A PHENOMENOLOGICAL STUDY OF ACADEMIC NURSE EDUCATORS'

EXPERIENCES DURING THE TRANSITION FROM BEDSIDE NURSE TO ACADEMIC

NURSE EDUCATOR

by

Dara Lanman

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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**Abstract**

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. The research questions were written to understand the lived experiences of these nurses through the lens of the Schlossberg transition theory. I used criterion sampling to select participants who were novice nurse academic educators. The participants were 18 novice educators within their first five years of teaching in the classroom setting at a large, multi-state, private, for-profit college of nursing. Moustakas' transcendental model to find the phenomenon's essence was utilized to collect data through a questionnaire, individual interviews, and focus groups. The theory guiding this study is Schlossberg's transition theory, which focuses on self, situation, support, and strategy. Moustakas' method of coding the statements to create categories, identify themes, and theories were utilized when performing the data analysis. Four themes and 14 subthemes emerged from this data analysis. Findings implied that novice academic nurse educators struggle during their transition into the role and need assistance from their institutions, such as formal orientation programs.

*Keywords*: Faculty development, nursing education, novice nurse educators, professional growth.

## Copyright Page

**Dedication**

I sat in a faculty meeting many years ago when Dr. Marjorie Perrin presented herself to the crew. She told us that she held a Doctorate in Curriculum. I told my husband, a co-worker at the time, "How boring." Little did I understand the intricacies of curriculum, the importance of it, and the power that a curriculum plays within an institution. Now, here I am, completing the process to obtain a Doctorate in Curriculum. I will thank Marj personally face-to-face one day, but it will have to wait because she was taken to heaven too early. In addition, I have been able to work with many fascinating nurse education leaders. I will not name any others for fear of forgetting one. Rather, I will say the National League for Nursing is a powerful organization with many brilliant people who share their knowledge with others to make our nursing future.

I read a poem once, which I can no longer find, but it says that we are born into this world like a blank canvas, and each person we meet picks up a brush and puts their mark on our canvas. I have been blessed by being developed with some nursing "legends." Thank you for your work in creating such incredible foundations that the future of nursing can build upon. God bless each of you for the work you have done.

# Acknowledgments

There are many people to acknowledge my completion of this endeavor. First, I would like to thank my chair and co-chair, Dr. Tonia Kennedy and Dr. Holubz. Your guidance and support are greatly appreciated.

Next, I would like to recognize my current employer, its board of directors, and especially Kathy. The assistance, support, and encouragement provided have been continuous during my twenty years at such an amazing organization. And to my team, thank you for your patience in listening to coursework and dissertation "theming" woes. And of course, thank you, Mark and Joe, for your continuous encouragement.

I would be remiss without specifically mentioning Joan and Tracy. I could not be who I am today without either of these mentors. Thank you for your assistance during all of these years.

To my participants who allowed me the opportunity to tell their  stories. You are fabulous people. Thank you for being willing to meet with me during evenings or weekends to help me accomplish my goals.

And finally, completing all this coursework and dissertation would not have been possible without my family's patience, love, support, and forgiveness. To my parents who taught me to never stop learning, achieving, and growing. My children, Parker and Carter, knew to find me at my desk year after year. And of course, Will. Thank you for being my biggest supporter and friend during all this process to accomplish this lifelong goal.

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## List of Abbreviations

Accreditation Commission for Education in Nursing (ACEN)

American Association of Colleges of Nursing (AACN)

American Nursing Association (ANA)

American Organization of Nurse Executives (AONE)

Baccalaureate Degree in Nursing (BSN)

Bureau of Labor Statistics (BLS)

Certified Nurse Educator (CNE)

Commission on Collegiate Nursing Education (CCNE)

Commission for Nursing Education Accreditation (CNEA)

Institute of Medicine (IOM)

National Advisory Council on Nurse Education and Practice (NACNEP)

National Council Licensure Examination (NCLEX)

National Council of State Board of Nursing (NCSBN)

National League for Nursing (NLN)

Robert Woods Johnson Foundation (RWJF)

World Health Organization (WHO)

CHAPTER ONE: INTRODUCTION

## Overview

Admission departments of American nursing schools are turning away potential students due to a lack of academic nurse educators at alarming rates (American Association of Colleges of Nursing [AACN], 2020; Bavier, 2017; Gormley & Kennerly, 2011; Kemery & Serembus, 2019; Kiely & Wysocki, 2020; Laurencelle et al., 2016; Ross & Dunker, 2019; Sousa & Resha, 2019). The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. Creswell and Poth (2018) stated that phenomenological qualitative data could be used to assist organizational leaders in creating policies or practices. When disseminated, faculty development areas of educational institutions should be able to create policies regarding onboarding new faculty. This chapter presents the historical, social, and theoretical background of role transitions. The significance of the study and the research questions are examined more deeply in this chapter.

## Background

The Bureau of Labor Statistics [BLS] (2021) assessed the shortage of registered nurses and projected that there will be over 175,000 openings every year through 2029. The number of graduates from nursing programs is not enough to meet the increasing demand for nurses needed in the healthcare arena due to experiencing a shortage of qualified, well-educated, competent academic nurse educators (AACN, 2020; Bavier, 2017; Gormley & Kennerly, 2011; Kemery & Serembus, 2019; Kiely & Wysocki, 2020; Laurencelle et al., 2016; Ross & Dunker, 2019; Sousa & Resha, 2019). Due to the limited number of faculty, nursing school administrators have turned

away qualified applicants, further impacting the shortage of nurses in the healthcare environment (Harris, 2019). In 2015, administrators of nursing programs in the United States turned away over 70,000 qualified applicants to baccalaureate and graduate programs (AACN, 2020). Four years later, in 2019, over 80,000 qualified applicants were turned away (AACN, 2020; Miner, 2019; Shapiro, 2018).

### Historical Context

There has been a global shortage of nurses in the healthcare environment for many years. The primary reason for this shortage is an increase in the aging population and, therefore, the increased need for healthcare (United Nations, 2013, 2019). The World Health Organization [WHO] (2016, 2020) reported a shortage of 7.2 million healthcare workers primarily due to the aging of the population and nurses leaving the occupation. The lack of faculty within schools of nursing is a contributing factor to the nursing shortage (AACN, 2020).

The shortage of nursing faculty is not a new issue (Alexander & Johnson, 2021; Brendtro & Hegge, 2000; Graystone, 2018; Kemery & Serembus, 2019; Marć et al., 2018; Staiger et al., 2012). The National League for Nursing (NLN) performs annual surveys of administrators of nursing programs. In 2004, there were 717 vacancies across 295 programs of nursing (AACN, 2005). In 2017, 85% of the 631 deans and directors who responded stated they were trying to hire (AACN, 2017). In 2018, the vacancy rate had increased to 1,715 from 872 programs of nursing (AACN, 2019a). Program leaders cite a lack of qualified candidates as a reason not to hire (AACN, 2019b). There is a reported academic faculty shortage of 7.2% (AACN, 2020). To fill these vacancies, nursing program administrators hire nurses from the healthcare environment who have little to no experience in academia and often rely upon multiple adjuncts or part-time faculty to replace the more experienced, full-time, more experienced faculty who have left

(Brendtro & Hegge, 2000; Fjortoft et al., 2012; Jarosinski et al., 2019; Kemery & Serembus, 2019; McPherson, 2019; Woodworth, 2017). However, the vacancies in academic nurse educator positions are challenging to fill, and when hired, instructors are unlikely to remain in education. Nurses state salary differences and the requirement for a higher degree as two reasons they do not transition into academia (Bagley et al., 2018; Daw et al., 2018; National Advisory Council on Nurse Education and Practice [NACNEP], 2020; National League for Nursing [NLN], 2020; Sousa & Resha, 2019; Thies & Serratt, 2018).

Reasons cited by academic nurse educators to leave academia include dissatisfaction with the job, heavy workloads, poor work-life balance, salary disparities, and unique expectations of nursing educators (Arian et al., 2018; Bittner & Bechtel, 2017; Burmeister et al., 2018; Clochesy et al., 2019; Cotter & Clukey, 2019; Darnell et al., 2020; Evans, 2018; Fitzwater et al., 2021; NACNEP, 2020; NLN, 2020; Singh et al., 2020; Thies & Serratt, 2018; Wenner & Hakim, 2019). These factors lead the faculty members to develop high levels of stress and lead to faculty leaving academia.

Academic nurse educators are also leaving the education setting due to the difficulty of the role and skills. Newly hired faculty are placed into the academic nurse educator role without a clear understanding of what is expected of them, leading to disappointment with their new role. Many faculty reported spending an enormous amount of time preparing for their role and still felt unprepared and reported elevated levels of stress (Hoffman, 2019; Kalensky & Hande, 2017; Muirhead et al., 2021; Phillips et al., 2019). New academic nurse educators are expected to create assignments, supervise, support student learning, and evaluate student performance with little to no training (Ross & Dunker, 2019). In a hermeneutic phenomenological study performed

by Gazza (2018), faculty reported that they often experience exhaustion trying to act as an educator, function on committees, and participate in scholarship.

Additionally, academic nurse educators leave academia due to retirement (Vandyk et al., 2017). Mirroring the advancing aging of society, nurse educators are aging as well. The advancing faculty age leads schools to replace those who are retiring or make succession plans (AACN, 2019a). Almost 90% of faculty vacancies are due to losing educators who are terminally prepared (Oermann, 2017). This retirement of qualified and experienced educators has led to a loss of essential resources that institutions rely upon and has had a negative impact on the overall delivery of nursing education (NACNEP, 2020).

Different groups have assessed the shortage of nurses and academic nurse educators. In 2002, the nursing shortage was identified as a global problem (Turale & Nantsupawat, 2021). In 2008, the Robert Woods Johnson Foundation (RWJF) and Institute of Medicine (IOM) created a plan to address the shortage of nurses in the healthcare arena, which included the need to increase the capacity of nursing schools, which subsequently led to the need to increase the numbers of academic nurse educators (IOM, 2011). The Tri-Council for Nursing is comprised of four groups, including the American Association of Colleges of Nursing (AACN), the American Nurses Association (ANA), the American Organization of Nurse Executives (AONE), and the NLN. The Tri-Council for Nursing (2010) endorsed the RWJF and IOM plan (Tri-Council for Nursing, 2010).

***Social Context***

The global nursing shortage occurs in the healthcare and educational settings (Gazza, 2018; Zahednezhad et al., 2020). This shortage of nurses impacts the healthcare community, the schools of nursing, and the communities at large, including globally (WHO, 2020). According to

Simha and Pandey (2020), the rate of turnover of nurses during their first year of practice is as high as 44.3% in the United States, Australia, Canada, and New Zealand. Researchers in a pre-pandemic study of the registered nursing workforce predicted that by 2020, the United States would have a shortage ranging between 300,000 to 1,000,000 nurses (Haddad et al., 2022). The Bureau of Labor Statistics assessed the shortage and predicted 175,000 openings for registered nurses annually through 2029 (BLS, 2021). Juraschek et al. (2019) examined the expected supply of graduates from nursing programs and the turnover of nurses due to dissatisfaction and retirement. The study concluded that shortages would continue through 2030, with a peak in the nursing shortage in 2025 (Li et al., 2018).

A pattern occurs within healthcare systems due to shortages. When there is a shortage of nurses inside healthcare facilities, the remaining nurses experience an increased workload, a sense of frustration, and less job satisfaction as they attempt to provide safe patient care. The dissatisfaction drives the remaining nurses to leave the profession (Fox & Abrahamson, 2009; Ghafoor et al., 2021; Jarrar et al., 2018; Oulton, 2006). In addition to the negative impact on nurses, the shortage of nurses in the workforce leads to an increase in patient-to-nurse ratios and a decrease in the quality of care (Cho et al., 2019; Ghafoor et al., 2021). Nursing shortages and turnover are expensive to the community and healthcare environments.

The shortage of nurses in the patient care delivery environment has negatively impacted the care provided to patients. Errors in patient care and higher mortality rates occur in areas with higher patient-to-nurse ratios (Cho et al., 2019; Haddad et al., 2022; Jachan et al., 2021). Negative care decreases patient satisfaction (Cho et al., 2019). The hospital value-based purchasing program, part of the Medicare payment system, provides reimbursements to hospitals when patients report positively regarding the care they received via the post-care survey. The

survey includes questions addressing eight dimensions of care, including staff responsiveness, pain management, and communication with healthcare professionals such as doctors and nurses (Centers for Medicare and Medicaid Services, 2015). Therefore, delays in care or poor care led to lower reimbursement dollars for healthcare facility administrators to use for equipment or the hiring of more healthcare staff.

In 2018, the average cost to a hospital due to the turnover of a registered nurse was approximately $50,000 due to the loss of available beds, overtime of existing nurses, and the addition of trained staff. Hospital leaders will turn to agency nurses who work on contracts when necessary. These nurses earn a higher wage than employees for the hospital (Li et al., 2018). Frequently, these agency nurses are qualified nurses who choose to work on contract for a hospital in a nearby city for more money rather than working as staff for the local hospital (Jacobs, 2021). If hospital administrators can hire a new graduate nurse, the cost to hire and train this novice nurse in 2018 was estimated to cost hospitals between $60,000 and $96,000. Poor onboarding of new graduate nurses or agency nurses negatively impacts patient care (Jachan et al., 2021).

As stated in a pre-pandemic study of the registered nurse workforce, it was predicted that by 2020, the United States would have a shortage of between 300,000 and 1,000,000 nurses (Haddad et al., 2022). During the 2020-2021 pandemic, healthcare employees experienced additional strain due to increased patient loads and stress caused by the number of deaths. These stressors affected caregivers' mental health and further exacerbated the shortage of nurses (Turale & Nantsupawat, 2021). The states' lawmakers reacted to the lack of nurses during the pandemic, leading to emergency orders (NCSBN, 2022). Many of these emergency orders are still in place. Hospital administrators reacted to the increase in the number of patients by converting many

single-patient rooms to double-occupancy rooms, creating COVID-19 units within their facilities, and creating new staffing structures to provide care. Hospital leaders decided to turn away non-emergent elective surgeries and often pulled nurses from these now-closed areas to work in other areas in the hospital where staffing was short. This action caused further strain by asking nurses to work in areas where they were unaccustomed and often with larger patient-to-nurse ratios. Moving nurses from unit to unit within the hospital led to missed care for patients (Vogelsang et al., 2021). During the pandemic, the staff of nursing homes and sub-acute care settings also experienced nursing shortages (Yang et al., 2021). Due to non-compliance with the vaccine mandates, hospital leaders of 55 hospitals reported an increase in their healthcare provider shortages due to terminations or those voluntarily leaving healthcare. Mayo Clinic administrators reported a loss of 730 healthcare workers in January 2022 due to a lack of compliance with the vaccine mandate (Gooch, 2022).

To assist with these staggering numbers of shortages of healthcare providers, nursing program administrators need to increase the graduation rates of new nurses. However, administrators of nursing programs are currently turning away qualified applicants because of academic nurse educator shortages (AACN, 2020; Bavier, 2017; Gazza, 2018; Gormley & Kennerly, 2011; Kemery & Serembus, 2019; Kiely & Wysocki, 2020; Laurencelle et al., 2016; Ross & Dunker, 2019; Sousa & Resha, 2019). As shown, nursing programs have a history of not meeting the demands of the healthcare system (United Nations, 2013, 2019). This need could be even more dire as we recover from a pandemic.

### *Theoretical Context*

Investigation into the transition of bedside nurses into academia began in earnest in the early 2000s (Schoening, 2013). Earlier research studied the academic nurse educators' transition

to academia in baccalaureate nursing programs (Anderson, 2009; Dattilo et al., 2009; Gazza, 2018; Goodrich, 2014; Schoening, 2013; Siler & Kleiner, 2001). Later, research was adapted to other programs of nursing, such as diploma or associate degree programs (Shapiro, 2018). Although most researchers investigated educators who teach in the classroom, many researchers have also examined nurses who transition to education in clinical environments (Ross & Dunker, 2019; Wenner et al., 2020). All this research builds upon one central theme: nurses are educated to be practitioners in healthcare settings and, therefore, are unprepared when they transition to education (Anderson, 2009; Benner et al., 2010; Cangelosi, 2014; Schoening, 2013; Shapiro, 2018; Siler & Kleiner, 2001).

Researchers investigating nurses through the transition to academia used many different theorists. The Meleis' transition theory and Schoening's nurse educator transition theory model were used to understand the transition for many studies (Fitzwater et al., 2021; Shapiro, 2018; Young-Brice et al., 2022). Shapiro (2018) used Lewin and Schoening. The Schoening nurse educator transition theory model (2013) was created during her study of 20 nurse educators transitioning into education at the baccalaureate degree level and has been used by researchers since (Schoening, 2013; Wenner et al., 2020).

Many researchers' primary focus has been using mentors to assist novice academic nurse educators (Bailey et al., 2021; Busby et al., 2022; Glover et al., 2021; Phatak & Kao, 2018). Specifically, researchers have examined the need to provide mentors to newly appointed faculty members. Mentors should facilitate a smooth transition and create a solid understanding of roles and responsibilities (Brown & Sorrell, 2017; Howe et al., 2018).

## Problem Statement

The problem is that there is a shortage of nurses in all environments (AACN, 2020; Graystone, 2018; Kemery & Serembus, 2019; Marć et al., 2018; Wenner et al., 2020). The shortage of nurses in the healthcare environment was deemed a global problem in 2002 (Turale & Nantsupawat, 2021). The BLS projects a shortage of 175,000 registered nurses every year through 2029 (BLS, 2021). This shortage will not resolve without more graduates from nursing programs, and schools are turning away applicants due to a shortage of academic nurse educators (AACN, 2020; Bavier, 2017; Gazza, 2018; Gormley & Kennerly, 2011; Harris, 2019; Kemery & Serembus, 2019; Kiely & Wysocki, 2020; Laurencelle et al., 2016; Ross & Dunker, 2019; Sousa & Resha, 2019). Leadership from academic institutions cannot hire more academic nurse educators without more nurses to recruit.

Requirements are placed on educational institutions by their State's Boards of Nursing to maintain open doors to potential students. One requirement is that a designated percentage of graduates must pass the National Council Licensure Examination (NCLEX®) on their first attempt upon graduation. Per the NCSBN's 2020 Member Board Profile for the states and jurisdictions included in the survey, 4 respondents stated they do not regulate the first-time pass rate; however, 53 states and jurisdictions do have a specified percentage required. According to the same Member Board Profile, 28.3% of the respondents have a flexible percentage required based upon that national pass rate, while 71.6% require a set percentage despite the national average. This rate varies from state to state (NCSBN, 2021). These novice, ill-prepared academic nurse educators whom administrators of nursing programs hire may negatively impact the education delivery, create inadequately trained nurses (Ross & Dunker, 2019), and, therefore, impact the ability of a school to accept students into their programs.

Novice academic nurse educators whom institutions employ often become frustrated and leave education due to poor job satisfaction (AACN, 2020; Bagley et al., 2018; Fritz, 2018; Garner & Bedford, 2021; O'Meara et al., 2019; Summers, 2017). There are many studies regarding faculty retention efforts. Faculty benefit from training focused on continuing education, improving skillset, managing the workplace environment, and a comprehensive mentor program (Baker, 2010; Haras, 2018; Harris, 2019; Hoffman, 2019; Hunter & Hayter, 2019; Poindexter, 2013; Shapiro, 2018; Summers, 2017). Research has examined different onboarding strategies and their effectiveness (Hande et al., 2018; Weston, 2018). This research indicates that when nurse leaders facilitate well-developed orientation programs to assist faculty in transitioning into academia, the novice educator has a smoother transition (Herdklotz & Canale, 2017; McCauliff, 2020). However, there is a lack of research regarding the creation of a deliberate faculty development series based on the faculty's needs from the faculty's perspective (Baker, 2010; Ross & Dunker, 2019). Additionally, there is no one specific model to assist academic nurse educators during this transition (Hande et al., 2018). This study builds upon prior research to discover the experiences of those transitioning into academia using the Schlossberg transition theory (1981). Through this research, administrators of nursing programs will better understand the lived experiences of novice academic nurse educators during the transition and, therefore, should tailor onboarding processes to meet their needs better.

## Purpose Statement

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. The theory that guides this research is Schlossberg's transition theory (1981). The

Schlossberg transition theory focuses on the 4-S's of transition, focusing on the situation, self, support, and strategies (Anderson et al., 2011; Schlossberg, 1981, 2011).

## Significance of the Study

The significance of this study is to identify themes of the lived experiences of novice academic nurse educators as they transition into academia. This study was designed to explore the experiences of those transitioning into academia to identify shared themes or essences. Understanding the experience of the novice academic nurse educator could offer insight into the future development of orientation programs by nursing institutions.

### *Empirical Significance*

Researchers have found that academic nurse educators struggle with the transition to academia due to fear, workload, and unsure understanding of roles and responsibilities (Bittner & Bechtel, 2017; Brown & Sorrell, 2017; Gentry & Johnson, 2019; Howe et al., 2018; Mann & De Gagne, 2017). Additionally, researchers have identified many reasons that academic nurse educators leave academia, such as heavy workload, unclear expectations of their roles, poor compensation, and retirement (AACN, 2019b, 2020; Billings & Halstead, 2020; Bittner & Bechtel, 2017; Bullin, 2018; Burmeister et al., 2018; Darnell et al., 2020; Evans, 2018; Grassley & Lambe, 2015; NLN, 2020; NACNEP, 2020; Singh et al., 2020; Vandyk et al., 2017). Specifically, novice educators often leave academia due to job dissatisfaction (AACN, 2020; Bagley et al., 2018; Chung & Kowalski, 2012; Fritz, 2018; Garner & Bedford, 2021; O'Meara et al., 2019; Summers, 2017). Research has been performed in the transition to academia. Schoening's study (2013) of novice educators found that there is a lack of formal orientation and that successful transition occurs when the new educator becomes comfortable with the new identity and environment. While many studies whose researchers focused on faculty retention

efforts of academic nurse educators, no studies have been identified examining the lived

experience of novice academic nurse educators using the Schlossberg transition theory (1981).

### Theoretical Significance

Results from this study have theoretical significance in the academic programs that

provide nursing education and the communities they serve. Utilizing Schlossberg's transition

theory (1981), research was performed to examine the nurses' experience as they transition from

the healthcare setting to the role of academic nurse educator. Gentry and Johnson (2019) found

stress during a transition to a new role due to a lack of understanding of the responsibilities.

Research has identified that transitioning to new roles is difficult (Chang et al., 2019; Rathmell et

al., 2019; Wenner & Hakim, 2019). Schoening (2013) examined nurses who transitioned from

healthcare to academics. The Schoening model found that faculty transitioned through four

phases as they developed. During the transition, mentoring and other assistance should be

provided to the novice academic nurse educator (Bullin, 2018; Busby et al., 2022; Schoening,

2013; Stamps et al., 2021). Through the lens of Schlossberg's transition theory, the experiences

of the novice academic nurse educator were examined. These insights into the novice academic

educator and Schlossberg's 4-S of self, support, situation, and strategies to develop a more direct

orientation process. Schlossberg reported that individuals' reactions to change depend on how

people perceive the change and the available internal and external coping mechanisms (Anderson

et al., 2011; Schlossberg, 1981, 2008, 2011). This study used the Schlossberg theory to better

understand how nurses in the health care environment transition to nurse educator in academia.

### Practical Significance

Nursing programs have internal and external stakeholders, such as faculty and students

(Virgolesi et al., 2020). Additionally, there are patients, the patient's families, and the community

at large (Virgolesi et al., 2020). The nursing shortage has been identified as a problem that will not be resolved without more graduates, and more graduates will not exist without more educators (IOM, 2011; Tri-Council for Nursing, 2010). Practically, the significance of this transcendental phenomenological study was to provide a better understanding of the lived experiences of the novice academic nurse educator. Understanding the lived experiences of the novice academic nurse educator through the lens of Schlossberg's transition theory (1981) could assist faculty development departments of nursing institutions to create orientation and mentoring processes for their educators that address the specific challenges experienced by those who transition from healthcare.

## Research Questions

This study focuses on the lived experiences of novice academic nurse educators as they transition from the healthcare environments to become academic nurse educators. This study used the transcendental phenomenological research design used in this study to focus on the transition of the individuals using the Schlossberg transition theory (1981) to understand better the experience situation, self, support, and strategies of the novice academic nurse educator. Data was collected from novice academic nurse educators who have experienced the phenomena to address the research questions. According to Creswell and Poth (2018), the research question intends to focus on the content addressed.

### Research Question One

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to self?

### Research Question Two

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to the situation of transition?

### *Research Question Three*

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to support received or not received during the transition?

### *Research Question Four*

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to strategies utilized during the transition?

## Definitions

1. *Academic nurse educator* - A registered nurse in the role of educating in a post-secondary education setting (National Council of State Boards of Nursing, 2008; Ortelli, 2006; Specht, 2013).

2. *Novice nurse educator* - A nurse educator who has five years or less of previous experience in the role of the academic nurse educator in a program that prepares students for the licensure exam (Nugent et al., 1999).

3. *Situation* – "The multiple factors such as concurrent stress, trigger,, and role change" (Voget, 2021, p. 82).

4. *Support* – "Includes family, friends, and institutions" (Voget, 2021, p. 82).

5. *Self*- "The psychological characteristics like self-efficacy and ego development" (Voget, 2021, p. 82).

6. *Strategies*- "The way one copes with transition" (Voget, 2021, p. 82).

**Summary**

There is a shortage of nurses in the healthcare environment, which requires more academic nurse educators to correct. Due to a shortage of qualified academic nurse educators, nursing programs are currently unable to accept all qualified applicants. This trend must be reversed if the cycle is to improve. The shortfall in qualified applicants to academics requires administrators of nursing programs to develop, provide, monitor/evaluate, and revise faculty development to maintain and support current and new faculty. This research could help recognize areas in which faculty feel unsupported and desire assistance.

# CHAPTER TWO: LITERATURE REVIEW

## Overview

The shortage of nurses at the bedside is a complex problem that cannot be resolved without more academic nurse educators (AACN, 2019b; IOM, 2011; Tri-Council for Nursing, 2010). Nursing programs' administrators are struggling to obtain more academic nurse educators, and many academic nurse educators do not remain in post-secondary education (AACN 2019b; Billings & Halstead, 2020; Bittner & Bechtel, 2017; Bullin, 2018; Burmeister et al., 2018; Darnell et al., 2020; Evans, 2018; Grassley & Lambe, 2015; NACNEP, 2020; NLN 2020; Singh et al., 2020; Sousa & Resha, 2019; Thies & Serratt, 2018; Vandyk et al., 2017). This study investigates the lived experience of nurses as they transition into academia, which requires understanding the many aspects of change and the challenges for educators in nursing education.

## Theoretical Framework

Schlossberg's transition theory (1981) provides a linear process a person proceeds through when experiencing a transition. However, not everyone identically proceeds through the process. Each person evaluates transitions differently based on their interpretation and the tools available during this transition. Schlossberg's transition theory addresses both the transition and the person experiencing it and should be used to evaluate many types of changes in life, such as those in relationships, roles, and employment (Anderson et al., 2011; Schlossberg, 2008, 2011; Schlossberg et al., 1995).

The three steps of the Schlossberg transition theory (1981) are to approach the change, take stock, and take charge. In step one, approach the change, the individual identifies the transition and investigates how it impacts the individual regarding their roles, routines, and relationships. The second step is taking stock. During this stage, individuals should assess the

variables available regarding this situation, such as support within themselves, external support, and strategies to navigate this change (Schlossberg, 2008, 2011). In taking charge, stage 3, the individual uses the information from steps 1 and 2 to take charge of their situation. This step includes developing their plan for moving forward through this process (Schlossberg, 2008).

In the second step of Schlossberg's transition theory, there are four areas that the person should examine to experience the change (Schlossberg, 2011). These are situation, self, support, and strategies (Anderson et al., 2011; Schlossberg, 2008, 2011). The aspect of the situation addresses the transition as to when, why, and what are the controllable factors. During this transition stage, the person should assess the change and its timing, the amount of control the person has over the change, the permanence of the change, and if the person perceives the change to be a positive or negative change (Anderson et al., 2011; Schlossberg, 2008, 2011).

As part of self, the person experiencing the change should evaluate themself to assess how they perceive change. The individual should understand their outlook regarding transitions (Schlossberg, 2008, 2011). If the person sees the change as a positive, the person could see the change as something positive. Conversely, if the person sees the change as a negative, this could impact the opinion of the transition for the person experiencing the change. According to Schlossberg's transition theory, a person is affected based on their stage of life and resilience (Anderson et al., 2011).

Support is assistance the person has and believes they have during this transition. Schlossberg has provided that potential examples of support include family, work relationships, or community support (Schlossberg, 2008, 2011). During times of change, people seek support in the form of affection and affirmation (Schlossberg, 2008, 2011). Participants in the study were asked about their support system utilized during the transition.

Strategies refer to the individual's ability to use a range of coping strategies to resolve the change and whether the person has strategies to fall back on. Coping strategies include taking action to modify the transition (seeking advice or negotiating), changing the meaning of the transition (using denial or rearranging priorities), managing the reaction to stress (performing physical activity, participating in counseling), or doing nothing (Schlossberg, 2008, 2011). Participants were asked about coping strategies used during this transition. These coping strategies could include internal or external resources.

Researchers have used the Schlossberg transition theory previously to investigate transition. Toll (2020) studied the change from a nurse to an educator while remaining in the healthcare arena. This study was a qualitative study to discover the perceptions of support and barriers to a successful transition. This study addressed a gap in the current research of nurses who transition within the healthcare arena as nurse educators. However, most studies to date are those performed during dissertation research. Those who participated in the Toll (2020) study indicated that their transition included establishing their new self in the role and overwhelming workload expectations.

Rath (2020) performed a phenomenological study of assistant principals during a restructuring of schools in Virginia using the Schlossberg transition theory. This study examined the experience of 12 assistant principals during the transition to the institutions in which they work. While Rath did not focus on the 4S's of the Schlossberg theory from stage two, Rath did use Schlossberg, focusing on three sets of factors that influence the adaptation to transition. The three factors are the transition itself, the environment of the transition, and the characteristics of the individual experiencing the change (Schlossberg, 1981).

Mawson (2020) and Garriga (2020) both examined newly graduated nurses as they transitioned into the healthcare arena using the Schlossberg transition theory. In the Mawson (2020) study, the new nurses' experience was examined using the same three factors as Rath (2020) used. The Garriga (2020) study examined the transition through the lens of Schlossberg but using the 4S's of situation, self, support, and strategies. Both studies were performed as qualitative studies. The Mawson (2020) study focused on the educational preparation, the placement and assistance upon hire into the facility, and the experience of the transition. Garriga (2020) found three themes. They were communication, the transition into the new role and residency program, and confidence.

Gordon and Newby Parham (2019) completed research using the Schlossberg transition theory to investigate the lived experience of those transitioning from the military to education as part of the U.S. government's Troops to Teachers program. This study was performed using a case study method for the two participants. The research found that when investigating the transition through the lens of Schlossberg, despite being in different schools and teaching different grades, their experiences were quite similar. Both teachers reported the transition as stressful, and both had issues with the transition, such as planning, teaching, and managing the classroom.

This research focuses on the 4S's of the Schlossberg transition theory of situation, self, support, and strategies. Each of these four areas was used in the focus of the interview questions during the individual and focus groups. Research has been performed regarding the transition from healthcare to academia and from the role of student to nurse. However, there is a gap in the research investigating the lived experience of nurses as they transition from healthcare to the academic nurse educator role using the Schlossberg transition theory.

**Related Literature**

Research has been performed regarding the many reasons there is an academic nurse educator shortage, including recruitment and retainment and the impact on education and healthcare. In this related literature, I will share research on this shortage, its impact on post-secondary education, and healthcare, methods to combat this academic nurse educator shortage, and many of the theories used to investigate this issue in the past.

**Academic Institutions and Vacancies**

The shortage of nurses in the healthcare environment was deemed a global problem in 2002 (Turale & Nantsupawat, 2021). This shortage will not be resolved without more graduates from nursing programs, and schools are turning away increasing numbers of applicants due to a shortage of academic nurse educators (AACN, 2020). The financial burden of transitioning to academia is one of the primary reasons listed for remaining in the healthcare arena. Nurses list the decrease in their annual salary as a primary reason not to become an academic nurse educator (AACN, 2019b; Bagley et al., 2018; NACNEP, 2020; NLN, 2015; NLN, 2018; NLN, 2020; Sousa & Resha, 2019; Thies & Serratt, 2018). Another reason is that transitioning from healthcare to the academic environment requires the nurse to obtain an advanced degree, requiring additional money and time (Bagley et al., 2018; Carpenter, 2016). Some nursing programs have begun offering loan forgiveness programs to assist with the financial burden (Hinderer et al., 2016).

*Turnover of Faculty Once Hired*

When the leadership of nursing programs hires nurses from the bedside into education, these nurses are highly skilled advanced practice experts, yet they may not be the best to prepare future new graduates (Dahlke et al., 2021; Grassley et al., 2020). Many times, academic

leadership fills vacant positions with inexperienced academic nurse educators (Anderson, 2009; Poindexter, 2008). These inexperienced faculty are unable to fully cope with the new role (Sodidi & Jardien-Baboo, 2020; Wenner & Hakim, 2019). Further, academic leadership often needs to hire many part-time or adjunct faculty to fill vacancies, rather than a few full-time academics (McPherson, 2019; Woodworth, 2017). When hired, academic nurse educators often report dissatisfaction with the role and consequently leave education (Chung & Kowalski, 2012). Reasons provided for dissatisfaction with employment as an academic nurse educator include being overwhelmed with what they do not know, a lack of knowledge of the role and expectations, struggles with a fear of poorly performing students, negative student evaluations, an increase in workload, and poor compensation (Billings & Halstead, 2020; Bullin, 2018; Grassley & Lambe, 2015; Halstead, 2007; Mann & De Gagne, 2017).

**Inconsistent Faculty Requirements**

Part of the difficulty in hiring qualified academic nurse educators is the inconsistency in the minimum qualifications of nurse educators and unclear definitions of the roles within nursing education. There are different requirements to become an academic nurse educator depending on the professional standards, guidelines, and competencies developed by professional nursing organizations and accrediting bodies and depending upon the state in which the school is located and the level of the student to be educated (Commission on Collegiate Nursing Education, 2018; NLN, 2016).

*Professional standards, guidelines, and competencies of nursing education*

There are 3 agencies that provide accreditation to colleges and universities' programs of nursing. They are the Commission on Collegiate Nursing Education (CCNE), which performs accreditation for schools that educate baccalaureate degree programs or higher. The NLN

Commission for Nursing Education Accreditation (CNEA) and the Accreditation Commission for Education in Nursing (ACEN) provide accreditations for all programs at all levels. Each agency has different standards regarding minimum requirements of first-time NCLEX® pass rates, completion rates, job placement of the learners, and the requirements of the faculty who teach within the programs.

The CCNE requires a graduate degree of all faculty teaching within a nursing program and are prepared for the areas in which they teach (Commission on Collegiate Nursing Education, 2018). The CNEA requires that there is an appropriate number of full and part-time faculty to meet the needs of the learners. In Standard III: Culture of Excellence and Caring-Faculty, there is a requirement for any nursing program for which educators are employed who do not possess a graduate degree, there must be a plan in place for that person to obtain the advanced degree (Commission for Nursing Education Accreditation, 2021). ACEN requires full-time faculty to hold the qualifications as required by the governing organization and their accrediting agency (Accreditation Commission for Education in Nursing, 2020).

In addition to the degrees, there are expected competencies. Qualified, competent academic nurse educators require a skill set different from practice. In *Educating nurses: A call for radical transformation* (Benner et al., 2010) stated that those who are seeking employment in nursing education should possess at least a master's degree and be prepared in clinical practices and experiences. Additionally, the academic nurse educator should know information about education, such as "curriculum design and development, teaching methodologies, educational needs assessment, and learner-centered theories and methods" (Benner et al., 2010, p.6). This builds upon the NLN Division of Nursing Education position in 1952, which stated that master's prepared nurse educators need to focus on clinical skills, focusing on either teaching or

administration (Ervin, 2017). The WHO (2016) created a list of 8 Nurse Educator Core

Competencies. These competencies are:

1. Curriculum and implementation

2. Nursing practice

3. Research and evidence

4. Communication, collaboration, and partnership

5. Ethical, legal principles and professionalism

6. Monitoring and evaluation

7. Management, leadership, and advocacy

8. Theories and principles of adult learning (WHO, 2016, p. 10).

These competencies were created with a focus that nursing education needed to have a focus on

an "increasingly diverse population and changing needs" (WHO, 2016, p.5).

The National League for Nursing has also identified Core Competencies of the Nurse

Educator© needed for the academic nurse educator's role (Bastable, 2014; Billings & Halstead,

2012; Fitzgerald et al., 2020). These core competencies for nurse educators have been revised

and are currently:

1. Facilitate learning

2. Facilitate learner development and socialization

3. Use assessment and evaluation strategies

4. Participate in curriculum design and evaluation of program outcomes

5. Pursue continuous quality improvement in the nurse educator role

6. Engage in scholarship

    6a. Function as a change agent and leader

6b. Engage in scholarship of teaching

6c. Function effectively within the institutional environment and the academic

community (NLN, 2022, p.6)

When created, eight core competencies were developed along with 66 task statements to show

the knowledge, skills, and attitudes required (NLN, 2012a, 2012b) to perform as an educator.

The competencies were foundational when creating the Certified Nurse Educator (CNE) Exam,

which successful completion leads to certification. The competencies and task statements have

been identified as the foundation that academic institutions should use to develop orientation

structures for novice educators (Fitzgerald et al., 2020; Halstead, 2018).

Certification in the academic nurse educator role is possible through successful

completion of the CNE Exam. To create this examination, the NLN conducted a needs

assessment of administrators of educational institutions that teach nursing programs and another

needs assessment of faculty in 2003. The results indicated that the role of the educator is a

specialty and, therefore, needs a certification (NLN, 2002). Through preparation for the

examination, academic nurse educators can assess areas of weakness and education necessary to

become fully prepared (Hunzicker, 2011). Continuation education activities should be performed

to maintain and improve competencies (Hagler et al., 2014; NLN, 2011). The CNE assesses

academic nurse educators' ability to perform and apply the Core Competencies of Nurse

Educators with Task Statements (NLN, 2012b).

***State board of nursing requirements for academic nurse educators***

In some states, there is a requirement of a master's degree or higher to educate future

nurses. But, there is often no specification for the type of advanced degree if it includes nursing.

One of the master's available focuses on nursing practice, where graduates test to become a nurse

practitioner. A graduate from a nurse practitioner program does not have the training in the role of educator and often struggles in the transition to education (Glover et al., 2021). The National Council of State Board of Nursing (NCSBN) recommends that all nursing faculty have an advanced degree, which should include education in nursing and teaching (Bagley et al., 2018; NCSBN, 2008). The NCSBN surveys the different boards of nursing each year and provides an annual report. This report provides the answers to many survey questions.

*Degree sought by students to be educated*

The educational preparation of the educator varies depending on the learners to be educated. The AACN (2017) posted the position statement, which stated that the doctorate is the preferred terminal degree, and the nurse should choose between a research doctorate or a practice doctorate. However, in most instances, associate degree or Diploma programs require a minimum of a baccalaureate or master's degree. For schools of nursing awarding baccalaureate degrees or higher are offered, the terminal degree is often a master's or doctorate (Hunt, 2018).

*Differences in Terminal Degrees*

Advanced degrees in nursing have evolved over time. At the beginning of the 1900s, most nurse educators had the terminal degree of an educational doctorate (AACN, 2006; Bartels, 2007). The first education doctoral degree (EdD) for nurse educators was offered at Teachers College at Columbia University in 1924 (Robb, 2005). New York University created a Ph.D. program in 1934 with a focus on research through its Department of Education (Ervin, 2017). This evolved into a doctorate in philosophy. Since the 1970s, there has been the creation of two-terminal nursing degrees, the doctor of nursing science and the doctorate of nursing practice (Bartels, 2007). Therefore, despite obtaining terminal degrees, many nurse educators struggle with academic nurse educators' complex roles (Bartels, 2007; Halstead, 2007).

The Ph.D. is for academic research, while the DNP is focused on clinical practice and is to prepare nurses to bridge the gap between research and the bedside and not focus on the principles of education (Halstead, 2007; NACNEP, 2020; Summers, 2017; Tanner & Bellack, 2010; Trautman et al., 2018). As of 2017, there were 133 research-focused programs and 241 doctor of nursing practice programs (Ervin, 2017). The *Essentials of Doctoral Education for Advanced Nursing Practice* states that the "DNP curriculum does not prepare the graduate for a faculty teaching role any more than the Ph.D. curriculum does. Graduates of either program planning a faculty career will need preparation in teaching methodologies, curriculum design and development, and program evaluation." (AACN, 2006, p. 7). These two doctorate degrees are different in focus and preparation (NACNEP, 2020). The number of those graduating with a practicing degree of DNP is growing. The number of those graduating with a Ph.D. is decreasing. This is at a time when 58 percent of the faculty positions require a doctorate, and only 1.9 percent of nurses hold a doctorate (NACNEP, 2020). The education provided in terminal degree programs was created to center around education, research, or practice.

**Shortage of Nurses who are Academically Prepared for Academia**

While a requirement by boards of nursing and accreditation bodies is that educators possess a graduate degree, there is a shortage of nurses who have earned a master's degree or doctorate degree. This shortage is not easily resolved. Without faculty who possess a graduate degree, potential students may not be enrolled. More than 10,000 qualified applicants to master's or doctoral nursing programs were denied admission in 2019 due to faculty shortage (AACN, 2019b). Often, those seeking advanced degrees in nursing education seek online delivery methods, thus increasing the need for online nursing education programs (Broussard & Wilson, 2018).

**Impact of the Shortage of Academically Qualified Nurse Educators in Academia**

The shortage of terminally prepared faculty impacts education. In the fall of 2001, there were only 79 doctoral programs with 3,000 doctoral students enrolled. This is an increase from the 54 programs in 1992 (Berlin & Sechrist, 2002). This number is still deficient since doctoral-prepared faculty are required to teach future nurse educators. Nurses who earn doctorate degrees have an average age of 46, while those who earn doctorates in other fields have an average age in their thirties (Anderson, 1998). This leaves fewer years for properly prepared educators to teach prior to retirement. According to the AACN (2020), there are DNP programs in each state totaling 357 programs and 106 new programs in the planning stages. The graduates from these programs are now totaling over 7,000 a year.

For those seeking to teach in a college or university that provides lower degree options, a master's degree may be appropriate. However, master's degrees have also shifted away from education. In 1976, 24% of master's programs had a primary focus on education, as opposed to 5.3% in 2004 (Bullin, 2018). This shortage of available, qualified faculty and colleges often fill openings with inexperienced or adjunct or part-time educators (Anderson, 2009;).

*Impact of the Shortage of Academically Qualified Nurse Educators Outside Academia*

Nurses with advanced degrees also work in areas outside of academia due to the financial compensation to work in administrative nursing positions or in hospitals as clinical researchers or in corporate entities (Hinshaw, 2001). This leaves the doctoral-prepared nurse able to find employment that best suits their personal and professional needs with scheduling—thus causing institutions of education to compete for these potential employees. Nurses also act in many roles outside of the acute care setting. Environments can include the sub-acute settings, the home, telemedicine, nurse researcher, or insurance nursing (Goodwin University, 2020). Nurses are

also active in organizations that design public policy (Wilson et al., 2020; Wilson et al., 2021). Nurses are also involved in politics by influencing social policies as well as health (Benton et al., 2020; Harris, 2019).

### Consequences of Hiring Poorly Qualified Academic Nurse Educators

When schools of nursing do hire nurses from the healthcare environments, these nurses are highly skilled advanced practice experts. However, they have little education or experience as an educator (Dahlke et al., 2021; Grassley et al., 2020). Many nursing program leaders are limited to hiring inexperienced adjunct, those with master's degrees rather than terminally prepared, or those who have advanced degrees which focus on practice rather than on education or research (Anderson, 2009; Fjortoft et al., 2012; Hunter & Hayter, 2019; Kemery & Serembus, 2019; Mann & De Gagne, 2017; McPherson, 2019; Poindexter, 2008; Shapiro, 2018; Summers, 2017; Woodworth, 2017). Faculty entering academic nurse education are without the knowledge necessary to understand what they do not know nor how to obtain that knowledge, and therefore, the transition is difficult (Billings & Halstead, 2020; Bullin, 2018; Grassley & Lambe, 2015). A qualitative study performed by Mann and De Gagne (2017) found that many novice academic nurse educators listed difficulty with the increased workload, poor compensation, inability to mentor poorly performing students appropriately, and fear of receiving negative student evaluations. Therefore, the educator leaves education. Hiring ill-equipped individuals to perform the role often leads to individuals becoming dissatisfied and, thus, leaving the role.

Further, if the program leaders hire ill-equipped academic nurse educators and convince them to stay without the training necessary, the educators also negatively impact the shortage of nurses. Graduates from nursing programs must take the licensure examination to practice as a nurse. Admission restrictions, probation, and school closures are all possible ramifications due to

lower than mandated first-time pass rates on the licensure exam (Kentucky Board of Nursing, 2021). Further, research has indicated more remarkable achievement of student outcomes when taught by more competent educators (Poindexter, 2013).

**Staying Current within an Ever-Changing Environment**

While the expectations of academic nurse educators have changed over time, the delivery of nursing education has also transformed since its inception. Nursing education has transitioned from hospital-based education to a formal college environment. The academic nurse educator's role has evolved alongside the changes to the delivery of nursing education. While nursing education has existed for centuries. Formal nursing education was first documented in 1798 in the United States when Dr. Seaman began training nurses in the hospital setting consisting of lectures regarding nursing and hygiene. This education consisted of 24 lectures provided to the nurse attendants at New York Hospital (Hotvedt, 1914). Hospital-based education remained in place for many years.

The Deaconess School of Nursing opened in Kaiserweth, Germany, in 1836, which provided training in the classroom and at the bedside. When formal education of nurses began, physicians taught all coursework (Anderson, 1981). The curriculum in this program included laundry, cleaning, cooking, how to maintain a home, and the care of patients in the healthcare setting (Anderson, 1981). Nursing students provided free staffing to the hospitals, and the curriculum provided to the students was based on the hospital patient population (Valiga, 2012). Florence Nightingale's model was the first attempt to establish formal nursing education. This model focused on educating nurses in the hospital environment. The Nightingale school opened in 1860 in London at the St. Thomas Hospital by a fund given to Florence Nightingale in response to her work in the Crimean War. This education model provided a combination of

theory and practice (Anderson, 1981). Three schools of nursing opened in the United States in 1873: Bellevue Training School in New York City, the Connecticut Training School in Hartford, and the Boston Training School in Boston (Anderson, 1981; Ervin, 2017). As these schools opened, nurses began teaching alongside the physicians, and a textbook called the *New Haven Manual of Nursing* was written (Ervin, 2017).

Prior to the Civil War, there were no formal nursing education systems to provide nurses or nursing care for the armies on either side. Dorothea Dix established a nursing service for the Federal Army, which worked with the United States Sanitary Commission. A school opened in Bellevue and other hospitals in New York, which provided one month's practical experience training to approximately 100 people. The United Sanitary Commission also provided supplies to hospitals during the Civil War (Kautz, 2014; Uhl, 1969).

By the Spanish-American War, nursing schools had existed for almost 25 years, and The Nurses' Association Alumni of the United States and Canada had been developed. The president of the Nurses' Association Alumni, Mrs. Hampton Robb, worked to pass a bill in 1900 establishing a permanent Nurse Corps as part of the Army's Medical Department. As World War I began, the education of nurses was recognized. Annie Goodrich developed the Army School of Nursing at Walter Reed Hospital, which remained operational until 1933 (Uhl, 1969).

It was not until after World War I that nursing education had a formal evaluation process developed. The Committee on the Grading of Nursing Schools was created to evaluate programs and analyze nursing education in the United States (Uhl, 1969). The resulting Goldmark Report of 1923 is considered the first analysis of nursing education in the United States. In the report, each institution received feedback and indicators showing how the school compared to the other schools that participated (Ervin, 2017). The recommendations from this report were to a.) have

nursing education include training at the hospitals and a course in public health nursing, b.) maintain the standards of education, and c.) strengthen the schools of nursing (Gebbie, 2009). This work caused many schools to close, and the schools that remained open showed improvement in 1932 when the study was performed again (Uhl, 1969).

Through a 1942 grant provided by the United States Public Health Service, the Adelphi Nursing School was created in New York, with Dr. Mildred Montag named as the director. In June 1943, the Nurse Training Act, also known as the Bolton Act, created the Cadet Nurse Corps and was passed through Congress (Ervin, 2017; Harker, 2017; Petry, 1943; Uhl, 1969). Due to WWII, schools of nursing were competing with the Cadet Nurse Corps for students. The school administrators needed to admit more students and shorten the length of study. To facilitate these changes, the school administrators worked to create better partnerships with hospitals for clinical partnerships and use local colleges to teach non-nursing courses, thus saving the nursing instructors for the nursing courses (Ervin, 2017).

After World War II, there was a shortage of nurses. Montag changed nursing education, and its effects still exist. First, along with McManus, the Director of the Department of Nursing Education at Teachers College, Columbia University, proposed creating the Associate Degree of Nursing plan to assist with the nursing shortage (Mahaffey, 2002). The associate degree role was designed to assist the baccalaureate-prepared nurse (American Nurses Association, 2015a, 2015b; Harker, 2017). Due to this change, by the 1990s, approximately 60% of all new nurses were graduates of associate degree programs (Ervin, 2017). Nursing programs integrated formal laboratory training into the curriculum, allowing students to practice skills away from the patients (Harker, 2017).

At the end of World War II, nurses recognized that the improvements in healthcare created during the war could not be continued in hospital settings with the current nurse training. This group concluded that formal college education was necessary to reinforce the content being taught in the hospital settings (Lynaugh, 2006). In 1945, A Kellogg Foundation Trust created grants to fund educators to teach at Boston University, the University of Colorado, the University of Pittsburg, Teacher's College at Columbia University, the University of Chicago, the University of Minnesota, Wayne University, the University of Oregon, and the University of Pennsylvania. Even in 1945, many school administrators struggled with implementing the grant due to a lack of qualified instructors (Lynaugh, 2006).

### *Instituting standards of nursing education*

Growth in the number of colleges and universities in the late 1800s led to several regional accreditation agencies, such as the New England Association, which was formed in 1885, and the Southern Association, formed in 1895. In 1893, the American Society of Superintendents of Training Schools was created to establish standards for training nurses. The society was renamed the National League for Nursing Education and created the first accreditation standards for nursing education (Accreditation Commission for Education in Nursing, 2020-a). For many years, this organization was the only means of obtaining programmatic accreditation (Accreditation Commission for Education in Nursing, 2022-b). Today, there are 3 agencies that provide accreditation to colleges and universities' programs of nursing: The Commission on Collegiate Nursing Education, The NLN Commission for Nursing Education Accreditation, and the Accreditation Commission for Education in Nursing (NLN, 2020)

### Overcoming Role Ambiguity

Literature suggests a vast difference between the arenas of practice and education for which the newly hired faculty is unprepared (Darnell et al., 2020; Grassley & Lambe, 2015; Grassley et al., 2020; Stamps et al., 2021; Young & Godfrey, 2021). Nevertheless, academic leadership hires faculty, expecting the new hires to take on many responsibilities they have no practice doing (Hunter & Hayter, 2019; Poindexter, 2008; Schoening, 2013; Shapiro, 2018; Summers, 2017). Transitioning from the role of a bedside nurse to an academic has been examined, and nurses describe a conflict with identities. As the nurse transitions to their new role, they experience ambiguity in role definition and experience a sense of grief and loss of their prior identity. This struggle can often exist for several years as they become an academic (Brower et al., 2022; Hunter & Hayter, 2019). The confusion about their role and the many unknowns about their responsibilities leads to stress and anxiety (Fitzwater et al., 2021; Sodidi & Jardien-Baboo, 2020; Wenner & Hakim, 2019). Assisting novice academic nurse educators to decrease their role ambiguity promotes a successful transition to academia and reduces the attrition of faculty (Specht, 2013)

Many faculty come into the academic arena thinking of their role as educators (Hunt, 2018). However, faculty are required to perform in three areas: teaching, service, and scholarship, known as the tripartite role of responsibilities (Rogers et al., 2020). Some institutions focus on research, and others focus on service. However, all institutions require a component of teaching (Boyer, 1990). Becoming an educator requires time to develop the individual style as a teacher and to develop pedagogical practices (Bullin, 2018; Hunt, 2018). Pedagogical knowledge is a combination of many skills to present information, promote critical thinking, and provide education to various learners with a variety of teaching methods (Bullin, 2018). A qualitative study performed regarding the characteristics of master academic nurse

educators found four themes from the responses. The responses presented that faculty needed to be knowledgeable about teaching methodologies. Nurse educators need to have a passion for teaching and learning. Faculty need to be engaging and encourage the students to participate in their education by being creative, inclusive, and approachable to their students. Lastly, the faculty must continuously improve and take professional standards and evaluation strategies (McMillian-Bohler et al., 2020).

As part of the tripartite, service includes involvement in activities such as performing on committees or mentoring (Hunt, 2018). There are parts of service within academia: the service to the department, the service to the community, and professional service (Rogers et al., 2020). Within the institution, service includes the academic advising of students (Hart-Baldridge, 2020). Educators may also perform service by working within professional organizations or programs out in the community (Lindell et al., 2015). Outside of the classroom, the faculty is also responsible for the growth of nursing through professional nursing organizations (Finke, 2012).

Boyer (1990) described scholarship in the role of academics for educators. There are four functions of scholarship. They are the scholarship of (a) discovery, (b) integration, (c) application, and (d) teaching. The nurse educator, as a participant in the scholarship of discovery, is responsible for performing research and sharing the obtained knowledge. The scholarship of integration includes collaboration with other professionals in healthcare and teaching. Application is the development of skills from research and practice to grow as an educator. Scholarship of teaching includes assessment of the learning processes. As such, faculty are responsible for conducting research, and implementing the research across the disciplines, service, and teaching. Institutions could also require that faculty perform research, publish, or apply for grants (Hunt, 2018). The AACN stated that educators should produce new knowledge

and provide the link between clinical practice and education (Bullin, 2018). Each institution sets

the type and amount of scholarship required of the faculty (Rogers et al., 2020).

### *The responsibilities of the academic*

The responsibilities of the academic nurse educator have transitioned over time. As the

education of nurses began, it focused on how to make bedside nurses. As the education of nurses

has moved to the post-secondary education settings, the expectation of academic nurse educators

was to perform as educators within other areas of the institution. Today, academic nurse

educators are expected to deliver and evaluate the curriculum, develop student evaluation

methods, and evaluate and mentor students (Fritz, 2018). Halstead (2007) reports that novice

educators often struggle with their responsibilities in the new faculty role. The struggles with the

responsibilities cause academic nurse educators to become frustrated with the role. Academic

educators cited as a reason to leave education as the overwhelming workload, poor time

management, and the subsequent poor work-life balance (Bruner et al., 2016; Haim & Amdur,

2016). The novice academic nurse educators need the lived experience from the more seasoned

faculty to assist with time management, be more effective, and understand the role (AACN

2019b).

These roles include developing and delivering curriculum to the learners using

appropriate pedagogy for the adult learners (Bruner et al., 2016). The educator must have a firm

understanding of the curriculum. Faculty facilitate learning in different settings, such as

classrooms or didactic, in the clinical settings while providing care to patients and in the clinical

learning laboratories where students practice skills. Educators are responsible for creating,

reviewing, revising, and teaching the curriculum (DeBoor, 2022; Halstead & Frank, 2017).

Valiga (2012) stated that academic nurse educators need to be ready to meet current students'

new demands by providing a more flexible curriculum plan that assists multiple types of

learners. Competency in the classroom requires a thorough knowledge of the content as a subject

matter expert and the delivery of the information through a thorough understanding of pedagogy

(van Dijk et al., 2020).

Classroom management (Bullin, 2018; Haim & Amdur, 2016) and necessary technology

are often hindrances to success (Bruner et al., 2016). Equally important is assessing student

achievement outcomes and understanding methodologies to improve the curriculum or delivery

(Bagley et al., 2018; Hoffman, 2019; Summers, 2017). Faculty report an inability to create and

analyze testing as novice faculty as well (Bruner et al., 2016; Haim & Amdur, 2016). However,

there may be a lack of resources for those transitioning into the role as an educator (Hoffman,

2019; Miller et al., 2017; Summers, 2017). The skills necessary to teach via the online delivery

platform require additional training of academic nurse educators (Richter & Idleman, 2017).

Areas of concern for faculty include simple navigation, maintaining discussion boards, and

instructional methods.

### *Tools to assist the novice educator*

While nurse residency programs have become more common in the bedside arena, many

nursing programs do not have orientation programs for new faculty, and there is no nationally

recognized model for the orientation of new academic nurse educators (Young & Godfrey,

2021). Schoening's Nurse Education Transition theory states that nurses experience four phases

during their transition. The first phase is the anticipation/expectation phase, which is when the

nurse decides to transition into academia. The second phase is disorientation and begins when

the new academic nurse educator starts the new role. The third phase is information seeking

when the new academic nurse educator begins to gather the information necessary to understand

the role more completely. Mentors often provide this information. Lastly, the academic nurse

educator enters the last phase, called identify formation. During this last phase, they begin to

create their own new style in their new role (Schoening, 2013). A study performed by Wenner et

al. (2020) performed a qualitative study of nurses during their transition to education using

Schoening's theory and confirmed that each participant experienced these phases.

The AACN created a toolkit for those transitioning from clinical nursing to academic

nurse educators (AACN, 2022). The toolkit provides information about the different roles in

nursing education. Additionally, provided are some of the key barriers to success. According to

the AACN (2022), the components of a smooth transition include 1.) know expectations, 2)

orientation, 3.) mentorship, 4.) administrative support, 5.) learning about teaching, and 6.)

professional development.

Several tools exist for orienting new faculty, such as The Faculty Progression Tool and

the Capabilities of Nurse Educators Tool. Faculty orientations could provide the resources

necessary for faculty retention (Rogers et al., 2020). Topics to be covered during orientation

should include how faculty are to be evaluated, the policies and procedures to be followed, and

socialization to the people within the institution (Fritz, 2018). As mentioned, many graduate

degrees offered for nurses do not specifically address the role of the educator. Therefore,

professional development programs are necessary to assist the faculty during this transition

(Finke, 2012; Summers, 2017). Competencies of the orientation program should include

teaching, curriculum, relationships with students and colleagues, faculty governance, and service

(Finke, 2012).

As people transition into new roles, they expand their knowledge. Benner (1982) created

the sentinel work of *Novice to Expert from the Dreyfus Model of Skill Acquisition*. According to

Benner (1982), there are five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. Benner's work has created precepting programs in healthcare settings and has increased retention during the first years of employment (Krugman et al., 2006). In the first level, the person experiencing the transition has no experience and must follow the rules to understand what to do in each situation (Benner, 1982). The advanced beginner is the person who needs help in setting goals and is starting to understand the acts being performed (Benner, 1982). In the competent stage, the person has usually been on the job for a few years. The person who has achieved competence understands what should be happening and when that is not happening. Lastly, those who reach the level of expert have the characteristics of someone who acts outside the standard rules or guidelines and connects information through intuition (Benner, 1982).

Ross and Kerrigan (2020) found that an educator's transition is "fluid" and that educators, during their beginning stages, often struggle with the move from an expert in the healthcare arena to a novice within academia (p. 548). This study did not find that novice educators proceeded through the steps. Instead, they moved back and forth through the stages of development. In a study by Miner (2019), the focus was placed on nurses transitioning from practice to academic nurse educators and the positive experiences during their transition. This study indicated that mentoring and support are part of the success in role transition.

### *Orientation of Academic Nurse Educators*

Faculty are hired and then placed into teaching roles with little preparation. According to the NLN (2022), nurse educators with less than two years' experience are expected to have limited knowledge of the competencies. It is due to the lack of knowledge, the NLN created an additional version of the previously mentioned CNE exams for novice educators. Alteration of

the exam included rewriting the NLN nurse educator competency task statements at a lower level for these novices. For example, for the CNE examination, a task statement in Facilitate Learning "Creates opportunities for learners to develop their critical thinking and reasoning skills" (NLN, 2022, p.1). The corresponding task statement for the novice academic nurse educator is "Provides opportunities for learners to develop critical thinking and clinical judgment skills" (NLN, 2022, p. 1). In the Facilitate Learner Development and Socialization competency, for experienced educators, the task statement is "Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk and second-degree learners" (NLN, 2022, p. 1). For the novice academic nurse educator, the expected competence is "recognizes individual learning and professional socialization needs of diverse learner populations" (NLN, 2022, p. 1). Orientation and mentoring are strategies to assist faculty in their new role as academic nurse educators and have been found to increase the retention of academic nurse educators (Howe et al., 2018; Jarosinski et al., 2019).

Research shows that faculty who have development experiences benefits and, therefore be more likely to be retained (Cox et al., 2021; Hande et al., 2018; Jacobson & Sherrod, 2012; Morin & Ashton, 1998; Morin & Romeo, 1994; Rogers et al., 2020; Young-Brice et al., 2022). Research has shown that the socialization and onboarding of employees have created positive outcomes and increased retention (Zhou et al., 2021). The orientation program should extend beyond the first days of training. The relationship should address the academic nurse educator's tripartite role and assist in bringing the faculty member into the institution's community (Cox et al., 2021). Due to nursing education expanding far beyond the classroom, unique orientations for specialized areas, such as simulation and virtual reality environments, should be included

(Aebersold, 2018). Areas to be delivered should concentrate on student evaluation, advisement, and tools available (Morin & Ashton, 1998; Morin & Romeo, 1994).

### *Mentoring of Academic Nurse Educators During the Transition*

As faculty transition to academia, mentoring is needed (Dahlke et al., 2021; Finke, 2012; Miner, 2019; Schoening, 2013). Findings indicated that a robust mentoring component assisted with the transition (Dahlke et al., 2021; Gentry & Johnson, 2019; Shapiro, 2018). Novice academic educators' transition from an area where they could practice with confidence to a new area where they often experience lowered personal accomplishment, emotional strain, and a time where they feel unprepared (Aloe et al., 2013). Due to the increasing use of part-time faculty, more resources need to be used to transition the role into education (Kemery & Serembus, 2019).

The novice academic nurse educator often feels confused and overwhelmed (Young-Brice et al., 2022). Novice faculty need assistance with the extensive workload, time management, and work-life balance issues (Bruner et al., 2016; Haim & Amdur, 2016). Mentoring should involve coaching, guidance, and role modeling (Cangelosi, 2014). If performed well, proper retention improves faculty performance and retention (Nowell et al., 2017).

Relationships between the mentor and mentee are to provide support, coaching and empower the mentee for success in the new role and assist with the transition into the new role as an educator (Dahlke et al., 2021; Grassley & Lambe, 2015; McPherson; Rogers et al., 2020; Shapiro, 2018). Informal mentoring has been found to assist new faculty and bridge the gap between working in the hospital and becoming an educator (Knowles, 2020). Fritz (2018) performed a literature review regarding transitioning to the role of educator, and most of the articles reviewed discussed mentoring and found that mentoring assists incoming faculty with the

transition. Providing faculty resources to assist faculty has been found to assist in a smoother transition (Brown & Sorrell, 2017; Howe et al., 2018). Mentors have been found to assist with socialization and decrease turnover, increase satisfaction with the role, and improve outcomes (Rogers et al., 2020). Both formal and informal mentoring have successfully retained faculty (Beiranvand et al., 2022; Howe et al., 2018; Jarosinski et al., 2019). Providing faculty resources to assist faculty has been found to assist in a smoother transition (Brown & Sorrell, 2017; Howe et al., 2018).

Miner (2019) examined the issue with faculty struggling in their role as an academic and that this stress can lead to negative feelings and thus leaving the role. Using Mezirow's transformative theory, Miner (2019) studied the positive aspects of transitioning from practice to education to share with others during their transition. The researcher indicated that with the proper supportive environment and mentoring, the negative factors and stress did not disappear during the transition; however, the impact of the negative factors decreased (Miner, 2019). This corresponds with another study in which Hunter and Hayter (2019) found that academic institutions should provide mentoring, create relationships between faculty, assist faculty to create a multi-year plan for success and use the clinical supervision such as used in the health care settings. Kram's mentoring model (1983) was created during a study of 18 dyads in a utility company. According to Kram (1983), the relationship should be beneficial to both parties in the dyad. Kram (1983) defines mentoring as a relationship between the mentor and the mentored that provides psychosocial support and professional growth and is more successful when both parties perceive room for growth of both parties. Four key insights come from Kram's research. The first insight is that the position of the persons within the organization affects the relationship. Second, each dyad is different in the depths of the relationship and the success of the growth of each

individual. Third, the functions of the relationship can change over time as they have different experiences. And fourth, many of the teachings that occur in a mentor/mentee relationship do not require a formal dyad through people acting as role models (Ragins & Kram, 2007).

In nursing education, due to the shortage of academic nurse educators, there is also a decrease in seasoned faculty to perform in the mentor role. The lack of available mentors can lead to poor mentoring experiences, which negatively impacts both the mentor and mentee. Research performed on mentoring experiences has found that several factors can cause negative experiences, such as manipulative behavior, lack of experience, especially in the areas of interest or need, general dysfunctionality, and a mismatch of personalities within the dyad. These poor relationships can negatively impact either party's morale, and increase the mentor's burnout (Zhou et al., 2021). This can further impact academic nurse faculty leaving the academic setting.

A study conducted by Bruner et al. (2016) investigated mentee needs during orientation and found that the top five priorities in the relationship between mentor-mentee included work-life balance, putting together a promotion package, utilizing technology in the classroom, test writing, and producing timely publications. Their study included recommendations for assisting faculty during their mentoring phase of development. These suggestions included education sessions, journal clubs, and resources for the mentee to read independently and then discuss with the mentor. The article also pointed out that these relationships take time and need to be supported by the administration to be successful (Bruner et al., 2016).

The creation of the Eastern Shore Faculty Academy and Mentorship was created by three nursing programs in Maryland. This project was to create an academy where novice educators would develop the skills necessary to perform in the role as an academic nurse educator. In the academy, they each received 30 contact hours toward becoming an educator over three years.

The sessions with the novice educators included simulation about content delivery, and online and face-to-face lessons. Additionally, each person received a mentor to provide guidance regarding their role. Upon completion, the participants were asked to complete a survey. The results indicated that many of the faculty were still unsure of their abilities. However, many felt better prepared for their role (Hinderer et al., 2016; Jarosinski et al., 2019).

Leadership within nursing programs must support and facilitate mentor and orientation programs for new academic nurse educators to succeed. This leadership can be from deans or chairs but may also be those within a formal development area of the institution (Fritz, 2018; Gentry & Johnson, 2019; Young-Brice et al., 2022). In the Young-Brice (2022) study, faculty reported that due to leadership involvement in their training, they felt that the college was trying to assist the novice educator to succeed and become part of the culture. The Gentry and Johnson (2019) study also highlighted the importance of support from institutional leaders. In this study, full-time faculty who teach in a baccalaureate degree or higher nursing program in a midwestern state university were asked to complete a survey about their satisfaction with a mentoring program. This was a qualitative study using the Perceptions of Mentoring Relationships Survey created by Harris (2019). The faculty who responded stated that the most important part of the relationship was the mentor was able to be a guide and provide a trusting relationship, which allowed the mentee to become a successful nurse educator (Gentry & Johnson, 2019).

**Overcoming the Stress of Transition**

Transitioning into the role of an academic nurse educator is a difficult transition (Bagley et al., 2018; Hoffman, 2019; Wenner et al., 2020). Lazarus and Folkman (1984) performed research on stress and coping that people experience. The history of the Lazarus stress and coping strategy is that it is based upon the appraisal-based model created by Janis and Mann in

1977, which focused on the choices and subsequent actions of the individual. The theory of stress and coping states that an individual's interpretation of a potential stressor impacts the individual's response to stress. Similar to the Schlossberg transition theory, Lazarus and Folkman (1984) stated that when a person encountered a situation perceived as stressful, the individual performs an assessment of the situation to evaluate if the situation is relevant and if the situation could cause harm or a benefit to the individual (Folkman et al., 1986).

Additionally, both state that it is based upon the interpretation of the stressor, which leads the person to then decide which coping mechanisms and resources to use. According to the Lazarus and Folkman (1984) stress and coping model, a person responds using either an emotional-focused response or a problem-focused response. An emotional-focused coping mechanism is when a person changes their commitment or understanding of the situation. This mechanism requires emotional or social support (Lazarus & Folkman, 1984). Problem-focused coping is when a person removes the cause of the problem. The Lazarus stress and coping strategy has been examined many times while examining the role transition for nursing students. It has not been used to investigate the role transition for academics (Del Prato et al., 2011; Lavoie-Tremblay et al., 2021).

Meleis' transition theory has been used to evaluate the transition of bedside nurses into academia (Young-Brice et al., 2022). In the Young-Brice study, an investigation of newly hired faculty as they began their role as an academic while being provided a mentor and participating in a Teaching Excellence Program. Three themes emerged from the study, which is similar to other studies, such as better success in navigating the role of a faculty member and the support provided to the novice. However, the third theme was a commitment to faculty. This study adds

to prior research that faculty who are supported felt a sense of belonging, and retention is improved.

Change has been studied repeatedly, including the factors that affect change and the individual's response to the change. According to Bridges (2003), there is a difference between change and transition. Change is situational, and the transition is psychological, and the transition must happen for the change to succeed (Bridges, 2003). Many different change theorists have described transitions for individuals and groups, the steps, and many of the reasons that transitions are unsuccessful. This next portion focuses on other change theories and the rationale for choosing Schlossberg's Theory of Change.

Several factors affect adaptation to the change. For example, changes perceived as positive elicit a different response than changes perceived as negative. When an individual decides to experience a change, it evokes different stress levels than when another person gives a person a chance to experience. The following factors regard timing. Changes occurring slowly over an extended period are considered less stressful than those which occur abruptly. The permanence of the situation can also elicit different responses. Changes that do not follow the desired timeline of permanence or temporarily potentially affect a person's perception of the change. Uncertainty of the time factor affects the stress level more than even negative permanent situations. The last factor of time relates to a person's perception of when life events should happen. For example, if a person expects to have a child or a profession by a certain age and does or does not, this affects the stress level in the person's life (Schlossberg, 1981).

Gordon and Newby Parham (2019) completed research using the Schlossberg transition theory to investigate the lived experience of those transitioning from the military to education as part of the U.S. government's Troops to Teachers program. This study was performed using a

case study method for the two participants. The research found that when investigating the transition through the lens of Schlossberg, despite being in different schools and teaching different grades, their experiences were quite similar. Both teachers reported the transition as stressful and both had issues with the transition such as planning, teaching, and managing the classroom.

Haim and Amdur (2016) performed research on second-career educators using the Schlossberg transition theory during their first year as an educator. The study was performed using a group of faculty as the subjects, who had participated in an academic training program that was created specific to the needs of the participants using a mentor. The researchers found that faculty development training programs need to relate to the needs of the person experiencing the transition in relation to the perceived stressors and support (Haim & Amdur, 2016).

## Summary

The provision of nursing care is a chain with three links, with each link providing an opportunity for the chain to break. There must be academic nurse educators to create new nurses for the healthcare environments; however, there is currently a shortage (AACN, 2020; Boamah et al., 2021; Miner, 2019; Shapiro, 2018). The academic nurse educator shortage leads to the shortage of nurses in the healthcare environments (AACN, 2019b, Daw et al., 2018). These new nurses in the healthcare arena must have experience in the clinical area prior to becoming qualified to become academic nurse educators who are able to then teach future nurses (Kentucky Board of Nursing, 2016). However, nurses are leaving the healthcare environment as well. In the United States, Australia, Canada, and New Zealand, up to 44% of nurses leave their roles within the first year of practice (Simha & Pandey, 2020). Even if nurses obtain clinical experience in the healthcare environment, it is still difficult to recruit to academia. Additionally,

faculty populations consist of those of the age of retirement, which further decreases the

workforce (Billings & Halstead, 2020; Bittner & Bechtel, 2017; Bullin, 2018; Burmeister et al.,

2018; Darnell et al., 2020; Grassley & Lambe, 2015).

## CHAPTER THREE: METHODS

### Overview

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. Creswell and Poth (2018) stated that phenomenological works are used to gather data necessary to create a policy or a procedure. Therefore, a goal of the research is that when the data are collected, the data may be used by educational institution administrators to create an orientation process. Researchers who perform phenomenological research focus on the experiences of individuals (Moustakas, 1994). The phenomenological approach allows an understanding of the essence of the participants' lived experiences (Creswell & Poth, 2018). The theory guiding this study is Schlossberg's transition theory (Schlossberg, 1981). Chapter Three includes information regarding the methods of data analysis, steps to ensure trustworthiness, assumptions found in the development of the research study, and a discussion of the ethical considerations taken during the study.

### Research Design

This transcendental phenomenological research was performed using qualitative research design to describe the lived experience of academic nurse educators as they transition from bedside nursing. Qualitative research includes explanations of experiences with the purpose of understanding why things occur and understanding behaviors that coincide with the occurrence (Creswell & Poth, 2018). The researchers who perform this research seek to understand the perceptions of the individuals (Patton, 2015). Qualitative research is performed using multiple data collection methods such as interviews, focus groups, observations, and action research

(Creswell & Creswell, 2018). The role of the researcher in qualitative research is to serve as an instrument for data collection (Creswell & Creswell, 2018). In the simplest terms, qualitative research findings are obtained through a method other than quantification (Strauss & Corbin, 1990). Qualitative design should allow the researcher to investigate human experience that is not able to be explored in quantitative research design (Moustakas, 1994).

Quantitative data researchers focus on data represented by numbers and often use an independent variable. The data compiled by the researchers in quantitative research involves survey results, research with an experiment, or causal-comparative research with which the researcher performs statistical analysis to determine relationships (Creswell & Creswell, 2018). Quantitative research is used by researchers when performing descriptive or experimental studies (Creswell, 2018). In quantitative research, the researcher examines a specific, measurable question using an established tool such as a questionnaire, a survey, or a checklist and examines the data using statistics (Creswell, 2018; Creswell & Guetterman, 2019). The research is performed in an intervention or non-intervention research method (Creswell & Guetterman, 2019). Due to the purpose of this research to examine the lived experiences of those transitioning from healthcare to academia from the perceptions of those who have experienced the transition, qualitative research was chosen.

In phenomenology, researchers focus on understanding "the essence of the experience" (Creswell & Poth, 2018, p. 104) and how the participants experienced the phenomenon (Creswell, 2018; Gill, 2014; Matua, 2015; Moustakas, 1994). The researcher does "not deal with facts" but rather with examples of a lived experience (van Manen & van Manen, 2021, p. 1078). The phenomenological approach involves the participants describing their experiences (Moustakas, 1994). According to Creswell and Poth (2018), "phenomenology lies somewhere on

a continuum between qualitative and quantitative research" because it allows the individuals of

the study to have "both subjective experiences of the phenomenon and objective experiences of

something in common with other people" (p. 76). According to Creswell and Poth (2018), "It

would be important to understand these common experiences in order to develop practices or

policies or to develop a deeper understanding about the features of the phenomenon" (p. 79).

This study allowed the researcher to compile themes from the individuals during their transition.

This information can be shared with schools of nursing. The data should be reviewed to create

practices and, or policies to implement within schools of nursing regarding the onboarding and

mentoring of new academic nurse educators.

The phenomenological design was chosen to allow the researcher a better understanding

of the lived experience of the individuals who have experienced this phenomenon. I used

appropriate research methods of a questionnaire, one-on-one interviews, and focus groups to gain

insight into the perceived lived experiences of the participants. This method allowed me to

understand the essence of the experience. This process allowed me to see more than one

explanation of the experience. Through this research method, I created themes of those who have

transitioned from the healthcare arena to academia.

Phenomenological research was developed by Husserl and Heidegger with two major

variations, which are interpretive (hermeneutic) and descriptive (transcendental) (Creswell,

2018; Creswell & Poth, 2018; Moustakas, 1994). This type of research does not focus on the

participants themselves or the environments they inhabit but rather on the meaning and essence

of the interrelationship between the two (Matua, 2015). When performing hermeneutical

phenomenological research, the researcher writes a description of the phenomenon (Creswell &

Poth, 2018). On a broader note, the purpose of a phenomenological study was to eliminate prior

customs, thoughts, and beliefs to provide a new and exact vision of a situation as it is experienced (Moustakas, 1994). By using transcendental phenomenology, the researcher can describe what the participants experienced and how it was experienced. Moustakas (1994) stated that a transcendental phenomenology study is a "scientific study of the appearance of things" (Moustakas, 1994, p.49). Further, the transcendental approach "adheres to what may be discovered through reflection on subjective acts, and their objectives correlates" (Moustakas, 1994, p.45). A phenomenological approach to research is helpful "in order to develop practices or policies" (Creswell & Poth, 2018, p 79). Therefore, this data could be used by future researchers to create a comprehensive orientation process to assist novice educators as they transition into academia.

## Research Questions

### Research Question One

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to self?

### Research Question Two

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to the situation of transition?

### Research Question Three

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to support received or not received during the transition?

### Research Question Four

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to strategies utilized during the transition?

## Setting and Participants

The college chosen as the setting for the study was established as a nursing-only program in 1989 with locations in three states: Florida, Kentucky, and Texas. These locations offered a diploma that allowed graduates to attempt the Licensed Practical Nurse Licensure examination. In 2005, National Nursing College was officially granted College status with the development of the associate degree Program, which allowed graduates to sit for the Registered Nurse Licensure examination. The college offered its first baccalaureate degree in nursing in 2014, and the master's degree was first offered in 2019. The locations of National Nursing College now include the additional states of Ohio, South Carolina, Tennessee, and Virginia.

### *Setting*

The college chosen for the setting is a large, for-profit, private college with campuses in seven states in an on-ground, web-enhanced program, and online courses. The college is a post-secondary educational institution that offers multiple levels of nursing education for both the pre- and post-licensure applicant. The applicants may pursue a diploma, becoming a Licensed Practical Nurse after successfully completing the licensure exam. Applicants may choose between an associate degree or a baccalaureate degree, which allows the graduate to attempt the licensure examination to become a Registered Nurse. Additionally, the applicant may apply for a program to advance their degree post-licensure. Available is an RN-BSN program and two options for a master's degree. Collectively the college has approximately 12,000 pre- and post-licensure students. These faculty have different degrees and may teach at multiple degree levels.

The setting consists of a Board of Directors, a CEO, an Executive Vice President, and

Provost, and within Academics, two other Executive Vice Presidents oversee the different areas.

Each campus has a Dean, Program Director, or Associate Program Director who oversees each

campus, depending upon size. This campus leadership may consist of other levels of leadership,

such as persons who oversee the clinical learning lab or clinical rotations. These campus

leadership positions oversee each of the faculty members who work for the institution from that

campus and the achievement of programmatic outcomes.

Each location of the college has either already obtained or is in pursuit of full - approval

by the local Board of Nursing. The Baccalaureate Degree program is accredited with CCNE, and

the associate degree programs are either in full approval or candidacy with ACEN. Each location

is also in the approval process with the Southern Association of Colleges and Schools

Commission on Colleges. The campus enrollment varies between locations, especially since

some locations have only recently opened.

Recently this college was purchased by a larger institution that provides healthcare. Prior

to the purchase, the college had five sites in three states. Since the purchase, the school has

opened additional sites in additional states. The sites chosen to open were purposefully placed in

cities that have a shortage of nurses at the bedside. According to a report produced in 2022,

South Carolina, Nevada, California, and Texas, all have less than 10 nurses per every 1,000

persons in the state (NurseJournal, 2022). National Nursing College has or is opening campuses

in three of these four states.

The rationale for choosing National Nursing College as the setting for this study is due to

the considerable number of faculty who are experiencing this phenomenon due to the rapid

growth of this institution. During 2021 and 2022, the college opened several new campuses, each

with novice academic nurse educators who have a lived experience to share. The institution is

hiring faculty at each of its locations. Since the population for this study is to include faculty who are within their first five years of education, National Nursing College is an ideal location. This environment provides a large pool of potential participants who meet the criteria for this study. The expectation is that by using all these sites, there were many novice educators available for the study. In a phenomenological study, locations may vary, but each participant needs to have experienced the same phenomenon (Creswell & Poth, 2018).

*Participants*

To perform a phenomenological qualitative study, a group of participants who have experienced the phenomenon must be used (Moustakas, 1994). Therefore, a purposeful criterion group was used as participants for this study. Purposeful sampling was performed to allow the researcher to select the site and the participants for the study who are knowledgeable about an experience (Creswell & Poth, 2018; Merriam, 2009; Nelson et al., 2016; Patton, 2003). Criterion sampling was used for a group of participants who have experienced the phenomenon being researched (Creswell & Guetterman, 2019). The participants for this study were drawn to create a criterion, homogenous sample of faculty. Individuals who met the inclusion criteria are invited to participate in the study. The inclusion criteria included: a.) educating in the didactic environment, b.) nurse educators within their first 5 years as an educator, c.) transitioned from healthcare, d) educate within the practical, associate, baccalaureate, or master's degree plan, e.) may be male or female, f.) may have any personally earned college degree level. Exclusion criteria included: a) nurse educators who teach in only non-didactic environments and (b) those who have more than five years of teaching experience. A sample size of 12-15 is preferred, and no fewer than 10 participants were utilized.

**Researcher Positionality**

As the Senior Director of Curriculum and Instruction for a large, multi-state nursing program, I have witnessed faculty struggle as they enter and, therefore, often leave the education arena. I believe that the nursing shortage in the healthcare setting will not be resolved until nursing programs have well-established, well-prepared educators to educate future nurses. Therefore, nursing programs must investigate the needs of those new faculty and invest in creating a deliberate faculty development series to help them be better prepared. Additionally, a proper orientation program could decrease some of the struggles in the faculty transition and, therefore, increase faculty retention.

Moustakas (1994) refers to the term epoché, also known as bracketing, to describe a situation in which the researcher suppresses biases and perceptions from the phenomenon being studied. It is because I have many years of experience as an academic nurse educator, that it is essential for me to understand the potential biases and preconceived notions prior to the study to decrease the impact of my beliefs in the data. Prior to collecting data, I will answer the questions to identify personal responses, which could create biases. Additionally, as data were collected throughout the study, I kept the information in a journal.

*Interpretive Framework*

Researchers who perform social constructivism research seek to understand the world we live in by assigning meaning to our experiences. Constructivism researchers are concerned with humans' lived experiences (Vygotsky, 1978). When performing social constructivism, individuals strive to comprehend the world in which they live and work. People's behaviors are often influenced by social factors and, therefore, their interactions with those around them. Social constructivism and Schlossberg transition theory are both in alignment with one another.

Both state that the experience is relative to time and place (Patton, 2003; Schlossberg, 1981). The participants in this study will provide their own lived experiences.

*Philosophical Assumptions*

Research is performed to answer questions. Research using objective measurements, which may be applied to other research, is considered realism and positivism, and leads to quantitative studies. Relativism believes there are multiple truths and evolves over time based on experiences and leads to qualitative research. Qualitative research begins with assumptions (Creswell, 2018). The assumptions are ontological, epistemological, axiological, and the methodology. The ontological assumption is the characteristics and nature of the reality experienced. The epistemology assumption is how the researchers know what is known. The axiological assumption is when researchers report their known biases (Creswell & Poth, 2018). The methodological assumption is the process of research (Creswell, 2018).

*Ontological Assumption*

Ontology relates to reality, which is seen as realism and relativism. Quantitative research focuses on realism, with one truth viewed in an objective manner. In qualitative research, the search for reality is performed, obtaining viewpoints from many and reporting the findings through themes (Creswell, 2018; Creswell & Poth, 2018). In phenomenological research, the attempt is to understand the lived experience of those who have experienced the phenomenon (Moustakas, 1994). When performing the research, it is vital to hold the assumption that all the participants have their own individual events and their own reality of these events. This allows for multiple realities to be built through the qualitative research of the lived experiences of each participant. The differences in the experiences, the explanations of the experiences, and the interpretation of the lived experiences will all affect the research to understand the lived

experiences (Creswell & Poth, 2018).

As I interviewed the participants, the questions needed to direct me to understand their personal understanding of their unique experiences. My life experiences shape my understanding of my world. First, as a Christian, my view is that there is one truth. In John, we are told, "And this is life eternal, that they might know thee the only true God, and Jesus Christ, who you have sent" (English Standard Version Bible, 2001, Josh, 2:7). Through this worldview, I acknowledge that my perception of stress could be interpreted differently than those who do not believe in Christ. My reaction to situations is based upon Philippians 4:6-7, which tells me that I am at peace with God (English Standard Version Bible, 2001, Josh, 2:7).

Second, I have experienced the transition to academia. My reality was identified through bracketing prior to the interviews in an attempt to remove bias. Ontological assumptions are addressed by collecting multiple forms of data to create themes and using quotes when possible (Creswell & Poth, 2018). Using multiple quotes from multiple participants allowed me to express how individuals experience the same phenomenon differently (Moustakas, 1994). Ontological assumptions acknowledge that reality varies according to one's worldview (Creswell & Poth, 2018).

### *Epistemological Assumption*

Epistemology is the study of what is knowledge and how it is known. Quantitative research uses objective research and remains on the outside of the data through an etic approach to discover the knowledge, whereas qualitative research uses subjective data, and the researcher immerses themselves in the experience through an emic approach (Lincoln & Guba, 1986). The epistemological assumption refers to the knowledge obtained through subjective research from the relationship between the researcher and the participants (Creswell & Poth, 2018). I believe

knowledge is able to be obtained by different methods depending upon the questions being asked. For the purposes of this social constructivist study of the lived experiences of those who have transitioned, knowledge is only obtained by listening to the account of those who have lived this experience.

The lived experiences were obtained through interviews and subsequent focus groups. The subjective data were collected from a group of people large enough to reach saturation of content. However, the personal experience of the researcher could alter the interpretation of the participants' descriptions of their lived experiences (Creswell & Poth, 2018). Therefore, as a person who has experienced this transition from healthcare to education, it is essential for me to understand the bias that could exist during the interpretation and attempt to remove this bias through bracketing and journaling.

### Axiological Assumption

Each person has values and/or biases that could be brought to the study and alter the interpretation of the information provided by the participants (Creswell & Poth, 2018). To assist in removing bias, researchers should set aside their values prior and perform bracketing (Creswell & Poth, 2018). My prior experience as a nurse who has transitioned from healthcare nursing to the role of an academic nurse educator could create bias or values related to this transition. My axiological assumption is based on my lived experience.

Performing research using social constructivism as an interpretive framework, I interpreted the participants' account of their transition to create themes using the Schlossberg transition theory. Prior to performing the interviews, it was important for me to openly set aside my values before collecting and interpreting any data. A journal was kept as well to assist in preventing bias. While performing this research, it was important for me to recognize my

potential biases related to the transition to academia today compared to 20 years ago when I transitioned. For example, as I transitioned through the situation of transition, there was no faculty development department, and therefore, there were few supports available. The participants of this study are working when there is greater support. Therefore, based on my experience, I needed to remove my bias of reliance on self during the transition. Additionally, since I have previously performed in the role of faculty development, it was important for me to listen to each persons' experience from an open mindset rather than a problem-solving mindset. During the presentation of the data collected, I admitted to these and any other identified biases, therefore allowing the reader to understand where this bias could be present.

### *Researcher's Role*

According to Moustakas (1994), I was part of the study as the primary source for data collection and analysis. As the Senior Director of Curriculum and Instruction, I do not have any hierarchical interaction with the participants. However, as the person who oversees the curriculum taught by the academic nurse educator participants and a person who has experienced the transition to academia, it is possible to have a bias toward any confusion of the curricular structure and the role of the novice educator.

## Procedures

A detailed, systematic plan is necessary when conducting a transcendental phenomenological study (Moustakas, 1994). The process for this research will include securing approval from the Institutional Review Board (IRB) from both Liberty University and National Nursing College. Participants were recruited. Followed by gathering data from three different sources, known as triangulation. Once the data was obtained, the interviews were transcribed, reviewed by the participants, and then coded. All these steps are described in detail below.

The first step taken prior to performing research was to obtain permission for the study

from Liberty University and from National Nursing College. It was during the approval stage a gatekeeper for National Nursing College was appointed. Once these were attained, invitations were sent to each faculty member as a means of recruitment. These steps, along with the data collection methods and trustworthiness, are described below.

*Permissions*

All research requires Institutional Review Board (IRB) approval. This process allows the proposed research to be reviewed and ensures that the study design is in alignment with the institutions' guidelines for performing ethical research (Creswell & Poth, 2018). Permission from Liberty University was obtained through the IRB processes (See Appendix A for approval letter.) Next, IRB approval was sought and obtained from National Nursing College by submitting a formal request to the IRB committee. (See Appendix B for request letter.) Evidence of approval was kept. (See Appendix C for site approval.)

*Recruitment Plan*

A purposive, criterion-based sampling is useful when individuals are placed into the pool related to the phenomenon to be examined. The purposeful sample provides insights to the lived experiences and meets the criterion for the study (Merriam, 2009; Patton, 2015). Sample sizes are typically small in qualitative studies as opposed to quantitative studies (Patton, 2015). Phenomenological studies will typically have a sample size of 12 to 18 (Moon et al., 2013). The final sample size was created through inclusion and exclusion criteria. The final sample size was 18 participants. Purposeful sampling allows the results to be general enough to apply to a larger sample beyond the sample in the study (Creswell, 2018). The final group was created in an ethical manner, large enough to allow for a credible explanation of the phenomenon and allow for transferability to other populations, and the final size was large enough to collect a credible

explanation of the experience but small enough to allow the research to be feasible.

Recruitment is required to create the final sample pool. First, a gatekeeper will send an email to invite participation (See Appendix D). This email includes the Liberty University approved and stamped consent form and a link to a survey to ensure the criterion (See Appendix E). The participant pool was informed to read the consent and that by completing the criterion survey, they had agreed to the attached consent. Further and a signed consent was created. The gatekeeper used a bulk email which included all faculty who teach theory in the To line of the email to maintain anonymity. This email included 1.) details about the study, 2.) a consent form, (see Appendix E for participant consent form), and 3.) a link to the criterion survey (see Appendix F). In the email, there was basic information about the study. The criteria were described, and the approximate time to perform the study was outlined. All persons who received the email were asked to reply within seven days. The consent form included the purpose of the study, details of the purpose of the study, the processes of the study, expectations of the participants, the estimated time necessary to perform the interview, the focus group, and a review of the transcripts and compiled themes. The consent form included information such as risk factors for participants, and the security and confidentiality used in the research were also explained. The consent form also outlined that the participant may withdraw from the study at any time. Lastly, the email included a link to a criterion survey available in ClassClimate. Due to this email questionnaire being shared via a link, only those interested in completing the questionnaire were able to see the questions, and only I saw the answers. The questionnaire included basic demographic questions, and questions to ensure the potential participants meet the criterion.

The final sample size was created through the review process, the participants' answers to the criterion questions were reviewed and all participants had answered appropriately to the criterion inclusion questions, which were "How many years have you been working as an academic nurse educator?" The second question is, "Do you teach in the didactic (classroom) setting?" Upon verification of this, the participants were provided a pseudonym, and the answers to the remaining questions were examined. The rationale for demographic questions to be included in the questionnaire is because the Schlossberg's transition theory stating that prior experiences with change affects the reaction used for future changes (Schlossberg, 1981), therefore, the demographic information could allow the researcher to recognize a pattern based upon degree level or age of the participant.

For this study, the final sample was created using an inclusion, exclusion, purposeful, criterion method. The criterion for the study includes: a.) educating in the didactic environment, b.) nurse educators within their first 5 years as an educator, c.) transitioned from healthcare, d) educate within the practical, associate, baccalaureate, or master's degree plan, e.) may be male or female, f.) may have any personally earned college degree level. Exclusion criteria included: a) nurse educators who teach in only non-didactic environments and b) those who have more than five years of teaching experience. The rationale for using a criterion-based group is because criterion-based groups are able to assist when assessing the normal variation within a group, the data may be used to reveal weaknesses or areas of improvement within systems (Patton, 2015). The targeted sample size was between 12 to 15 participants with the intention to add more if necessary to achieve saturation.

**Data Collection Plan**

Triangulation of data was used to increase credibility and provide for triangulation of

data (Creswell & Poth, 2018). Triangulation was performed by multiple data collection methods

(Moustakas, 1994). The internal validity of this research was performed using epoché, and

member checking. Information from participants will be obtained through the questionnaire,

interviews, and focus groups. Upon verification of consent and criterion, the participants were

provided a pseudonym and were sent an additional email with a link to a questionnaire. The

questions in the questionnaire will begin the research process by asking questions which pertain

to the transition to academia. Interviews were performed to obtain the participant's lived

experience during the phenomenon (Creswell & Poth, 2018; Moustakas, 1994). Participants then

participated in focus groups to further build upon obtained information and to build on the stories

from other participants (Moustakas, 1994).

*Questionnaire Data Collection Approach*

After verification of criterion and consent, the faculty received a second email containing

a link to a questionnaire (See Appendix F). This questionnaire was available through a link to

ClassCimate. This questionnaire was only available to people within the National Nursing

College who had agreed to participate in the study. The responses were collected inside

ClassClimate for me to retrieve and were automatically deleted after 30 days. Therefore, this

information was collected and saved to the cloud in a password-protected account. The responses

were also saved on my password protected laptop inside a password protected file. No paper

versions of this data were collected or saved. None of this information is viewable by anyone

other than me. In this questionnaire, the participants were asked the beginning questions

regarding the participant's experience during the transition to the role of academic nurse

educator (See Appendix G). For any participant who did not return the consent form and/or did not meet the criterion, their responses were counted and reported as unusable data. The survey used was a limiting survey, and therefore, any participants who did not meet the criteria were removed from the survey as they attempted to complete it.

The demographic data includes gender, and age. These questions are to establish a diverse group in the participant sample and assist in transferability in the study (Gall et al., 2007). This demographic data was shared in relation to age but was not significant to theme creation.

Question one is to verify name. Question two is to assist the researcher to understand how invested the nurse was in the practice setting. The answers to questions three through six assisted the researcher to begin to collect the participants' views of their transition into academia through the lens of the Schlossberg transition theory (2008). The Schlossberg transition theory (2008) describes a person's situation, self, support, and strategies. Questions included in the questionnaire address areas which impact a person in regard to the 4-S's described previously. For example, "If you were experiencing multiple transitions during the time you transitioned to academia, please describe them." If the person experiencing the change, perceived the change as exciting, it would make the change seem positive, therefore one of the questions on the questionnaire is "Describe your feelings during the last days as a healthcare nurse?" Questions such as these assisted in viewing the transition for the nurse to academia through the Schlossberg transition theory.

### *Questionnaire Data Analysis Plan*

The results from these research questions were compiled. To achieve an understanding of the lived experience of the research participants, I chose to use Moustakas method (Moustakas,

1994). The reduction process is based on the Kaam method which was a method created to analyze interview data. The steps include 1.) listing and grouping, 2.) reduction and elimination, 3.) clustering and thematizing, 4.) validation, 5.) individual textual description, 6.) individual structural description, and 7.) textural-structural description. The process has five stages: 1.) epochè, 2.) horizontalization, 3.) phenomenological reduction, 4.) imagination variation, and 5) essence or synthesis (Moustakas, 1994).

A phenomenological study begins with the researcher identifying any prejudgments through a process called epoché. This process includes a structured collection of data, using the three processes of phenomenological reduction, horizontalization, and imaginative variation to examine the experiences of the individuals (Moustakas, 1994). Although it is impossible to remove oneself from the research completely, the process of removing one's prejudgments of the phenomenon is important to allow for everything to be "perceived freshly, as if for the first time" (Moustakas, 1994, p. 34). Due to the many years of experience in education and in the role of faculty development, it is essential for me to remove prejudgments from the experience of transitioning into education and working with many novice academic nurse educators is process.

During this process, I recalled my own personal and professional experiences during the transition into education as a novice academic nurse educator. Through this bracketing process, I identified themes from my experience in relation to self, situation, support, and strategies used during my transition. Through this process, I reflected on these lived experiences and contemplate the effect they could have on my research. This is a process that must be completed until I am able to hear the lived experiences from those involved in the study and be open to their experiences, rather than relating it to my own.

To complete the process of reduction, horizontalization happens first. Horizontalizing is to make sure each piece of data is given equal value (Moustakas, 1994). Next, the data was clustered into like statements to make themes (Patton, 2003). During this process, manual analysis and MAXQDA, a qualitative data analysis software, was used to help develop a coding system to make the answers to the questionnaire usable. To perform horizontalization, I organized the data after reading each answer from the participants' questionnaires and gave no statement a higher value than any other statement. To reduce the data, all data that is not relevant or is redundant was removed from the data set. Next clusters or themes were created from the data. This data was then validated through another reading of the questionnaire answers. Once again, the information was reduced by removing information which is not found to be compatible with the experience (Moustakas, 1994).

The data are used to create an individual textural description for each participant. This process uses excerpts from the questionnaires to understand how each participant experienced the phenomenon. Using the imaginative variation step, structural descriptions were developed. For imagination variation, the data were examined to understand how the phenomenon came to be. These processes were performed on each participants' data from the questionnaire. Then was performed again with all the identified themes from the collective data of all participants. All this information was used to create the essence of the experience. Moustakas (1994) stated that the essence is too vast to ever capture due to more questions and perspectives. However, the essence is what was identified as the experience of those who have lived it (Moustakas, 1994).

### *Individual Interviews Data Collection Approach*

To understand the phenomenon from the individuals' perspectives, private interviews were performed. Semi-structured interviews are often used in qualitative research (Tracy, 2013).

Savin-Baden (2012) stated that a semi-structured interview allows the researcher to perform a thematic analysis and discover relationships between topics which were previously not known. The semi-structured interview was performed using an open-ended question format to provide an environment where the participants provide high quality data to be interpreted by the researcher (Patton, 2015). The interview questions are to be broad and let the participant tell of events or why an event occurred and what it meant (Roberts, 2020). Broad and open-ended questions with the flexibility to add additional questions or further clarification are ideal for qualitative research (Patton, 2015). Moustakas (1994) stated that the interview is the best means of collecting the stories from the participants and provides the greatest insight into the lived experience. Interview questions elicit responses that provide insight into the "peoples' experiences, perceptions, opinions, feelings, and knowledge" (Patton, 2003, p. 2). Questions encourage the participant to enrich the experience with many details (Magnusson & Marecek, 2015).

Interview questions were constructed to assist the researcher to fill gaps in literature. The interview questions were constructed after performing a thorough review of the literature with a focus on the research questions identified for the study being performed (Tracy, 2013). The interviews were scheduled and performed using Zoom technology, which provided audio and video recordings. Each one-on-one interview lasted between 45 and 1.5 hours. By interviewing using Zoom, the sessions were performed in a manner which allowed interviews to be performed with persons who are not in close proximity to me. Additionally, these Zoom recordings allowed me to examine the verbal and the non-verbal communication of the participants. The interviewer followed the pre-established questions and interjected follow-up questions as necessary for clarification thus the interviews were considered semi-structured. (See Appendix H for individual interview questions.)

To ensure the validity of the questions, they were reviewed prior to the actual interview processes via a methodologist through the IRB processes. The purpose of the external audit is to have someone external to the research perform an assessment of the plan and the function to ensure that the questions and methods will address the phenomenon (Creswell, 2018). This process will allow for verification that the questions are helpful in eliciting appropriate information to answer the research questions.

*Individual Interview Questions*

1. Tell me about yourself – where are you from, where have you been? (Ice breaker)

2. Please describe experiences (personal, professional, both) contributed to your decision to enter academia. RQ1 and RQ2

3. Please describe any experiences which influenced your transition to academia RQ3 and RQ4

4. In relation to support: RQ3

    a. What experience led you to seek support?

    b. Describe the support provided to you?

    c. Was the support what you needed?

    d. What support could have been more helpful?

5. In relation to self: RQ1

    a. Please describe any experiences which influenced your transition to academia.

    b. What knowledge, skills or attitudes did you use during your transition?

    c. What knowledge, skills or attitudes have you decided you need to develop during this transition?

    d. Please describe the growth in yourself (personally, professionally, or both)

during your transition?

6.  In relation to strategies: RQ4

    a.  What experiences led you to seek strategies?

    b.  Describe what happened after you instituted strategies?

    c.  Were these strategies the right strategies?

    d.  Which strategies do you wish you had used?

7.  How would you describe the transition to academia? RQ2

8.  What else would you like to add to our discussion?

Question one is for an icebreaker. Starting with question two, the remaining questions are to address the Schlossberg transition model (Schlossberg, 2011).

### *Individual Interview Data Analysis Plan*

To assess the individual interview data, once again Moustakas' (1994) seven step reduction process was used to analyze the interview data. The following steps will be completed upon completion of each interview. First, I analyzed the completed transcript created by Zoom for completion and accuracy. The interview transcripts were revised as necessary and sent to each participant for review and approval. Next, the answers were reduced using horizontalization, and nonrelevant or redundant data was removed. The third step was to enter the interview questions and answers was entered into MAXQDA, a qualitative data analysis software. Since Zoom recordings were used, codes could have been used to present the transcribed verbal responses and an assessment of non-verbal responses to the questions being asked as well. Thorough coding and grouping of codes were created. The codes, also known as categories, should answer the research questions, should be exhaustive, exclusive, sensitizing, and conceptually congruent (Merriam, 2009). The data was then related back to the research

questions (Patton, 2003). The reduction process was used (Moustakas, 1994). At this point, I removed duplicate statements or irrelevant statements. Next, I developed individual structural descriptions for each participant. This is how the participants experienced their transition. The next step is the individual textural-structural description of each participant's individual experience with the phenomenon.

The recordings were stored on a password-protected computer and saved in the cloud. Participants were informed of the time needed to fully participate in the study, including the review of the transcripts. Pseudonyms for the college, campus, and individuals were used to protect the identity of the faculty (Creswell & Poth, 2018). Once the themes have been created, the list of themes and the transcribed copy of the interviews were provided to participants to verify the credibility of the information.

### *Focus Groups Data Collection Approach*

Following the private interviews, all participants participated in one follow-up focus group. Focus groups were held to allow participants to share and build upon comments made by other participants (Moustakas, 1994). There were 4 focus groups consisting of four to five individuals per group. The focus groups were informed that the focus group was being recorded and that the primary purpose of the researcher was to listen. The participants were encouraged by the researcher, if necessary, with open-ended questions to elicit further information from the group (Krueger & Casey, 2015). Krueger and Casey (2015) created a plan for developing a focus group. The role of the function group is to allow the participants to share their experiences. The role of the researcher is to encourage interaction (Liamputtong, 2011). (See Appendix I for focus group questions).

### *Focus Group Questions*

1.  Describe changes to yourself during your transition. RQ1

2.  Describe your feelings during the transition to academic nurse educator. RQ1

3.  Describe the experiences related to situation during the transition to academic nurse educator. RQ2

4.  Describe the experience of transitioning to academic nurse educator in relation to self (personally, professionally, or both). SQ1

5.  As you have transitioned through this first year(s) as an academic nurse educator, what or whom did you use for support? RQ3

6.  What type of support did you need during your transition to an academic nurse educator? RQ3

7.  What type of strategies did you rely upon during your transition to an academic nurse educator RQ4

Focus group questions were open-ended, with the purpose of understanding the experiences of the participants more extensively (Schlossberg, 2011). The role of the function group is to allow the participants to share their experiences. The role of the researcher is to encourage interaction (Liamputtong, 2011).

### *Focus Group Data Analysis Plan*

The focus group data was assessed using Moustakas' seven-step process. The data was compiled using horizontalization. Once again, the data was horizontalized and reduced. The transcripts from the focus groups were entered into MAXQDA, a qualitative data analysis software. The data was coded and reduced. The data was reduced for redundancies and data that is not related to the research questions. The data was reviewed to create structural and textural descriptions for each participant. This is how the participants experienced their transition and

how the participants described their experience with the phenomenon (Moustakas, 1994). Each focus group was analyzed independently and then collectively once all focus groups were completed.

Once the themes were created, the list of themes and the transcribed copy of the interviews were provided to participants to verify the credibility of the information. Due to multiple people being in the focus groups, there are only seven questions. The questions collectively address the research questions of this study. The participants were told of this review process during the initial email invitation to participate in the study.

### *Data Synthesis*

Data analysis in transcendental phenomenology focuses on the experiences of the participants (Moustakas, 1994). First, the researcher must identify the phenomenon to be explored and identify potential participants (Creswell & Poth, 2018; Moustakas, 1994). Prior to seeking the answers to the research questions, epoché should be performed to allow the researcher to identify any preconceived bias about the phenomenon (Moustakas, 1994). This process of epoché is to see things as they are and not what we expect to be there. This process is rarely attainable (Creswell & Poth, 2018; Moustakas, 1994). This information was kept in an electronic journal in a password-protected file on a password-protected computer and backed up in the cloud. By recognizing these biases, it allows the researcher to have a fresh perspective of the phenomenon to be examined (Moustakas, 1994). These next steps of bracketing and then horizontalizing were performed. These steps should be done with my own thoughts and documented in the journal to prevent them from influencing the data received from the participants.

Throughout the data collection and analysis stages so far, the individual data from the questionnaires was analyzed, coded, reduced and categorized. This analysis was performed again with the interview data. The data was analyzed with the individual interviews and again collectively once the interviews were completed. This process was completed again with the focus groups. The data from each focus group was analyzed, and then all the focus group data were analyzed. Each of these steps will require multiple repeated cycles of coding and categorizing as the themes appear (Patton, 2003).

The codes, categories, and themes were reviewed while comparing to the data provided during bracketing and then revised, as necessary. Reduction of data is a step where the researcher reviews accumulated data as if it were the first time searching for significant statements and reading the data repeatedly to identify common patterns across the participants' experiences (Moustakas, 1994). Immersion is the stage where the researcher tries to place themselves into the lived experience of the participants. Then during the incubation stage, the researcher allows time to understand the information collected during immersion. Illumination is when the researcher tries to expand the knowledge of the subject. During explication, the researcher removes themselves from the research to allow patterns of the information to appear. During the last step, creative synthesis, the researcher identifies the patterns which developed and describes the pattern to explain the phenomenon of the lived experience. The steps of epoché include setting aside biases and preconceived ideas and removing biases.

Phenomenological reduction is required as part of the process to review the responses from the participants repeatedly to allow for analysis at the "deeper layers of meaning" (Moustakas, 1994, p. 96). Once complete, this data was reviewed again but assessing the information from both the one-on-one interviews and the focus groups. This process will allow

me to review the data for themes on a more complete level. To assist with this process, and since this process could take many reviews and updates to coding, a log was kept of all codes used and rationales for changes (Saldana, 2013). The codes, categories, and themes were entered into Microsoft Excel to allow for easier visualization.

During the process of synthesis, the researcher reviewed the participants' information until able to compile a final complete statement explaining the phenomenon (Moustakas, 1994). To complete this step, the previously removed data through epoché will need to be unbracketed and applied back to the information obtained during the research. Again, the data is reviewed to assess the data to ascertain the meaning of the phenomenon. Upon completion, I was able to present the experience of the participants from their viewpoint without my preconceived notions. Upon completion, themes were identified. These themes are described in Chapter Four.

<div align="center">**Trustworthiness**</div>

Trustworthiness, or validity or rigor (Lincoln & Guba, 1986), is proven differently in quantitative and qualitative studies (Maxwell, 2013). The data analysis will include many layers of statement analysis toward the creation and validation of themes (Creswell & Poth, 2018). Trustworthiness will be verified using credibility, transferability, dependability, and confirmability (Schwandt et al., 2007). Epoché, bracketing, and horizontalization will also be examined. Triangulation will help assure that data are accurate and has credibility due to using more than two methods.

Triangulation is the process of verifying the evidence from different methods of collection (Creswell & Poth, 2018; Lincoln & Guba, 1986). It is the most common method to ensure internal validity (Merriam, 2009). Data triangulation is the process of using several sources of data (Mathison, 1988). For this study, I used a questionnaire, individual interviews,

and focus groups. Triangulation was used to look for inconsistencies or contradictory data to "try to determine the truth of some social phenomenon" (Mathison, 1988, p. 15).

### *Credibility*

Credibility is internal validity and is performed by the researcher (Korstjens & Moser, 2017; Lincoln & Guba, 1986; Schwandt et al., 2007). Credibility is confidence in the *truth* of a study's findings or the extent to which the findings accurately describe reality (Lincoln & Guba, 1986). It is the feasibility of the account that a researcher arrives at that determines its acceptability to others (Bryman, 2016). Techniques for establishing credibility include (a) prolonged engagement; (b) persistent observation; (c) triangulation; (d) peer debriefing; (e) negative case analysis; (f) referential adequacy; and (g) member-checking (Cohen & Crabtree, 2010).

Bias from the researcher's prior experiences may decrease credibility. Therefore, to reduce bias, the researcher should perform bracketing of identified bias prior to and during the research process (Creswell, 2018; Moustakas, 1994). This process is a means to set aside personal biases or preconceived beliefs about the research to investigate the essence of the phenomenon (Moustakas, 1994). The bracketing data was kept in a journal and added to as the research was performed. Excerpts from the journal will be shared in Chapter Four. The data received from the participants will be coded and then compared to the brackets for revisions to remove bias. This comparison of data with the bracketed bias was completed after the one-on-one interviews and the focus groups independently and again when both data sets were coded collectively.

Additionally, member checking is considered the most reliable means to maintain credibility during qualitative studies (Lincoln & Guba, 1986). This is performed by asking the

participants to review and edit information such as transcripts and themes (Carlson, 2014). To perform this step, participants reviewed the transcripts and themes from the interviews and the focus groups.

### *Transferability*

Transferability is the external validity of data and the ability to apply the information to other people or settings, or research (Creswell, 2018; Schwandt et al., 2007). The greater the details provided, the greater the possibility of transferability (Merriam, 2009). According to Merriam (2009), the researcher should provide enough information to allow the consumer to decide if and how the research could be used in other settings. I provided transferability by 1) using a population in this study which is reflective of the population of academic nurse educators nationwide in relation to gender, age, and race, 2) describing the phenomenon with great detail, 3) the processes used to collect, analyze, and present data. This study could be duplicated and transferred to other institutions. The findings from this study could be used to assist other institutions when assessing the needs of their novice academic educators. However, with all of that said, Patton (2003) stated that phenomenon "can only be understood within the context in which they are studied (p. 123). Further, Patton (2003) stated that "neither problems nor solutions can be generalized from one setting to another" (p. 123).

### *Dependability*

Dependability is determined by the thoroughness and quality of the process during the research (Lincoln & Guba, 1986). As a measure to ensure dependability, the methodologies evaluated the research being performed during the research process and upon completion. To assist in this process, the researcher kept a journal of thoughts and processes along the way (Creswell, 2018; Lincoln & Guba, 1986; Schwandt et al., 2007). As data collection and analysis

are being performed, each step of the analysis was maintained in an audit trail and provided

rationales for decisions being made regarding themes. Dependability is indicated by approval

from the committee and qualitative director review.

*Confirmability*

The purpose of confirmability is to ensure that the data presented is being shaped by the

participants and not by the bias of the researcher (Lincoln & Guba, 1986). Confirmability is

determined by the detail in which the work was completed through the descriptions of the

themes, the journaling of the researcher, and through an audit (Creswell & Poth, 2018). The steps

necessary to provide confirmability include reviewing a created audit trail which has shown the

analytical processes used to create themes (Lincoln & Guba, 1986). The data created by the

researcher should be able to be assessed by an external auditor who makes an independent

assessment of the data, researcher's field notes, and themes and confirm the findings reported

(Creswell & Poth, 2018; Lincoln & Guba, 1986). This process increases the reliability of the

research presented. For this study, the method of journaling, triangulation, and the review of the

dissertation committee was used to ensure confirmability. To perform credibility, I created an

audit trail of my data, my analyzed data, different versions of coding attempts, and my journal,

which was updated throughout the process as I completed epoché, and the seven-step processes

after the questionnaire, interviews, and focus groups.

*Ethical Considerations*

Ethical issues could arise at many points during the entire research process and, therefore,

should be considered prior to the research to prevent issues (Creswell & Poth, 2018). Since

human subjects were used in this study, IRB approval was sought and strictly adhered to

throughout the study. IRB approval was obtained from Liberty University (see Appendix A) and

the institution where the research was taking place (see Appendix C). After the IRB approval

was obtained, an email requesting participation in the study was sent out to all faculty via the

gatekeeper. Each participant was required to sign the consent form, which provides information

regarding the study. Each participant was informed that they were able to opt out of the study at

any point for any reason. There were no children, prisoners, or other populations who were

vulnerable, and no participants directly reported to the researcher. I provided pseudonyms for the

college, campus, and individuals that were used throughout the study to protect all involved

(Creswell & Poth, 2018). All data, including the Zoom interviews, transcripts, and journals, were

saved as password-protected files on a password-protected computer and backed up in the cloud.

I will delete all data three years after collection. While presenting the data, all data is provided

fully, including negative results, while respecting the opinion of the participants (Creswell &

Poth, 2018).

## Summary

The purpose of this qualitative transcendental phenomenological study was to explore the

lived experiences of nurses who have recently transitioned from the healthcare environment to

the role of an academic nurse educator at a large, for-profit private nursing college in the United

States. The research is to answer the central question, "What are the experiences of novice

academic nurse educators who transition from an experienced healthcare provider to novice

educator?" The participants included novice academic nurse educators who teach nursing

courses in the didactic setting. Using Zoom video recording and transcription service, the one-

on-one interviews and focus groups were performed to allow the participants the opportunity to

share their lived experiences. The answers were then horizontalized, coded, and categorized to

create themes and then synthesized. Actions were put in place to maintain the trustworthiness of

the research. This data was stored in safe locations, and all participants' identifiers were replaced with pseudonyms to protect their identities.

**CHAPTER FOUR: FINDINGS**

**Overview**

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. The goal of this research was to provide data to assist educational institution administrators to create an orientation process. In this chapter, I present the themes and subthemes identified through data collected through a questionnaire, semi-structured interviews, and focus group interviews. I am answering the research questions that drove this study and conclude Chapter Four with a summary of themes and significant results.

**Participants**

My research plan aimed to find 12 to 15 participants from several campuses of a private, for-profit college that teaches nursing education. I pursued novice educators from multiple campuses to gain a deeper understanding of the experiences. For my study, a novice nurse educator was defined as a nurse educator who has five years or less of previous experience in the role of the academic nurse educator in a program that prepares students for the licensure exam (Nugent et al., 1999). Twenty-one people attempted to complete the criterion survey. However, the auto-eliminating survey removed two potential participants due to not meeting the criteria. One more participant was eliminated during the one-on-one interview when it was discovered the person had been teaching longer than five years and exceeded the criterion. Therefore, I obtained 18 educators who teach in a practical/vocational, associate, baccalaureate, or master's degree program (Table 1). The educators completed the questionnaire to verify criterion. Through answering the question regarding how many years they had been an educator; it was

verified that each educator had been teaching for less than 5 years. The participants, corresponding gender, and program for which they teach are presented in Table 1. The years of experience is provided in Table 2.

Table 1

*Participant list*

| Pseudonym | Gender | Program the Educator Teaches in |
|---|---|---|
| Abigail | Female | Associate |
| Anna | Female | Baccalaureate |
| Audrey | Female | Baccalaureate |
| Ava | Female | Associate |
| Carter | Male | Baccalaureate |
| Diane | Female | Baccalaureate |
| Erin | Female | Baccalaureate |
| Harper | Female | Master's |
| James | Male | Associate |
| Kennedy | Female | Associate |
| Lauren | Female | Practical |
| Nicole | Female | Associate |
| Nora | Female | Associate |
| Sally | Female | Associate |
| Sarah | Female | Master's |
| Scarlett | Female | Associate |
| Thomas | Male | Practical |
| Violet | Female | Associate |

*Note.* N=18

Table 2

*Years of teaching of study participants*

| Characteristic | Measure, no. (%) |
| --- | --- |
| Years of Teaching | |
| 1 | 5 (27.7) |
| 2 | 0 |
| 3 | 7 (38.8) |
| 4 | 1 (5.5) |
| 5 | 5 (27.7) |

*Note.* N=18

### *Abigail*

Abigail possessed extensive nursing experience spanning over 37 years, which included roles as a bedside nurse, director of quality performance improvement and infection control, and chief nursing officer for a 300-bed facility. Over the past four years, Abigail had primarily been engaged in teaching within the associate degree program. She had joined a well-established campus of the National Nursing College. Her decision to transition into education stemmed from her previous involvement in education departments within the healthcare environment and a desire to achieve a better work-life balance.

When Abigail joined National Nursing College, she initially encountered three challenges. She attributed her early struggles as a new educator to a lack of orientation and onboarding processes, resulting in ambiguity surrounding faculty roles and responsibilities. The first two challenges were discussed in her individual interview and the third was expressed in both her individual and focus group interviews. First, she struggled to identify the appropriate sources of assistance. Second, Abigail also expressed concerns regarding the loss of competent educators without clear explanations. Third, Abigail shared the difficulties she faced in finding a substitute when needing time off to care for a sick relative, as she was unfamiliar with her colleagues.

In addition to the obstacles encountered with leadership support, Abigail was taken aback by the lack of professionalism displayed by some students. She recounted an incident where a student entered the classroom expressing anger and using inappropriate language. Reflecting on the experience, she shared her reaction when she stated in her individual interview, "This young lady came in, and she was cussing and carrying on, and she was just mad at the world... I mean, using four-letter words, and I was like, 'Oh my gosh, this is so unprofessional." Abigail stated that as she watched the disruption, she knew that the instructor's response to such inappropriate behavior was going to impact her decision to stay with the organization.

Despite the challenges encountered in terms of leadership support and unprofessional student behavior, Abigail remained steadfast in utilizing her leadership skills to foster a positive and engaging learning environment. Through her commitment, she aimed to contribute to the growth and success of her students as an educator. She cited that her struggles as a new educator stemmed from a lack of orientation and onboarding, such as providing resources and processes. Without this information, there was ambiguity around faculty roles and responsibilities. However, she acknowledged that the situation had improved over time and now felt more supported by her leadership.

*Anna*

Anna brought many years of nursing experience including multiple areas within the healthcare arena before she entered academia. Last summer, she joined a National Nursing College campus which was relatively new. Anna's decision to into education stemmed from her frustrations with hospital bureaucracy and her pursuit of a better work-life balance. The demands of working long shifts, including weekends and holidays, made it challenging for her to fulfill her role as a mother effectively.

During her time as a nurse, Anna discovered her passion for teaching and began teaching nurses while working at the bedside. Reflecting on her experience, she expressed the difficulties encountered in engaging seasoned nurses. She stated in her individual interview, "It was difficult to teach a nurse who had been a nurse for decades because they know that things change, but trying to get them to really buy into what you're selling is really hard." Later, she served as a clinical instructor at another institution. Then she joined National Nursing College. As a didactic instructor, Anna encountered one notable challenge—the lack of immediate feedback on her interventions. She explained in her individual interview, comparing it to clinical practice, "In clinical practice, your feedback is pretty immediate, like the patient is going to tell you if they're satisfied or if you're seeing changes based upon your treatment... But you don't really get that from students." This absence of immediate feedback presented a unique hurdle in assessing the effectiveness of her teaching methods and adjusting them accordingly.

Anna participated in an orientation process that provided online modules to learn about processes within the organization and included weekly phone/Zoom calls. However, she stated that these check-ins should have continued at intervals for at least the first year. Despite the struggles to learn her role, Anna remained dedicated to inspiring and guiding future nurses through her role as a nurse educator at National Nursing College. She believed in the importance of bridging the gap between clinical knowledge and teaching, emphasizing the need for nurses to embrace ongoing learning. Anna's experiences in both nursing and education contributed to her commitment to instilling a passion for continuous growth and professional development in her students.

***Audrey***

Audrey initially trained as a nurse and gained experience in various maternal-child areas of the hospital such as labor and delivery, post-partum, neonatal intensive care unit, and newborn nursery. Early in her career, she contemplated returning to school and considered pursuing a graduate degree in practice or education. Audrey shared how her childhood experiences of pretending to be a teacher played a significant role in shaping her career path. Before leaving the hospital, she explored the field of education by spending time as a clinical educator and in the hospital staff development team, gradually transitioning into teaching clinical and online courses. Eventually, she completed her terminal degree and embarked on her journey as a classroom educator.

Reflecting on her transition to the classroom, Audrey discussed the challenges she faced due to her strong need for firm policies and procedures. Audrey stated in her individual interview that she was known as the "walking textbook" while in the hospital. However, in academia, there was no formal policy and procedure text to address many issues. Initially, this lack of clear guidelines caused her anxiety as she adjusted to the new environment.

As she was in her fifth year in academia, she expressed a sense of confidence in her role and responsibilities. She shared in her individual and focus group interviews that she had started to find a semblance of work-life balance and had even established a neighborhood book club. She attributed this newfound balance to the growth of the college, which now had a larger faculty pool that could help shoulder the responsibilities, including data analysis, curriculum development, and program evaluation. Through perseverance and adaptability, she grew into her role as an educator, finding personal and professional fulfillment as she continued to contribute to the growth and development of her students.

*Ava*

Ava began her nursing career as a Licensed Practical Nurse (LPN) and subsequently pursued further education to advance her professional qualifications. Currently, she primarily teaches in the associate degree program. Ava stated during her individual interview that her long-term aspiration had always been to enter academia. However, she mentioned that her experience of becoming "totally and absolutely burnt out on leadership in the hospital" expedited her transition to teaching. She has now been in academia for three years.

As Ava transitioned into education, she encountered challenges related to a lack of orientation, professionalism, and boundaries. Her initial position in academia was at a small school that struggled with frequent turnover in leadership. Describing her orientation experience during her focus group, she recalled receiving minimal guidance, with instructions limited to "Here's your thumb drive. Here's your class. Here are the times of your class... And that was pretty much it." This lack of a comprehensive orientation contributed to ambiguity regarding her role and responsibilities as a nurse educator.

Furthermore, Ava was taken aback by the unprofessional behavior of some students following the administration of exams. She recounted instances where students spoke to her disrespectfully, expressing frustration over their grades. Describing the difficulty of such situations, she expressed in her individual interview, "You've got someone that's younger than your children giving you attitude because they failed an exam that they clearly didn't study for." These encounters motivated Ava to seek support, but unfortunately, there was a lack of leadership-level assistance. Reflecting on her time at that organization as a learning experience, she stated in her individual interview, "God put me there to say, 'You need to see how something can be not right, so you'll know what you're looking for.'"

Another challenge Ava faced was establishing boundaries with her students. Initially, she believed it would be acceptable to share her phone number with students, assuming they would use it sparingly. However, she shared an incident where a student called her multiple times during the night, disrupting her sleep. This encounter prompted Ava to establish firm expectations with her students and clearly define appropriate modes of communication.

*Carter*

Carter, with an impressive 28-year career in nursing, started as an LPN and progressed through the educational ladder eventually obtaining a doctorate in nursing practice. His diverse healthcare journey encompassed roles in patient care, management, and even military service as a medic. In July of the previous year, he transitioned into academia, partly prompted by his experiences during the pandemic. Reflecting on his decision, he shared during his individual interview, "...being heavily involved in that, with staffing and staffing shortages and things like that, I just wasn't excited about my job anymore."

According to Carter, the transition into academia had been smooth, and he genuinely enjoyed his new role. In his individual interview, he expressed his enthusiasm, stating, "I've enjoyed the transition so much." Drawing on his prior experiences in management and public speaking engagements, he found the shift to education to be "an easy process for me to do... I didn't have any issues." Carter considered himself a highly independent individual; however, he was married to a nurse and used his wife and colleagues as resources whenever necessary. As an educator, he valued the academic environment's collaborative nature and appreciated his colleagues' support and camaraderie.

Carter's experience in academia brought a sense of fulfillment and renewed passion for his work. As an educator, he was able to apply his extensive knowledge and skills to guide and

inspire the next generation of healthcare professionals. He has enjoyed sharing his expertise in healthcare and nurturing the future of nursing. Carter found the collaboration of his colleagues to be valuable in his development as an academic nurse educator.

### *Diane*

Diane has had many roles within the healthcare system including leadership positions. She decided to transition into the field of education after facing job loss during the COVID-19-related layoffs within her previous organization. The challenges of the pandemic served as a turning point, prompting Diane to reflect on her career path and pursue a new direction in academia. During her individual and focus group interviews she spoke about her mother being a teacher and how it influenced her.

Diane spoke in her individual and focus group interviews of her decision to pursue a career in academia, being influenced by the rich academic heritage within her family. Growing up, she witnessed her mother's dedication and passion for teaching as she spent 50 years in the public school system. Inspired by her mother's legacy, Diane recognized the profound impact that educators can have on shaping the lives of students. She spoke of her family's impact on future generations and was passionate when speaking to those who overcome struggles to graduate.

Dissatisfied with the lack of orientation at her previous institution, Diane sought out National Nursing College for its comprehensive orientation program. While at National Nursing College, Diane has actively engaged in ongoing professional development to enhance her teaching skills. Diane immersed herself in various training opportunities, attending workshops, conferences, and seminars that focus on innovative teaching strategies, technology integration, and student-centered learning approaches. By staying informed about the latest trends and best

practices in education, Diane strives to create an engaging and dynamic learning environment for her students.

### Erin

Erin embarked on her nursing career in the operating room before transitioning to labor and delivery. Inspired by her childhood dreams of becoming both a teacher and a nurse, Erin's journey into education has been ongoing. While she continued to work periodically in the healthcare sector, the challenges she faced with hospital management motivated her decision to transition into education. Becoming an educator played a transformative role in Erin's life, boosting her confidence and allowing her to make a positive impact within the healthcare industry.

Interestingly, Erin's teaching journey began at a school where she had once been a student. Stepping into the classroom where she had sat as a learner evoked a sense of nostalgia. Reflecting on this experience during her individual interview, she fondly recalled, "I was sitting in this classroom... I sat right there in that seat at the table." After her initial teaching experience, Erin transitioned to a major university, where she further honed her skills as an educator. Eventually, she found her place at National Nursing College, where she had been dedicated to nurturing the growth and development of future nursing professionals and has now been teaching for the past five years.

Notably, Erin's master's degree did not specifically focus on education but rather on the practical aspects of nursing. She expressed that her transition into education would have been smoother if there had been opportunities for guest teaching or serving as a teaching assistant. Reflecting on the early stages of her teaching career, Erin candidly shared in her individual interview, "I didn't get any training. I got none of that." She found herself initially unfamiliar not

only with the policies and procedures of the institution but also with creating her own engaging and informative PowerPoint presentations to facilitate effective learning experiences for her students.

Despite the initial challenges and lack of formal training, Erin's passion for teaching and her commitment to her students drove her to improve her pedagogical skills continuously. She actively sought out professional development opportunities, attending workshops and conferences related to teaching and continued experience in the healthcare field. Erin embraced the opportunity to enhance her instructional strategies, incorporating innovative approaches and technologies into her teaching practice. Through her dedication and perseverance, she gained the confidence and expertise needed to create an engaging and supportive learning environment for her students.

### Harper

Harper was teaching in the Master's program, embarked on her nursing career by earning a PN diploma, and eventually achieved a doctorate in nursing practice. Similar to Erin, Harper began her teaching journey at an institution where she had once been a student. Reflecting on her transition to education, Harper expressed in her individual interview,

> It's exciting, and it's a fantastic opportunity. But you know, you do have to develop new coping skills in order to succeed. It can feel very disheartening to no longer be the expert and to be kind of starting over, relying on the guidance of other people.

In the early stages of her teaching experience, Harper encountered a significant challenge when she received "terrible feedback" on her evaluation. This feedback led her to question whether she was truly suitable for the role. During her individual interview, Harper described transitioning into education as following. "I feel like it's kind of like jumping in the deep end of

the pool when you don't know how deep it is." She practiced deep breathing exercises to prepare herself before standing in front of her students. Additionally, she dedicated time in the evenings to engage in reflective practices, reviewing her day's experiences. However, it was not until around year 3 or 4 that Harper recognized the need to prioritize self-care and establish a better work-life balance.

### *James*

James had nine years of experience, including working in the cardiac units during the pandemic, and transitioned to the field of education three years ago. Initially, he had planned on pursuing education as part of his retirement goal, drawn to the opportunity to teach patients about managing their illnesses. However, James experienced burnout, and his enthusiasm for bedside nursing diminished. James took time to pray and seek out direction from his pastor about the transition to academia.

One of the challenges James faced in academia was time management. He recognized the increased need to dedicate time to prepare lectures, which contrasts with his previous experience in nursing, where assignments were given upon arrival to the unit. James shared in his individual interview,

> I've had to learn a lot more time management in preparing content…I feel like I have to prepare to go to work now. When, as before, you couldn't prepare to go to work. You just showed up, and your assignment was given to you.

This shift in preparation dynamics required him to develop stronger time management skills to deliver his content to students effectively.

Another aspect James struggled with was the lack of immediate feedback for his efforts in teaching. He expressed his frustration during his individual interview, stating, "No matter how hard you work sometimes, you don't always get the feedback or the input from the people you're trying to educate." During his orientation, he was guided on what to teach but felt that more emphasis should have been placed on teaching methodologies and techniques. James believes that an increased focus on the "how to teach" aspect would have better equipped him to engage and connect with his students.

### Kennedy

Kennedy had extensive healthcare experience across various states and even internationally and found both enjoyment and challenges in relating to students of different age groups. During her individual interview, she reflected on her interactions with students. She shared it is "kind of fun and challenging at the same time to be able to relate to" individuals who can be "18 or 19- or 20-year-olds, and you can have a 40-year-old, 50-year-old, whatever." She emphasized the reciprocal nature of learning, and told her students, "You think you're learning from me, but I'm learning from you." During her leisure time, Kennedy found solace in sewing. Engagement in this creative activity allowed her to unwind and recharge, contributing to her overall well-being.

Recognizing the importance of continuous improvement in her teaching skills, Kennedy acknowledged that she was actively enhancing her ability to teach in the classroom. She shared her initial misconception about teaching, inspired by a professor who never consulted the course materials. However, she gradually realized that her teaching style differed, and she became comfortable with using her personal notes and educational resources. During her journey as an educator, Kennedy embraced the understanding that effective teaching involves leveraging her

own expertise and utilizing relevant educational resources, ultimately fostering an engaging and enriching learning environment.

### *Lauren*

Lauren embarked on her teaching career after gaining three years of valuable nursing experience in various healthcare units, including cardiac, neuro, mother/baby, and pediatric. Her inclination towards education stemmed from her role in training new nurses at the hospital, prompting her to pursue an advanced degree. However, the demanding nature of healthcare, coupled with the toll it took on her personal life, led to burnout, manifesting as nightmares on particularly challenging days, further solidifying her decision to transition to academia. During her individual interview, she described her time in healthcare as a "love-hate relationship."

Lauren described that she was given no orientation as she transitioned into the academic arena. She shared the difficulties she encountered in engaging in crucial conversations with her students, often mirroring the teaching methods employed by her instructors. Lauren said in her individual interview, that as she started as an educator, she started by "literally did exactly what my clinical instructors did for us." She developed through "trial and error." She acknowledges that she was still learning and developing but was working to create her own style. Lauren spoke of her lack of confidence and impostor syndrome and referred to beginning to teach with only a few years of experience on the floor.

### *Nicole*

Nicole entered her first year of teaching with a childhood dream of becoming a teacher. However, her father initially discouraged her from pursuing this path, leading her to work in the healthcare field for approximately seven years in progressive care units. During this time, Nicole experienced the challenges and demands of working in healthcare, including navigating the

COVID-19 pandemic. While working in healthcare, she pursued an advanced degree with the intention of teaching within the hospital setting. However, after completing her master's degree and overcoming the challenges of COVID-19, Nicole decided to leave healthcare entirely.

Transitioning into academia, Nicole faced struggles with achieving work-life balance. Initially, she felt the need to arrive at the campus every day at five in the morning to ensure thorough preparation. However, she soon realized the importance of prioritizing her personal well-being and family commitments. Reflecting on her experience, Nicole shared during her individual interview, "I've got those coping strategies in place just to make sure that I'm giving my family the same attention I am giving my students." She spoke of the need for better orientation and shadowing processes to assist in the transition into academia.

### Nora

Nora had been teaching for three years. Nursing is the second career for Nora. She had an advanced degree in nursing practice and had worked as a nurse for 20 years. Nora's motivation to enter education was fueled by the impact of the COVID-19 pandemic and its effects on her and her family. As a nurse practitioner, she had been involved in training students and pursued her terminal degree with the intention of educating future healthcare professionals in their clinical pursuits. However, the harsh reality of the pandemic prompted her departure from the healthcare field.

Transitioning into academia, Nora encountered some challenges in familiarizing herself with the courses she would be teaching. While she had the opportunity to follow a few educators who had been previously in charge of the courses, however, "having the process of not knowing exactly what was being taught, and the depth that it needed to go into, or what those subjects were, even though you had a syllabus, and so forth." Nora also struggled with some of the

technical aspects of teaching, such as entering grades or grading assignments. However, she found assistance from a few colleagues who helped her walk through it.

Due to all of Nora's advanced degrees being in the area of practice, she struggled to understand education.

So help me understand what this means, you know. Like the course student learning outcomes and the program student learning outcomes, I am a nurse practitioner. I don't have an education degree in nursing education. So I was talking with them a little bit about what that meant. What exactly are we looking for? How do I assist the students?

She stated she is pursuing her master's degree in education to assist her with these struggles.

### *Sally*

Sally was in their first year of teaching. She had been a nurse and a Family Nurse Practitioner working in different areas of healthcare such as pediatrics, the cardiac cath lab, maternity, and surgery. The driving force for entering education had been to "make a difference" and because she did not "particularly like hospitals." During her time as a nurse, she enjoyed teaching patients, families, and nurses in training, so entering academia was a logical progression for her.

Upon joining National Nursing College as a faculty member, Sally was introduced to a relatively new onboarding program. As part of this program, she was assigned a mentor who guided her through the initial stages of her teaching career. Recognizing her concerns about not performing well and wanting to ensure a positive learning experience for the students, Sally admits that she relied on the mentorship and training provided and developed a strong reliance on them as she developed. In her reflection on her first year of teaching, she spent time reflecting

on her teaching and shared she "was concerned about…not doing a great job, and I didn't want the students to suffer," and "I can't believe that something this simple has been so difficult for me to teach some of the concepts."

### *Sarah*

Sarah was teaching for three years in the Master's program. During her focus group and her individual interview, Sarah expressed that it had been an honor to teach. Reflecting on her role, she shared during her individual interview, "So to me, teaching... was an honor, and I loved it." Her family had multiple teachers in the K-12 system. However, Sarah shared in her individual interview that she had struggled with the lack of academic support. "I felt very alone. Afraid to ask questions because then you get called needy." Sarah has taught completely online and was unable to ask her colleagues for assistance without reaching out via text, phone, or email.

Sarah said that the assistance is better at National Nursing College compared to another institution where she had worked where there was "no interaction." She shared that the students do not reach out, and her colleagues do not reach out, and she feels that she could be better with more interaction from her colleagues. She shared in her individual interview that while she would have appreciated more time with the students and colleagues, "…my goal was always to teach in the graduate program. Teach to innovation. Wow. That's what I get excited about…."

### *Scarlett*

Scarlett was in her first year of teaching. Her path in nursing and education was not the typical path. While in school, she changed her area of focus and earned advanced degrees in the areas of women's health, where she was unable to find employment. Consequently, she worked in many areas, including home health. "I left the bedside during the pandemic" but had returned

and worked in the area of pediatrics, she stated during her individual interview. While trying to find an area within healthcare that would provide happiness, since she had been unable to find employment in her area of specialty, she researched academia.

Scarlett had begun teaching at a newer campus with only a few other instructors to use as mentors, relying heavily on her campus leadership. In her individual interview, she spoke about her time in orientation, "I wish we had more of that…." She said she has struggled with learning how to teach and how to use all the "different tools and reporting" processes. Her mother was a teacher and was a resource for her as well. While still in her first year, she had already recognized that she had to work on her work-life balance to prevent burnout.

### Thomas

Thomas was in his first year of teaching. His nursing experience had been focused on the area of the cardiovascular intensive care unit. He had left his job during the pandemic to do travel nursing. Thomas had begun at a campus that had several people on the campus to assist the new faculty in understanding the processes. In his individual interview, he spoke about the relation of his content to the outcomes of the course.

> And so you know, the one thing that I really have found a great deal of ease with actually is the course the CSLOs, and being able to map my instruction back to the CSLOs, and that's actually helped me a great deal because I found that even the existing PowerPoints covered a lot of extraneous content.

### Violet

Violet was in her fifth year of teaching. She was another participant who spent time as a child desiring to be a teacher when she was grown. However, she too, had started in nursing and then moved into academia. While working in healthcare, she pursued her master's degree.

However, in her individual interview, she stated she was concerned that she was "just a little bit too shy to kind of make that transition" into academia. As a military wife, when her husband had been moved this last time, she decided it was time to move into academia full-time.

During her transition, she could follow other teachers who had previously taught the course. However, these experiences were limited because she began teaching on a campus open only for a few terms. This also provided a limited number of colleagues to use as resources, and she often had to learn as she went. In her individual interview, she stated,

> You know, I thought it was just getting up. Okay, I'll get in front of the class. I'll be dynamic, and they'll love it. And then, like all A's, it'll be awesome. But I think there's so much more that goes along with being an instructor that I didn't know about.

## Results

Using the Moustakas (1994) horizontalizing method to establish codes and develop themes, I immersed myself in the data reading and the transcripts. Themes and subthemes were created and revised. During this work, I followed the steps outlined by Moustakas (1994) to create thematic categories. This process required many revisions of the codes and clusters into themes. (See Appendix J for code list.) Many categories originally created were removed as I moved statements to other categories. For example, one of the original categories created was imposter syndrome. In my journal, I wrote, "A couple of interviews in and I am picking up on several people mentioning imposter syndrome. Interesting how many people are afraid they are not qualified to have this job."

To begin this process of creating themes, I spent time coding the statements made by the participants to statements such as positive or negative. As I read and re-read the answers to the reasons the participants transitioned into academia, I noticed many stated they had moved due to

COVID-19. This commonality made me remember Schlossberg stating that the perception of the transition impacts its success. When reading how many people left healthcare due to burnout or stress from the pandemic, it made me contemplate how this negative previous situation must have made the transition to academia have a positive perception. The more I continued to think about this part of the Schlossberg transition theory (1981, 2011), the more I realized that their answers to the question related to the 4 S's of situation, self, support, and strategies. After many reviews of the potential themes, eventually the four themes were:

1. Participants experienced life-altering events during the transition.

2. Participants experienced a lack of confidence with their abilities during the transition.

3. Participants experienced a need for support during the transition.

4. Participants experienced the need to develop coping mechanisms during the transition.

### *Participants experienced life-altering events during the transition*

The first theme from the analysis of the questionnaire, individual interviews and focus groups relates to research question two, which was "How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to the situation of transition?" The analysis of the data revealed that each person entered their transition due to their own unique perception of their lives at the time, and each experienced the situation of change uniquely as well. Fifteen of the 18 participants experienced changes in family life, education, or a major disruption to life, such as working in the healthcare environment during the global pandemic. Nora stated, "It was scary but exciting, and I was happy to be on a new adventure and spreading the knowledge I had to the future nurses…." Table 3 indicates the life

experiences the participants were experiencing at the time of their transition into academia.

Below is information regarding the participants' relation to this theme and the subthemes.

Table 3

*Participant responses related to experiencing life-altering events during the transition*

| | Family Change (i.e., new child, illness, death of loved one) | Moved | Finished Education | COVID-19 | Dissatisfaction with healthcare | Other or N/A |
|---|---|---|---|---|---|---|
| Abigail | | | | | | X |
| Anna | | | | | | X |
| Audrey | | | | | X | X |
| Ava | | | | | X | X |
| Carter | | | | | | X |
| Diane | | | | X | | |
| Erin | | X | | | | |
| Harper | | X | X | | | |
| James | | | | X | X | |
| Kennedy | | X | | | | |
| Lauren | X | | | X | | |
| Nicole | | | X | | X | |
| Nora | | | | X | | |
| Sally | X | | | X | | |
| Sarah | X | | X | | | |
| Scarlett | | | X | | | |
| Thomas | | | | X | | |
| Violet | X | X | | | X | |

*Note.* N=18

*Family changes*

The first subtheme is family change. This change included a child's birth or a loved one's illness or death. Four (22%) of the participants had recently experienced some change within their family dynamic. Lauren had just had a baby, and Sally reported that her husband had recently been diagnosed with an illness that had changed their lives. Harper, Violet, and Sarah had recently experienced the death of a loved one. Violet stated,

I had lost my father, and my mother retired, and so I had the support of having someone

to be able to be a grannie nannie and be at home with my kids, and so I was ready for

something different.

*Relocations*

Five (27%) of the participants had recently experienced a move, such as Violet, who was moving "due to the military." Kennedy had lived in many different areas of the world as a nurse. During this last move, she decided to leave the hospital arena and move into academia because as she looked at new graduates in the hospital, she felt that the "knowledge-based needed" was not what was being taught.

*Advancing personal education*

Four (22%) had finished a graduate degree, either a master's or Doctorate. Scarlett was completing her DNP. "My husband passed away when I was in my masters, but he is the one that said, you're going on for your doctorate, you know I'll be watching over you," said Sarah. Scarlett had completed her degree and was experiencing difficulty finding employment in her specialty area.

*Working as a nurse during a global pandemic*

Almost all the faculty participants transitioned to academia during or soon after the

COVID-19 pandemic saw education as a reprieve from the stressors in the healthcare system

during COVID. Six (33%) of the participants used "COVID" or "pandemic" in their answers to

the questions on the questionnaire about their transition to academia. During the interviews,

many mentioned this stressful time as part of their reason for wanting to leave healthcare. Nicole

said, "COVID always played a role in it for me as well… I was burnt out."

Nora spoke about the impact of COVID-19 on her personally and her family.

It was COVID, being an acute care nurse practitioner, and intubating and being abused by

some families, not all. And the constant, just barrage of this is a hoax. And you're trying

to kill my family member and working seven on and seven off, which were never really

the 12-hour shifts they were supposed to be during COVID. I was very sad about the

situation, took a big mental toll on me and my personal life with my husband and my

family, because I was barely seeing them, and I was not happy. And it was a terrible

situation because I love being a nurse practitioner. But for my own sanity, my family life,

my mental health, I needed to leave the bedside. I knew it was time to search elsewhere

for something. That's why I left.

*Dissatisfaction with healthcare*

Five (27%) of the participants had become dissatisfied with working in the healthcare

arena. Violet, Nicole, and Ava were all "burnt out" from the healthcare arena of nursing. Violet

described that she was "ready for something different" and since she was moving, she decided it

was time to look for something other than healthcare. "I was burnt out honestly of working in

mental health for 10 years." "Military mental health, specifically, was tough, and being so closely connected to it, I was burnt out, and so I was ready for something different."

Four (22%) mentioned that the hospital leadership or politics led to their leaving healthcare. Ava said, "I had lost my sense of purpose, worthwhile work, and making a difference." Anna said that her supervisor did not support her. "…my director at the hospital was, guess the nicest word I can say is a 'jerk.' But she really didn't see me growing in the area I was working in."

> Audrey said she was not pleased with the acute care setting anymore due to:
>
> The way the leadership was treating the staff, and you know, the whole politics behind that in the clinical environment. And I was like, okay, I couldn't just do that anymore. And certainly, it was the push that I needed to be able to so that I can come into the full-time faculty role.

### *Participants experienced a lack of confidence with their abilities during the transition*

The second emergent theme identified was regarding themselves. All 18 participants expressed that there was professional and personal growth due to the transition into academia. The analysis of the interview data revealed that participants changed their interpersonal and intrapersonal relationships during their transition. Thomas shared, "I'm my own worst enemy, you know. And so I was filled with a lot of self-doubt and like, am I really doing the right thing…I needed…that emotional support that, 'Yes, you deserve to be here.' Below is information regarding the participants' relation to this theme and the subthemes.

Table 4

*Participant responses related to a lack of confidence with their abilities*

| | Impostor Syndrome | Personal Growth | Boundaries and Expectations |
|---|---|---|---|
| Abigail | | X | |
| Anna | X | X | |
| Audrey | | X | X |
| Ava | | X | X |
| Carter | | X | X |
| Diane | | X | X |
| Erin | X | X | |
| Harper | X | X | |
| James | | X | X |
| Kennedy | | X | |
| Lauren | X | X | X |
| Nicole | X | X | |
| Nora | | X | |
| Sally | | X | |
| Sarah | | X | |
| Scarlett | X | X | X |
| Thomas | | X | |
| Violet | X | X | |

*Note.* N=18

### *Overcoming impostor syndrome and self-doubt*

Participants in the study reflected on being unprepared for the transition into academia. Lauren, Violet, Scarlett, Erin, Harper, and Nicole (27% of participants) expressed that they experienced impostor syndrome during their transition. "like I feel like I kind of have impostor syndrome sometimes, like I shouldn't be here like other people, are more worthy" Lauren said. Erin expressed,

I was almost intimidated by the role and the students because they were so hungry for

knowledge, and I was still so new, I felt also a little bit of impostor syndrome like, how

can I be up here and be the teacher and the expert when I'm still learning my role….

Scarlett expressed impostor syndrome and said she was uncertain in her role and asked,

"Am I supposed to be doing this" in relation to how she was performing her job. Nicole stated

that she "also had a hefty dose of impostor syndrome." She said that she frequently had feelings

of "should I really be in front of this class, especially in the [program]" where the students often

expressed, "I have 20 years of experience over your experience." Violet expressed her feelings

about impostor syndrome by stating that she had gone from "being an expert" in her field to

"feeling a little bit like that impostor." Harper said that "there were so many days I questioned

my qualifications and if I deserved to be there" as she explained her feelings of impostor

syndrome.

### *Personal growth*

All (100%) of the participants reported some personal growth as they developed as

educators. This growth was described as confidence in their skills and abilities in the role. Nora

asked herself, "am I going to be good enough? Am I going to be able to connect with them and

help them understand" the content? She further stated that she was nervous because she was

responsible for teaching someone "how to understand." Scarlett commented that the students

went to her dean and complained that she was their teacher because she was too young and

therefore, "I felt very insecure at one point."

Audrey commented that education was too fluid.

I expected, maybe in my mind that coming into the faculty role, we would have policies for pretty much everything, our processes for everything, and I would hear use your best faculty judgment, and it was like, well what does that mean?

Sarah said that she "went from apprehension and fear to really starting to feel my own footprint and to feel stronger and confident." Whereas Kennedy stated, "I can remember I had this one professor. And he would spout things off all the time, never looked at the book, and I was like, My God! Is that what I've got to be like?" She said that over time, she realized it was okay to use the book while lecturing.

Nicole said the transition made her "more patient because I felt like a new grad all over again. It also gave me a little bit more grace to be patient with my students as they navigated newness as well." Anna said she felt "like I've become a kinder person as a professor, just having more patience dealing with novices." Audrey said she developed more patience and was "more understanding of the students' role."

Lauren said that she was "unsure of" herself in the beginning but that she "finally figured it out" and was able to get "them from point A to point B successfully, so I felt very happy and proud of myself and of them." Carter said he felt "apprehensive because when I'm teaching, I don't want to…under teach, but I don't want to over teach and like teach the test."

### *Developing boundaries and expectations*

Seven (38%) of the faculty reported struggling with the appropriate boundaries with their students. James reported that when he started teaching, he "treated students like they were a coworker." Lauren "didn't know how strict to be….but not be a tyrant." Erin felt she was "being too much of a friend" when she began teaching. She said that she realized that she needed to

"uphold boundaries and standards and guidelines and that was really, really difficult being so new." Scarlett also realized that she "can't actually be friendly" with her students.

Others feel empathy for the students and their struggles and therefore are more flexible with requirements, such as Audrey, who will "offer more grace whether it was on due dates." Sarah commented that she knows the students often struggle and that she frequently offers to be available for her students to call her, "but nobody does." She said there seems to be a mindset that students only speak to their teacher when there is an issue. She said, "I'd love to be able to find the magic to change that." Diane said she still struggles with how much to assist the students, stating that she often acts more like a "momma bear" and stated, "I kinda, I'm trying to break this...."

### *Participants experienced a need for support during the transition*

The third theme is participants experienced a need for support during the transition. All 18 participants (100%) relied heavily on faith, family, and colleagues, including supervisors. Eleven of the participants relied upon the family as their support. However, "It was kind of my husband at first, too....He doesn't quite understand." James and Carter both shared that they used their wives as support because they are both nurses. James's wife is also a nurse educator, so they use each other as support. Below is information regarding the participants' relation to this theme and the subthemes.

Table 5

*Participant responses related to a need for support during the transition*

|  | Faith | Family | Colleagues |
|---|---|---|---|
| Abigail |  | X |  |
| Anna |  | X | X |

| Name | | | |
|---|---|---|---|
| Audrey | | | X |
| Ava | | | X |
| Carter | | X | X |
| Diane | | X | X |
| Erin | | | X |
| Harper | | | X |
| James | X | X | X |
| Kennedy | | X | |
| Lauren | X | | X |
| Nicole | | | X |
| Nora | | X | |
| Sally | | | X |
| Sarah | X | X | |
| Scarlett | | X | X |
| Thomas | | X | X |
| Violet | | X | X |

*Note.* N=18

### *Reliance on faith*

Three (16%) of the participants relied upon their faith during their transition. Sarah often commented on how she worked online and adjunct and was often alone. When asked about support, she replied, "I have a very strong faith, and I know this is my journey." James commented that before he transitioned to academia, he had spoken to his pastor and they prayed about the potential transition. He commented that he and his pastor had met, and "we prayed a lot about it…before I made the decision to actually say this is what I want to go with…."

### *Reliance on family*

Eleven (61%) of the faculty stated they had relied upon their family members for assistance during the transition to academia. While five participants, James, Carter, Diane, Sarah, and Scarlett, spoke to speaking to their family members for advice because they are also in

education, it was noted that there were limitations to their assistance. Violet, Kennedy, and Abigail said they had started to speak to their spouses, but they were not able to provide the support that they needed during their transition. Abigail said, "Well, I started out using my husband as support. It didn't last long. And he's a wonderful guy, but … he didn't really get it."

### Reliance on colleagues

Several participants stated that they struggled with the technical skills of the role of educator, such as the machinery to grade the examinations, the technology to enter grades or the learning management system. Therefore, 14 (77%) of the participants stated the assistance they relied upon was from their colleagues. Others commented that they needed to speak to their colleagues for the necessary assistance. Violet said,

> You know, you go from being an expert, right, in your field and going to work every day and almost knowing what you're doing. Right, you're, you're the expert. And going back to being that now this, and not being quite sure of yourself. But eventually, with support and guidance from your peers, from your PD, your APD, feeling…feeling like, okay, I got this.

### Participants experienced the need to develop coping mechanisms during the transition

Strategies related to transition may assist one in reimagining the experience or to find means to minimize the difficulties experienced due to the experience. Seventeen of the 18 participants (94%) relied upon problem-focused or social means of maintaining the strategies necessary to assist during their transition. Nicole spoke that she met with her previous co-workers as a means to unwind and find work-life balance. "The girls I used to work on the unit with, they actually got my exam schedule that first quarter and we had Taco Tuesdays right after." Below is information regarding the participants' relation to this theme the subthemes.

**Table 6**

*Participant responses related to the need to developing coping mechanisms*

|          | Problem-focused | Social Support | Other |
|----------|:---------------:|:--------------:|:-----:|
| Abigail  | X               |                |       |
| Anna     |                 |                | X     |
| Audrey   |                 | X              |       |
| Ava      | X               |                |       |
| Carter   | X               |                |       |
| Diane    | X               |                |       |
| Erin     | X               |                |       |
| Harper   | X               |                | X     |
| James    | X               |                |       |
| Kennedy  | X               | X              | X     |
| Lauren   | X               |                |       |
| Nicole   |                 | X              | X     |
| Nora     | X               |                |       |
| Sally    | X               |                |       |
| Sarah    | X               |                |       |
| Scarlett | X               |                | X     |
| Thomas   | X               |                | X     |
| Violet   | X               |                |       |

*Note.* N=18

When facing a change or a challenge, individuals use coping mechanisms to move through this change (Schlossberg, 1981, 2011). When speaking with the educators, several described their strategies as either adaptive or maladaptive. When creating themes for this area, I chose to look from the direction of the participants, who they reached out to and why. Therefore, I chose the sub-themes of problem-focused, social-based support, and others.

***Problem-focused strategies.***

Most individuals spoke about their need for work-life balance, especially as a new faculty member who is working to prepare their lectures. Therefore, many of their responses spoke to the actions taken to assist with their work-life balance. Fifteen of the 18 participants had a deliberate problem-focused strategy to succeed during their transition. Scarlett said she needed to "put my books away on the weekends" because "I need to have work-life balance." Others spoke about tools they had implemented to improve work-life balance. For example, Harper stated that she struggled with time management as she was "prepping" for her courses and that her time for work "greatly extended outside of the time allotted for" workload. She said it was about year 3 or 4 that she "decided that I needed to start implementing more self-care and better work-life balances."

A few faculty spoke of their need to improve their organizational skills to assist in the new role. "I feel like I have to prepare to go to work now. When, as before, you couldn't prepare to go to work," said James. Abigail spoke to organizational skills to assist her with her time management issues of being a new faculty member. Kennedy obtained some spreadsheets to use to track her students better, which also helped with her organization.

Sarah spoke about performing nightly reflections on her actions throughout the day, which she considers good because then she is able to put the day behind her and move forward. However, Violet said that a nightly reflection would cause her to overthink everything, "I will over analyze, over think…Did I make the right decision? Did I, you know, over teach? Did I teach too much too?" Sally does a reflection after each teaching presentation about things and keeps notes in her notebook so she may perform better the next time.

*Social support strategies*

Three (16%) specifically said that they seek strategies to maintain an outlet through social means stating that needed to be social in order to recharge and face the next week. They commented that this time for themselves was positive for their well-being. "I like my glass of wine at night," said Kennedy. And Audrey had started a "local book club." Nicole said some of her friends found out about her test schedule and would take her out on weeks with exams to help her decompress.

*Other types of strategies*

Only 1 participant relied upon a strategy solely other than those listed above. However, five (27%) relied on other strategies in addition to those listed above. These strategies included finding time for other things that were important to them. For example, Nicole started going to the gym again. She said that she did not recognize, "especially in the beginning, I was here 60 plus hours a week as a new instructor trying to figure out how do I present this material. "I take a walk every afternoon to decompress," said Thomas.

*Outlier Data and Findings*

Minimal outliers were found during my analysis of the data. The outliers included 1.) their struggle with the lack of student motivation and 2.) a desire to advance in nursing. The first outlier was formed when reviewing the answers to questions about the support and strategies employed during their transition. The second outlier emerged when reviewing the answers to questions about transitioning into academia. In both cases, participants presented views regarding these topics. Below, these findings are described.

### Lack of student motivation

Seven faculty (38%) shared their struggles working with students due to their lack of student motivation. One faculty member, Anna, shared her perspective, she stated that she kept "trying to teach these kids, who don't seem to always want to learn as much as I have wanted to teach them." Furthermore, she commented that she thought it was "easier for them to search for blame outside of themselves rather than they really either didn't understand the concepts and put the time in or whatever…." Ava also commented about the frustration when students came to her with comments such as, "I'm failing the class, you know. I don't think we should have to take exams. I don't think that's the correct measurement of my knowledge."

Thomas shared his frustration with the students' behavior stating, "And so it is very hard for me to accept that there are some of my students that are just…they're just not going to care." He said that he was frustrated that the students acted as if someone would be there to give them the answers while they are at the bedside providing care. Nora said she felt, "like they want me to give them the answers that they're not willing to read before they come to class….It's a struggle for me still…and they just want me to give them the answers to the exam." James said, "I don't feel like students think that they're accountable for their success."

### A desire to advance nursing

Four (22%) participants who had entered education reported that they had planned to teach at some point in their career. Audrey, Kennedy, James, and Nora explained they had been a preceptor for nursing students while they were still in the healthcare arena and had used this experience later as they fully transitioned to academia. Sarah, Ava, and James mentioned wanting to help the profession. Sarah said, "my love for this profession, and to make sure we continue to move forward is my reason for getting into education now." Further, she stated that it

was, "…a gift and an honor to be able to work with the students." Ava said that she felt "sorry for people that aren't nurses, or involved in nursing" and therefore wanted to go into education to advance the field further.

James wanted to make a bigger impact on society. He spoke about how he had performed patient teaching to individuals repeatedly. One day, he realized that he could exponentially help his community by teaching others.

> If I can give this speech to 100 people, and they can go give it to 100 more each, you
> know, it just, it's going to evolve, and maybe we can actually make an impact and a
> difference in these patients' lives as far as managing their chronic illness.

## Research Question Responses

The research questions for this study were guided by four research questions. Each of the questions were aligned with Schlossberg's transition theory 4 S's. The qualitative data collected from the questionnaire, individual interviews, and focus groups was used to answer the four questions. In this research question responses section, I will examine the participant responses as they relate to each of the four research questions.

### *Research Question One*

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to self? The novice educators described their lived experience of transitioning from bedside nursing to academia in relation to self as difficult. The participants shared challenges through this transition which is reflected through the second theme. This theme is professional or personal development. This theme had three sub-themes which were 1.) overcoming impostor syndrome and self-doubt, 2.) personal growth, and 3.)

developing boundaries and expectations. Their answers indicated that there was a recognized need for growth.

The participants expressed uncertainties about their qualifications, being seen as worthy, and questioning their own abilities as educators. Specifically, seven participants stated that they had experience with imposter syndrome. In the focus group interview Erin stated

I felt also a little bit of impostor syndrome, like, how can I be up here and be the teacher and be the expert when I'm still learning my role, and I'm still learning my job as a nurse, and now I'm and educator, and it took me a little while to work through that, and come out on the other side, where I thought no, you know, I'm comfortable now in my role…

Scarlett agreed with Erin during the focus group stating, "only been a nurse since 2017, and then I just finished my doctorate last year, and I'm only 28, and this my first time teaching ever and so a lot of my student are a lot older than me."

Harper, Carter, and Erin spoke about developing their own personal growth through developing confidence and holding themselves accountable during their transition. Harper said she had become "more accountable in developing my skills within the classroom." She also said, "I feel, like, much more confident than I used to." Carter spoke regarding how he had worked through his fear of teaching incorrectly, "I don't want to under teach, but I don't want to over teach and like teach the test…." Erin shared that she "was almost intimidated by the role and the students because they were so hungry for knowledge, and I was so new."

Nicole, Audrey, and Anna spoke about their personal development, which is a sub-theme to professional or personal development as they recognized their increased patience and understanding. Nicole expressed, "I became more patient because I felt like a new grad all over again. It also gave me a little bit more grace to be patient with my students as they navigated

newness as well." Audrey stated that becoming an educator "had helped me, certainly not only with patience, but being more understanding of the students' role."

Novice academic nurse educators described various aspects of their self-transformation during the transition from bedside nursing to academia. This included the development of patience, understanding, personal accountability, and increased confidence. Sarah said most simply, "I don't know what's normal." Sally spoke to asking a colleague about a story, and "She's like, no, it's not normal to do that." Thomas said,

> Sometimes it's nice to hear someone say, oh, you too? …it's just nice to know, you're not alone. Or what you're feeling is normal, because that's what other people have, even if it's not normal. It's just nice to know other people have it all right.

These findings highlight the complex nature of the transition process and its profound influence on self-perception and professional growth. Furthermore, these insights contribute to a deeper understanding of the challenges and rewards faced by individuals navigating this career transition.

Ava realized it was not good for her own health to continue not to have boundaries. She was receiving calls from students throughout the night, disrupting her sleep and realizing that "if you tell somebody you can call me anytime, they're gonna call you anytime." James said he did not know that an educator had to "go in with rules and expectations" because he "thought it was understood." He is working on being "more authoritative" because he is "getting text messages at 12 o'clock at night."

### Research Question Two

The second research question was: How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to the situation of

transition? The novice educators described their lived experience of transitioning from bedside nursing to academia in relation to a situation occurring in their lives. These answers are reflected in the first theme. This first theme is that participants experienced life-altering events during the transition. This theme had five sub-themes which were 1.) family changes, 2.) relocations, 3.) advancing personal education, 4.) working as a nursing during a global pandemic, and lastly, 5 dissatisfaction with healthcare. The participants of this study were affected by changes in their personal situations. Their answers indicate that their previous life situations led to their transition.

The participants had live experiences that led them to seek a transition. Four (22%) of the participants had some change to their family situation, such as a birth or a death of a loved one. Four (22%) of the participants had recently moved to a new environment and, therefore, were in search of a new job. Four (22%) had completed an advanced degree. Kennedy shared in her individual interview that she has moved multiple times around the world. During her last move, she began teaching "in services and stuff for the units. Then I got my masters, because an educator at the facility at the hospital." Erin stated in her individual interview that "By the time I made it back to school I was remarried and had three children….I got the degree. That's why I rolled right into my masters. Because I thought, Lord knows if I stop!"

Six (33%) specifically cited the pandemic as a significant factor in leaving the healthcare arena. The toll on their mental health, personal lives, and job satisfaction became the catalyst for leaving bedside nursing. Only one of these COVID-related transitions was due to being terminated by the facility due to changes necessary due to the pandemic. Thomas also transitioned to academia due to working in the acute care setting during COVID.

You know I had 5 prone, sedated patients with maybe a clinic nurse and a student nurse

to help me with these 5 patients. You know, and it had just gotten to the point, you know,

and I being a CVICU nurse, I was at the top of the pay scale. And so everywhere I went

as a travel nurse, I had a target on my back because I was the most expensive, the easiest

thing to get rid of.

James said that he knew his attitude was affecting the care he was providing,

I was so tired and I experienced burnout. And with that burnout I felt like I was

frustrated having to go to work, having to be there and I thought that frustration was

carrying over to my patients a little bit, and that wasn't fair to them. So something had to

change in order for them to have good care.

At the same time, another 5 (27%) were dissatisfied with the healthcare industry.

Participants expressed burnout and negative experiences with hospital leadership. Nicole

specifically said, "I was burnt out." Ava stated that her goal was to go into teaching, but "I was

totally and absolutely burnt out on leadership in the hospital. It was sort of like there's got to be

something better out there. It may be working in McDonald's."

### *Research Question Three*

How do novice academic nurse educators describe the lived experience of transitioning

from bedside nursing to academia in relation to support received or not received during the

transition? The lived experience of transitioning from bedside nursing to academia in relation to

the support received or not received during the transition was described by novice academic

nurse educators through the third theme which was, participants experienced a need for support

during the transition. This theme had three sub-themes which were 1.) reliance on faith, 2.)

reliance on family, 3.) reliance on colleagues. During individual interviews, participants relayed

struggles which led them to seek support included their struggles with technology, such as the machines to grade exams or the student information system. However, when together in the focus groups, one of the focus groups lamented their inability to use the technology necessary to perform in their roles. "I think for me, it was the technical stuff like the scantrons," said Carter. Erin said she struggled with the administration of the nationally normed exams. Their answers indicated a need for support and that they used their faith, families and colleagues for that support.

Scarlett and Audrey both spoke of needing assistance with policies and procedures. Scarlett said, "Policy and procedure is what I relied on my coworkers for a lot, because again, this is all brand new, and I love the orientation, but it's like you get thrown a lot of this and once." James spoke to how a nurse knows what to do on the floor, but it is a "whole new routine in education….making sure we don't mess something up or say something wrong." And Harper said it was difficult as a new faculty member to mention issues with policies in meetings and to have her voice heard.

Only the most recent hires participated in formal support as part of their transition, either through a team of educators who assist the new hires or even in a series of courses to assist the educators in their role. However, Diane had been hired after the beginning of the formal courses but had spoken to her director and had been enrolled in the formal courses. She found these courses to assist her in her role as an educator in relation to outcomes and how they relate to the content being taught in the classroom. When speaking to the relationship between unit outcomes, course outcomes, and program outcomes, she said, "you shouldn't be teaching in an institution for a year or two and not realize that that's very important…."

Three (16%) of the participants relied upon their faith during their transition. These three found comfort in their faith, such as when Lauren stated, "I relied on my family, my faith, just to kind of like, just keep going…." Eleven (61%) of the faculty stated they had relied upon their family members for assistance during the transition to academia. James, Carter, Diane, Sarah, and Scarlett reported they had commiserated with their family members who are also in education. Scarlett said, "I also kind of relied on my mom because she was a teacher." Fourteen (77%) of the participants stated the assistance they relied upon was from their colleagues. Thomas commented that "I learn every day from my colleagues new teaching styles."

### *Research Question Four*

How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to strategies utilized during the transition? The novice educators described their lived experience of transitioning from bedside nursing to academia in relation to strategies which is reflected in the fourth theme. This theme is participants experienced the need to develop coping mechanisms during the transition. This theme had three sub-themes which were 1.) problem-focused strategies, 2.) social support strategies, and 3.) other types of strategies. Their answers indicated that they needed to rely on their coping strategies for successful transition.

Most of the academic participants for this study spoke to the overwhelming requirements for preparation in teaching content and the need to maintain work-life balance and to shut down their brain and relax. Some of the strategies mentioned by the participants to assist with work-life balance included using strategies such as time management and organizational techniques. By working more efficiently while at work, the participants stated that they had better time away. Abigail stated in the focus group interview that she tried to improve her transition by working to

improve her "organizational skills." Kennedy built upon that by saying that she had built some Excel spreadsheets to keep track of her students and quickly monitor student progress. Lauren mentioned in her focus group interview the need to be better organized and Ava stressed the use of "to do lists." She said that

> I like to do lists, and I've always done to do lists, but not only do it for what I'm doing today. But then also write down for what I need to do tomorrow, so that I could go home and kind of put work to bed, so to speak. So that I could have some quality time at home.

Other examples of positive strategies included "walking their dog" "going to the gym" or turning off their email to allow for time away from the thoughts of work.

While the participants needed to find some way to manage the transition successfully, overall, they were still positive. There were a couple who admitted to maladaptive coping strategies such as overeating or drinking an alcoholic beverage in the evening. When asked about strategies, Harper stated, "Probably most of mine were maladaptive. I ate for comfort, so I gained a lot of weight when I started to teach." Nicole spoke of meeting with her friends on days she administered examinations."

## Summary

This chapter discussed the experiences of academic nurse educators as they transitioned into academia. There were four themes which emerged from the review of the data received from the questionnaires, individual interviews, and focus groups. These four themes were 1.) Participants experienced life-altering events during the transition, 2.) Participants experienced a lack of confidence with their abilities during the transition, 3.) Participants experienced a need for support during the transition, and 4.) Participants experienced the need to develop coping mechanisms during the transition. The findings indicated that academic nurse educators struggle

with the transition to academia. The participants verbalized changes in themselves, the need to rely upon support, and the implementation of different strategies as they maneuvered through the transition. An unexpected finding was that some of the faculty felt that their effort was greater than that of the learners and that they had a strong drive to further the field of nursing through academia. The data analysis reinforced the prior findings that proper orientations are needed for faculty and that administrations of nursing programs need to create policies requiring this orientation.

# CHAPTER FIVE: CONCLUSION

## Overview

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. I begin this chapter with a discussion of the interpretation of the findings, provide implications for policy and practice, and the theoretical and methodological implications. The chapter concludes with limitations and delimitations, and recommendations for future research.

## Discussion

The discussion section of this study emphasizes the interpretation of the findings. These findings are aligned with the empirical and theoretical literature provided in Chapter Two. The research considered the lived experience of those who had transitioned into academia during the past five years from bedside nursing. The discussion will begin with the interpretation of the findings followed by policy and practice, and then implications, both theoretical and empirical, are outlined. Limitations and delimitations are explained, followed by recommendations for future research.

### Interpretation of Findings

Given the central focus of my study was on the lived experiences of those who transitioned from healthcare to academia, my initial engagement with the interview transcripts was dedicated to the identification and organization of data clusters which pertained to the transition itself. The preliminary coding of participant statements led to common statements regarding and therefore clusters including "being blamed for lack of student success," "lack of training," "fear," "struggles with technology," and "impostor syndrome." Subsequent reviewing

of statements, led to re-clustering of data into the one overarching category of "classroom management."

At this juncture, my focus turned to the underlying motivations that prompted participants to embark on the transition into academia. During the initial phases of reviewing the statements from the participant interviews and clustering information, a pattern of shared sentiments emerged. Primarily there was a general sense of dissatisfaction with their roles within the healthcare environment. Several participants stated the difficulty of working in healthcare during a global pandemic, while others confessed to feeling overwhelmed and burned out. Additionally, another group had undergone transformative life experiences such as the completion of advanced degrees, losing members of their family, or having new children, or relocating. The preliminary thematic clusters for this category encompassed concepts such as "finished degree," "had baby," "moved," "Covid" and "dissatisfied with hospital employment."

After reviewing the reasons provided for transitioning into academia, I paused and focused on the 4 S's of the Schlossberg transition theory (1981, 2011). The theory states that a person's perception of their current situation can significantly influence their perception of the transition process and the subsequent adjustment to the new situation. Consequently, it was at this juncture all prior coding and clustering were re-examined through the lens of the 4 S's of the Schlossberg transition theory (1981, 2011). When realizing that the reasons for the transition were in alignment with situation in Schlossberg, and the struggles experienced in the classroom were related to transition in relation to Schlossberg's S of self, all clusters were revised, and the four themes were created. The expressions of these themes were revised several times and are now described in Chapter Four.

As I crafted the themes from the participant comments through my clustering of data, it became apparent to me to follow a timeline. My research questions were written as:

1. How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to self?

2. How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to the situation of transition?

3. How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to support received or not received during the transition?

4. How do novice academic nurse educators describe the lived experience of transitioning from bedside nursing to academia in relation to strategies utilized during the transition?

However, the data presented in such a way that I saw that something was occurring in each participants' life which led them to seek a change. Next, the participants realized deficiencies regarding their personal ability to perform their new role and worked to create changes. Further the participants created support mechanisms to assist in their transition, and lastly developed strategies to further implement, all to assist with their transition into academia. Therefore, my themes presented as the following:

1. Participants experienced life-altering events during the transition.

2. Participants experienced a lack of confidence with their abilities during the transition.

3. Participants experienced a need for support during the transition.

4. Participants experienced the need to develop coping mechanisms during the transition.

*Summary of Thematic Findings*

Participants shared their feelings about their transition into academia. Novice academic nurse educators often faced significant challenges as they transitioned into their role within academia. This confusion led to a cycle of emotional distress, compensation, and poor work-life balance, which led to emotional distress again. The data analysis identified four main themes and 14 subthemes. The first theme was participants experienced life-altering events during the transition. The data revealed that the educators had experienced life changes which led to their transition. The second theme was participants experienced a lack of confidence with their abilities during the transition. The third theme was participants experienced a need for support during the transition. Each academic had found a form of support to assist them during the transition to academia. The fourth theme was participants experienced the need to develop coping mechanisms during the transition. Each participant reported the need to rely upon or create strategies to assist with their success. The themes created were in alignment with the Schlossberg transition theory and focused around the 4 S's of situation, self, support and strategies. Below is a presentation of the lived experience of the participants, the literature, and the Schlossberg transition theory.

**Situation.** The participants of this study experienced life-altering events which led to a change in their career. This career caused them to transition from bedside nursing to academia. Schlossberg's transition theory (2008, 2011) introduced the concept of situation as one of the 4 S's of the transition process. In context of transitioning from beside nursing to academia, situation encompassed external factors and the individual 's perception of the transition.

Therefore, situation and self were closely tied together. Participants in this study offered their unique experiences during their transition. Their perception, whether viewed as a positive change, an opportunity for personal growth, or due to dissatisfaction with healthcare settings, all reinforced Schlossberg's interpretation of situation and self.

The extant literature underscored the formidable challenges encountered by novice academic nurse educators during their transition into academia. Studies consistently portrayed the hurdles that arose due to the ambiguity of the role responsibilities (Bittner & Bechtel, 2017; Brown & Sorrell, 2017; Gentry & Johnson, 2019; Glover et al., 2021; Howe et al., 2018; Mann & De Gagne, 2017). These difficulties led to increased levels of stress and anxiety about role performance (Fitzwater et al., 2021; Sodidi & Jardien-Baboo, 2020; Wenner & Hakim, 2019). It was crucial to address this issue comprehensively to foster a successful transition to academia to mitigate faculty attrition rates (Sepcht, 2013). These challenges existed despite many educators possessing advanced degrees (Bartels, 2007; Halstead, 2007).

Notably, since many hired into educator roles had advanced degrees in nursing practice, therefore graduates of these programs do not have explicit training in the educator's role. Consequently, professional development programs became indispensable in supporting faculty members during their transition (Finke, 2012; Summers, 2017). These programs should encompass a spectrum of competencies. They should include topics such as, but not limited to teaching methodologies, curriculum development, fostering relationships with students and colleagues, understanding faculty governance structures, and active engagement in institutional service (Finke, 2012).

To optimize the transition experience, institution leadership and faculty development departments needed to create a supportive situation. This may be achieved through the

implementation of robust orientation programs, ongoing faculty development initiatives, and mentorship opportunities. These development opportunities needed to include the information regarding the transition process, education regarding the role of an academic nurse educator, and education pedagogy. By understanding and addressing the situational factors and taking a pro-active approach to support educators during their transition. This approach contributes to a more positive and successful transition, ultimately benefiting the educators themselves and the education and development of future nursing professionals.

**Self.** Self, as described by Schlossberg (2008, 2011), refers to an individual's capacity to rely on their own internal resources and engage in self-reflection to identify personal strengths and weaknesses for growth and improvement. In the context of transitioning from bedside nursing to academia, the participants in this study demonstrated a strong sense of self-awareness and a commitment to personal development. They openly shared insights into their individual strengths and weaknesses, showcasing a desire for continuous growth in their new roles as educators. This self-awareness allowed them to recognize areas for improvement and take proactive measures to enhance their teaching skills and pedagogical knowledge.

During their transition, the novice academic nurse educators emphasized the importance of self-directed growth. They actively pursued professional development opportunities to enhance their teaching skills and pedagogical knowledge while fostering personal growth. They enrolled in courses, sought out mentorship programs, and engaged in self-study. These initiatives allowed them to gain new perspectives, acquire effective teaching strategies, and develop a deeper understanding of the academic environment. Through these self-directed growth efforts, they nurtured their own development and continuously improved their abilities as educators.

Furthermore, the participants recognized the significance of personal growth in their interactions with students. They embraced empathy and a supportive approach, acknowledging the challenges faced by their learners. Through their experiences, they discovered the value of being understanding and compassionate, creating a positive and nurturing learning environment. By recognizing their own growth, they were able to better guide and support their students in their academic journey. This focus on personal growth not only benefited the educators themselves but also positively impacted the educational experiences and outcomes of their students.

According to Schlossberg (2008), individuals tend to view a transition as positive when they find a balance between obstacles and successes. In line with this perspective, the participants shared numerous successes they experienced during their personal transitions. They celebrated milestones such as adapting successfully to their new roles, building positive relationships with students, and contributing to their learners' growth and development. These achievements bolstered their confidence and reinforced their decision to transition into academia. By acknowledging their successes, they maintained a positive mindset and approached their transition with optimism and resilience.

Additionally, the participants emphasized the importance of available resources in facilitating their success and retention in academia. They spoke highly of mentorship programs, supportive colleagues, and institutional support. These resources provided guidance, advice, and a sense of belonging, enabling them to navigate the challenges of their transition more effectively. By utilizing these resources, they felt supported and empowered to overcome obstacles and thrive in their new academic roles. The availability of supportive resources played

a crucial role in their overall experience and contributed to their successful transition and integration into the academic environment.

By embracing self-awareness and actively seeking personal and professional growth, the novice academic nurse educators demonstrated a proactive approach to their transition. They recognized their strengths and weaknesses, sought out opportunities for development, and utilized available resources to foster success. This commitment to self-reflection and growth not only empowered them as individuals but also positively influenced their interactions with students and their overall effectiveness as educators. The integration of self-awareness and personal growth with the support of available resources allowed them to navigate the transition process more effectively and thrive in their new roles as academic nurse educators.

**Support.** Support systems were another pivotal aspect of the transition process, aligning with Schlossberg's support area of the 4 S/s. According to Schlossberg (2008, 2011) support refers to the external resources individuals receive to aid them during the transition process. The participants' narratives in this study aligned with Schlossberg's theory and highlighted the critical role of support during the transition to academia. They emphasized both formal and informal support systems that played a part in their journey.

Formal support systems played a crucial role in assisting novice nurse educators during their transition. Research shows that mentoring programs improved faculty success and therefore could positively impact faculty retention. Mentorship programs, onboarding processes, and specialized educational courses served as valuable resources in providing guidance, knowledge, and practical skills to navigate their new roles (Bailey et al., 2021; Busby et al., 2022; Fritz, 2018; Gentry & Johnson, 2019; Glover et al., 2021; Harris, 2019; Phatak & Kao, 2018; Young-Brice et al., 2022). Proper onboarding and mentoring initiatives should foster a sense of

belonging, provide valuable insights, and offer a safe space for novice educators to seek guidance and support.

The participants of this study recognized and appreciated the significance of these structured support mechanisms in their professional development and successful transition into academia. These formal supports provided the necessary foundation for their growth and enabled them to thrive in their new educational roles. Informal support systems emerged as crucial sources of assistance and reassurance. The participants emphasized the importance of collegial relationships and peer support within the academic community. They relied on their fellow educators for advice, collaboration, and emotional support, which alleviated feelings of imposter syndrome and fear of inadequacy. These informal networks fostered a sense of belonging and played a transformative role in boosting their confidence and reducing anxiety.

From the participants' experiences, it was evident that a comprehensive support network was essential for the successful transition of novice academic nurse educators. Institutions had a crucial role to play in recognizing and prioritizing the development of formal support mechanisms to assist these educators. This may be achieved through the implementation of mentorship programs and educational initiatives specifically designed to address the unique needs of novice educators. Equally important was the cultivation of a supportive culture within the academic environment. This involves fostering an atmosphere that encourages collaboration, collegiality, and mutual learning among educators. By creating such a supportive culture, institution leaders may provide the necessary resources and structures for novice academic nurse educators to navigate their transition effectively and thrive in their new roles.

By incorporating both formal and informal support systems, institution leaders should create an environment that nurtures the professional growth, resilience, and well-being of novice

academic nurse educators. This recognition of the transformative power of support allows nursing programs to empower educators, providing them with the necessary tools and resources to navigate the challenges associated with transitioning from bedside nursing to academia. By offering comprehensive orientation programs, mentorship opportunities, and ongoing faculty development initiatives, institution leaders should cultivate a supportive system that fosters the success and confidence of novice educators. Through these initiatives, educators are equipped with the knowledge, skills, and support networks needed to excel in their new roles, ultimately contributing to the advancement of nursing education and the development of future nursing professionals. In this way, institution leadership plays a crucial role in establishing a culture of support that promotes the professional growth and well-being of novice academic nurse educators.

In summary, the narratives of the participants highlight the paramount importance of support during the transition to academia. Formal support systems, such as mentorship programs and educational resources, offer invaluable guidance and equip novice educators with essential skills. Additionally, informal support networks play a critical role in fostering a sense of community and emotional well-being. By embracing comprehensive support strategies that encompass both formal and informal avenues, institution leaders should effectively facilitate successful transitions and empower novice educators in their journey toward academic excellence. Such comprehensive support systems create a nurturing environment that promotes growth, resilience, and the overall well-being of academic nurse educators.

**Strategies.** Schlossberg's transition theory emphasizes the role of strategies in navigating through transitions (Schlossberg, 2008, 2011). The participants in this study echoed the importance of strategies in their transition from bedside nursing to academia, highlighting the

proactive approach they took to seek information and resources. By actively engaging in problem-focused strategies, they aimed to enhance their transition experience and address specific challenges. They recognized the need to improve their performance, reduce role ambiguity, and achieve a better work-life balance. This alignment with Schlossberg's theory suggests that the participants utilized strategies as a means of coping and adapting to their new roles.

The participants of the study used problem-focused strategies to seek information and find resources that assisted in their transition. Through these proactive actions to enhance their abilities and reduce role ambiguity, they demonstrated a commitment to their professional growth. The engagement in coping strategies reflected the participants' recognition of the importance of self-care and emotional well-being during the transition process. By incorporating a range of strategies, the participants demonstrated their resourcefulness and adaptability in managing the challenges of their transition.

In addition to problem-focused strategies, the participants also emphasized the significance of coping strategies in their transition. They acknowledged the need to engage in activities that provided emotional support and helped them cope with the demands of the transition. Activities such as walking their dogs or spending time with friends served as valuable outlets for stress relief and well-being. By incorporating coping strategies alongside problem-focused strategies, the participants demonstrated their resilience and adaptability during the transition. This integration of strategies allowed them to address both practical challenges and emotional well-being, resulting in a more holistic approach to their transition experience.

The participants of this study had proactive engagement in problem-focused strategies. Additionally, they recognized the significance of coping strategies to find resources to assist in

their approach to the transition from bedside nursing to academia. This comprehensive utilization of strategies allowed them to address both practical and emotional aspects of the transition, enhancing their overall transition experience. By recognizing the importance of strategies and incorporating them into their transition process, novice academic nurse educators may optimize their experience, enhance their competence, and successfully navigate the challenges inherent in transitioning to academia.

**Implications for Policy and Practice**

The findings of the study have implications for nursing educators. Based on the findings of this study, there are recommendations for both policy and practice, which nursing program administrators should implement for novice academic nurse educators. In the following sections, I discuss implications for policy and procedure.

*Implications for Policy*

Based on the insights gained from the participants' lived experience during their transition to academia and the alignment with Schlossberg's transition theory, there are two implications for policy at institutions of nursing. First, the creation of a formal development process. Second, the creation of formal training regarding a positive, collaborative culture. However, currently, there is no nationally recognized model for the orientation of new academic nurse educators (Young & Godfrey, 2021). This lack of a nationally recognized model highlights the need for nursing program administrators to establish policies to address this gap.

First, institution administrators should prioritize developing and implementing a formal faculty development onboarding program. The participants of this study stated that they relied upon the support from others to assist them with their development as an educator during their transition. This program should integrate formal and informal support mechanisms, such as

mentorship programs, onboarding processes, and specialized education courses. These programs should provide guidance, knowledge, and practical skills specific to the needs of novice educators. These resources should focus on developing effective coping and problem-solving strategies that empower novice educators to navigate the challenges while adapting to their new roles. Policies should ensure that educators participate in these onboarding processes, including a required timeline of completion.

Second, institutions should implement policies regarding creating a positive, collaborative culture within the academic environment. Participants in the study stated that they learned from others and sought support from their colleagues, therefore, Institutions should foster an atmosphere of collaboration, collegiality, and mutual learning among educators. Administrators should encourage relationships and networks where educators could seek advice, share experiences, and provide emotional support. These networks could enhance resilience and reduce feelings of imposter syndrome. This may be achieved through the faculty development departments, through collaborative projects and regular forums for communication and collaboration. Policies should be written to address timelines for these networking systems, and meeting structure.

### *Implications for Practice*

Results from this study provide valuable insights for the development of a formal and standardized orientation process with mentorship for novice academic educators, leading to improved outcomes in schools of nursing. By implementing a robust faculty orientation program, nursing institution faculty and administrators may enhance the educational experience and success of nursing students. These actions could potentially increase the number of graduates entering the healthcare workforce. Novice educators identified the lack of orientation as a

significant challenge when transitioning into their roles, highlighting the need for a comprehensive onboarding process with mentorship.

To assist administrators or faculty development departments within nursing programs to orient new faculty and promote retention, the American Association of Colleges of Nursing (AACN) has developed a toolkit specifically designed for nurses transitioning from bedside nursing to academia (AACN, 2022). The Faculty Progression Tool and the Capabilities of Nurse Educators Tool are both resources to assist schools of nursing as they orient new faculty and may assist with retention (Rogers et al., 2020). The topics covered include evaluation processes, policies, and procedures, and will also assist in socializing the new hires to the organization (Fritz, 2018). The orientation should also include specific skills needed to meet the needs of current students (Valiga, 2012). Classroom management and how to assess student outcome achievement should also be addressed (Bagley et al., 2018; Bullin, 2018; Haim & Amdur, 2016; Hoffman, 2019; Summers, 2017).

**Theoretical and Empirical Implications**

The theoretical and empirical implications of this study are described throughout this section. Based on the findings of this study, there are theoretical and empirical implications. The following sections discuss those implications. Implications of the study, in addition to the limitations, delimitations, and recommendations for future research, are also described.

*Theoretical Implications*

The findings of this study, which align with Schlossberg's transition theory, have theoretical implications. First, this study indicates the relevance and applicability of the Schlossberg transition theory in diverse contexts. It highlights how the theory's 4 S's of self, situation, strategies, and supports can be applied to the transition of nurses as they transition to

academia and experience this career transition. This reinforces the robustness of Schlossberg's framework and its utility.

The participants of this study reinforced the need for support and strategies when they stated that they wanted to increase orientation and decrease confusion. Many participants of this study had little to no onboarding. However, others had taken courses created to assist them in their education as educators. Those who had taken the courses believed it assisted them in their ability to perform as an educator and specifically in the classroom. Further, participants expressed their use of colleagues as support during this transition period, thereby confirming Schlossberg's transition theory (1981, 2011).

The situation and self of Schlossberg were also reinforced. Self refers to the individual's ability to rely upon personal resources during a transition (Schlossberg, 2011). Situation refers to the specific situational challenges faced by the person experiencing the transition. Many of the participants of this study were overwhelmed by aspects of bedside nursing and, therefore, sought out a transition and saw the transition to academia as a positive. Additionally, many educators commented on recognizing areas of weakness in their new role and sought education for personal development. These novice nurse educators have a strong sense of self, which assists them in finding strategies to be successful during this transition. Furthermore, the data analysis shed light on the significance of the "self" component within Schlossberg's transition theory.

This study, grounded in Schlossberg's transition theory and organized around the 4 S's framework (situation, self, support, and strategies), reinforced how individuals transitioning from bedside nursing to academia experienced profound shifts in their self-perception due to life-altering events. It underscored the important role that support systems, including mentorship programs and social support networks, played in facilitating smoother transitions. Additionally,

the study extends the theory by offering concrete examples of how individuals employed adaptive coping and problem-focused strategies during career transitions, shedding light on the dynamic interplay between strategies and the transitional process. These theoretical implications collectively enhanced my understanding of how Schlossberg's transition theory can be applied to career transitions and the creation of interventions aimed at supporting individuals navigating significant life changes.

Additionally, this research supports the Gordon and Newby Parham (2019) study. This study used the Schlossberg transition theory to investigate the lived experience of those transitioning to a new career in education. The educators in this study also struggled with planning and teaching as the participants of this study did. Providing a detailed and comprehensive orientation program would address these areas.

### *Empirical Implications*

A shortage of nurses in all areas was labeled a global problem in 2002 (Turale & Nantsupawat, 2021). This shortage is a cycle, with each area impacting the next. To be a nurse, one must graduate from a nursing program and pass the licensure exam. To attend a nursing program, there must be educators. However, to become an educator, you must have been a nurse. Thousands of qualified applicants have been turned away from nursing programs every year due to a lack of faculty who are qualified to teach. This shortage of faculty led many administrators of nursing programs to hire adjunct faculty and/or faculty who had no experience as an educator (Anderson, 2009; Dahlke et al., 2021; Grassley et al., 2020; Poindexter, 2008).

In addition to the shortage of faculty to be in academia, there was also a high turnover rate of nurse academic. Research had been performed regarding the reasons for the turnover of academic nurse educators. Reasons include the inexperienced academic nurse educators were

often unable to perform the full responsibilities of the role (Sodidi & Jardien-Baboo, 2020; Wenner & Hakim, 2019). Faculty reported struggling with classroom management and technology issues both inside and outside of the classroom (Bullin, 2018; Bruner et al., 2016; Haim & Amdur, 2016). Findings from Mann and De Gagne (2017) include reasons such as workload, inability to perform their role appropriately, fear of negative evaluations from the students, and poor compensation as reasons to leave academia.

Faculty report that they were overwhelmed, unsure of their responsibilities, and fear of performing poorly (Billings & Halstead, 2020; Bullin, 2018; Grassley & Lambe, 2015; Halstead, 2007; Mann & De Gagne, 2017). However, they were also unaware of the true tripartite role of responsibilities as an educator including teaching, service, and scholarship (Rogers et al., 2020). The faculty often struggled to learn the variety of teaching methods necessary (Bullin, 2018). Faculty often work on boards of nursing and other professional nursing organizations (Finke, 2012).

This study reinforced each of these studies. Novice academic nurse educators reported that they struggled with their role and had a fear of failure. Many mentioned their inability to maintain a work-life balance due to the amount of time spent preparing for their lecture. Additionally, many mentioned struggles with the technology necessary inside and outside of the classroom. Faculty in this study did not report their struggles with committee or council work, which indicates their lack of knowledge of this responsibility.

While many studies had previously focused on faculty retention efforts, no studies had been found using the Schlossberg transition theory (2008, 2011). By understanding the factors that influence the educator's transition, institutions may design specific interventions and support systems to facilitate a smoother and more successful transition. However, the findings of this

study advanced the findings of Schoening's (2013) study of novice educators, which found that most educators transition through the same phases, and that is a lack of formal orientation for academic nurse educators.

Schoening's Nurse Education Transition theory (2013) stated there are four phases to transitioning to an academic nurse educator: a) anticipation/expectation, b) disorientation, c) information seeking, and d) identity formation. These phases were evident within this study. The first phase was noted when a person enters the profession to make a difference for future generations. As described in this study, the participants expressed excitement of the new role, role confusion once they began, seeking new information to assist themselves in the process. A few educators spoke about moving to identity formation.

The second phase of disorientation was when the new hire was usually presented with an inadequate orientation and socialization and struggles to understand their new role. This was evident by the issues presented with time management, classroom management, and appropriate boundaries with the students. It was during this phase that new hires are often surprised by the loose structure of academics (Schoening, 2013). It was during the information-seeking phase when the new hire would seek information from informal or formal resources. As previously mentioned, Diane had enrolled in the formal training that was not available when she was hired. Additionally, Sally has enrolled in outside resources through nursing organizations for development. And many faculty members have relied on the support structures they have created for themselves.

Lastly, during identity formation, nurse educators developed their own education style and realized that the relationship between nurses and patients was different than the relationship between teacher and student (Schoening, 2013). These educators were still considered novices

and had not completely developed their own personalities in the classroom. However, many had created their own way of organizing their means to do so. Many faculty spoke about their preparation methods. Sally spoke about how she organized her materials to keep track of her teaching strategies and to develop more each day as an educator. Novice educators needed assistance during these phases during this orientation, which needs to be created. While a standardized curriculum for orientation should be developed, the curriculum should be flexible enough to allow the participants to experience these phases. Research has shown that faculty who are provided resources and opportunities to develop are more likely to be retained (Cox et al., 2021; Hande et al., 2018; Jacobson & Sherrod, 2012; Morin & Ashton, 1998; Morin & Romeo, 1994; Rogers et al., 2020; Young-Brice et al., 2022). The research performed confirmed that novice nurse educators desire more development. Their comments confirmed a need for a standard orientation with some personalization. Policies and procedures should be written to reinforce the faculty to complete their education necessary to be successful.

### *Limitations and Delimitations*

There were several limitations to the present study. While faculty were from multiple campuses across the country, the participants were all from one large, for-profit nursing program. The participants of this study began their employment over the previous 5 years and, therefore, had differences in their orientation processes due to continuous changes within the organization. However, limiting the population to one nursing program still had potential selection bias due to all participants working for the same institution that used the same orientation policies and procedures. In addition, this study occurred at the end of a global pandemic. The impact of this pandemic on healthcare and healthcare employees could have created a bias toward the healthcare system. This bias could have influenced the opinion of the transition to academia. As

stated previously, if a person feels that they are moving to a better situation, they could see the transition in a more favorable light and see the transition more favorably.

The first delimitation was the study design of a transcendental phenomenological design to understand the lived experiences of specific groups of individuals (Creswell & Poth, 2018). This design allowed the individuals to share their experiences through a questionnaire, individual interviews, and focus groups. Due to the interviews being performed across Zoom, it allowed faculty who will most likely never meet in person to be able to participate together in the focus group interviews. This allowed the faculty to share their experiences even though they live and work in different states. The study population included faculty who taught across multiple programs and had just begun teaching through their fifth year. This wide range allowed for a variance of experiences to be shared. Additionally, while not found to have significance on the data analysis, the participants of this study ranged from the age of 28 to 67.

### *Recommendations for Future Research*

The goal of this research was to provide valuable insights to nursing program administrators. This research could assist administrators or faculty development teams to create meaningful orientation processes for novice academic educators. However, it is important to acknowledge that further research is needed to fully understand the specific information and support needs of novice educators during their transition. Further research should be performed to explore the existence and impact of orientation policies in various institutions. Research should be conducted to examine whether institutions with formal orientation policies experience higher rates of educator retention compared to those without such policies. This knowledge will enable nursing program administrators to make informed decisions and develop evidence-based policies and practices that optimize the orientation process and improve overall retention rates

among educators. This same study could be performed again across more institutions, or not

during and following a global pandemic as well.

Research should be performed to gain a better understanding of the individual impacts of

the 4S's on the transition process. By examining each aspect in isolation, researchers should

attempt to ascertain whether certain areas have a more significant influence on the transition than

others. If research indicates that certain factors improve the transition more than others, then

orientation processes could be created as necessary to address those identified areas. For

example, studies could explore self-reflection as a tool toward successful transitions.

Additionally, how different situational experiences such as personal life or industry changes,

may shape the overall experience of transitioning into academia.

Another area of research which could be performed is to identify the role of support

systems and their impact on facilitating a smooth transition of the novice academic. This could

involve examining the types of formal, provided by the institution in an official capacity, and

informal support mechanisms, provided informally by colleagues, the novice academic nurse

educator needed and found most beneficial. It could be explored to assist in the creation of

mentorship programs, peer networks, or institutional resources to assist with the professional

development and overall well-being of the academic. By gaining deeper insights into the support

strategies, institutional leaders or faculty development departments could tailor their support

strategies to meet the unique needs of novice educators.

Research should also be performed using other designs. A quantitative study could be

performed using a new or established tool. This method could allow for a more quantitative

result allowing for a larger sample sizeas well. While this study did examine faculty who teach

across multiple programs, however, information might assist in this area if a comparison study is

performed to understand if faculty teaching in different areas have different needs. Further, a study could be performed to identify if faculty with different degrees obtained had different issues with their transition.

Future research should examine the impact of novice academic nurse educators on educational institutions, such as the impact on graduation rates or first-time NCLEX® pass rates. Another study could examine if nurses who come from different areas within healthcare are more or less successful in their transition to academia or their impact on graduation rates or first-time NCLEX® pass rates. Studies should examine whether the education preparation of those teaching impacts the success of the students they teach via completion and first time NCLEX® pass rates. Future research should also be performed on what are appropriate measurements of success on faculty onboarding processes. Success could be measured on faculty retention; however, retention of poorly performing faculty could negatively impact institutions. Therefore, comprehensive tools of success should be created. Research should be performed to identify appropriate measures. Corresponding policies should also be created once these tools are identified. Further, research should be performed based upon degree earned by the educator, and degree program for which they teach to identify if either of these have an impact on faculty retention and student achievement.

## Conclusion

The purpose of this qualitative transcendental phenomenological study was to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. A questionnaire, semi-structured individual interviews, and focus group discussions were used to collect data. This study used Schlossberg's transition theory focusing on the 4S's (2008,

2011). While the data analysis confirmed that while each participant had their own unique experience during their transition, each participant related to the themes.

The data analysis processes yielded major themes and sub-themes surrounding the phenomenon. The major themes were 1.) Participants experienced life-altering events during transition, 2.) Participants experienced a lack of confidence with their abilities during the transition, 3.) Participants experienced a need for support during the transition, 4.) Participants experienced the need to develop coping mechanisms during the transition. The sub-themes related to life-altering events included transitions affected by family changes, relocations, working during the global pandemic, and dissatisfaction with healthcare. The sub-themes related to lack of confidence included overcoming imposter syndrome, personal growth, and developing boundaries and expectations. The sub-themes related to a need for support included reliance in faith, or family, or on colleagues. The sub-themes related to the need to develop strategies included problem-focused strategies, social support strategies, and other types of strategies.

Aligning with research and the findings from the 18-novice academic nurse educator participants, nursing program faculty development departments need to create standardized orientation, onboarding, and mentoring programs to assist with the hiring of nurses who may have advanced degrees but possess little to no experience as an educator. These programs should address areas the area of role ambiguity. By addressing these areas, novice academic nurse educators should have increased strategies in place and be more likely to succeed. This should increase faculty retention and allow nursing program administrators to have improved outcomes with their learners. It is not until more students graduate, work as a nurse, and then return as an educator, the cycle of the nursing shortage will not be broken.

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**Appendix A**
**IRB Approval Letter from Liberty University**

# LIBERTY UNIVERSITY.
## INSTITUTIONAL REVIEW BOARD

November 22, 2022

Dara Lanman
Tonia Kennedy

Re: IRB Exemption - IRB-FY22-23-160 A PHENOMENOLOGICAL STUDY OF ACADEMIC NURSE EDUCATORS' EXPERIENCES DURING THE TRANSITION FROM BEDSIDE NURSE TO ACADEMIC NURSE EDUCATOR

Dear Dara Lanman, Tonia Kennedy,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,
**G. Michele Baker, MA, CIP**
*Administrative Chair of Institutional Research*
**Research Ethics Office**

**Appendix B**
**Letter Seeking IRB Approval from ████ College of Nursing**

12/9/2022

IRB Committee

████████████████

Dear IRB Committee:

As a graduate student in the School of Education at Liberty University. I am conducting research as part of the requirements for an EdD degree. The title of my research project is "A Phenomenological Study of Academic Nurse Educators' Experiences During the Transition from Bedside Nurse to Academic Nurse Educator," and the purpose of this qualitative transcendental phenomenological study is to explore the lived experiences of nurses who have recently transitioned from the healthcare environment to the role of an academic nurse educator at a large, for-profit private nursing college in the United States. With a more thorough, deliberate faculty development curriculum, better assistance will be provided to the novice educators, thus decreasing faculty turnover. Ultimately the increase in qualified nurse educators, more nurses can be educated to participate in healthcare.

I am writing to request your permission to conduct my research at ████████████
████

Participants will be asked to complete a 15 to 30-minute questionnaire, contact me to schedule an interview which should take approximately one hour, review the transcript and themes, then participate in a focus group, and review the transcript and themes. The total participation should require approximately 3 hours of the participant's time. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on official letterhead indicating your approval. The link to the questionnaire is included in the consent form and also listed here: https://www.surveymonkey.com/r/TZNJGXM

Sincerely,

Dara Lanman, MSN, RN, CNE

**Appendix C**
**Approval Letter from National Nursing College IRB**

⚓
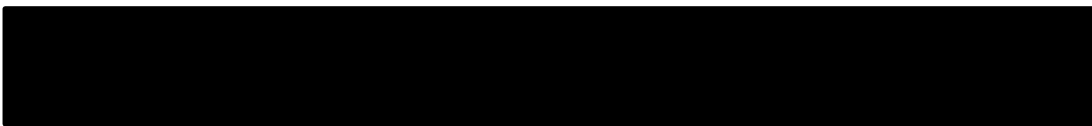
January 30, 2023

Dara,

Congratulations! Your IRB application has been approved. The IRB committee would like to congratulate you on this accomplishment and moving forward in the next stages of your research. Your project #267394 is valid until January 30, 2024.

If you have further questions, please don't hesitate to reach out to the IRB.

Sincerely,

Dr. Shakeeka Misher
IRB Chair

**Appendix D**
**Email Requesting Voluntary Participation in Study**

Dear [Recipient]:

As a doctoral student in the School of Education at Liberty University, I am conducting research as part of the requirements for an EdD. I am conducting research to understand the phenomenon of novice educators better as they transition into the role of academic nurse educators from the healthcare setting. The purpose of my study is to identify the needs of novice faculty to create a better faculty development curriculum series to assist the novice educator, and I am writing to invite eligible participants to join my study.

To participate in this study, participants must be a novice nurse educator within their first five years of educating in the didactic environment, have transitioned from healthcare, and teach within the practical, associate, baccalaureate, or master's degree program. Participants, if willing, will be asked to participate in a 1-hour private interview, a 1-hour focus group, and upon completion of the transcript of the interview and focus group, you will be asked to perform a 30-minute review of the transcript for accuracy. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

To participate, please click here:
https://cp08.classclimatesurveys.com/galencollege/online.php?p=P9VPF

A consent document is attached to this email. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me via em█████████████████████

Sincerely,

# Appendix E

**Written Consent**

**Title of the Project:** A Phenomenological Study of Academic Nurse Educators' Experiences During the Transition from Bedside Nurse to Academic Nurse Educator
**Principal Investigator:** Dara Lanman, MSN, RN, CNE, Liberty University

### Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be a novice academic nurse educator within the first five (5) years of teaching in the didactic environment, have transitioned from healthcare, and teach within the practical, associate, baccalaureate, or master's degree program. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

### What is the study about and why is it being done?

The purpose of the study is to describe the lived experiences of novice academic nurse educators in order to create a purposeful faculty development series to meet the needs of new educators. With a more thorough, deliberate faculty development curriculum, better assistance will be provided to the novice educators, thus decreasing faculty turnover. Ultimately the increase in qualified nurse educators, more nurses can be educated to participate in healthcare.

### What will happen if you take part in this study?

If you agree to be in this study, I would ask you to do the following things:
1. Participate in a private interview via Zoom which will be recorded and will take approximately one hour.
2. Participate in a focus group interview via Zoom which will be recorded and will take approximately one hour.
3. Review the transcript of the recording for accuracy and any discrepancies. At this stage, you will be asked to provide any clarification if necessary. This process is estimated to take no more than 30 minutes.

### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a more deliberate faculty development curriculum to assist novice nurse educators as they transition into the role of educator. In addition, with improved transition to educator, there will be a decrease in faculty turnover and ultimately an increase in nurse graduates who can participate in the healthcare settings.

### What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

### How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in private locations where others will not easily overhear the conversation.
- All data, including the transcripts, answers from the questionnaire, categorizing of answers, and personal journals used for bracketing, will be saved as password-protected files on a password-protected computer and backed up in password protected cloud account. All data will be deleted after three years.
- The Zoom video will be stored on a password protected computer and will be retained for three years upon completion of the study.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

### Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University and Galen College of Nursing. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

### What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

### Whom do you contact if you have questions or concerns about the study?

### Whom do you contact if you have questions about your rights as a research participant?

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

**Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

☐ The researcher has my permission to audio-record/video-record me as part of my participation in this study.

_____
Printed Subject Name

_____
Signature & Date

**Appendix F**

**Participation Criterion Survey**

1. How many years have you been working as an academic nurse educator?
Less than 1
Between 1 and 2
Between 2 and 3
Between 3 and 4
Between 4 and 5
Greater than 5

2. Do you teach in the didactic (classroom) setting?
Yes
No

3. Did you transition to academia from the healthcare setting?
Yes
No

4. Which program do you teach in? If you teach in more than one, please mark the program you teach in primarily.
Practical
Associate
Baccalaureate
Master's
Other

5. Name and email
6. Age
7. Gender

**Appendix G**
**Participant Questionnaire**

1. Name

2. How many years were you a nurse at the bedside prior to your transition to education?

3. Describe any other transitions you were experiencing at the time that you transitioned

   into academia. (Moving, family changes such as marriage, divorce, children.)

4. Describe your life as you transitioned into the role of the academic nurse educator.

5. Describe your feelings during the last days as a healthcare nurse.

6. Describe your feelings as you entered academia.

**Appendix H**
**Individual Interview Questions**

1. Tell me about yourself – where are you from, where have you been? (Ice breaker)

2. Please describe experiences (personal, professional, both) contributed to your decision to enter academia. RQ1 and RQ2

3. Please describe any experiences which influenced your transition to academia: RQ3 and RQ4

4. In relation to support: RQ3

    a. What experience led you to seek support?

    b. Describe the support provided to you?

    c. Was the support what you needed?

    d. What support could have been more helpful?

5. In relation to self: RQ1

    a. Please describe any experiences which influenced your transition to academia.

    b. What knowledge, skills or attitudes did you use during your transition?

    c. What knowledge, skills or attitudes have you decided you need to develop during this transition?

    d. Please describe the growth in yourself (personally, professionally, or both) during your transition?

6. In relation to strategies: RQ4

    a. What experiences led you to seek strategies?

    b. Describe what happened after you instituted strategies?

    c. Were these strategies the right strategies?

       d.   Which strategies do you wish you had used?

7.  How would you describe the transition to academia? RQ2

8.  What else would you like to add to our discussion?

**Appendix I**

**Focus Group Questions**

1. Describe changes to your self during your transition. RQ1

2. Describe your feelings during the transition to academic nurse educator. RQ1

3. Describe the experiences related to situation during the transition to academic nurse educator. RQ2

4. What were some of the most challenging aspects of transitioning the academic nurse educator? SQ2

5. As you have transitioned through this first year(s) as an academic nurse educator, what or whom did you use for support? RQ3

6. What type of support did you need during your transition to an academic nurse educator? RQ3

7. What type of strategies did you rely upon during your transition to an academic nurse educator? RQ4

# Appendix J

| Code Number | Code Category | Times Coded |
|---|---|---|
| 1 | strong faith | 1 |
| 2 | taught students as a nurse | 1 |
| 3 | Strategies | 0 |
| 3.1 | what type of strategies do you think that you relied upon most | 4 |
| 3.2 | Modifying the transition | 0 |
| 3.2.1 | Work-life balance | 2 |
| 3.2.1.1 | work-life balance | 27 |
| 3.2.1.2 | organizational | 5 |
| 3.2.1.3 | time management | 8 |
| 3.3 | Coping strategies utilized | 1 |
| 4 | Support | 0 |
| 4.1 | what type of support did you need during your transition to aca | 4 |
| 4.2 | Family | 0 |
| 4.2.1 | family | 3 |
| 4.2.1.1 | husband | 22 |
| 4.2.1.2 | wife | 10 |
| 4.3 | Friends | 0 |
| 4.4 | parish support | 1 |
| 4.5 | Advice received | 0 |
| 4.6 | Classes/Training | 0 |
| 4.7 | Support Needed | 0 |
| 4.7.1 | emotional suppor | 2 |
| 4.8 | Gaps in support | 0 |
| 4.9 | Colleagues / Peers | 0 |
| 4.9.1 | relied on faculty | 8 |
| 4.9.2 | relied on peers | 5 |
| 4.1 | Onboarding team assistance | 0 |
| 5 | Self | 0 |
| 5.1 | Feelings of uncertainty | 63 |
| 5.1.1 | imposter syndrome | 11 |
| 5.1.1.1 | Sentiment | 0 |
| 5.1.1.1.1 | Positive | 0 |
| 5.1.1.1.2 | Slightly Positive | 0 |

| 5.1.1.1.3 | Neutral | 0 |
|---|---|---|
| 5.1.1.1.4 | Slightly Negative | 2 |
| 5.1.1.1.5 | Negative | 0 |
| 5.1.1.1.6 | No sentiment | 0 |
| 5.1.2 | lack of confidence | 1 |
| 5.1.3 | Overwhelm | 0 |
| 5.1.4 | nervous | 4 |
| 5.1.5 | sad | 0 |
| 5.1.6 | anxious | 5 |
| 5.1.7 | mixed feelings | 0 |
| 5.1.8 | fear/scared | 7 |
| 5.1.9 | uncomfortable | 0 |
| 5.1.10 | overwhelmed | 0 |
| 5.1.11 | stress | 0 |
| 5.1.12 | fear | 0 |
| 5.1.13 | scared | 0 |
| 5.2 | Independence | 0 |
| 5.3 | Imposter syndrome | 0 |
| 5.4 | Personal growth | 1 |
| 5.4.1 | fear of failure | 2 |
| 5.4.2 | boundary | 22 |
| 6 | Pre-Transition Experiences | 0 |
| 6.1 | Why academia | 1 |
| 6.2 | unhappy with hospital job | 4 |
| 6.3 | Bed side satisfaction | 0 |
| 6.3.1 | Patient Care | 0 |
| 6.3.2 | Covid | 0 |
| 6.3.2.1 | Covid | 9 |
| 6.3.3 | Supervisors | 0 |
| 7 | Situation | 0 |
| 7.1 | Reasons for Academia | 0 |
| 7.2 | View of Transition | 0 |
| 7.2.1 | Feelings | 0 |
| 7.3 | Completed own education | 1 |
| 7.4 | Taught students in hospital as a nurse | 0 |
| 8 | student behavior | 2 |
| 9 | YELLOW | 8 |
| 10 | RED | 1 |

| | | |
|---|---|---|
| 11 | GREEN | 8 |
| 12 | What or whom do you use most for your support? | 4 |
| 13 | classroom management | 1 |
| 14 | What are some of the most challenging aspects, though of t | 3 |
| 15 | Can you describe some of those experiences related to the whole | 4 |
| 16 | Lack of student motivation | 12 |
| 17 | So describe your feelings during that transition. | 4 |
| 18 | can you describe changes to yourself during your transition fro | 3 |
| 19.1 | Support | 240 |
| 19.1.1 | work | 96 |
| 19.2 | positive transition | 0 |
| 19.3 | loved being a floor nurse | 0 |
| 19.4 | love teaching | 0 |
| 19.5 | Prior experience | 0 |
| 19.6 | Excited, happy | 0 |
| 19.7 | Lack of training | 0 |
| 19.8 | Life altering events | 0 |
| 19.9 | Describe any other transitions you were experiencing at the time | 0 |
| 19.1 | Describe your life as you transitioned into the role of the aca | 0 |
| 19.11 | classroom management | 1 |
| 19.12 | teaching environment | 0 |
| 19.13 | Describe your feelings during the last days a healthcare nurse. | 0 |
| 19.14 | Describe your feelings as you entered academia. | 0 |
| 19.15 | KSA | 0 |
| 19.16 | Some of support that we should have offered | 0 |
| 19.17 | rough transition | 0 |
| 19.18 | being blamed for lack of student success | 0 |

| | | |
|---|---|---|
| 19.19 | any experiences that drove you to education | 0 |
| 19.2 | dissatisfied with hospital job | 0 |
| 19.21 | worked with student nurses or new grads in the hospital as a nu | 0 |
| 19.22 | factors that contributed to your decision to enter academia | 0 |
| 19.23 | making a difference | 3 |
| 19.24 | hardest part | 0 |
| 19.25 | passion for teaching | 0 |
| 19.26 | tell me about yourself | 0 |
| 19.27 | alone | 0 |
| 19.28.1 | Support | 0 |
| 19.28.1.1 | family | 1 |
| 19.28.1.1.1 | mom | 1 |
| 19.28.1.1.2 | husband | 1 |
| 19.28.1.1.3 | wife | 0 |
| 19.28.1.1.4 | children | 0 |
| 19.28.1.2 | work | 0 |
| 19.28.2 | positive transition | 0 |
| 19.28.3 | loved being a floor nurse | 0 |
| 19.28.4 | love teaching | 0 |
| 19.28.5 | Prior experience | 0 |
| 19.28.6 | Excited, happy | 1 |
| 19.28.7 | Lack of training | 0 |
| 19.28.8 | Life altering events | 0 |
| 19.28.9 | Describe any other transitions you were experiencing at the tim | 0 |
| 19.28.10 | Describe your life as you transitioned into the role of the aca | 0 |
| 19.28.11 | Describe your feelings during the last days a healthcare nurse. | 0 |
| 19.28.12 | Describe your feelings as you entered academia. | 0 |
| 19.28.13 | KSA | 0 |
| 19.28.14 | Some of support that we should have offered | 0 |
| 19.28.15 | rough transition | 1 |
| 19.28.15.1 | finding a balance --too nice | 3 |

| | | |
|---|---|---|
| 19.28.15.2 | lack of respect | 1 |
| 19.28.16 | being blamed for lack of student success | 0 |
| 19.28.17 | any experiences that drove you to education | 0 |
| 19.28.18 | dissatisfied with hospital job | 3 |
| 19.28.19 | worked with student nurses or new grads in the hospital as a nu | 0 |
| 19.28.20 | factors that contributed to your decision to enter academia | 0 |
| 19.28.21 | making a difference | 0 |
| 19.28.22 | hardest part | 0 |
| 19.28.23 | passion for teaching | 0 |
| 19.28.24 | tell me about yourself | 0 |
| 19.28.25 | alone | 0 |
| 19.28.26 | coping skills | 0 |
| 19.28.27 | being kind to themselves | 0 |
| 19.28.28 | strategies | 0 |
| 19.28.29 | patience | 0 |
| 19.28.30 | learning how to teach | 1 |
| 19.28.31 | love to learn | 0 |
| 19.28.32 | self | 0 |
| 19.28.33 | bad part of job" | 0 |
| 19.28.34 | finished degree | 0 |
| 19.28.35 | had baby | 0 |
| 19.28.36 | moved | 0 |
| 19.28.37 | covid | 0 |
| 19.28.38 | mentor | 0 |
| 19.28.39 | technology | 0 |
| 19.28.40 | classroom management | 0 |
| 19.28.41 | walks | 0 |
| 19.28.42 | read | 0 |
| 19.28.43 | dogs | 0 |
| 19.28.44 | work-life balance | 0 |
| 19.28.45 | change | 0 |
| 19.29 | coping skills | 0 |
| 19.3 | being kind to themselves | 0 |
| 19.31 | strategies | 0 |
| 19.32 | patience | 13 |

| | | |
|---|---|---|
| 19.33 | learning how to teach | 0 |
| 19.34 | love to learn | 0 |
| 19.35 | developed empathy | 1 |
| 19.36 | self | 0 |
| 19.37 | bad part of job" | 0 |
| 19.38 | finished degree | 60 |
| 19.39 | had baby | 15 |
| 19.4 | moved | 0 |
| 19.41 | covid | 20 |
| 19.42 | mentor | 83 |
| 19.43 | technology | 41 |
| 19.44 | classroom management | 315 |
| 19.45 | walks | 42 |
| 19.46 | read | 122 |
| 19.47 | dogs | 3 |
| 19.48 | change | 349 |
| 19.49 | confidence | 1 |
| 19.5 | timestamp | 0 |
| 20 | confidence | 8 |
| 21 | self | 2 |
| 21.1 | Sentiment | 0 |
| 21.1.1 | Positive | 0 |
| 21.1.2 | Slightly Positive | 0 |
| 21.1.3 | Neutral | 0 |
| 21.1.4 | Slightly Negative | 0 |
| 21.1.5 | Negative | 0 |
| 21.1.6 | No sentiment | 2 |
| 22 | Lack of training | 14 |
| 23 | Life altering events | 9 |
| 24 | Describe any other transitions you were experiencing at the time | 19 |
| 25 | Describe your life as you transitioned into the role of the aca | 19 |
| 26 | Describe your feelings during the last days a healthcare nurse. | 19 |
| 27 | Describe your feelings as you entered academia. | 20 |