to independent practice are monitored to determine when the NPD practitioner is competent to transition to independent practice. Formal orientation provides the opportunity to review necessary system access, resources, and obtain required skills.

Participant P9 described "the biggest challenge I faced was there was not a structured onboarding process". Participants P1 and P2 stated "Not at all!" and "No, not at all. As far as it being a formal training program, no I didn't get anything like that". Participant P11 summarized the experience as "Oh, no, no, that was just a, you know, 'Okay you're good enough'. I didn't really have an orientation to the role".

P9 stated the following

> So, if I had I had a true structured on boarding, I think my first 6 to 9 months would have been a little easier because I would have known my expectations. I would have understood the roles, the different roles and how they affect each other in different capacities. That might have helped me a little bit.

Orientation of new nurses to a hospital is a main responsibility of many NPD practitioners. It is curious that this role is not provided an orientation to their new role.

The comments from P9 support the lack of orientation for nurse educators descrived in the literature.

Colleague Support

The lack of a formal orientation also meant that there was no formal preceptor to facilitate the transition to the NPD role. P6 transitioned into her role with no formally assigned preceptor. She stated, **"**No preceptor. I mean, I was given, you know, here is your resources to reach out to, um, some of the more seasoned educators within my division. But as far as the actual preceptor, no."

P5 echoed the same situation:

> No, we didn't have any preceptors. Not at all. I did have a person, you know, that I asked a lot of questions of and you know all that. But to say that I truly had somebody, no, there wasn't a soul.

P2 had a similar experience, "It was just me trying to, you know, um, dig my way through it." The lack of a formal preceptor was not a surprise since there was a lack of formal orientation. Participants P6, P5, and P2 described similar situations of having information provided in an unorganized and unplanned manner. The lack of a preceptor left participants feeling alone, solitary, and lost as to where to go or what to do next.

Participants described how their fellow NPD colleagues assisted with the transition. P8 stated that it began even before she applied and had been accepted into the role, "Then talking with everybody before I actually even applied gave me lots and lots of information about what the role consisted of. I could kind of imagine what my role would look like". P9 explained, **"**I followed her because, you know, she most senior. And

so I followed her. I'm not saying that she was wrong, but it also led me away from things that I really needed to catch on to."

P3 explained how she and another new educator were placed with seasoned and experienced educators early in their transition period.

She stated,

> So, we sat down, (Name) and I sat down, and they have, um, almost a skill base orientation to certain goals to cover throughout, throughout each week. And, uh, I would, I would go like I was, like, for a week with (Name), learning some of the things. And I was a week with, (Name) basically, with (Name) it was okay, this is what you're gonna be doing in the hospital. They are in (Hospital), and basically, they walk me through. I was just shadowing them and, and doing things with them. So, I have the opportunity to see what is a week and, and the routine that needs to be done.

P1 also described how other experienced educators provided support:

> We have, and we have critical care specialist, we have OR specialist. We have all these different specialty educators. These are the people that you, that you have at your, uh, disposal. And then we went into the computer, and these are all the things all like, go to the in the K drive. All the things that you can use that you can show the, the, the nurses to use, show the directors to use, uh, so basically, it's done.

P10 also found support from the other educators on her team

> Yes. All the clinical educators. They were fabulous. I mean, you can only, I mean, you could imagine they knew we were just, you know, uh, thrown in here. I guess you could say, um but they were all, they'd all answer questions. But there was only one of them that truly knew, you know, Periop. And then add to that, we kind of divided into OR, which is me and PACU and pre op, which is the other educator. So, you know, that if you've never been in the OR those other ClinEds, can't even speak to it, you know? Just knowing really what I'm supposed to be doing?

P1 went on to describe how one of the experienced educators provided not only guidance and information about the educator role but also developmental and emotional support. She stated the following

> And so, we reached out to the ICU educator and said, What have we got into? Um, and so she was able to provide, um, a lot of direction. A lot of, um, support, uh, a lot of sympathy, um, you know, for, for how to to start moving, you know, moving through and, and just really emphasized, um, you know, the whole, um the need to network, the need to, um keep, you know, good documentation and, and things like that. She, um, in fact, I was in, um, graduate school at the time. And she, um, took me under when, uh, with that as well, and helped me, um, moving, uh, with my, um, graduate research and and, uh, presenting, you know, uh, drafted me to be part of our research council. And, um, so she, she was definitely, um, a great mentor and really helped, uh, both of us, um, move, move into get firmly entrenched in the, um, education arena.

P7 was assigned a formal preceptor. She described the challenges faced with her preceptor

> (Name) is wonderful as a preceptor. The only thing that is challenging and I think this is probably true for every preceptor-preceptee is you know, (Name) was doing this job and then in June of 2020 she was promoted to another job. And so, she's now doing three jobs at this time, which is her old job, you know, um, her new job, she's doing her new job, and she's also precepting me. She's very supportive. She's very resourceful, but it's just she's also doing a million things.

P7's preceptor was able to introduce her to resources that would be beneficial in the role. She shared that,

> She showed me, like, drives, different drives on education drive, Atlas. Um, help me get access to some AORN web sites. Some medline, its not medline, like videos for, um, for me to use for next year. You know, she gave me all of her spreadsheets that she created. Anytime I need anything she said, Let me send you this. Let me send you this, you know, huddle cards.

Only one participant, P8, did have a formal orientation and an assigned preceptor. She stated the following:

> After I was offered the position and given my preceptor for my role, you know, we work side by side, chair by chair for several, several months. So, I walked in that person's shoes as well as given just a little bit of my own autonomy and a little bit of opportunity to reach out, do things on my own. But come back and let's regroup at the end of the day to make sure that I didn't have anything that I

> missed or if I had any questions or if we needed to change anything. And so, I thought the preceptorship was you know, was really good for me as well. I enrolled in the NPD Just Getting Started Course that ANPD um, had just developed and so I was able to take that course. It was for the length of time for 11-week program, but you could do it self-paced.

Participant P8 sounded grateful for her preceptor and their time together during her orientation. She expressed how her comfort and confidence grew during this time period. She was also the only participant that mentioned using a program external to her hospital resources and preceptor to provide additional knowledge and support to the new role.

Socialization/ Fitting In

One other aspect of onboarding to a new educator role is socialization and fitting in. Socialization may occur with or without a formal orientation. P2 explained why socialization to the role is important. She shared the following

> And the best way that I can describe it, one of the nurses training me, the ICU nurse said, you know, you went from being a big fish in a small pond to being a little fish in a school of sharks. Like trying to learn, trying to learn, like the politics of everything. And because, you know, you're in there with these people who and for better or worse they're in, you know, administer, administrative roles, director roles and stuff because they have the personality for that. And I feel like, you know, sometimes in nursing leadership, you're not really prepared for seeing that side of things. Um, so that, that was kind of surprising to me. Um, because you just when you're working for those people, when you're working for

> that director and you're her staff nurse and you know, you feel like you're so valuable. And, um, they're so glad that you are on your team because you're picking up those extra shifts and you're doing all those councils and everything like that, and then you, you know, step out of that into this new role. And, you know, they, um, have different set of expectations for you and that kind of surprised me.

P1 also emphasized the importance of relationships and fitting in. She shared,

> I had relationships, um, networking relationships with a couple of folks, um, across our Virginia market. Um, and I think it's, you know, it only increased those. And so, um, even, you know, as recently as last week and leader rounding with my, um, director, you know, the, the leader rounding questions, and she's saying what's going well, and, and I always say it's the, um collaboration in the networking with the other, uh, specialty educators, the other behavioral health educators, because there's always that affirming.

The participants iterated the positive aspects of socialization during the transition period. P11 described,

> Uh, well, we were all put into an office at the hospital together, so we knew each other, but we were now in cubicles together, so that helps a lot. Yeah, but, but the team, the team really congealed well together.

P4 also had a similar experience with fellow educators.

She shared,

> Because we were a small team it was easy for us to kind of connect and, like, 'Oh, we're gonna bring snacks on Tuesdays because that's our team meeting day.' We, you know, um, well, like, kind of here in the same, like capacity on Tuesdays specifically.

She did mention that her manager did not facilitate the socialization among the team. "Um, other I would probably say no, not on the whole my manager's like strong suit was not, um, socialization." P8 also expressed the positive aspects of socialization,

> Yeah, as, as a clinician, you're, you've got the the hub of the nurses station or the break room or the conference room. Everybody kind of hangs out together like the little the pack, and everybody travels in a pack. There is a lot more autonomy in my department as an NPD, but we work so closely together, and we spend a lot of time together. Whether it's, you know, in meetings now on Teams or staff meetings, huddles, and we do have a weekly huddle. So all of the NPDs are together virtually monthly staff meetings or our bi-weekly workgroup, So we all are together. So, I don't think that I've ever felt, you know, kind of remote or by myself. We do a lot of texting together, um, and checking in with everybody.

P5 described how socializing assisted her in the transition to the new role:

> like literally just going and hanging out with the other educators and trying to come up with my own style, asking a lot of questions to make sure I wasn't missing things and finding out when you did miss things, you know, um, integrating it into your practice.

P7 emphasized how both the team and her mentor affected her. She shared the following

> But it's so nice because people check in on me, like everyone checks. Everyone's so nice to me. They told me they appreciate me being here. I was like, I haven't done anything. I feel like dead weight, actually. And they keep constantly coming up to me and saying, you know, they're so happy I'm here. And then the one on one is, um I guess (Name) was my mentor. That was great. I mean, nobody has ever mentored me in my seven years here, and I guess I was missing that. So I just loved it. I was like, I'd love these check ins.

P4 and P9 discussed that there were some struggles and challenges during socialization and transition. P4 described her situation

> It was a very interesting change to have, um, like, core team, which, in a way, like if it was built perfectly, or like, I mean, I'm not gonna say everybody needs to get along every minute of the day. But, you know, you don't you can't get away from people quite the same way that you could, you know, work a 12-hour shift with one nurse and if it didn't go swimmingly like you didn't see her for another week or so it wasn't a big deal. So, um, I don't want to say like, I'm special and I was having that exact experience, but I felt like regardless of who this people were and even if we could have gotten along better, like that's still a drastic change to go to, like a sure very kind of exclusive team.

P9 described the experience of not getting along with a team member initially. She stated,

> Um, that was probably the biggest struggle I had, uh, going in. The other people were fine. It was just that one person I had that trouble with and I think she saw

> me as a threat somehow maybe? I can't describe any better than that. That I was gonna out teach her or do something better. And that wasn't my goal. It was just to elevate the programs that we were teaching to give them a better look and a better, you know, a better face.

Theme 2: Lack of Appropriate Skills

The bedside nurse role focuses on the development and competency of clinical skills. Soft skills such as, communication, are important but are used differently in the NPD role. The study participants described communication at a leadership level to be a necessity to be successful in their new role. Computer and technology skills are applied differently in the NPD role. Lack of these skills may be a barrier to a successful transition. Finally, education skills which a key to a successful role transition may be lacking in the novice NPD role.

Leadership Communication

P5 shared the differences in communication skills, at a leadership level and to communicate to a classroom.

> So, the communication piece was a huge thing that I had to learn. So, those were two huge things that I had to learn. Um, learning to, um, bring up certain items during the leadership conversations, the crucial conversations piece. That was a lot of learning.

P3 stated “I think one of the biggest I have learned it's actually the negotiation with administration.” P8 described learning a different style of communication when working with staff nurses.

> I have a lot more listening and looking at the dynamics between the three, then me interjecting. So I'm doing you know, I think that has grown and then my communication, choosing words carefully, making sure that I'm not using a lot of my own.

P2 shared,

> trying to be comfortable in in that role, being able to talk to those nurses and answer questions about those protocols that, that was hard to get comfortable with. And I'm still not that comfortable with it. But I think, like, you know, if it feels like being a novice nurse all over again.

Participant P2 shared that she was responsible to educate nurses in a different clinical area than her clinical background. She needed to become educated in that area herself and then be able to teach it to the nurses. The ability to communicate to those nurses was stressful to her in her new role.

Technology and Computer Skills

Technology skills were seen as essential, and participants described a gap in this area. P10 shared,

> technology can make you look like a fool. When I was just like you said, I was in here, I made sure teams was working last night my level of comfort in maneuvering, Zoom and Teams and trying to get the education to all of them is still minimal. It's still, you know, still floundering because it's just next to impossible to educate when you can't be in the same room.

P3 was asked during her interview:

> Do you know Word? Do you know Excel? Do you handle well, uh, Word, Excel and, and, and the Outlook? And I have handled all of them, and I mean, and I used to do my, my, my own, uh, I used to do research, so I handle Excel relatively well, and I used to do my own, uh, lectures. So, I have powerpoints down to an art. But I did have to review, before I started, my Excel skills.

P7 also shared being overwhelmed with technology

> it's everything. It's Outlook. I mean, I was not at my computer, so Outlook has changed, Word has changed. Excel. I've literally enrolled in every single one, there is Outlook, PowerPoint, Excel, time management and I want to take them. But I have not**.**

P2 described being overwhelmed and having minimal time to devote to her own learning. She shared that,

> So, they have online learning, um, through HCA, which if I had sat down and taken, it would have been good. It was like Excel training, which has been new because I didn't have never done that before. And PowerPoint training and things like that.

P10 also shared her discomfort with video conferencing systems: "My level of comfort in maneuvering, Zoom and Teams, and trying to get the education to all of them is still minimal." P2 admitted her lack of knowledge and skill with technology: "Um, tech wise, no, it's really just been trial and error. Um, and trying to learn, you know, um, audio-visual stuff. And that's been challenging because I didn't go to school for that."

The need to learn how to operate audio-visual equipment was also shared by P7

> But I just learned how to set up an HDMI cord today to give an inservice. It's just frustrating because every facility is different. Every TV, smart TV is a little different, and everybody uses a different chord and just learning that, you know, it just takes a while for that kind of stuff.

The need for proficiency with audio visual equipment and technology was consistent with all participants. The lack of informational technology or more commonly, IT support, was also a common theme for participants. This lack of support coupled with the lack of formal orientation was expressed as stressful, frustrating, and anxiety provoking to the participants.

Educator Skills

Several of the participants described the learning needs specific to being an educator. P1 described the ability to learn how to create content to teach. She shared, "Curriculum development was probably, uh, you know, a big thing. That was, that was certainly something I wasn't familiar with at all". P7 also related to the creation of educational content. She stated the following

> I'm gonna create things that, like are very visually appealing and that are easy. They're good presentation materials. And those are the, that's the kind of knowledge that I wish I had more of. I'm citing correctly and that I've done a picture in the right way.

For P2, it was a different set of skills that were knew to her as an educator. She shared,

> Speaking in front of people teaching classes, um, has been, uh, interesting learning how to do that and to keep people engaged and interested. And, um, so we started just this year, actually, um, they offered a group of other educators, offered something called Toastmasters, which I guess is an international program.

Other participants identified a variety of non-education related skills that are a necessity of the new role. Participant P5 found that there was "a lot of it was figuring out, um, what could wait, what had to be done, that prioritization and time management" skills were important. P9 stated, "I realized there was a lot of project management" experience needed in the educator role.

Theme 3: Self-directed in Role

Nicholson identified self-discipline tendencies as a factor in successful work-role transition. Participants' interview responses described how they were self-disciplined or directed in this new role.

Passion for Education

The third theme is related how novice educators demonstrate self-direction during the work-role transition. First, nurses interested in pursuing an NPD practitioner role should have a love for teaching and education. Many of the educators expressed their passion for education. P3 stated, "whoever gets into education has to love education, period". And from P1, "This role which I love and it's my passion now". P8 talked about her feelings about education even before the transition: "And I've always had a love for education, coordinating childbirth education classes and all the outpatient prenatal

classes". Participant P6 described how her passion for the role and another educator helped her through the transition. She shared,

> Still love my job. I love what I'm doing. I have always been one of the preceptors on the unit. I loved the teaching environment and, actually my ICU educator who approached me and help me make goals. So, she helped me become an NPD specialist.

Participants expressed either their own desire to pursue the NPD practitioner role or being recruited to the role. The participants conveyed that their satisfaction in the role was linked to their love and passion for education.

Time Management

Other participants described how they are self-directed in time-management and autonomy in this new role. Participant P9 stated,

> It's all about prioritization. You have to kind of, um, figure out what your, um, your biggest things are and kind of figure out what you can spin to the side. What's gonna take up most of your time?

P3 learned to manage the autonomy in her schedule that is required in this role. She emphasized,

> I have, total autonomy, total autonomy. Um, uh huh, guidelines, of course, from, from, from my boss. Basically, uh, I have the autonomy to adjust (my time) to the nurses need it. The only thing they ask is let us know that you're gonna either coming late or you're gonna leave early and come back at night. Just because if they need me, they need to know where I am.

Two other participants also described the necessity to understand the autonomy that comes along with the new role. P1 described her autonomy in this way, “I have some autonomy in, um, planning, um, my calendar, my visits to other facilities. I could come in late and stay late, or, um, I, I don't necessarily have set office hours”. From Participant P9 the following, “Okay, I have a lot more autonomy than I did initially because they identified and they clarified my role”.

Participant P9 conveyed how she experienced negativity when she demonstrated self-direction and changed the “status quo” within the educator team. She shared the following

> So I was able to show some, um, real, you know, real world ways to do something or better ideas from the outside looking in. And that was difficult, because I was, I think she felt like I was challenging her and second guessing her, which wasn’t what I was doing.

Each participant had different experiences, both positive and negative, related to time management. Unlike clinical tasks for a patient, often tasks related to the NPD practitioner role had no set time, day, or order for completion. Participants P1 and P3 had an overall positive experience in developing autonomy in the new role. In contrast, Participant P9’s experience felt stifling and adversarial.

Comfort Level

Another subtheme found that the motivation to succeed was influenced by the comfort level of the NPD Practitioner after the transition. One of the participants, P2, with less than one year of experience shared, "I’m still not comfortable with it. It feels

like being a novice nurse all over again". Both Participants P2 and P5 described how their comfort level increased after one year in the role. P2 said,

> When I felt like it really was clicking, maybe? Yeah, um, it, it would have been at least a year into it. And because I, I just had so much I felt kind of behind the game in, in the generalist side of things.

P5 took action to increase her comfort level. She described the following steps

> I worked very hard during my first year of organizing where all of the staff were at and once I took a lot of time and dedicated a lot of energy to organizing that information and coming up with ways where I could have that information present, um, and easily accessible, um, that helped tremendously.

Other participants who had between 2 and 3 years of experience expressed a comfort level in different aspects of the role. Participant P9 conveyed her level of comfort

> There's certain topics certain, um, subject matter that I feel absolutely confident in. And I feel like that I am an expert and I'm able to relay that and a directed back to the didactic, to the simulation, to the bedside and make it for the nurse and the outcomes. I can do that for certain things, but there are things now that we're doing that I'm not comfortable. New hire orientation, I'm confident, confident in. I'm able to, you know, on board, meet, follow up, provide, you know, plan education is necessary. Remediate if necessary. So that's I'm very competent in that.

Participant P3 also added,

> So it took me, took me a little bit to get my stride. I think one of the reasons I'm very comfortable is I know my limitations. I have would good rapport with, with the nurses, and I mean, I'm very comfortable saying when I don't know, I don't know but I'll find out.

Participant P8 had a structured orientation and dedicated preceptor. She stated,

> I don't think I have any questions about what I'm doing. Whether it's, you know, any of the Big Six that we practice in, whether it's orientation or competency or role development, research, or evidence-based collaboration. So, I don't think that there's a day to day to have anything that I can't do. Or if I couldn't do, I don't have somebody that I can quickly ask.

Participants could point to specific responsibilities and tasks that became more comfortable over time. Participant P8 believed that she could perform anything necessary in the role due to structured orientation and a formal preceptor. Other participants described a staggered level of comfort due to being self-taught or the repetition of the tasks,

Theme 4: Motivation to Succeed

The participants' motivation to succeed in the work-role transition was exhibited through their ongoing education and plans for specialty certification. Participants sought out many different forms of ongoing education to develop the knowledge and skill necessary for the NPD practitioner role. The participants' plan to obtain specialty

certification in NPD demonstrates a motivation to achieve a successful work-role transition.

Ongoing Education

Ongoing education is often defined as formal secondary education. However, participants found multiple ways to continue their education to have success in their role transition. P8 had an in the moment learning opportunity with another educator

> I was watching somebody do something the other day. I'm in the middle of this build with, um, a group of people, and I was like, What? Stop! I said, You have got to show me what you just did and she's like, 'Oh, I learned this the other day' and she's getting her master's in education.

For Participant P11, ongoing education consisted of learning ways to teach in different settings using a variety of resources. She described it as follows

> always demonstrating professional demeanor, delivery style as well as you know, um, teaching from the didactic to the clinical. Yeah, and, and there's, you know, there's so many methods or approaches to teaching in real time timing or let's go to the literature. Let's go to the evidence-based literature. Let's use the critical care, the governing body of American Association of Critical Care and go to their procedure manual.

Participant P1identified a learning need and sought out education to assist her to overcome that gap in her performance. She shared,

> I found myself just really trying to, to work on that, to be aware of that to, um, you know, even, you know, going so far to do a review class on crucial

> conversations and, and to, you know, try to get to where I didn't come across as, as a disciplinarian. You know, if I was trying to, um, guide someone into, you know, or to, to help, um, foster, uh, you know, a more therapeutic approach or something. I didn't come across in a disciplinary tone or role.

One participant, P2, discussed ongoing education that was provided to the team. “We had a workshop with different, um, educators throughout our division, which was nice, but it wasn't necessarily training. It was just, um, talking about, uh, resiliency and things like that. Um, it was, was pretty informal”. Participant P9 summarized why ongoing education is important to her during the transition to NPD practitioner

> When I'm in my comfort zone, I don't feel like I'm learning, and I'm progressing and I'm growing. It's outside my comfort zone that I find Wait a minute. I can do this differently. I can do this better.

In addition to plans to continue formal education, participants described informal and resource based ongoing education. Some participants, P1, P8,and P11, asked questions, searched for resources, and enrolled in learning events to further the knowledge needed for the role.

Certification

Participants were asked about both clinical certification and their plan to become certified in nursing professional development. Eight of the eleven participants indicated that they had obtained and maintained clinical certification. Several participants are preparing to become certified in their new NPD specialty. For example, P8 stated, “I am just got my authorization to test for my, um, NPD certification. So I'll be doing that

probably between April and May". Participants P7 and P9 had identified NPD certification as a goal for the upcoming year. P7 stated, "I will definitely put in my goals for this year, at the end of the year I would like to either have taken or be in the process of taking". P9 shared, "one of the goals is to do the ANPD certification and take the first time, take it and successfully complete it". Participant P11 described that she had purchased the material to become certified as an NPD practitioner. Only one participant, P1, holds a clinical certification and is certified in nursing professional development.

Expectations of the Role

The expectation of the role is one factor in work-role transition process. The expectations can be internalized by the educator or be external expectations set by the hiring manager or the education team. The participants described various types of expected and unexpected factors that occurred during the transition to the new role. Participant P8 was the only participant that felt that the role matched her expectations, "It was actually exactly what I expected".

Most participants had mixed responses on their expectation to the role. Participant P9 stated, "Yes and no, it's kind of a difficult question to answer, so no, it wasn't because I expected it to be much more, um at the bedside, inside the unit, doing things, being more present on the unit". P2 had a similar response but for a different reason. "Yes and no. I feel like learning the bureaucracy of it. Like discovering the red tape behind it, that's why they never did it that way". For one participant, P6, the role was not what she expected before the transition. She shared,

> No, not at all. There's a lot of behind the scenes work that goes into it. A lot of politics, a lot of paperwork, a lot of stuff that as a bedside nurse I never knew went on. So it was a big surprise.

Participant P7 had a specific topic that was unexpected to her "So the transition from being hourly person was kind of really that was like, whoa, you know, that was a shock to me at first". This revelation demonstrates the many different expectations that need to be considered during the work role transition.

Evidence of Trustworthiness

As reviewed in Chapter 3, trustworthiness or validity in qualitative research is determined by credibility, transferability, dependability, confirmability. Credibility was maintained by asking semi-structured interview questions to each participant with follow up questions to establish deeper insights about the transition to the NPD practitioner role. The review of the recorded interview transcript by study participants or the process of member checking, establishes credibility. Transferability was ascertained by asking research questions to develop a thick description of the participants lived experience. During the interview, I asked additional questions to have the study participants describe themselves, the context, and related experiences to produce complex interpretations and findings. Dependability is established throughout the interview process by asking follow-up questions, seek clarification, and participant feedback on the accuracy of statements in transcript. Dependability is also established by the extent to which the findings answered the research question(s). I review in the Results section how the research questions were answered. All participants had to attest to informed consent through the electronic survey

prior to being enrolled in the study. At the beginning of each interview, a standard introduction was read that explained purpose of the study, my role as a doctoral student, and answer questions or concerns. Confirmability was corroborated through these steps.

Summary

The various professional experiences of expert clinical nurses transitioning to a novice NPD practitioner role were found to similar among the study participants. Although each participant had different clinical experiences, all obtained certification in their clinical specialty certification. Other common professional experiences were clinical preceptorship, ongoing and secondary education, and involvement in leadership roles. Individual personality characteristics, self-discipline tendencies, and personal control factors were found to influence the work role transition. Commonalities in the experiences, characteristics, and control factors were categorized into four major themes: 1) No orientation to role, 2) Lack of skills, 3) Self-directed in role, and 4) Motivation to succeed. Chapter 5 will provide an interpretation of findings, limitations of the study, recommendations, and implications of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this qualitative case study was to examine the lived experiences of the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influence a successful work role transition. The study followed an interpretivist paradigm which holds that reality is shaped by human experiences and social contexts (Stake, 2010). The interview responses of eleven participants revealed four themes common to the transition experience: (a) no orientation to role, (b) lack of skills, (c) self-directed in role, and (d) motivation to succeed. An understanding of these themes may assist NPD leaders to develop tactics and strategies to influence retention of the NPD practitioner.

Interpretation of the Findings

Fritz (2018) conducted a literature review that found no research existed to address the transition from expert clinical nurse to an NPD practitioner role. The literature contained a plethora of studies that addressed the work role transition from clinical nurse to academic faculty. Common issues were identified for nurses during that transition including unrealistic role expectations, role ambiguity, poor orientation, lack of mentoring, and inadequate knowledge of educator skills (Faraz, 2016; Fritz, 2018). Peer support and socialization were other key factors to support a successful transition to an academic educator position (Kemery & Serembus, 2019; Jeffers & Mariani, 2017)). Clinical nurses also reported an easier transition and less stress when a formal orientation program with a mentor or preceptor was provided by the institution (Choo et al., 2018; Cooley & De Gagne, 2016; Dunbar et al., 2019; Jeffers & Mariani, 2018; McPherson &

Candela, 2019; Nguyen et al., 2018). The study participants in this research described similar experiences during their work role transition to an NPD practitioner. Extrinsic barriers are related to lack of formal role description and expectations, formal training, and quality professional and interpersonal relationships (Dunker et al., 2019; Faraz, 2016). Intrinsic barriers were related to the perceptions, feelings, and experiences of the novice nurse educator.

No Orientation to Role

Previous studies reported that novice nurse educators may experience feelings of unpreparedness when formal training is not provided. Role specific orientation with a mentor or preceptor was found to ease feelings of stress and promote a successful role transition (Choo et al., 2018; Cooley & De Gagne, 2016; Dunbar et al., 2019; Jeffers & Mariani, 2018; McPherson & Candela, 2019; Nguyen et al., 2018). This study revealed similar experiences among the study participants. The eight study participants who did not have a formal orientation stated that it would have made the transition experience easier. Lack of orientation was described as the greatest challenge that resulted in a lack of understanding and expectation of the role.

Past study participants experience feelings of abandonment or fending for oneself if they transitioned without peer support, a mentor, or preceptor (e.g., Jeffers & Mariani, 2017). The ability to build supportive peer relationships was deemed an intrinsic need for novice nurse educators (Kemery & Serembus, 2019). In my study, participants described their feelings and frustrations due to the lack of a formal mentor or preceptor. During the initial transition period, they articulated feeling overwhelmed by resources that were

provided without explanation. The experience was described as “digging their way through” and “fending for themselves”. The lack of a structured orientation also led to ambiguity of when orientation was completed. One participant revealed that at one point she was told “okay you’re good enough”.

On the contrary, participants who had a preceptor or peer support portrayed a different experience. Resources were offered as the need arose which provided a gradual process for learning and application in the new role. This finding aligns with the research completed by Warshawsky et al. (2020), which found ongoing coaching as beneficial to the novice practitioner. Peer support also provided a developmental and emotional support. The participants felt they had an outlet to describe feelings, frustrations, and accomplishments to someone who had lived a similar experience. The development of interpersonal peer relationships not only assists in role adaptation but has been shown to impact retention (Choo et al., 2018; Faraz, 2016; Flanigan, 2016; Jeffers & Mariani, 2017).

Lack of Skills

Feelings of stress and anxiety were applicable due to a lack of specific education knowledge and experience for the nurse educator role (Dunbar et al., 2019; Jeffers & Mariani, 2017; Jetha et al., 2016; Monsivais & Robbins, 2020). Study participants were found to have similar feelings in the transition to NPD practitioner. Specific skills related to curriculum development and teaching in a classroom setting were lacking early in the transition process. Participants also acknowledged a level of stress related to teaching or presenting “canned” content to learners.

Computer and technology skills were also found to be stressors during the work role transition. As one participant stated, “technology can make you look like a fool”. The use of technology as a new instructional methodology was seen as anxiety provoking to many of the study participants. Others commented that attempting to learn to function the audiovisual (AV) equipment was a challenge. Some classrooms in the same institution had different AV set-ups. It required the study participants to plan ahead, and troubleshoot prior to a learning event.

Lastly, participants expressed having a lack of skill using computer software programs. The increased reliance on email for communication proved to be a challenge for some of the participants. Their use of email prior to the role was limited and did not require them to organize, craft effective email communication, or maintain calendars. The necessity to use Word, PowerPoint and Excel on a regular basis presented a challenge as well. Some participants had a familiarity with these programs but found the NPD role required increased expertise in the functionality.

The study participants also expressed the need to develop different prioritization and time management skills prior to when they worked as a clinical nurse. As mentioned previously, items such as trouble shooting AV equipment or classroom set up involved time management skills to keep on schedule. Prioritization of tasks to be completed throughout the day required participants to learn organization and project management skills.

The final new skill identified by the study participants was communication. Although effective communication skills were a necessity as a clinical nurse, effective

communication with leadership was found to be a different proficiency. The ability to explain and advocate for educational opportunities, the cost, or the time was found to be important. Study participants described feeling intimidated and having a lack of confidence when speaking with some hospital leadership.

Self-Directed in Role

In previous studies, the novice nurse educator's personal attributes were found to influence identity formation (Dunbar et al., 2019; Kalensky &Hande, 2017; Shirey, 2016). Study participants described their love of teaching and passion for education while in their expert clinical nurse role. The desire to share knowledge and skills to develop the next generation of nurses was evident. This passion for the new role helped the study participants to follow through with the transition.

Study participants voiced the opportunity for self-direction in time management. A clinical nurse's day is scheduled around the patients' needs for vital signs, medications, and treatments. An NPD practitioner's day is not as structured and provides the occasion for autonomy to schedule activities. Study participants described experimenting with different time management strategies as they adapted to the new role. The exploration to find a strategy that worked best for them personally increased their comfort level with the transition.

Study participants also described the level of autonomy in the new role to be overwhelming initially. As time in the new role continued, they expressed the opportunities to create, change, or manage not only their calendars but the education itself as beneficial in the transition. One participant did share that acting in an

autonomous manner became an added stressor. She felt a sense of negativity and unacceptance by her experienced peer when she attempted to make changes or improvements. These feelings affected her transition into the role.

Comfort Level

Chase (2015) found that participation in professional organizations and conferences, past clinical experiences, and teaching experience contributed to their successful transition to the novice nurse educator role. The lack of identity and the uncertainty about role expectations were barriers for novice nurse educators when embracing the new role (Choo et al., 2018; Hunter & Hayter, 2019; McPherson & Candela, 2019). Study participants described feeling like a novice in the role but gaining confidence as they acquired experience with certain aspects of the role. All participants voiced that their comfort level increased as their acceptance of the reality of their new role scope and responsibilities became evident. Some study participants initially attained experience in different aspects of the role compared to others. They expressed a comfort level with duties that were done more frequently. These experiences led to study participants expressing confidence to know limitations in their knowledge and experience. Study participants were able to acknowledge these limitations and request assistance when necessary.

Study participants also expressed their own tactics and strategies to increase their comfort level in the new role. The primary tactic was organization of materials, courses, and personnel needs. Organization allowed the study participants to continue to transition into the role at their own pace and take advantage of available resources.

Motivation to Succeed

Novice nurse educators with an internal motivation to succeed built confidence through their love of teaching and development of skills in their new role (Hunter & Hayter, 2019; Jetha et al., 2016; Owens, 2017; Shapiro, 2018). Study participants expressed their internal motivation through their ongoing education and plans for specialty certification. Multiple types of ongoing education were identified to develop the knowledge and skill necessary for the NPD practitioner role. Secondary education for an advanced degree was the most common type of ongoing education. Attendance at workshops and conferences provided another source of ongoing education.

The study participants had a variety of timelines to obtain a specialty certification in NPD. For some participants, they would not be able to sit for the certification exam for 1-2 years. Others had registered and were actively studying for the exam. Study participants visualized specialty certification as a strategy to achieve a successful work-role transition. A single study participant had already obtained NPD specialty certification.

The enormity of internal or external expectations of the role can escalate feelings of stress experienced by novice nurse educators (Hunter & Hayter, 2019). Study participants described their own internal expectations and external expectations set by the hiring manager or the education team colleagues. Only one participant believed that the new NPD practitioner matched her internal expectations.

The study participants revealed mixed responses to the different expected and unexpected factors that occurred during the transition to the new role. Some study

participants thought that they would be more present in the clinical units rather than in an office completing paperwork or in a classroom. Many participants expressed the need to learn how to deal with the internal politics, bureaucracy, or red tape that is associated with the NPD practitioner role. Another external expectation that was unexpected by one study participant was the salary process. Bedside nurses are traditionally paid hourly and receive overtime and/or shift differentials. The NPD practitioner roles are a salaried position with more predictable paychecks but less opportunities to make additional money.

Limitations of the Study

One significant limitation of this study was the COVID-19 pandemic that began in 2020. The pandemic interrupted orientation of the study participants to their NPD practitioner roles. The study participants started in the months prior to or after the beginning of the pandemic. During that time, the education and training for clinical bedside nurses to care for COVID-19 positive patients took priority. Study participants found themselves thrust into a new role with minimal guidance and support. The necessity for additional clinical bedside nurses to care for the dearth of patients in hard hit areas of the country drew NPD practitioners to resign from their roles to fill the clinical gaps as travel nurses. These resignations left NPD practitioner vacancies and therefore a lack of preceptors or personnel resources to support novice NPD practitioners.

Changes in NPD department organizational structure also produced a limitation for the study. Study participants were recruited from across the United States. They stated that the hospitals where they were employed had recently re-structured the organizational

structure of the NPD department. One hospital changed from the department falling under Human Resources to Nursing. Another hospital system changed from a unit-based model to a centralized model. These changes left NPD leadership who may not have been prepared for the orientation and onboarding required for a novice NPD practitioner.

Recommendations

A successful work role transition can be supported or inhibited by intrinsic and extrinsic factors. Intrinsic factors such as personality characteristics and self-discipline tendencies influence the successful transition into a nurse educator (Choo et al., 2018; Dunbar et al., 2019; Jeffers & Mariani, 2017; Jetha et al., 2016; Mann & Ge Gagne, 2017; Owens, 2017; Shapiro, 2018; Wenner & Hakim, 2019). Potential new hires should be provided clear description and expectations of the role. Hiring managers should ask questions or for examples to determine a candidate's level of prior education experience. Potential NPD practitioner candidates should express a passion for education and development of future generation of nurses. Novice NPD practitioners must demonstrate self-discipline and motivation to seek out and use resources necessary for a successful work-role transition.

Extrinsic barriers are related to lack of formal role description and expectations, formal training, and quality professional and interpersonal relationships (Dunker et al., 2019; Faraz, 2016). A specific formal orientation program with either a preceptor or mentor should be available for all novice NPD practitioners. A structured orientation provides an opportunity for the novice NPD practitioners to learn the role and apply the new knowledge and skills. A pathway for self-directed learning to develop

communication, technology, and computer skills. Self-motivation factors such as time management, prioritization, and autonomy can be developed with time and experience in the role.

Implications

The potential finding of this study may lead to positive social change in the healthcare industry. Identification of potential factors that influence the successful transition of the expert clinical nurse to a novice NPD practitioner is necessary to impact retention of these nurses. Nursing Professional Development and hospital leadership will benefit from study findings to improve recruitment strategies for the NPD practitioner role. The application of these study findings to support the onboarding of novice NPD practitioners is another benefit for leaders. These findings may benefit NPD practitioners who commit to the time, knowledge and skill acquisition required for a successful work role transition. The retention of NPD practitioners could have a fiscal impact for hospitals. The orientation and onboarding support provided by NPD practitioners could result in retention of the nursing staff and improve quality of care and outcomes of patients.

Conclusion

The results of this study revealed that novice NPD practitioners have experiences like novice nursing education faculty. NPD practitioners are responsible for the post-licensure training and development of clinical bedside nurses. The United States is amid a critical nursing shortage. The shortage impacts all nursing roles and specialties. The retention of novice NPD practitioners is a relevant strategy for retaining clinical nurses.

Appropriate selection of novice NPD practitioners during the hiring process is the first key step in retention. Novice NPD practitioners should demonstrate a set of particular characteristics to augment a successful work role transition. The study participants expressed, like their novice nursing faculty colleagues, the need for a structured orientation with a preceptor or mentor. A formal orientation with a preceptor sets role expectations, provides learning opportunities for missing skills, and provides socialization to the new team. These elements combined with a motivation to succeed in the role will lead to a successful work role transition from expert clinical nurse to novice NPD practitioner.

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Appendix A: Recruitment Email(s)

Dear Organizational and Association Leaders,

I am a doctoral student at Walden University in the EdD Higher Education Leadership and Management program. My dissertation research study explores the work role transition of the expert clinical nurse to the novice Nursing Professional Development (NPD) practitioner role. The study examines the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influence a successful transition. Moreover, the study aims to understand how the transition success will influence the retention of NPD practitioners in their new role. I would like to request that the recruitment letter below be sent to potential participants who currently are employed in an NPD practitioner role in your facility or within your association. The survey link at the bottom of the letter will connect any potential volunteers to more information.

I appreciate your time and consideration in assisting me to complete this important work.

Thank you,

Lisa M. Langdale, MSN, RN-BC

Dear Participant,

My name is Lisa Langdale, the South Atlantic Division Vice President of Clinical Education with HCA Healthcare. I am also a doctoral student at Walden University in the EdD Higher Education Leadership and Management program. My dissertation research

study explores the work role transition of the expert clinical nurse to the novice Nursing Professional Development (NPD) practitioner role. The study examines the transition of expert clinical nurses to the novice NPD practitioner role and identify potential factors that influence a successful transition. Moreover, the study aims to understand how the transition success will influence the retention of NPD practitioners in their new role. I would like to invite you to participate in my study.

You are eligible to participate in this study if you:

- Had at least 3 years experience as a bedside nurse in the same clinical specialty
- Transitioned to an NPD practitioner role within the last 3 years.
- Do not have a direct reporting relationship to the researcher

You are not eligible to participate in this study if you:

- Previous experience as nurse educator prior to transition into the role
- More than 3 years experience
- Did not have at least 3 years' experience as a bedside nurse prior to transition

Your participation in this research study is voluntary, and you may opt out at any time. The duration of this study participation is approximately 2.5 hours. If you agree to participate, complete the brief survey at the link below. You will then be contacted by phone to arrange a meeting time to obtain informed consent and conduct the interview. The interview may be conducted either face to face, video conferencing, or phone, based on your preference. The interview will take up to 60-90 minutes to complete. I will contact you a second time to review the thematic analysis of the data. You will have an opportunity to provide additional clarification and feedback.

There is minimal risk associated with this research. A minimal amount of subjective discomfort may occur while sharing personal and sensitive information. The potential for a breach of confidentiality is also a minimum risk for this study. For any HCA Healthcare colleagues, your participation will not be linked to employment information.

Lastly, your participation is voluntary, and you may opt-out at any time. If you have questions, please contact Lisa Langdale MSN, RN or. Dr. Nancy Williams, my faculty chair at Walden University.

Sincerely,

Lisa M. Langdale, MSN, RN-BC

Appendix B: Demographic Survey

1. Length of RN experience
    a. < 3 yrs.
    b. 4-10 yrs.
    c. 11-20 yrs.
    d. 21+ yrs.
2. Length of time in role as NPD practitioner role
    a. less than a year
    b. 1-2 yrs.
    c. 2-3 yrs.
    d. 3+ yrs.
3. Educational Degree (check all that apply)
    a. Diploma
    b. AND
    c. BSN
    d. MSN (focus)
    e. Other Bachelor (focus)
    f. Other Master (focus)
    g. DNP
    h. PhD
    i. EdD

4. Certification in Nursing Specialty Practice
    a. Yes
        i. if yes, list specialty(ies)
    b. No
5. Are you a member of the ANPD?
    a. Yes
    b. No
6. Which leadership reporting structure do you report to directly?
    a. Clinical unit manager
    b. Education manager
    c. Other

Appendix C: Interview Guide

Date of Interview:

Time:

Introduction:

First, I would like to thank you for meeting with me today and agreeing to participate in my study. As we have discussed, I will be recording and transcribing our conversation today so that I can make sure that I have an accurate account of our conversation. I will be asking you to review the transcriptions at a later date so that I can make sure that I have accurately captured your thoughts with regard to the topics brought forward in our conversation today. You will also have the opportunity to provide feedback on the thematic analysis of the data.

As you know, I am interested in examining your professional experiences during work role transition of expert clinical nurses to the novice NPD practitioner role. I am interested in your personality characteristics, self-discipline tendencies, and personal control factors that influence a successful transition from expert clinical nurse to NPD practitioner. Your experience is of great interest to me and I encourage you to freely share anything you believe will be important to help me understand these topics. I may ask you additional questions as we progress through the interview in order to clarify your statements.

Do you have any questions before we begin?

1) ***Tell me about your nursing career prior to becoming an NPD practitioner?***

Probes:

- Tell me about your clinical expertise.
- Did you have a clinical specialty? If so, please tell me about that.
- Were you certified in your clinical specialty? If yes, have you maintained that certification?

2) ***What made you decide to become an NPD practitioner role?***

Probes:

- How did you get started in NPD practitioner role/clinical education?
- What interested you an NPD practitioner role? (conscientious plan for career development or spontaneous decision)
- What made you decide to become an NPD practitioner?

3) ***Tell me about your experience as an NPD practitioner thus far?***

Probes:

- Was it what you expected?
- What are some challenges you faced as a novice NPD practitioner? What was the biggest challenge?
- How would you describe the challenges you faced socializing as a novice NPD practitioner?
- What challenges have you faced in transitioning from an expert clinical nurse to a novice NPD practitioner?

- What has been the most rewarding experiences during your transition?
- What has been the best experience during your transition?

4) ***How did your organization prepare you for your NPD practitioner. role?***

Probes:

- Did you have a formal orientation? If so, how long was the orientation period?
- Tell me about your preceptor?
- What types of resources were you provided to assist in transition to your new role?
- What knowledge do you have in respect to the ANPD Scope and Standards?

5) Describe your level of comfortable in your NPD practitioner role?

Probes:

- Think back to the point when you began to feel comfortable in the role. Tell me about that.
- Was there a sort of turning point for you? Tell me about that.

6) ***What has been the most difficult thing about making the transition from bedside nursing to the NPD practitioner role?***

Probes:

- Are you the first person in role or did you replace someone?
- How would you describe similarities/differences in roles?

7) ***What prior knowledge, skills, and abilities from your previous role do you use in new role? What new knowledge, skills, and abilities have you acquired for the NPD practitioner role?***

Probes:

- In what ways have you continued to use your clinical knowledge and skills?
- What has changed in the way you use time management and organizational skills as a nurse?

8) ***How would you describe your work environment?***

Probes:

- How much freedom do you have to perform job related tasks?
- How would you describe your level of autonomy?

9) ***Do you intend to become certified in nursing professional development?***

10) ***Based on your experience, what advice would you offer to a colleague who is interested in becoming an NPD practitioner?***

11) ***Is there anything else you would like to tell me regarding your transition into the role of NPD practitioner?***